FUNDER + CALAIM READY

ORGANIZATIONAL PROFILE

Orange County + Los Angeles County

Version.2 - prepared for institutional due diligence, public-sector partnership, CalAIM alignment, and major philanthropic investment review.

2026

VERSION.2
REGIONAL READINESS

GOVERNANCE
CALAIM ALIGNMENT
PARTNERSHIPS
MEASURABLE OUTCOMES

79,361	52,067	27,294	$2.5M
COMBINED 2026 PIT SNAPSHOT	UNSHELTERED	SHELTERED	MAJOR-FUNDER REVIEW LENS

RECOVER. REBUILD. THRIVE.

Prepared August 2026 | 2 Steps Away, Inc. | Nonprofit public-benefit mission

Data note: 79,361 is an analytical sum of independently administered 2026 Orange County and Los Angeles County PIT estimates; it is not an official combined regional count. Sources [1]-[3].

BOARD LEADERSHIP

Statement from the Chairman of the Board

Governance must convert mission into accountable action.

ROBERT ORTIZ ARCHILA, M.S.

Chairman of the Board

Doctoral student • Former U.S. Marine • Former U.S. Army Airborne Ranger • Higher-education and community engagement background

"

At 2 Steps Away, credibility begins with the way we govern ourselves. Compassion without accountability is not enough when public dollars, charitable resources, protected information, and people's lives are involved.

Our board's responsibility is to protect the mission, ask difficult questions, strengthen financial discipline, ensure ethical and transparent decision-making, and require measurable outcomes before growth. We believe lived experience should inform strategy, but governance must also meet the standards expected by health plans, counties, foundations, and institutional funders.

A major investment in 2 Steps Away should produce more than program activity. It should produce stronger systems, documented client connections, credible data, sustainable partnerships, and evidence that people who ask for help are more likely to reach a real next step."

Robert Ortiz Archila, M.S.
Chairman of the Board

BOARD OVERSIGHT PRIORITIES

Mission and strategy • budget and cash risk • conflicts and independence • grant/contract compliance • insurance and safety • data/privacy • program outcomes • executive accountability • succession • corrective-action closure.

Leadership title and public biography are from the current 2 Steps Away Our Staff page [11]. Statement drafted for this funder-readiness profile.

EXECUTIVE LEADERSHIP

Statement from the Executive Director

Turning compassion into coordinated, measurable follow-through.

CHARLES T. HARRIS, B.S. | CADC-III

Executive Director

12+ years of community advocacy and recovery support • Restorative-justice commitment • USC MSW Program

“

People rarely call us with one isolated problem. Housing may be connected to identification, transportation, Medi-Cal, behavioral health, recovery, employment, benefits, or reentry obligations. When those needs are treated as separate transactions, people can fall through the space between systems.

2 Steps Away is being built to stay with the navigation episode long enough to understand what happened after the referral. Did the person connect? Was the program full? Was a document missing? Was transportation the barrier? What is the next best action?

Our standard is simple: we manage the navigation episode and report the outcome. We want partners to know that a referral did not disappear into a spreadsheet — and we want every person who reaches us to have a clearer, more realistic next step.”

Charles T. Harris, B.S. | CADC-III
Executive Director

EXECUTIVE OPERATING PRINCIPLE

Accurate information • person-centered choice • warm handoffs • persistent follow-up • honest outcome reporting • clear scope boundaries • disciplined partnerships • growth only when staffing, supervision, funding, compliance, and data systems are ready.

Leadership title and public biography are from the current 2 Steps Away Our Staff page [11]. Statement drafted for this funder-readiness profile.

EXECUTIVE REVIEW

Investment Case & Reviewer Perspective

What a major funder or CalAIM-aligned partner should understand in the first five minutes.

2 Counties	5-Step	2026	24-Month
SERVICE STRATEGY	CLOSED-LOOP MODEL	CURRENT NEED DATA	SCALE HORIZON

WHY 2 STEPS AWAY EXISTS

2 Steps Away, Inc. is designed to help people facing homelessness, substance use challenges, mental health needs, and reentry barriers move from a request for help to a completed connection. The organization emphasizes low-barrier engagement, whole-person navigation, warm referrals, practical barrier resolution, and follow-up after the referral.

WHY THE MODEL MATTERS NOW

The 2026 two-county snapshot shows 79,361 people experiencing homelessness across Los Angeles and Orange counties, including 52,067 people unsheltered. The central system problem is not simply finding resources; it is helping people successfully reach, understand, enter, and remain connected to complex systems.

FUNDABLE STRENGTH

Clear mission-to-need fit; visible leadership; a closed-loop navigation concept; lived-experience-informed engagement; and a service model that can complement rather than duplicate public systems.

CALAIM FIT

Strong conceptual alignment with ECM and housing-related Community Supports: community-based engagement, coordination across health and social services, housing navigation, transportation support, benefits connection, and persistent follow-up.

