Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: CA-508 - Watsonville/Santa Cruz City & County CoC

1A-2. Collaborative Applicant Name: County of Santa Cruz

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of Santa Cruz

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
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- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	

	In the chart below for the period from May 1, 2021 to April 30, 2022:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	Yes	No
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
10.	Law Enforcement	No	No	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	No
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	No	No	No
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	No	No	No
24.	State Sexual Assault Coalition	No	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	No	No	No
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Health Advocates	Yes	Yes	No
35.	Neighborhood Community Groups	Yes	Yes	No

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1. The CoC invites new members in a transparent continuous way by including a standard invitation for new members on the CoC website homepage. Under the Get Involved tab, the CoC specifically invites applications from any person or organization committed to a collaborative impact effort focused on ensuring all residents within the County have stable, safe, and healthy places to live. Interested applicants can easily apply by completing the simple online membership form and will automatically receive all CoC-related list serve notices, including invitations to biannual CoC-wide meetings. Invitations are also sent out twice a year via a separate e-mail list serve to a long list of organizations and persons in the county known to be interested in homelessness issues and are posted on the CoC Facebook page. This list is regularly updated when an interested person or group requests to be added, or when CoC staff otherwise become aware of an interested person or group.

2. All communications are sent in plain text to be easily machine readable and posted on our website, which is reviewed against Website Content Accessibility Guidelines (WCAG). The CoC also improves accessibility through linear content design that works well with assistive devices, logical tab order, consistent navigation structure, and alt attributes. Meeting notices and other flyers are sent in accessible PDF format. Meetings held on Microsoft Teams include captioning for hearing impaired and screen reader for visually impaired persons.

3. Finally, the following CoC members serving diverse groups receive every invitation: Community Action Board, FIT, Pajaro Valley Shelter Services, and Salvation Army (Latinx); Mental Health Community Action Network, Central Coast Center for Independent Living and Encompass (disabilities): and the Diversity Center (LGBTQ).

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. The CoC solicits and considers opinions through biannual CoC community meetings attended by a broad range of interested persons and organizations, including affordable housing developers, homeless assistance providers, County and City elected representatives and agencies, faith groups, neighborhood groups, health care providers, business representatives, education providers, persons with lived experience of homelessness, and more. In addition, requests for input and feedback are communicated via the website and Facebook, direct outreach by CoC staff, CoC committee and working group meetings, and the CoC list serve, which includes more than 200 interested agencies or persons. Also, CoC Board meetings are open to the public and public comment is allowed and requested for each agenda item. Finally, CoC staff provide regular updates at meetings of the County Board of Supervisors and City Councils, during which the members of the public can comment on CoC items.

2. During public meetings, the CoC communicates orally and in writing in the form of written staff memoranda or presentations and background information for each agenda item. The agenda and written materials are sent to our list serve a few days before the meeting and are posted on the website. CoC members can also communicate by asking CoC staff to send their communications or notices (e.g., job postings or housing openings) to the entire CoC list serve.

3. Public input has positively impacted a broad array of issues, including CoC governance, Cares Act funding priorities, CoC rating criteria, CES redesign, HMIS restructuring, COVID-19 sheltering and health and social distancing protocols, updates and reports on the 3-Year Strategic Plan, State and COVID-19 funding sources, emergency interventions and a rehousing wave strategy, public engagement and information, and more.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
2.	about how project applicants must submit their project applications–the process;
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,500 characters)

1. On August 8, 2022, the CoC issued a public solicitation of CoC applications and invitation to participate in applicant orientation sessions open to all interested applicants, including those that had never received CoC funding. The invitation, process timeline, and application materials were also posted on the CoC's publicly available website and sent to the CoC's list serve of all known interested organizations. The solicitation and application policies and procedures manual specifically highlighted the process was OPEN TO NEW APPLICANTS that had never received CoC funds. A section on p. 28 specifically invited and offered technical assistance to new applicants, and those representing or serving LGBTQ+ or races and ethnicities overrepresented in the homeless population. Three new applicants did apply, Monarch Services, Covenant House, and Community Bridges.

2. Virtual general applicant orientation sessions were held twice - August 10 and August 12 – to ensure the opportunity for all potential applicants to attend. The orientation sessions and the written CoC application policies and procedures document included information and explanations about how to complete the HUD and local application forms, HUD and local priorities and requirements, the deadlines for submitting local and e-snaps applications, and the process and objective criteria for selecting applications for submission to HUD.

3. As explained in writing and orally, the CoC used an objective rating process for selecting and ranking projects for submission to HUD. Proposals were reviewed and rated with a 100-point rating tool using objective criteria and HMIS-based performance benchmarks. On September 7, the CoC Review and Ranking Subcommittee met virtually to review the applications, aggregate scores, and other project performance data, and to develop project selection and ranking recommendations (unanimously). On September 14, the CoC Board approved the final projects selections and ranking (again unanimously), and written decisions letters were sent to all applicants on September 15. The meeting minutes and ranking list were posted online and public notification sent out on September 16.

4. The CoC uses the following to improve information accessibility: website WCAG guidelines, accessible PDF documents, Teams captioning and screen reader, and linear content design that works well with assistive devices, logical tab order, consistent navigation structure, and alt attributes.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

	In the chart below:
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**
2.	**select Nonexistentif the organization does not exist within your CoC's geographic area.**

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	Landlord Incentive Programs	Yes

1C-2.	**CoC Consultation with ESG Program Recipients.**	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	**consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;**
2.	**participated in evaluating and reporting performance of ESG Program recipients and subrecipients;**
3.	**provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and**
4.	**provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.**

(limit 2,500 characters)

1. The CoC regularly consults with the State of California ESG Program (only ESG recipient in the CoC) through ESG workshops, webinars, weekly office hours, trainings, phone/email interactions, written comment, and survey input on policy and funding allocations. This past year, the CoC members also provided public comment on, or completed surveys for, the 2021-22 CAPER, CDBG-DR Action Plan Amendment, 2022-23 annual action plan, 2019-20 annual action plan amendment relating to CDBG-CV and ESG-CV. Finally, CoC members participated in a HOME-ARP focus group and survey, Cares Act webinars and trainings; and weekly Cares Act ESG-CDBG office hours.

2. The CoC works with the State ESG Program to evaluate ESG project performance. Per State procedures, competitive ESG projects are ranked by the CoC and submitted to the State competition, while the CoC directly selects non-competitive RRH projects. The CoC Board makes project decisions based on need, priorities, performance, and design.

In 2020, the CoC received $9.5 million in ESG-CV funds through direct allocation from the State. The CoC sub-awarded these funds to critically needed programs for COVID-19 non-congregate and semi-congregate shelter, emergency food; outreach services, HMIS, and a rapid rehousing program to rehouse people from COVID-19 shelters. The CoC manages the remaining funds, monitors grantees, compiles HMIS data, and submits performance reports to the State.

3. Santa Cruz County HIC, PIT, and HMIS performance data were provided each Consolidated Plan jurisdiction: the State, Santa Cruz, and Watsonville.

4. Each year, CoC staff provide data gathering and written text for Santa Cruz and Watsonville Con Plan updates and provide HIC, PIT, project HMIS performance, and financial data when submitting applications and reports for the ESG and ESG-CV program.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	
	Reviewed program documents to verify compliance with CoC anti-discrimination policy.	Yes

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The Santa Cruz County Office of Education Students in Transition (SCCOE SIT) is the most important local educational agency working with children and youth experiencing homelessness. The CoC works closely with the SCCOE SIT program to support its efforts to identify sudents who are experiencing homelessness, guarantee their educational rights (such as to stay in their school of origin), and provide educational and support services (such as tutoring, homework help, and free or reduced cost meals). The SCCOE SIT has a seat on the CoC, and family and youth providers regularly attend SCCOE meetings. All CoC and ESG programs serving families or youth coordinated closely with the SCCOE, school districts liaisons, and school staff to ensure all children experiencing homelessness are succeeding in school and have access to needed resources.

SCCOE has been awarded McKinney-Vento Education of Homeless Children and Youth (EHCY) grant funds for over 30 years and more recently ARP-EHCY funding. EHCY funding allows SCCOE staff to liaison with the CoC and between the State and local districts in addressing any enrollment, student choice, or legal issues, or concerns from parents and schools involving the McKinney-Vento and Every Student Succeeds Act (ESSA). EHCY provides critical funding for more intensive case management and advocacy for students experiencing homelessness, coordination of staff training on legal rights and requirements, and trauma-informed care, inclusive responses to youth experiencing homelessness, and critical responses and strategies around COVID-19.