READINESS DISCIPLINE

A credible profile should not imply Medi-Cal billing authority, ECM contracting, HMIS participation, or HIPAA covered-entity status unless those facts are documented. This profile therefore separates alignment from authorization.

MAJOR-FUNDER CONDITION

A $2.5 million award should be tied to board-approved milestones for financial controls, insurance, data security, partner agreements, staff supervision, outcome validation, and documented capacity before scale.

REVIEWER BOTTOM LINE

2 Steps Away presents a compelling community-navigation thesis. The strongest institutional case is a milestone-governed investment in closed-loop navigation and capacity — not an unsupported claim that the organization already possesses every CalAIM, clinical, billing, or public-system authorization.

Organizational mission and public leadership descriptions: 2 Steps Away website [10]-[11]. CalAIM alignment framework: DHCS [4]-[6].

ORGANIZATION

Mission, Identity & Public Value

A concise organizational profile written for funders, health plans, county systems, hospitals, shelters, and community partners.

PUBLIC MISSION

2 Steps Away publicly describes its work as meeting people where they are and helping individuals facing homelessness, substance use challenges, mental health needs, and reentry barriers connect to resources, services, and opportunities. Its public promise is that asking for help should lead to more than a referral; it should lead to a real next step.

RECOMMENDED INSTITUTIONAL POSITIONING

Position 2 Steps Away as a high-touch Community Resource Navigation organization specializing in engagement, verified referral pathways, supported handoffs, follow-through, and outcome reporting across fragmented systems. This is a stronger and more defensible position than presenting the organization as a replacement for county coordinated entry, health plans, licensed treatment providers, or housing operators.

CORE POPULATIONS

People experiencing or at risk of homelessness; people with behavioral-health or substance-use needs; justice-involved individuals; people facing benefits, identification, transportation, employment, or system-navigation barriers.

CORE SERVICES

Housing and shelter navigation; behavioral-health and SUD referrals; Medi-Cal and benefits navigation; transportation resource coordination; reentry support; ID replacement assistance; employment connections; SSI/SSDI referral support.

VALUE TO PARTNERS

A single navigation episode can organize multiple needs, reduce failed referrals, document barriers, support participant follow-through, and return structured status information to the referring partner.

SERVICE BOUNDARY

Core navigation is non-duplicative and non-clinical unless a separately authorized service line is established. Clinical, billing, HMIS, or regulated activities should be delivered only under applicable contracts, credentials, supervision, and policies.

ORGANIZATIONAL PROMISE

We manage the navigation episode and report the outcome — from initial need identification through supported connection, barrier resolution, follow-up, and documented disposition.

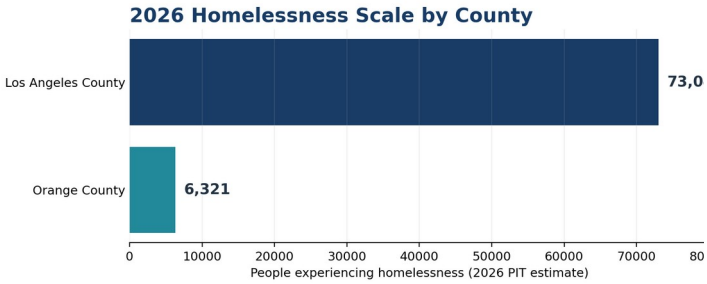
Sources: 2 Steps Away About Us and Our Staff pages [10]-[11]. Organizational positioning and service-boundary language are reviewer recommendations for funder/CalAIM readiness.

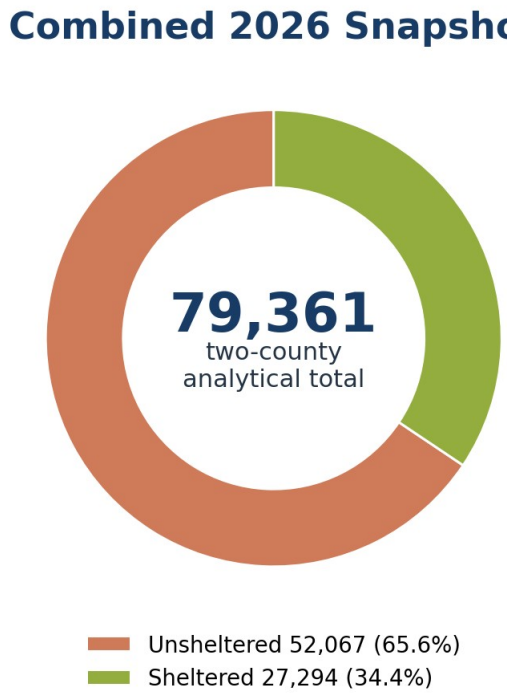
SERVICE AREA

2026 Regional Need: Orange + Los Angeles Counties

A two-county operating environment with different scale, system-flow dynamics, and partnership structures.