Another key partnership is the YHDP-funded Youth Homelessness Response Team in which CoC-member CAB, Inc. collaborates with SCCOE SIT (as a subrecipient). Peer liaisons outreach to and provide wraparound housing, educational, and supportive services to youth experiencing homelessness in school and community settings.

In addition, partnerships and activities involving SCCOE SIT and CoC members include foster youth and homeless student advocacy, training and case management, the Stuff the Bus Project (donated backpacks with school supplies), the annual SIT Needs Assessment Survey, AB109 education in the jails, Restorative Practices Diversion for police and probation referrals, mental health prevention and intervention support in collaboration with the County Children's Behavioral Health Unit and Encompass Community Services.

1C-4b.	**Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.**	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC has policies and procedures to inform individuals and families who become homeless of their eligibility for education services. The following quotes the relevant policies and procedures as excerpted from the CoC's adopted CoC and ESG program standards document:

Educational policies and liaison:
All programs that serve households with children or unaccompanied youth, must:
•Take the educational needs of children into account when placing families in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education
•Inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment, and linkage to McKinney Vento Liaisons as part of intake procedures.
•Not require children and unaccompanied youth to enroll in a new school as a condition of receiving services.
•Allow parents or the youth (if unaccompanied) to make decisions about school placement.
•Not require children and unaccompanied youth to attend after-school or educational programs that would replace/interfere with regular day school or prohibit them from staying enrolled in their original school.
•Post notices of student's rights at each program site that serves homeless children and families in appropriate languages.
•Designate staff that will be responsible for:
oEnsuring that homeless children and youth in their programs are in school and are receiving all educational services they are entitled to; and
oCoordinating with the CoC, the Department of Social Services, the County Office of Education, the McKinney-Vento Coordinator, the McKinney-Vento Educational Liaisons, and other mainstream providers as needed.

1C-4c.	**Written/Formal Agreements or Partnerships with Early Childhood Services Providers.**	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	Yes	No
7.	Healthy Start	Yes	No
8.	Public Pre-K	Yes	No
9.	Tribal Home Visiting Program	No	No

	Other (limit 150 characters)		
10.	First 5 Starlight Center - Infant/Toddler Program	Yes	No

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

There are two victim service providers in our CoC area: Walnut Avenue Family and Women's Center (WAFWC - applying for new and renewal funding) and Monarch Services (applying for new funding). Both are long-term voting members of our CoC. They are also members of the California Partnership to End Domestic Violence and Valor California (the statewide sexual assault coalition), which enables them to bring back critical knowledge, training resources, and best practices to assist our CoC.

Both agencies have a long history of supporting and collaborating with the CoC in the development and implementation of plans, programs, and policies. For example, both agencies took part the planning process to develop our current 3-year strategic plan, Housing for a Healthy Santa Cruz, as well as previous strategic homelessness plans. Both participated in planning processes for the development of our YHDP initiative and for key State of California-funded programs. Both participated in meetings to develop our original CoC charter, CoC and ESG program standards, and CES policies and procedures. And both are currently participating in our ongoing process to redesign CES (to include updated DV procedures and trainings).

2. Both Monarch and WAFWC are fully trained in and use trauma-informed and victim-centered practices, and regularly received updated training on these issues from the statewide coalitions. As such, they have brought the importance of these practices to the fore, helping to embed them in our plans, programs, and policies. Moreover, all CoC agencies work directly with these DV providers to link DV survivors to the range of housing and service options. In the process, CoC agencies have learned and continue to learn about the traumas that are associated with DV, and the trauma-informed best practices that are essential to successfully assisting survivors. Use of trauma-informed practices by CoC agencies to better meet survivor needs is further strengthened by the trainings provided by Monarch and WAFWC described below.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,500 characters)

1. The CoC coordinates with local DV providers on DV training. Walnut Avenue Family Women's Center (WAFWC) provides CoC providers, CES staff, and interested community members with free in-service trainings (currently virtual) monthly, covering DV services, trauma-informed practices, safety planning, rights, children's needs, and supporting survivors. WAFWC also provides an annual Safety Strategies During Holidays training; monthly school-based workshops, twice yearly week-long DV Advocate certification training; and takes part in the following annual events: trauma training at Encompass and annual healthy relationship fair. Monarch Services invites CoC and CES providers to twice yearly 65-hour trainings on Becoming a State-Certified DV Peer Counselor and free monthly online workshops covering e.g., DV and Sexual Assault Impact on LGBTQIA+ Communities, Sexual Health and Boundaries, Causes and Community Response to Violence, Commercial Exploitation of Children, and more. The Santa Cruz Trauma Consortium invites and encourages all CoC providers to attend the annual all-day Fall Trauma Conference held in Santa Cruz.

2. CES trainings for assessor staff of CES-participating agencies are normally held quarterly. Currently, the trainings are on pause while to CoC revises its CES assessment tools and process. When they return in late 2022, the CES trainings will not only cover the new tools and process, but trauma-informed care, crisis intervention, cultural competency, and special policies and procedures for persons fleeing DV. These trainings will include the separate, confidential CES process for individuals and families who are fleeing/attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking who are receiving services from designated victim service agencies.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below:
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1. There are two HMIS comparable data systems in out CoC. WAFWC uses the HMIS-compliant Social Solutions Apricot comparable data system, while Monarch Services uses the HMIS-compliant Osnium comparable database. Both agencies regularly provide de-identified data, which is combined by the CoC and County staff with HMIS data and other administrative data sources to generate a picture of DV-related needs, services, and outcomes.

2. The CoC uses aggregate, non-identifiable data from these databases to assess homelessness among individuals and families fleeing DV and other forms of violence, to track services and housing outcomes, to improve programs and services for survivors, to inform grant-funding decisions and progress reporting, to provide data for the biennial PIT and annual HIC, to inform the public about DV survivors needs, and to inform the improvement of safety planning and privacy procedures in our CES policies and CoC standards.

Using data from these comparable databases and DV crisis calls, the CoC and DV providers have found that COVID-19 drove a large increase in domestic violence in Santa Cruz County, a trend reflected nationally. For example, in 2020 Monarch Services found there had been a 75% increase in the demand for services and that 1,632 persons received services such as counseling, emergency shelter, housing aid, financial aid, and transportation. Directly after the shelter-in-place order, the average number of new clients per week rose to 15, and on one day 30 crisis calls were received. During the same year, WAFWC served 1,375 persons with crisis counseling, information, referrals, housing, educational assistance, and more.

In addition, HMIS data (not comparable data) found that between October 2020 and September 2021 362 persons identified as being a DV victim or survivor, while our most complete sheltered and unsheltered PIT count (February 2022) found that of the persons enumerated 5%, or 115 people, cited domestic violence as their primary cause of homelessness, 50%, or 1,150 people had experienced past domestic violence, and 4% or 92 people were experiencing current domestic violence. These data are a key reason why the CoC has prioritized funding for programs serving DV survivors in the past the years.

1C-5c.	**Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
1.	**the emergency transfer plan policies and procedures; and**
2.	**the process for individuals and families to request an emergency transfer.**

(limit 2,500 characters)

1. The CoC has a method to inform all persons seeking or receiving CoC (and ESG) services of their rights under VAWA, including to request an emergency transfer to another unit. All homeless agencies are trained to ask at intake and during the course of services about DV in a sensitive, trauma-informed way, and where needed to offer information and access to DV services, including referral to DV providers, crisis intervention, safety planning, safe DV shelter or motel vouchers, and emergency transfer for persons or households in units. The CoC's emergency transfer policies and procedures build on HUD's model plan. They include providing information and answering questions about of victims' rights and housing protections under VAWA, documentation and certifications needed to process the request, confidentiality procedures, unit availability timing and issues, and safety and security planning.

In addition, the Santa Cruz County Housing Authority, which maintains many of the programs such as Shelter Plus Care or Housing Choice Vouchers that might be used by victims, has its own VAWA-compliant emergency transfer plan and communication process. And the local CES has a separate, confidential oral communication method for persons who are fleeing DV. This process provides for the confidentiality and safety of participants, while ensuring they receive the same opportunities for accessing housing opportunities as other Smart Path participants.

2. The specific process for a victim to request an emergency transfer includes: (1) the victim makes a written request for transfer, including a signed statement that documents and certifies the incident(s) of DV, dating violence, sexual assault, or stalking; (2) the agency may request additional documentation to support the request; (3) if the request is approved, the agency acts quickly to help the tenant move, subject to whether a unit for which the person is eligible is actually available; and (4) pending the transfer, the agency provides safety resources and urges the victim to take reasonable safety precautions.

1C-5d.	**Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.**	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

Our CES Policies and Procedures (Ps&Ps) guarantee that DV survivors will have maximum choice and equal access to all housing and services within the CoC. The Ps&Ps include a confidential process for individuals and families who are fleeing/attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking. This process provides for the confidentiality and safety of participants, while ensuring they receive the same opportunities for accessing housing opportunities as other CES participants. Thus, if a person presents at a CES access point as a DV survivor, they are given the choice in a trauma-informed way to be referred to a DV provider (Monarch or WAFWC) and/or to other non-DV housing or service programs. The choice is up to the client, and CES staff will make the referral based upon client choice, while taking whatever steps are needed to ensure client safety.

There is not enough housing available in Santa Cruz County. Our CES maintains a prioritized waitlist for PSH, RRH, and transitional housing programs. If a DV survivor applies for non-DV housing, they will be assessed and prioritized as any other client (although their data, information, and waiting list status are subject to heighten confidentiality). If the DV survivor is eligible for and prioritized for an available unit at an agency, they will be referred to the agency, as any non-DV client, for the agency's intake process. If the DV survivor rejects a referral, they will be offered another safe referral. Monarch and WAFWC peer advocates train and empower DV survivors to make the best possible choices for themselves including housing choices.

Finally, the CoC has supported efforts by Monarch and WAFWC to make available DV-focused housing from a variety of non-CoC funding sources. For example, WAFWC uses Department of Justice (DOJ) funding passed through CalOES for RRH, and Monarch uses DOJ funds also passed through CalOES and Cal. Dept. of Social Services funds for emergency shelter and supportive services. By prioritizing DV programs for HUD funds, the CoC intends to expand housing opportunities by leverage more funds from DOJ, HHS, and State of California sources.

1C-5e.	**Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
1.	**safety protocols,**
2.	**planning protocols, and**
3.	**confidentiality protocols.**

(limit 2,500 characters)

Our CES Ps&Ps have special protocols in place to ensure the safety, emergency transfer planning, and confidentiality of persons fleeing domestic violence, dating violence, sexual assault, and stalking.

1. All persons who contact CES are asked questions regarding their safety in a sensitive trauma-informed manner. When it appears that the person may be experiencing or fleeing from a dangerous situation, safety protocols are immediately implemented. DV survivors are offered the choice for a warm handoff to a DV provider (e.g., Monarch or WAFWC) skilled in crisis intervention and safety planning. A certified DV advocate immediately engages the survivor, offering safe shelter and/or other legal services for a protective order, providing information about DV and about housing/service options (including risks), and assisting the survivor to develop and carry out a personal or family safety plan.

2. All persons who ask for planning assistance for an emergency transfer are immediately provided information about of their rights and housing protections under VAWA; assistance in applying for, documenting, and certifying the needed for the transfer; and, if the request is approved and a safe unit is available, assistance to move to the unit. Further details about emergency transfer planning are provided above.

3. When a person presents as a survivor, special confidentiality protocols are immediately implemented. These include the following: (1) the survivor can elect to have an anonymous record (no identifying information) in HMIS and the CES referral specialists receives only the HMIS ID number; (2) if the survivor chooses not to have any data entered into HMIS, then a DV agency will conduct a modified assessment in paper format and the CES referral specialist will receive the modified assessment with no identifying information and only a random generated ID number generated by the DV agency; (3) the CES referral specialist maintains a DV participant priority list outside of HMIS and the referral specialist will use both lists when prioritizing persons for housing placements; and (4) when a survivor is referred for housing, the receiving agency will receive only the randomly generated ID and the DV agency's contact person who will make the needed contacts and arrangements.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

	Describe in the field below:
1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. The CoC does update anti-discrimination policies based on stakeholder feedback. In October 2017, the CoC adopted a CoC-wide anti-discrimination policy informed by an extensive stakeholder engagement including CoC agencies, YHDP agencies and YAB members, and the local LGBTQ+ community. Among other things, the policy requires compliance with the Equal Access to HUD Programs – Regardless of Sexual Orientation or Gender Identity final rule, and prohibits denial of program admission based upon the sexual orientation or gender identity of any household members. The CoC is currently revising its CES Ps&Ps, including the anti-discrimination policy, with stakeholder input process through working groups, a Community-wide Meeting, and public comment to the Board of Supervisors.

2. The CoC has shared the Equal Access to HUD Programs rule with all CoC providers, discussed it at CoC membership meetings, shared policy language, and encouraged all providers to adopt their own agency antidiscrimination policies in line with CoC policy. The CoC has also required YHDP-funded programs to participate in LGBTQ+ training and encouraged CoC-funded programs to do so. The Diversity Center has provided 4 such trainings since 2017. The Diversity Center is a local LGBTQ+ advocacy organization that is a long-term voting CoC member and participant in the YHDP initiative. Information about the requirement to comply with the HUD rule is included in the annual CoC applicant orientation training.

3. The CoC evaluates CoC and ESG programs every year as part of the annual funding process. Agencies are required to response to questions regarding whether or not they have LGBTQ+ persons in managerial and leadership positions, have had at least one training since 1/1/21 that includes enhancing equity for LGBTQ+, have reviewed program outcomes with an equity lens including data disaggregated for gender identity, have identified program changes needed and a plan for improving LQBTQ+ outcomes, and have worked with HMIS regularly to review data disaggregated for gender identity.

4. The CoC's method for addressing noncompliance is funding incentive-based. New and renewal project evaluation scoring tools prioritize projects and award points to agencies who indicate they have met the above LGBTQ+ equity factors. Also, points for equity factors were increased significantly in 2022. Finally, the CoC's offers technical assistance to agencies that perform poorly, including on equity.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of the County of Santa Cruz	53%	Yes-HCV	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1. The CoC has worked very closely every year with the Santa Cruz County Housing Authority (only HA in the area) to establish and implement the following homeless preferences, all clearly documented in the HA Administrative Plan:

a. Limited HCV preference for Disabled and Medically Vulnerable (DMV) homeless persons in the Housing Choice Voucher (HCV) Program. Up to 150 households can be assisted under the DMV limited preference at a given time. Referrals come from Housing Matters, are assessed through CES, and must have a case management plan with a services provider.

b. Emergency Housing Vouchers for persons experiencing homelessness, at risk of homelessness, fleeing DV, or recently homeless and at high risk of returning to homelessness. Implemented under a HA-CoC MOU, up to 263 households can be served, all are assessed and referred through CES, and all must have a case management plan with a services provider.

c. Limited HCV preference for homeless families with minor children, from families already on the HCV waitlist. Up to 40 families may be assisted under the preference at a given time.

d. Limited HCV preference for homeless families with minor children for the Brommer Street Supportive Housing units. Families are referred by the Human Services Department (HSD).

e. Temporary Mainstream Voucher preference for non-elderly persons with disabilities at high risk of COVID-19, who are staying in time-limited non-congregate shelters (NCS). Up to 75 vouchers are available at a given time. Additional mainstream vouchers may be used to avoid delay if other homeless-targeted voucher preferences are fully utilized. Referrals come directly from HSD, which uses NCS and CES data provides case management and housing navigation services.

f. HCV preference for Shelter Plus Care (S+C) participants who have been in good standing for two years (case management continues with Health Services Agency) and for YHDP participants who have been good standing for two years (case management continues with Encompass).

The CoC also works closely with the HA on special purpose voucher programs: (1) 383 HUD VASH voucher for homeless veteran; and (2) 218 FUP vouchers, including a preference for homeless youth identified through CES and case managed by County HSD; Youth FUP voucher holders may graduate to the regular HCV program after two years in good standing.

2. N/A

1C-7b.	**Moving On Strategy with Affordable Housing Providers.**	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section VII.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	Yes
7.	Public Housing	No
8.	Other Units from PHAs:	
	Nuevo Sol SROs	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Mainstream Vouchers

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section VII.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	

PHA
Housing Authority...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Housing Authority of the County of Santa Cruz

1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	10
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	10
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

	Describe in the field below:
1.	how your CoC evaluates every recipient–that checks Housing First on their Project Application–to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. Each year, the CoC assesses Housing First fidelity through the CoC local competition. Scoring criteria reward applicants to the extent that they can demonstrate compliance with Housing First practices and steps to eliminate barriers to housing. New and renewal projects that check boxes for all of the Housing First practices receive more competitive points and are more likely to ranked high and receive funds. In addition, the CoC has learned that high rates of housing stability and low rates of returns to homelessness are associated with agency's strong commitment to actually implementing Housing First and a "whatever it takes" approach to service. Therefore, renewal applicants are assessed based upon the extent to which HMIS data show they maintain high rates of housing stability and prevent returns to homelessness, and new projects are assessed based upon the quality of their plans to maintain high rates of housing stability and prevent returns to homelessness.