6,321	73,040	79,361	65.6%
ORANGE COUNTY TOTAL	LOS ANGELES COUNTY TOTAL	ANALYTICAL COMBINED TOTAL	COMBINED UNSHELTERED SHARE





REGIONAL IMPLICATION

Los Angeles represents approximately 92.0% of the analytical two-county total, but Orange County remains strategically important because its shelter mix, county structure, and CalOptima environment create different navigation and contracting pathways.

SERVICE DESIGN IMPLICATION

The combined unsheltered share means navigation must work in community settings — not only in offices. Field-based engagement, transportation problem-solving, document recovery, phone access, eligibility verification, and persistent follow-up are operational necessities.

Sources: County of Orange 2026 PIT [1]; LAHSA 2026 Homeless Count [2]. Combined figures are analytical sums calculated from those two official county estimates [3].

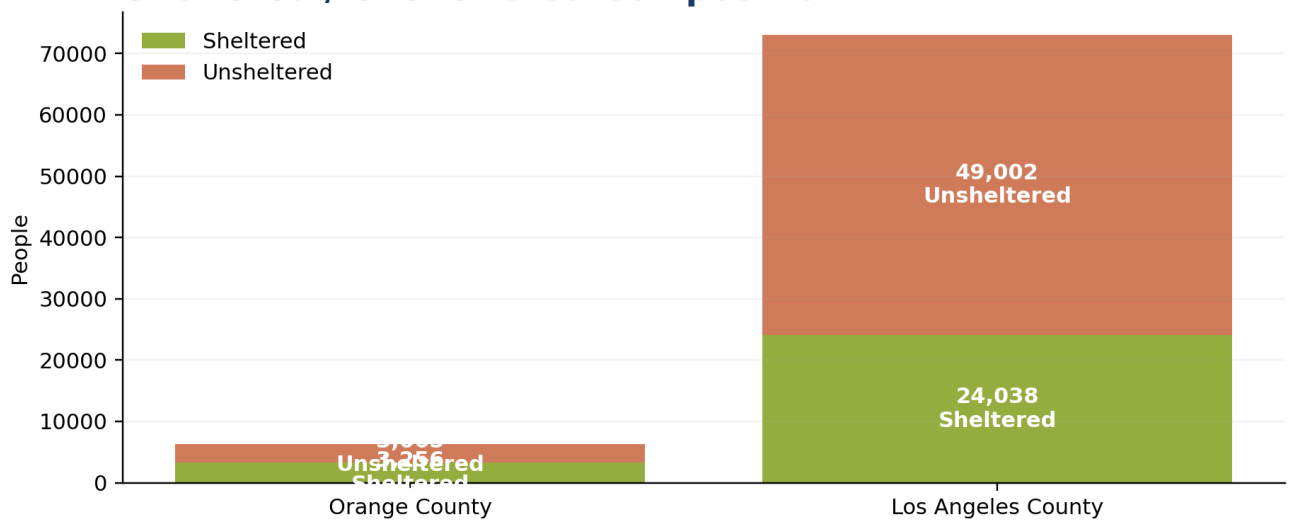
ORANGE COUNTY

2026 Need & System Context

A smaller but still significant homeless population with a comparatively stronger sheltered share in 2026.

6,321	3,256	3,065	-13.7%
TOTAL PIT COUNT	SHELTERED	UNSHELTERED	CHANGE VS. 2024

Sheltered / Unsheltered Composition



WHAT CHANGED

Orange County reported a 13.7% overall decrease from 2024 and an approximately 27% decrease in unsheltered homelessness. For the first time, the county reported more sheltered than unsheltered people in the PIT Count.

SYSTEM SCALE

The Orange County CoC covers all 34 cities and unincorporated areas. More than 90 emergency shelter and transitional housing programs participated in the sheltered count, and more than 1,300 volunteers supported the unsheltered count across the county.

PARTNERSHIP ENVIRONMENT

Priority interfaces include the Orange County CoC, Office of Care Coordination, OC Health Care Agency, shelters and navigation centers, behavioral-health and SUD providers, CalOptima Health, hospitals, workforce providers, benefits/legal navigation, and reentry organizations.

2 STEPS AWAY OPPORTUNITY

A closed-loop navigation partner can help people move between shelter, health, treatment, benefits, transportation, employment, and housing pathways while documenting delays, denials, eligibility barriers, and completed connections.

Source: County of Orange, 2026 Point In Time Count Results, May 18, 2026 [1]. Orange County MCP environment: DHCS directory [8]; CalOptima CalAIM resources [9].

LOS ANGELES COUNTY

2026 Need & System Throughput

The dominant share of the two-county need and a system experiencing a documented housing-throughput bottleneck.