2. The key HMIS-based factors and performance indicators we considering in connection with Housing First programs include: (1) maintaining housing stability or retention (at least 90%), (2) preventing returns to homelessness (no more than 20%), increasing use of mainstream health and other resources (at least 50%), and increased employment (at least 25%). Regarding returns to homelessness, we look closely at any explanations and plans to improve provided in the APR. The CoC also assesses non-HMIS-based factors, but has not set specific indicators for these since relevant information is not always available or comparable. For example, the CoC works to assesses participant quality of life, sense of autonomy over their own service plans, and reduced risk behaviors by requesting client surveys and focus group results, if available.

3. Outside the competition, CoC staff have worked regularly to assess Housing First fidelity in a number of ways. These include: (1) analysis of the agency's CES placement record (i.e., is there a record that the agency has turned away persons due to particular preconditions?); (2) periodic conversations with agency staff about what is working well; and (3) review of agencies publicly available information regarding eligibility, intake, and program rules to determine Housing First compliance. Finally, the CoC has engaged HomeBase to provide Housing First technical assistance as a way to improve Housing First fidelity and performance.

1D-3.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1. The purpose of street outreach in Santa Cruz County is to engage and assist all persons experiencing homelessness, including those populations least likely to access services without outreach. Outreach workers use a harm reduction approach to build trust, offer basic healthcare and personal care items, and make referrals to shelter, housing, health clinics, and mainstream programs, providing transportation when needed. Outreach teams provide on-the-spot CES assessments, safety assessments, psychosocial assessments, and stay engaged with the person to help facilitate housing referral and placement. Key goals are to connect each person to healthcare and housing.

Specific subpopulations are the focus of different teams as follows: 1) HPHP mobile street medicine team visits 23 sheltered and unsheltered locations per month countywide, offering services and referrals; 2) the Encompass Downtown Outreach Team engages 30 homeless individuals per month in the downtown Santa Cruz area and connects them to a range of resources; 3) the HOPES program in focuses on justice system-involved and addicted persons experiencing homelessness; 4) the Community Action Board offers youth and unsheltered outreach in South County; and 5) Encompass offers TAY outreach and County Veterans Services offers veteran outreach.

2. With the exception of the Downtown Outreach Team, all of the above teams cover the entire CoC geography (Santa Cruz County), and regularly travel to locations throughout the county where persons are experiencing homelessness

3. Operating hours are: HPHP, M-F, 8 am-5 pm; Downtown Outreach Team, M-F, 9 am-6 pm; HOPES, M-F, 8 am-5 pm; Encompass TAY, M-F, flex hours; and County Veteran Services, M-Th, 8 am -12 pm, 1 pm – 5 pm.

4. Outreach team use peer contacts and services providers to identify the locations of the most hard-to-find encampments. Harm reduction and trauma-informed engagement approaches build trust among those least likely to ask for help. All outreach programs provide bilingual/bicultural services (Spanish-English), referrals, and transportation when needed. CAB has a bilingual toll-free shelter hotline. 2-1-1 I&R is available 24/7/365 by phone or Internet in more than 170 languages.

1D-4.	**Strategies to Prevent Criminalization of Homelessness.**	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

Downtown police and social services networking/coordination	Yes	Yes

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	518	442

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	
	Cash Assistance for Immigrants	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC:
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. The CoC uses multiple methods to provide information on available mainstream benefits. The CoC's Lead Agency (County Human Services Department -HSD) has an Employment and Benefits Division that provides access to TANF, Immigrant Assistance, Medicaid, SNAP, and General Assistance (GA). HSD staff distribute materials to projects at CoC membership meetings and monthly Human Care Alliance meetings that include program toolkits, fact sheets, partner agency resources, and updates. CoC staff send similar information via e-blast upon request of HSD staff. Also, HSD directs program staff to its website, which is regularly updated with current information on all mainstream benefits. HSD has an online benefits application system that allows CoC agencies to submit applications on clients' behalf and has extensive information on programs, eligibility, and how to apply. HSD also maintains a 24-hour automated benefits call center, which program staff can call to get updated information and to assist clients to apply.

2. The CoC and agencies collaborate with County Health Services Agency (HSA) and Santa Cruz Community Health Centers to assist homeless people to access community health, mental health, and substance use services. HSA's Homeless Persons Health Project (HPHP) is a Healthcare for the Homeless-funded project providing mobile outreach, its own clinic on a homeless campus, medical care, behavioral care, and benefits advocacy. The Health Improvement Partnership includes CoC agencies in a range of care coordination (e.g., behavioral health network) and data projects (e.g., Datashare Santa Cruz). The CoC is working with Central Coast Alliance for Health to link providers to California Advancing and Innovating Medi-Cal (CalAIM) resources for enhanced case management and in lieu services, as well as to enroll agencies' clients in Medicaid. Dignity Health has collaborated with the CoC and providers on a capital grant for new PSH (Harvey West Studios) and recuperative care programs.

3. Our CoC Lead staff person is SOAR-trained and another CoC staff member has attended State HDAP Learning Forums that included SOAR training. CoC member CCCIL has case managers who are SOAR-trained. HPHP and the HSD GA and TANF sections have SSI Advocates incorporate SOAR practices in their advocacy work. CoC staff have encouraged SOAR certification by distributing materials about SOAR to projects at CoC membership meetings and Human Care Alliance meetings.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

When the pandemic started in in 2020, the CoC dramatically increased its capacity to provide non-congregate shelter (NCS) to protect vulnerable populations from the spread of infectious disease. New NCS included Project Roomkey-leased hotels and motels totaling 260 beds at 7 different sites. These NCS resources were designed to provide isolation and quarantine spaces for households experiencing homelessness exposed to the virus as well as safe places for those at high-risk for severe illness if they were to become infected.

The County and CoC's response included not only new NCS, but also 212 beds of semi-congregate shelter at two Veterans Hall sites and a National Guard Armory, as well as expanding existing shelter programs and operating safe encampment sites. A FEMA public health emergency declaration coupled with onetime state and federal funds made it possible for the County and CoC to support the longest and largest sheltering operation in County history. At peak capacity, the CoC more than doubled pre-COVID-19 shelter capacity to a total of 1008 beds, up from 440 total beds before the pandemic. More than 250 dedicated extra help and limited-term county staff working with other redeployed county staff members mobilized to help launch and sustain the operations. New protocols for responding to and preventing COVID-19 in shelters were developed and implemented and new data systems were quickly deployed for program management and reporting.

By June 2022, all NCS sites had closed, and a Rehousing Wave program was working to rehouse former NCS residents with more than 300 housing subsidies and teams of house case managers. As a result of these intensive efforts, the County and CoC is now very well positioned to stand up a new NCS program should the need arise for a future infectious outbreak. The Shelter and Service section of the County's Emergency Operations Plan worked very well, and has been improved with the lessons learned from the COVID-19 pandemic. County staff and community members gained valuable experience in quickly planning and implementing in emergency measures to protect vulnerable populations.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	

	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and
2.	prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

1. The CoC works very closely with local (and State) public health agencies in developing Ps&Ps to respond to disease outbreaks, to secure staffing and program sites, and to coordinate PH information and resources for CoC providers. Ps&Ps are developed within a County Incident Command Structure, which in the case of an infectious outbreak is led by County Health Services Agency (HSA) in coordination with State and federal public health authorities. When there is an outbreak, the Human Services Department Housing for Health (HSD H4H) Division (CoC Lead Agency) takes responsibility for standing up an interagency Shelter and Care Taskforce (S&C TF) charged with developing and coordinating implementation of the special Ps&Ps needed for rapidly responding to and preventing infection among persons experiencing homelessness and other vulnerable populations. The S&C TF coordinates closely with key partners, including through a set of weekly meetings to share information and coordinate with HSA, Cities, shelter and housing providers, and other community organizations. In line with federal and State PH guidance, the S&C TF may (as with COVID-19) develop Ps&Ps for:
•Addressing and preventing disease in shelter, housing, encampment, and other outdoor or services settings for clients and staff;
•Expanding and supporting additional shelter capacity to reduce risk and congestion;
•Securing and implementing NCS or other means for quarantine, isolation, and protection of vulnerable persons;
•Increasing and coordinating public health outreach to encampments to provide protective health and hygiene services and allow and encourage sheltering in place.