73,040	49,002	24,038	+1.2%
COUNTY TOTAL	UNSHELTERED	SHELTERED*	TOTAL CHANGE

UNSHELTERED PRESSURE

LAHSA estimated 49,002 unsheltered people in Los Angeles County in 2026, a 3.3% increase. Unsheltered residents represented 67.1% of the county estimate.

PERMANENT HOUSING FLOW

LAHSA reported that permanent housing placements fell to 23,532 in 2025 from a record 28,625 in 2024, coinciding with reduced Time Limited Subsidy activity and slower movement through the rehousing system.

ECONOMIC PRESSURE

LAHSA reported that 59% of newly unhoused residents surveyed cited economic hardship as the primary cause. LAHSA also reported an affordable-housing shortfall exceeding 473,000 homes and an average rent of $2,745 per month.

NEW SYSTEM DEMAND

55,691 people accessed the rehousing system for the first time or the first time in two years; LAHSA described a ratio of 2.37 newly unhoused people entering for each person placed in permanent housing.

LOS ANGELES SERVICE IMPLICATION

The referral itself is not the outcome. In a constrained system, navigation must verify capacity, prepare documents, help people complete handoffs, track the result, and rapidly redirect when a resource is full or eligibility changes.

**LA sheltered estimate is calculated as LAHSA total 73,040 minus unsheltered 49,002 = 24,038. Source: LAHSA 2026 Homeless Count release [2].*

REGIONAL STRATEGY

The Service Gap 2 Steps Away Can Own

Large systems control most housing, health, treatment, benefits, and employment resources. The navigation gap sits between the person and those systems.

1 ENGAGE	2 ASSESS	3 NAVIGATE	4 FOLLOW THROUGH	5 MEASURE
Build trust, confirm immediate safety, and identify the person's priority need.	Complete a concise whole-person screening and obtain appropriate consent.	Verify eligibility and capacity, prepare documents, support calls, transportation, and warm handoffs.	Track status, resolve barriers, redirect failed referrals, and maintain contact at defined intervals.	Report connection, delay, denial, unresolved barriers, participant experience, and next action.

WHAT 2 STEPS AWAY SHOULD NOT DUPLICATE

County coordinated entry; plan-based care management; clinical diagnosis or treatment outside authorized scope; housing authority functions; shelter operations; emergency response; or licensed services unless separately approved.

WHAT 2 STEPS AWAY SHOULD SPECIALIZE IN

High-touch engagement, cross-system navigation, participant preparation, verified referral pathways, supported introductions, document/transportation problem-solving, persistent follow-up, and structured partner feedback.

THE CLOSED-LOOP DIFFERENCE

A traditional referral records where a person was sent. A closed-loop model records what happened next: connected, pending, denied, unreachable, capacity unavailable, eligibility mismatch, participant declined, or alternate pathway initiated.

THE FUNDER VALUE

Funders receive evidence of what was attempted, what completed, where systems failed, which barriers were common, and how resources translated into actual access — not just activity counts.

This operating model builds on the organization's published regional data brief and public mission [3], [10].

BARRIER TAXONOMY

Code common barriers such as no capacity, missing ID, transportation, eligibility mismatch, disconnected phone, missed appointment, behavioral-health symptoms, benefits lapse, documentation delay, or participant preference. This produces actionable system intelligence.

PARTNER FEEDBACK LOOP

Return concise status to referring partners when authorized: accepted, pending, completed, redirected, or unresolved. Aggregate de-identified barriers quarterly to identify broken pathways and capacity gaps.

CONTINUITY STANDARD

Every open episode should have a named owner, next action, due date, last contact, escalation status, and closure reason. No case should remain open solely because a referral was issued.

PROGRAMS & SERVICES

Closed-Loop Community Navigation Portfolio

The core portfolio should be simple enough to understand, measurable enough to fund, and bounded enough to contract.

HOUSING + HOMELESS NAVIGATION

Shelter and housing referrals; eligibility screening support; document preparation; housing-related resource navigation; coordinated entry linkage where appropriate; follow-up on placement and wait-list status.

BEHAVIORAL HEALTH + SUD

Mental-health and substance-use referral navigation; recovery-support linkage; appointment support; transportation coordination; care-team communication only with appropriate authorization.

MEDI-CAL + PUBLIC BENEFITS

Medi-Cal navigation; connection to managed-care resources; SSI/SSDI referral support; public-benefit application navigation; status follow-up and document problem-solving.

REENTRY + JUSTICE ENGAGEMENT

Community reentry navigation; identification recovery; behavioral-health/SUD linkage; employment and workforce referral; benefits restoration; transportation and stabilization resources.

EMPLOYMENT + DOCUMENTS

Workforce-development referrals; resume/job-resource linkage; ID replacement navigation; social-security-document referral support; practical steps that remove barriers to housing and benefits.

TRANSPORTATION + ACCESS

Bus-pass and transportation-resource navigation; appointment planning; route and access problem-solving; partner requests for transportation assistance; barrier documentation.

SERVICE STANDARD

Every assigned navigation episode should have: identified need(s) • consent • documented plan • verified referral • responsible next action • follow-up date • outcome disposition • unresolved barrier code • partner-ready summary.

Services reflect the organization's public mission and service positioning [10] and are structured here as a funder/contracting-ready service taxonomy.

DOCUMENTATION SET

Each episode: intake date • assigned navigator • consent • priority needs • action plan • verified referral • contact attempts • partner response • outcome • barrier code • closure reason.

CLIENT EXPERIENCE

Use plain-language choices, trauma-informed engagement, accessible communications, language accommodation pathways, and a grievance/complaint route. Measure whether participants understood their next step.

ESCALATION BOUNDARY

Emergency, medical, psychiatric, abuse, trafficking, violence, or other high-risk concerns require immediate use of appropriate emergency/mandated-reporting protocols rather than routine navigation workflow.

CALAIM

Alignment, Opportunity & Readiness Gates

CalAIM alignment is a strategic advantage only when the organization clearly distinguishes mission fit from formal authorization.

ECM	14	2026	MCP
WHOLE-PERSON CARE	PRE-APPROVED COMMUNITY SUPPORTS	TRANSITIONAL RENT MANDATORY	CONTRACTING GATE

WHY THE MODEL ALIGNS

DHCS describes ECM as community-based, person-centered care management for eligible members with complex needs. Relevant functions include coordinating health and social services, addressing housing instability, transportation, benefits, treatment adherence, and maintaining regular contact.

HOUSING-RELATED FIT

DHCS identifies Housing Transition Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, Transitional Rent, Recuperative Care, and Short-Term Post-Hospitalization Housing among supports relevant to people experiencing homelessness.

2026 TRANSITIONAL RENT

Beginning January 1, 2026, Transitional Rent became a mandatory Community Support. DHCS states it can provide up to six months of rental assistance for qualifying members and links authorization to ECM requirements in applicable circumstances.

CONTRACTING REALITY

DHCS requires MCPs to contract with ECM providers specializing in relevant populations of focus and to vet provider qualifications. Mission alignment, an NPI, or referral activity alone does not establish ECM provider status or Medi-Cal billing authority.

RECOMMENDED CALAIM PATH

Near term: subcontract or formal navigation partnership with an existing ECM/Community Supports provider, hospital, shelter, SUD organization, or managed-care network partner. Parallel track: build documented policies, insurance, data security, staffing/supervision, referral workflows, quality reporting, and payer-specific contracting capability before representing direct-billing status.

Sources: DHCS ECM & Community Supports overview [4], January 2026 ECM Policy Guide [5], DHCS resource library [6], and DHCS 2025-2026 Transitional Rent guidance [4]-[6].

WORKFORCE GATE

Define role qualifications, supervision frequency, field-based safety, training, cultural/linguistic access, documentation standards, escalation rules, and credential verification where responsibilities require it.

DATA GATE

Establish payer-ready consent, minimum-necessary data, secure case tracking, data-sharing terms, role-based access, incident response, reporting definitions, and retention before exchanging member-level data.

CONTRACT GATE

Do not market direct ECM or Community Supports billing until the relevant MCP or delegated entity has completed provider vetting, contracting, required enrollment/attestation, and operational onboarding.

PARTNERSHIP READINESS

County, Managed-Care & Community Contracting Strategy

The objective is not to accumulate MOUs; it is to build reliable pathways with measurable response standards.

ORANGE COUNTY PAYER INTERFACE

DHCS lists CalOptima Health as the principal Orange County Medi-Cal managed-care plan, with Kaiser and PACE options also present. 2 Steps Away should build payer-specific referral knowledge and clarify how navigation services interface with CalOptima ECM/Community Supports networks.

LOS ANGELES PAYER INTERFACE

DHCS lists Health Net Community Solutions and L.A. Care Health Plan among Los Angeles County Medi-Cal managed-care plans, alongside Kaiser and other specialized options. LA contracting requires payer-specific network mapping rather than a one-size-fits-all CalAIM approach.

COUNTY + COC INTERFACES

Priority public-system relationships include Orange County Office of Care Coordination / CoC and LAHSA / LA CoC, plus county behavioral-health, public-health, reentry, workforce, benefits, and housing-system partners.

REFERRAL PARTNER UNIVERSE

Shelters, hospitals, street medicine, ECM providers, SUD organizations, behavioral-health providers, community clinics, legal/benefits partners, reentry programs, workforce agencies, faith/community organizations, and housing providers.

Minimum terms for every material partnership

SCOPE + POPULATION

What 2SA will and will not do; eligibility; geography; volume.