2. Working with public health authorities, critical Ps&Ps for preventing outbreaks in shelter, housing, encampments, outdoor, and service settings may include (as with COVID-19), but not be limited to:
•Masking and other preventive clothing or gear for clients and staff;
•Limited or no visiting allowed;
•Infection screening procedures for all person entering the site or present;
•Hand washing stations and hand sanitizers;
•Environmental cleaning and disinfecting, and improving ventilation;
•Social distancing including beds and plexy glass separators for intake and service locations;
•Quarantine for actually or potentially infected persons, and isolation for high risk populations;
•Provision of meals and other basic needs onsite supporting sheltering-in-place; and
•Testing and providing vaccines.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	

	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:
1.	sharing information related to public health measures and homelessness, and
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1. The CoC uses multiple techniques, grounded in emergency communication and trauma-informed principles, to broadly disseminate Public Health (PH) information to CoC providers and persons experiencing homelessness. The purpose is to ensure that CoC agencies and their clients receive clear, time-critical information from the PH authorities related to PH measures taken, changing requirements, CoC activities in support of PH authorities, and resources available for providers and clients. During the response to COVID-19, the CoC used all of the following communication techniques that could be adapted for other infectious outbreaks:
•Forwarding of all PH notices regarding new or changed local restrictions, as well as CDC and State changes, as soon as released to the list serve of CoC agencies.
•Timely e-mails to CoC agencies and other partner agencies on the availability of new resources or information, including CDC and State materials on the COVID-19 response in homeless settings, HUD information, and national TA provider information.
•Development of a COVID-19 homeless response website that was regularly updated with new PH notices, information on available resources including shelters, practices to prevent the transmission of COVID-19, on-line replacements for in-person resources such as substance use supports, and information on COVID-19 protections such as eviction moratoriums.

2. In addition, the CoC facilitated communication between the local PH authorities and CoC providers in the following way that could be adapted for future use:
•Twice monthly conference calls with all CoC agencies and other organizations, with information provided by staff from the County's HSD, HSA Public Health Division, and the County HPHP, and the leads for the County's COVID-19 homeless response in the areas of NCS, expanded congregate shelters, outreach to encampments, and shelter referral system.
•Regular shelter provider conference call meetings attended by public health and medical staff, to discuss PH notices, measures, protocols, processes, and available resources to prevent the transmission of COVID-19 among shelter clients.
•Provision of contact information for all CoC agencies to facilitate direct communication with agencies by PH authorities.
•Relaying of sheltered-based COVID-19 incident reports directly to PH to speed the response.
•Providing summaries of key needs and gaps in the homeless services system to better inform the PH response.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1. Smart Path CES uses an “any door” access strategy to cover the entire CoC geography. Normally, persons experiencing homelessness can complete the Smart Path assessment by calling 2-1-1 or visiting any of these “Access Points”: Santa Cruz area - Homeless Services Center (HSC), Mental Health Client Action Network (MHCAN), Santa Cruz Public Library – Downtown, and Veteran Resource Center (VRC); Watsonville area - Families in Transition (FIT), and Salvation Army Day Center; Encompass Community Services Youth Program, although since the pandemic, all assessments have been remote. County HSD employs H4H Housing Connectors to provide assessment services at meal sites, shelters, encampments, outreach sites, or wherever needed.

2. Smart Path uses a standardized assessment process in which the VI/SPDAT is currently being replaced in part to eliminate racial bias with a new assessment tool focused on actionable questions related to housing barriers. Assessments are only conducted by staff who have completed the Smart Path training. Prior to completing the assessment, staff have discussions with the client regarding diversion/housing problem solving opportunities. If no diversion opportunity is available, the client is invited to complete the assessment. In person assessments must be in a private setting. Assessment information is entered into HMIS if the client agrees and signs the HMIS ROI; the client is not penalized for refusing the assessment or questions. At the end of the assessment, staff provide the client with resource information and referrals to meet immediate needs, such as for emergency shelter.

3. Smart Path has a written process for regularly updating CES. Staff develop proposed changes that result from agency or client input on what’s working or not. Staff then present the changes to CoC Operations Committee (formerly Smart Path Steering Committee) for consideration and approval. Any major changes are then sent to the H4H Policy Board for final approval. Currently, the CoC is engaged with Focus Strategies and a range of stakeholders (e.g., local government, HUD entitlement jurisdictions, CoC and ESG providers, affordable housers, youth education programs, DV providers, and health and mental providers) to fully redesign Smart Path. The new process will not only include a new assessment, but also updated Ps&Ps for assessment, prioritization, matching, and referrals.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1. Special outreach reaches those least likely to apply. Marketing flyers and assessments are translated into Spanish. Most Access Points offer bilingual services and are ADA accessible. Persons with serious mental illness are reached though MHCAN. Housing Connectors and outreach teams reach chronically homeless and other unsheltered persons. Veterans are reached through the VRC. Youth are reached by the YHDP-connected Encompass TAY Program. Immigrant farmworkers are reached through outreach and roaming assessors. DV survivors are assessed and connected to DV providers. As part of the CES redesign, the CoC is working with the California Alliance for Health (Medicaid managed care provider) to better reach the Medicaid-eligible population by linking CES with CalAIM enhanced case management and community support resources.

2. Smart Path has used the VI/SPDAT to prioritize people based upon vulnerability: PSH – must be chronically homelessness and have the highest VI/SPDAT scores in the range from 8-17 for adults and TAY, and 9-22 families; RRH and TH - based upon highest scores in the range of 4-7 adults and TAY, and 4-8 families. Beginning in 2020, the CoC adopted a temporary policy prioritizing persons who face increased risk of mortality from COVID-19. Unfortunately, the large gap in housing options for persons who have been assessed and prioritized resulted in a large community queue with not enough movement. The new process and tool will help alleviate this problem by focusing more on problem solving and positive actions to achieve housing.

3. Smart Path Ps&Ps require agencies to make multiple attempts to contact referred persons within 5 business days, and timeliness is an evaluation metric. The Ps&Ps also permit clients to decline a housing referral based upon preferences with penalty; there is no limit on the number referrals they may refuse.

4. One of the key reasons for the current Smart redesign is to make the process easier, less invasive, and more successful for clients. The assessment form will be easier to complete with fewer questions. Moreover, there will be fewer questions of a personal nature (e.g., sexual assault experience, jail experience, victim of attacks, etc.) than the VI/SPDAT. Finally, the process will focus more on problem solving actionable strategies that are more likely to achieve housing than the current process.

1D-10.	**Promoting Racial Equity in Homelessness–Conducing Assessment.**	
	NOFO Section VII.B.1.q.	

1.	**Has your CoC conducted a racial disparities assessment in the last 3 years?**	Yes
2.	**Enter the date your CoC conducted its latest assessment for racial disparities.**	06/06/2022

1D-10a.	Process for Analyzing Racial Disparities–Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

	Describe in the field below:
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. The CoC has a robust process for analyzing racial disparities in provision and outcomes of homeless assistance. Since 2019, CoC staff have been annually reviewing the HUD-provided CoC Racial Equity Analysis Tool to gain insight into disparities. In addition, starting in 2020, the County HSD Analytics Division has been annually using the Stella tool to disaggregate CoC-wide HMIS data by race, ethnicity, gender, and other subpopulations to identify potential disparities. At each step, the CoC has presented and discussed the data at meetings of the CoC Board and CoC membership, which is representative of the varied races and ethnicities in the county and includes persons with lived experience of homelessness. Through the 2022 State HHAP-3 funding process, the CoC carried out goal setting steps that included preparing a 2018 – 2020 trend analysis of HMIS disaggregated data, pinpointing specific disparities shown, and developing proposed trackable goals for 2021-24 for addressing the disparities. On June 6, 2022, the CoC Board discussed the trend data, the disparities shown, and approved a 3-year action plan for addressing the disparities. Also in June 2022, the County Board of Supervisors approved the 3-year action plan as part of its approval of the HHAP-3 funding application.

2. The CoC's 2022 analysis showed marked disparities among the following underserved subpopulations: Blacks/African Americans and Multiple Races. More specifically, 2022 PIT data found an increase of 65% over 2019 in homelessness among Blacks/Africans; 2022 PIT data found a more than 50% increase in first time homelessness among Blacks/Africans; 2021 HMIS data found that of persons served the following had the worst rate of successful PH placement: 13% - Multiple Race and 20% - Blacks/Africans. The analysis also found significant disparities for other underserved groups, including those with substance use disorders, HIV/AIDS, and Veterans.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

	Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes

4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.	Encouraging small, BIPOC-led organizations representing marginalized communities to apply for CoC funds and offering technical assistance.	Yes

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

Our CoC and providers have taken or are taking many steps to address racial disparities:
•Staff of the H4H Division (CoC Lead) are participating in one-on-one and group coaching sessions for racial/ethic disparities as part of an HSD department-wide commitment.
•CoC staff with the HSD Analytics Division established and monitored an operational objective to ensure Latinx households living in COVID-19 shelters had equal access to permanent supportive housing and other resources.
•HSD, including the H4H Division, is evaluating recruitment and hiring practices to help ensure workforce diversity.
•H4H has maintained several bilingual positions to address language barriers.
•Many homeless assistance providers have implemented agency-wide equity initiatives that aim to lift BIPOC voices (staff and clients), address cultural sensitivity and language, and increase diversity in leadership positions.
•The CoC is changing its CES assessment tool to address established racial and ethnic biases inherent in the VI/SPDAT tool.
•The CoC is developing new emergency shelter standards that address barriers experienced by BIPOC and other underserved groups.
•In its 3-year strategic homelessness plan, the CoC has committed to system planning through an equity and inclusion lens and a periodic equity analysis of CES.
•The CoC has outreached to small, non-traditional, often-BIPOC-led organizations representing underserved or marginalized communities by specifically calling them out and encouraging them in CoC and ESG funding solicitations and by offering special one-on-one technical assistance.
•The CoC has begun planning an advisory board of persons of color to advise on goals and strategies for addressing racial/ethnic disparities under the principle of “nothing for us without us.” A key task will be to identify culturally responsive outreach strategies.
•The CoC is developing new HMIS measures to better track access and outcomes for all program types by demographics and cause, e.g., first time homelessness, permanent housing placement success, returns to homelessness, program outreach and enrollment (including for planned navigation centers), and a new housing problem solving fund.
•The CoC is including culturally responsive outreach strategies as part of significant new investments in prevention programs and tenancy sustaining services and in programs to increase utilization of dedicated Housing Choice Vouchers.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

Our CoC has already begun tracking progress on preventing and eliminating disparities in the provision and outcomes of homeless assistance. As mentioned above, the CoC prepared a three-year analysis using disaggregated data showing trends and disparities in outcomes from the baseline year of 2018 through the end of 2020. We used this information to help establish progress goals across key outcome areas and to inform action strategies for achieving goals.

In the coming years, the CoC will continue using HMIS data to track progress toward the equity goals in our 3-year action plan. Building on our initial report, the CoC is developing and will add new targeted progress measures (with input from our proposed advisory group of persons of color) to better track both program access and outcomes for all program types by demographics and cause for the following areas where we have found marked disparities:
•First time homelessness
•Permanent housing placement success
•Returns to homelessness
•Program outreach and enrollment (including for planned navigation centers).

In addition, the CoC is comparing PIT data over time, disaggregated for race and ethnicity, to provide further insight into our progress toward reducing inequities. The CoC also plans to make more systematic use of Stella demographic and system performance reports to analyze our progress more closely in eliminating disparities among different groups in access, system use, and outcomes.

Finally, the CoC is using special HMIS-based reports created by the HSD Analytics Division to track progress in successfully housing Latinx households who were formerly living in COVID-19 shelters and is developing measures for ensuring that CES assessments do not continue the racial and ethnic disparities that were evident with the VI/SPDAT.

1D-11.	**Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.**	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC has used varied outreach methods to engage those with lived experience in leadership roles and decision-making processes, as follows:

•Inclusion of persons with lived experience in e-blast list, targeted newsletter list, and social media
•Asking agencies to bring clients to key CoC meetings and provide food
•Directly recruiting persons with lived experience to the CoC, CoC Board, and Review and Ranking Committee
•Recruiting and forming 16-person YAB for YHDP, including food stipends
•Three focus groups in emergency shelters held by Focus Strategies to solicit feedback on needs and the potential solutions for the 3-year framework.
•Incorporating people with lived experience in the implementation of the PIT Count
•Supporting lived experience work and leadership development opportunities through two Cal Fresh Employment and Training contracts

As the next step in our CoC restructuring process, the CoC is establishing a new Lived Experience Committee that was recommended in the governance portion of our three-year strategic plan and included in our updated CoC Governance Charter. The County Human Services Department in collaboration with the CoC is investing county general funds in a leadership development program for people with histories of homelessness. Housing Matters, a key CoC service provider, is coordinating this effort. Individuals trained and supported through this effort are likely contributors and participants in the CoC lived experience working groups. The CoC also will continue work with Applied Survey Research (ASR), the firm that supports the implementation of the local point-in-time (PIT) count. The PIT count includes recruiting and training people with lived experience to serve as temporary employees for the count. In upcoming years, the CoC plans to work with ASR to hire and train people with lived experience to support the evaluation of our local CES.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	50	10
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	50	10
3.	Participate on CoC committees, subcommittees, or workgroups.	13	3
4.	Included in the decisionmaking processes related to addressing homelessness.	2	3
5.	Included in the development or revision of your CoC's local competition rating factors.	2	1

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The CoC and its members are working to provide employment and professional development opportunities for persons with lived experience of homelessness. Following are current examples:

•The CoC has partnered with the County Workforce Development Board (WDB) to promote state and federal tax deductions for employers that hire individuals experiencing homelessness.
•A CoC staff member has initiated a transition age youth (TAY) professional development and mentorship project as part of the staff member's leadership development training.
•HSD has provided paid jobs with training and advancement opportunities for persons experiencing homelessness through CalFresh Employment and Training contracts with Downtown Streets Team, Community Action Board (CAB), Housing Matters, and the Homeless Garden Project (HGP).
•The Santa Cruz County CORE Investments process has funded the following:
oHousing Matters' Community Conversations on Homelessness program provides persons with lived experience of homelessness paid opportunities to speak in public forums, along with an online storytelling platform, to reduce stigma and encourage a compassionate community response.
oCAB's Youth Homeless Response Team provided youth and young adults ages 15-24 connections to employment, education and mentoring.
oHGP's transitional employment program provides wages, job training, and support services to people experiencing homelessness.
•Several YHDP-funded projects provide employment opportunities for TAY.
•Many CoC agencies have a practice of hiring clients for service positions and providing them with training and promotion opportunities.
•The County Heath Services Agency Healing the Streets outreach and treatment program uses SAMHSA funding to hire peer recovery specialist positions.
•HSD pays persons with lived experience of homelessness, including youth, to participate as guides in the annual PIT count.
•HSD has hired persons with lived experience of homelessness. All have had access to professional development opportunities, including leadership training and mentorships.
•Cabrillo College has programs providing housing, service, and employment linkages for veterans and former foster youth experiencing homelessness.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:

1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

(limit 2,500 characters)

1. The CoC has regularly gathered feedback from persons with lived experienced of homelessness through their participation in CoC meetings, CoC Board meetings, CoC committees and working groups, the YHDP Youth Advisory Board (YAB), community stakeholder sessions, surveys, focus groups at shelters, and through their participation in a biennial survey of up to 400 persons experiencing homelessness that takes place along with our point-in-time count.

Over time, persons with lived experience have had an active role in our systems planning and resource allocation. For example, one such CoC member with lived experience occupied a leadership position on the CoC Board seat for many years, and participated in meetings of the full CoC membership and most committee and working group meetings. Other members with lived experience are involved in reviewing and ranking projects including the YHDP Initiative (reviewed and ranked by our YAB members, most of whom have experienced homelessness), our annual CoC NOFA projects, and projects funded by State of California sources. Finally, the CoC's 3-year strategic framework calls for involving people with lived experience in ongoing system design and oversight by: (1) centering their perspectives; (2) creating a Lived Experience Advisory Board; (3) supporting members of this advisory board to participate; and (4) using ongoing feedback from clients to evaluate the effectiveness of the system and inform policy decisions.