REFERRAL PATHWAY

Named contacts; response times; escalation; closed-loop status.

DATA + CONSENT

Permitted data, authorization, security, retention, incident notice.

PERFORMANCE

Definitions, targets, reporting cadence, quality review, complaints.

COMMERCIAL TERMS

Pricing or funding, invoicing, allowable costs, insurance, indemnity.

EXIT + CONTINUITY

Term, termination, referral transition, record handoff, corrective action.

Managed-care plan listings: DHCS Orange County and Los Angeles County directories [7]-[8]. CalOptima's public CalAIM resources show ongoing ECM/Community Supports capacity investment [9].

PARTNER SCORECARD

Track referral volume, acceptance rate, median response time, completed connections, denials, capacity closures, unresolved barriers, complaints, and data exceptions by priority partner.

QUARTERLY BUSINESS REVIEW

For high-volume relationships, review performance, pathway changes, eligibility updates, complaint patterns, data quality, invoice status, service gaps, and corrective actions with named owners and due dates.

INSTITUTIONAL CONTROLS

Governance, Financial Stewardship & Risk

A $2.5 million funder should be able to trace authority, money, risk, data, and outcomes from board approval through verified closeout.

GOVERNANCE

Board-approved strategy and budget • conflict disclosures and recusals • independent financial review • executive performance oversight • committee/board calendar • succession planning • documented minutes and resolutions.

FINANCE

Monthly close and bank reconciliation • restricted-fund accounting • budget-to-actual reporting • cash-flow forecast • cost-allocation methodology • procurement/vendor controls • dual authorization/compensating controls • grant ledger.

RISK + INSURANCE

General and professional liability as required • workers compensation where applicable • auto/non-owned auto for field work • cyber/privacy coverage as appropriate • incident reporting • safety protocols • background/screening requirements.

GRANT COMPLIANCE

Pre-award capacity review • authorized signature • award summary • deliverables calendar • allowable-cost controls • documentation standards • amendment log • subrecipient/contractor review • closeout file • corrective-action tracking.

DATA + PRIVACY

Minimum-necessary collection • informed consent • role-based access • secure devices and storage • access termination • vendor/data-sharing agreements • incident response • retention schedule • workforce training • periodic access review.

CLINICAL + SCOPE BOUNDARIES

Navigation staff should not imply diagnosis, therapy, SUD treatment, or medical care outside authorized scope. Any clinical line should have separate credentialing, supervision, documentation, privacy, payer, and quality controls.

BOARD DASHBOARD

Cash on hand • actual vs. budget • restricted balances • award deliverables • referral/connection outcomes • open incidents • complaints/grievances • data-quality exceptions • staffing/vacancies • insurance/credential expiration • top risks • corrective actions.

These controls are recommended institutional-readiness standards; final requirements should be matched to each grant, contract, insurer, managed-care plan, and applicable law.

EVIDENCE OF GOVERNANCE

Signed resolutions • approved policies • attendance • conflict/recusal records • budget approval • executive evaluation • risk review • corrective-action closure.

EVIDENCE OF FINANCE

Bank reconciliation • general ledger • restricted-fund schedule • budget variance • vendor approval • supporting invoice • payment authorization • grant draw reconciliation.

EVIDENCE OF RISK CONTROL

Training roster • incident log • insurance certificate • access review • safety drill • complaint disposition • breach assessment • corrective-action verification.

MEASUREMENT

Outcomes, Data Governance & Quality Improvement

The organization should be judged by completed connections, participant experience, and barrier resolution — not referral volume alone.

RECOMMENDED KPI	BOARD TARGET*	REVIEW
Consent / assessment completeness	**>=95%**	Monthly
Referral eligibility verified before handoff	**>=90%**	Monthly
Follow-up within 7 days	**>=85%**	Monthly
Completed connection within 90 days	**>=60%**	Quarterly
90-day follow-up among reachable participants	**>=80%**	Quarterly
Data completeness / required fields	**>=95%**	Monthly
Critical incidents documented and escalated	**100%**	Immediate
Required grant/contract reports on time	**100%**	Quarterly
Participant experience	**>=80% positive**	Semiannual

OUTCOME DISPOSITIONS

Connected • pending • waitlisted • ineligible • capacity unavailable • participant declined • unreachable • redirected • duplicate/closed • emergency escalation. Use standardized definitions.

EQUITY + QUALITY

Review outcomes by geography and meaningful demographic/service variables where lawful and privacy-protective. Use participant feedback and failed-referral patterns to improve pathways, not to penalize people for system barriers.

DATA GOVERNANCE

Every KPI should have a numerator, denominator, source system, owner, validation rule, review cadence, correction threshold, retention rule, and approved external-use definition.

REPORTING PRINCIPLE

Never present a planning target as an achieved outcome. Distinguish referrals issued, warm handoffs attempted, connections confirmed, and sustained outcomes.

**Recommended board targets for a controlled navigation program; not reported historical performance. Targets should be validated against contract requirements, staffing, case acuity, and baseline data.*

QUARTERLY FUNDER DASHBOARD

Unique participants • open episodes • completed connections • time-to-connection • top five barriers • partner response times • equity review • client experience • staffing/caseload • budget variance.

QUALITY TRIGGER

A repeated referral failure, serious incident, privacy exception, missed report, excessive caseload, or material budget variance should trigger documented root-cause review and corrective action.

MAJOR-FUNDER READINESS

$2.5 Million Award Governance Framework

An illustrative milestone structure a major funder could use to protect mission, performance, and organizational sustainability.

$500K	$750K	$750K	$500K
PHASE 1: FOUNDATION	PHASE 2: CONTROLLED LAUNCH	PHASE 3: PERFORMANCE SCALE	PHASE 4: SUSTAINABILITY

PHASE 1 — FOUNDATION | 0-6 MONTHS

Finalize board policies, financial controls, insurance, data security, consent, incident response, staff supervision, partner agreements, referral directory, outcome definitions, baseline evaluation, and restricted-fund accounting.

PHASE 2 — CONTROLLED LAUNCH | 4-12 MONTHS

Launch defined navigation cohorts in Orange and Los Angeles counties; maintain manageable caseloads; validate closed-loop reporting; conduct monthly quality review; correct workflow and data issues before expansion.

PHASE 3 — PERFORMANCE SCALE | 10-18 MONTHS

Expand only after meeting quality gates; deepen formal referral/contracting relationships; add payer- or county-specific workflows; increase staffing and supervision proportionally; publish verified interim outcomes.

PHASE 4 — SUSTAINABILITY | 16-24 MONTHS

Complete independent evaluation, audit/readiness review, diversified revenue strategy, contract pipeline, staff retention plan, technology/data stabilization, governance succession, and funder closeout/continuation plan.

RECOMMENDED RELEASE CONDITION

Do not release scale funding solely because time has passed. Each tranche should require documented achievement of agreed financial, compliance, staffing, data-quality, partnership, and participant-outcome gates. Dollar allocations shown are illustrative and should be replaced by the funder-approved budget.

This is a reviewer-recommended award-control framework, not a current 2 Steps Away budget or grant commitment.

PHASE RELEASE GATE

No unresolved material compliance finding; current insurance; required staff/supervision in place; monthly financial package current; required reports timely; board review documented.

PERFORMANCE GATE

Data completeness and consent at target; follow-up timeliness at target; connection rate trending toward board target; partner issues actively managed; participant complaints resolved within policy.

SCALE STOP RULE

Pause expansion when supervision, cash flow, data quality, partner capacity, safety, or service quality cannot support additional volume. Protect outcomes before protecting growth projections.

IMPLEMENTATION

24-Month Organizational Readiness Roadmap

A practical sequence from funder due diligence to scalable, partnership-ready service delivery.

TIMING	OWNER	PRIORITY ACTION
0-90 DAYS	Board	Adopt budget, delegation, conflict, whistleblower, document retention, procurement, incident, privacy, client rights/grievance, and risk policies. Confirm board calendar and finance review.
0-90 DAYS	Operations	Finalize service definitions, eligibility, consent, assessment, referral verification, warm-handoff scripts, outcome dispositions, escalation, supervision, field safety, and referral directory ownership.
0-90 DAYS	Data	Select secure case-tracking environment; create role-based access; define minimum dataset, retention, incident response, data dictionary, KPI definitions, and partner reporting templates.
3-6 MONTHS	Partnerships	Prioritize a small number of high-volume shelter, ECM, hospital, SUD, behavioral-health, reentry, workforce, and benefits partners in each county; execute operational referral agreements.
3-6 MONTHS	CalAIM	Map CalOptima, L.A. Care, Health Net, and applicable network pathways; pursue subcontract/navigation arrangements first; document direct-provider gaps before pursuing higher-risk billing scope.
6-12 MONTHS	Delivery	Operate controlled cohorts; review caseload capacity monthly; validate referral closure; track barriers; conduct participant feedback; issue quarterly funder/board performance reports.
12-18 MONTHS	Scale	Add capacity only after quality gates are met; deepen contracted partnerships; formalize QA committee; strengthen finance and grants administration; prepare external evaluation and audit materials.
18-24 MONTHS	Sustainability	Demonstrate diversified funding, renewal pipeline, verified outcome history, governance continuity, data maturity, staff retention, and a documented decision on whether direct CalAIM provider contracting is appropriate.

SCALE RULE

No new service line or geography should launch without a defined service model, accountable owner, board-approved budget, compliance review, supervision plan, partner pathway, data workflow, insurance review, and measurable outcome.