2. Over the years, the CoC has directly included the suggestions and challenges of persons with lived experience into every strategic plan that has been prepared, including the 10-Year Plan to End Homelessness (2003-2012), All In: Toward a Home for Every Santa Cruz County Resident (2015-2020), the Coordinated Community Plan for Ending Youth Homelessness, and the Housing for a Healthy Santa Cruz, Three-Year Strategic Framework, 2021-2024. Also, the input of persons with lived experience was directly used in selecting projects for funding – and providing input on program and service approaches – in local project selection processes for the CoC program, YHDP program, ESG program, and State of California funding sources, such as HHAP.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	

	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:
1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

NLIHC's 2022 Out of Reach report found that Santa Cruz County is the second least affordable rental market in the nation with a housing wage of $60.35 per hour to afford a two-bedroom apartment. This underlines why the CoC included the following affordable housing supply goal in its three-year strategic plan: "Work with local jurisdictions to reach a Countywide Regional Housing Needs Allocation (RHNA) goal of at least 734 new housing units affordable to people with very low incomes by December 2023." In the past 12 months the CoC has:

1. Increasing Development - Zoning and Land Use.
•Advocated for meeting and exceeding RHNA goals thorough measures, including streamlining the planning process and reducing key barriers to land use approvals.
•Presented twice to the County Board of Supervisors regarding the importance to address homelessness of meeting increasing supply RHNA goals and the negative impact that planning barriers have on high costs for achieving these goals.
•Promoted California "Prohousing designation" standards among five jurisdictions with the County including Board of Supervisors-adopted direction to secure this designation.
•CoC newsletters and encouragement to get involved in County Sustainability activities that includes updates to local zoning and land use plans.

2. Increasing Development - Reducing Regulatory Barriers -
•Funded the professional grant writing and planning for $12.025 million in Project Homekey applications. This step helped to overcome highly complex, onerous grant application requirements that were a barrier for the developers of these projects.
•Supported efforts by the Park Haven Plaza and Vets Village project developers to address County of Santa Cruz zoning and land use issues, such as density bonuses, parking, and use of manufactured buildings needed for project approval.
•Supported the City of Santa Cruz in moving parcel lines to allow for a 20-unit project to meet density requirements and add toward meeting the RHNA goal.
•Working with the City of Santa Cruz to support a design and planning charette for multiple parcels surrounding the Housing Matters housing campus.
•Working with Watsonville to secure funding for the conversion of a hotel into a 93-unit PSH project.
•Set aside of State funding for a local RFP process to develop more short-term and long-term supportive housing sites.
•Approval of a new budgeted County position in the CoC to promote PSH development.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	**Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.**	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/08/2022

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.**	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Provided points for projects that addressed specific severe barriers to housing and services.**	Yes
5.	**Used data from comparable databases to score projects submitted by victim service providers.**	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	9
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section VII.B.2.d.	

	Describe in the field below:
1.	how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1. The CoC required renewal projects to provide HMIS or comparable database APR reports, including housing performance data, for 7/1/20 – 6/30/21. The projects were asked to use the APR data to complete application questions demonstrating their performance against local performance targets for housing stability, program occupancy, returns to homelessness, and length of stay, among others targets. New projects had no APR data but provided information on program design and past performance with similar programs. Review and ranking committee members read each application and APR, provided written comments including on housing performance, and engaged in robust discussion of each project. All renewals recommended had strong data-based housing performance and all new projects had strong experience and plans for helping clients to obtain and remain in housing.

2. In considering how long it takes to house people, the CoC analyzed HMIS and comparable database data and financial data as follows: for PSH projects, program occupancy (low occupancy as sign that housing is taking a long time) and spending data (low spending as a sign of slowness in securing units); for RRH projects, housing placement rate (low placement rate showing ineffectiveness) and length of stay (too long in the program as a sign of a slow housing process). The CoC also considers CES speed in housing persons referred to PH.

3. The severity of needs and vulnerabilities prioritized by the CoC when rating and selecting projects were chronic homelessness (CH), long histories of homelessness and acuity of need (e.g., severe mental illness or substance abuse), and DV experience.

4. Our CoC has identified a high level of need for projects that might have lower performance due to the hard-to-serve nature of the vulnerable client populations. To address this problem, a potentially lower score in the Performance Measures area worth 20 of 100 points is counteracted by scoring factors worth 30 of 100 points in areas such as Project Type – PSH serving CH and with the longest homeless histories and most severe needs (10 points), Priority Population – CH and DV (10 points), and Housing First/Severity of Needs Met (10 points).

These scores and vulnerability of the population were key issues during the CoC rating and ranking process. 6 of 10 ranked projects (excluding HMIS and CES) were PSH projects for 100% CH with the long homeless histories and most severe needs, or 100% DV survivors.

1E-3.	**Promoting Racial Equity in the Local Competition Review and Ranking Process.**	
	NOFO Section VII.B.2.e.	

	Describe in the field below:
1.	**how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;**
2.	**how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;**
3.	**how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and**

4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.

(limit 2,500 characters)

1 . Efforts to include and center the voices of Black, Latinx, Asian, Pacific Islander and Indigenous communities have been discussed at all levels, including the County Board of Supervisors, CoC Board, CoC general membership and committees, and H4H staff. CoC staff and membership are representative of the persons served, and are more diverse than the general Santa Cruz County population. Thus, BIPOC input is received and included through CoC membership and meetings, one-on-one contact, surveys, focus groups, and working groups.

2. The input received from BIPOC persons, including members of the traditionally underserved Latinx community in South County, was instrumental in the CoC's decision to increase racial equity scoring factors its its rating and ranking tools. In addition, this input led to (1) language included in our CoC solicitation of applications specifically encouraging applications from applicants representing LGBTQ+ and races/ethnicities overrepresented in the homeless population, and (2) targeted outreach to small BIPOC-led organizations.

3. The CoC review and ranking subcommittee, which reviewed, rated and recommended projects, had one Black/African American, one Latinx, an two persons with lived experience of homelessness out of six voting members. CoC staff, who coordinated the rating and ranking process, included one Latinx and one Black person.

4. The increased racial equity scoring criteria adopted by the CoC were used in the review and ranking process to assess projects' implementation or commitment to implement changes such as: (a) increasing representation of persons who mirror participant demographics on the Board of Directors and managerial and leadership positions, (b) reviewing and revising internal policies and procedures with an equity lens, (c) reviewing participant outcomes for racial disparities, (d) identifying program changes needed to reduce any disparities identified; and (e) working with the HMIS lead to schedule HMIS data reports on racial demographics and outcomes.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The CoC reallocates funds from renewal projects that are under-performing, obsolete, ineffective, not cost efficient, not spending all funds, no longer needed, or if reallocation to another project type such as PSH for persons experiencing chronic homelessness, that would better reduce homelessness. The CoC Board sets the written reallocation policy, and reallocation recommendations are made by the Review and Ranking Subcommittee based upon its review, scoring, and assessment of the of the project. The final decision is made by the CoC Board. TH projects are no longer viewed as good use of funds, and projects which score below 80, or which show especially poor performance in a key area such as housing stability or spend down rates, will be considered for reallocation. Also, the CoC has a self-reallocation policy allowing otherwise well-performing providers that voluntarily give up TH (or other less effective projects) to create a more effective project type.

2. The CoC identified five competitive renewal projects with performance issues: four had under spending issues and one scored below 80 points (75.5 points).

3. After careful consideration, the CoC reallocated partial funding from only one project, the MATCH PSH renewal project, which did not spend 30% of its previous year budget. Therefore, CoC shifted a total of $83,603 to two new projects: the new 801 River St. PSH expansion project for persons experiencing CH and the new Walnut Avenue Housing and Employment RRH expansion project. The CoC will also provide the MATCH project with technical assistance to increase future spend down rates.

4. The CoC considered the spend-down performance of three other PSH renewal projects. After careful consideration, the CoC did not reallocate any funds from those projects due to their importance, good performance in non-spending areas, and the lack of new projects ready to receive reallocated funds. The CoC will provide these projects with technical assistance to increase future spend down rates. Also, the CoC did not reallocate funding from the project that scored 75.5, but it did rank it lowest among renewal projects, straddling the Tier 1-Tier 2 line. This is an important RRH project serving families with a prior history of excellent performance. The CoC will provide it with technical assistance to improve performance.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	Yes

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022

1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes

1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/28/2022

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	09/28/2022

2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	**HMIS Vendor.**	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	BitFocus Clarity

2A-2.	**HMIS Implementation Coverage Area.**	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	05/06/2022

2A-4.	**Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.**	
	NOFO Section VII.B.3.b.	