2 Counties	Closed Loop	Quarterly	24 Months
DEFINED REGIONAL STRATEGY	VERIFIED OUTCOME MODEL	BOARD + FUNDER REVIEW	EVIDENCE-BUILDING HORIZON

DUE DILIGENCE

Evidence Package for Institutional Review

A funder-ready profile becomes credible when every major claim can be matched to a current file, policy, report, contract, or independent record.

CORPORATE + TAX

IRS determination letter; articles; bylaws; Secretary of State status; board roster; conflict disclosures; board minutes/resolutions.

FINANCIAL

Current budget; YTD statements; bank reconciliations; prior 990s; restricted-fund tracking; chart of accounts; procurement/cost-allocation policies; cash forecast.

INSURANCE + SAFETY

Certificates and policies; limits; field safety; incident protocol; volunteer/staff coverage; auto/non-owned auto where relevant; cyber/privacy coverage review.

PEOPLE + SUPERVISION

Job descriptions; qualifications; background/screening policy; onboarding; confidentiality; boundaries; training; supervision; credential verification where role-dependent.

PROGRAM

Service model; eligibility; consent; assessment; workflow; referral directory; partner pathway; participant rights; grievance process; emergency escalation; discharge/closure.

DATA + PRIVACY

Privacy notice; minimum dataset; access matrix; secure systems; data-sharing templates; breach response; retention; device controls; training; vendor review; HMIS terms if applicable.

CALAIM / PAYER

MCP contracts or subcontract agreements if any; provider vetting evidence; payer manuals; billing/data workflow if authorized; referral standards; quality requirements; network responsibilities.

OUTCOMES

Data dictionary; KPI definitions; validation procedures; baseline report; quarterly dashboard; participant feedback; failed-referral analysis; external evaluation plan.

PARTNERSHIPS

Executed MOUs/contracts; referral protocols; responsible contacts; service capacity; response expectations; data boundaries; performance review; termination/continuity terms.

GRANT CONTROLS

Award files; authorized signatures; deliverables calendar; budget-to-actual review; allowable-cost documentation; amendments; subcontract approvals; closeout checklist.

MAJOR-FUNDER STANDARD

For a $2.5 million decision, “we have a policy” is not enough. Reviewers should see evidence that the policy is adopted, assigned, trained, used, monitored, and corrected when exceptions occur.

SOURCES & CONTACT

Documentation, Method Notes & Submission Contact

All 2026 statistical claims in this profile are tied to current official sources or explicitly labeled calculations/recommendations.

SOURCE	DOCUMENT / CURRENT REFERENCE
[1] County of Orange	2026 Point In Time Count Results — May 18, 2026 Open source
[2] LAHSA	2026 Homeless Count Reveals Bottleneck Stymied Progress — July 24, 2026; updated July 27, 2026 Open source
[3] 2 Steps Away, Inc.	2026 Regional Homelessness Analysis: Orange County + Los Angeles County — July 30, 2026 Open source
[4] DHCS	Enhanced Care Management and Community Supports — 2026 current page Open source
[5] DHCS	CalAIM Enhanced Care Management Policy Guide — Updated January 2026 Open source
[6] DHCS	ECM & Community Supports Resources — includes 2026 policy, billing, data-sharing, and Community Supports guidance Open source
[7] DHCS	Los Angeles County Medi-Cal Managed Care Health Plan Directory — 2026 Open source
[8] DHCS	Orange County Medi-Cal Managed Care Health Plan Directory — 2026 Open source
[9] CalOptima Health	CalAIM Resources and Funding Opportunities — current 2026 page Open source
[10] 2 Steps Away, Inc.	About Us — mission and public service positioning Open source
[11] 2 Steps Away, Inc.	Our Staff — current leadership titles, biographies, and profile images Open source

METHOD NOTE

PIT Counts estimate homelessness on a single night and do not measure all people who experience homelessness over a full year. The combined 79,361 figure is a simple analytical sum of two independently administered county estimates. LA sheltered 24,038 is calculated as 73,040 total minus 49,002 unsheltered. Percentages may vary slightly due to rounding.

SUBMISSION CONTACT

2 Steps Away, Inc.
Website: 2stepsaway.org
Partnerships: partnerships@2stepsaway.org
Phone: (949) 648-7475

Prepared for institutional review — August 2026.

Important: This profile is a funder/CalAIM-readiness document. It does not itself establish Medi-Cal enrollment, ECM/Community Supports provider status, managed-care contracting, HMIS authorization, licensure, or legal HIPAA status. Those items require separate documentary verification where applicable.

FINAL SUBMISSION STANDARD

Before external submission, the Board should confirm organizational facts, leadership titles, service claims, targets, insurance, contracts, financial statements, tax status, and any statement implying regulated or payer-authorized activity. Maintain the approval record with the final PDF/DOCX version used for each application.