	In the field below:
1.	**describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD's comparable database requirements; and**
2.	**state whether your CoC is compliant with the 2022 HMIS Data Standards.**

(limit 2,500 characters)

1. The CoC's two DV providers, Monarch Services and WAFWC, both meet HUD's comparable database requirements. Our local funding policies and selections tools require that any DV agency requesting or receiving CoC or ESG funds agree to enter data into a separate HMIS-comparable database. (DV providers are also prohibited under VAWA from entering data into HMIS.) Our HMIS vendor, BitFocus, has assisted DV agencies to understand the requirement and select a comparable database that complies with HUD's HMIS standards. BitFocus also provides technical assistance to these agencies help ensure they collect all the data elements required by the updated HMIS standards and to help them submit de-identified performance reports to the CoC and funders.

CoC and BitFocus assistance has been instrumental in helping Monarch and WAFWC to understand the requirements and to select databases that meet HUD's requirements. WAFWC selected and uses the Social Solutions Apricot comparable database, while Monarch Services selected and uses Osnium.

2. The CoC is compliant with the 2022 HMIS Data Standards. Apricot, Osnium, and BitFocus Clarity have all been updated and are compliant with the 2022 HMIS Data Standards. The HMIS and comparable database forms and processes used by our providers have all been updated accordingly.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	431	21	350	85.37%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	120	0	120	100.00%
4. Rapid Re-Housing (RRH) beds	442	7	435	100.00%
5. Permanent Supportive Housing	627	0	183	29.19%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. Our bed coverage is significantly above 85% in all areas except PSH. This is due primarily to one program, the 426-bed HUD VASH program, which is not required by the VA to submit data into HMIS. Without this program our PSH coverage would be 91%. In the next 12 months the CoC will take steps to (1) encourage the VA to start entering HUD VASH data into HMIS, and (2) provide them with needed support, licenses, and training.

2. To implement these steps, the CoC will: (1) present information about the benefits of HMIS and HMIS bed coverage rates to local VA staff, (2) request a formal meeting with local VA staff to determine the barriers to using HMIS and possible solutions, (3) assist the local VA to develop and implement a written plan for starting to use HMIS; (4) coordinate with Bitfocus to provide licenses, training, and start up support; and (6) report progress to the CoC Board.

Note re ES: This year, our HIC inadvertently included an ES program – the 35-bed non-HMIS-participating Pajaro Valley Rescue Mission – although is not in our CoC but located within the geography of the neighboring CA-506, Salinas/Monterey, San Benito Counties CoC. We corrected this error above by removing the Pajaro Valley Rescue Mission from the above Total Beds 2022, which raised our ES bed coverage rate from the incorrect 78.65% to the correct 85.37%. Attached to the CoC Application is HUD's 2021 HIC Report for CA-506 showing the Pajaro Valley Rescue Mission as part of that CoC's ES inventory.

2A-6.	**Longitudinal System Analysis (LSA) Submission in HDX 2.0.**	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	Yes

2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	02/27/2022

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	05/06/2022

2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:
1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

1. In 2022, the CoC conducted a supplemental youth count to ensure that unaccompanied children and transition-age youth (TAY) were accurately represented in the point-in-time (PIT) count. YHDP initiative-participating agencies and other providers serving youth and TAY were engaged to help design and plan the supplemental youth count and and recruit youth currently experiencing homelessness to serve as guides for the count.

2. The CoC recruited youth experiencing homelessness to participate in the supplemental count. They were paid $20 per hour for time spent both in training and taking part in the count. The youth worked in teams of two-to-four persons, with each team coordinated and supervised by street outreach workers.

3. YHDP initiative-participating agencies and other providers serving youth and TAY also helped to identify and select locations where youth experiencing homelessness were most likely to be identified, and youth enumerators served as guides to those locations. The youth played a key role in ensuring count completeness due to their unique knowledge and access. A total of 222 unaccompanied children and TAY were counted, of whom 97% were unsheltered.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.

(limit 2,500 characters)

1. N/A – no sheltered PIT methodology or data quality changes since 2021.

2. The 2022 unsheltered count methodology followed an established, HUD-approved approach commonly called a blitz method followed by a sample survey. Very significantly, a change was made in the use of GPS-enabled smartphones in data collection, using an ESRI Survey 123 application developed and customized by Applied Survey Research to conform to HUD data collection requirements and comply with COVID-19 safety precautions established by the planning team. Improvements were made in pre-planning efforts to deploy count teams remotely, wherever possible using an online GIS route planning tool integrated into the volunteer sign-up process, thereby avoiding the need for centralized deployment centers where COVID-19 transmission risks would be greater.

Outreach organizations, county and city staff, along with community members, selected areas for enumeration from an interactive GIS planning map tool that enabled planning for complete coverage of the County, with prioritization of high-density homeless routes to outreach staff and personnel with direct service experience.

3. The count was more efficient and coverage more complete.

4. Our last unsheltered count took place in 2019, so the above changes were made between 2019 and 2022.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.**	
	NOFO Section VII.B.5.b.	

	In the field below:
1.	**describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;**
2.	**describe your CoC's strategies to address individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time**

(limit 2,500 characters)

1. The CoC determines risk factors for identifying first-time homelessness by assessing and integrating pertinent PIT information, HMIS data, and provider feedback on the risk factors they are seeing. The CoC's most recent 333-person random survey for the PIT count asked several first-time time homeless risk factor questions. Key risk factors revealed: lost job (26%), eviction (18%), substance abuse (13%), domestic violence (10%), and landlord raised rent (10%). Smart Path CES has used HMIS data to identify first-time homelessness risk factors, including: DV; job loss or loss of benefits leading to eviction; and health issues, e.g., substance use and emergency hospitalizations. Providers have noted all of the above, as well the high cost of rental housing and rising evictions connected to the pandemic.

2. The CoC's plan to prevent first-time homelessness includes: setting and tracking system-performance targets for reducing first-time homelessness; using risk factors to prioritize those most in need of limited prevention resources; steadily expanding resources for prevention programs (TANF housing subsidies/SSVF prevention) and connecting them with services such as preventative health care; maximizing utilization of new Cares Act and ARPA rental assistance among household at risk of eviction; building new problem solving and diversion strategies into Smart Path; emphasizing job services (CalFresh Employment Training and Workforce Santa Cruz linkages) and connecting them to housing and stabilization services; and expanding both health insurance enrollment and community health services.

3. Responsible: Housing for Health Director, Human Services Department.

2C-2.	Length of Time Homeless–CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

	In the field below:
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

1. The CoC's strategy to reduce the length-of-time individuals and families remain homeless involves addressing systems barriers and the lack of affordable housing and PSH, all of which slow or prevent exits from homelessness. To address these issues, the CoC has set length-of-time homeless performance targets by program type; made serving persons with the longest length-of-time homeless a high priority for CoC-funded PSH; asked all PSH provides to ID and prioritize this group; added new housing navigation teams and a problem solving fund, increased resources for RRH programs; recruited volunteer housing navigators; and established a Housing Authority Landlord Incentive Program to incentivize speedy rentals to households experiencing homelessness by covering some costs for damages, missed rent, and vacancies.

2. In addressing needs of persons with the longest length-of-time experiencing homelessness, Smart Path CES uses assessment questions on length of homelessness and a by-name registry to identify and prioritize persons with the longest length-of-time experiencing homelessness for PSH. This builds upon Project 180 Together and Rehousing Wave surges that together have housed 1,295 persons as of August 2022. Also, the CoC has prioritizes creating new PSH; adopted CPD 16-11, established the Housing Authority Section 8 preference for Disabled Medically Vulnerable (DMV) Homeless; and made use of the Housing Authority moving on programs to free S+C and DMV vouchers spaces for persons with very long length-of-time experiencing homelessness.

3. Responsible: Smart Path CES Team.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy	
	NOFO Section VII.B.5.d.	

	In the field below:
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1. The CoC has successfully improved both its rate of exit to PH in spite of the extremely high-cost rental market in Santa Cruz. Key CoC strategies include: implementation of Smart Path CES in ES and TH sites; CoC-wide implementation of Housing First; persistent focus on locating housing by the CES; the addition of housing navigators or housing-focused case management in all ES, TH, and RRH programs; housing surge strategies through Project 180 Together and Rehousing Wave that have housed 1,295 persons through August; the use of County-funded housing navigation teams and problem solving fund in the Rehousing Wave; the use of volunteer housing navigators through Wings Homeless Advocates; the establishment of the 150-HCV preference for Disabled Medically Vulnerable (DMV) Homeless and new homeless-targeted FUP and Mainstream vouchers; the implementation of master leasing in CoC-funded PSH programs, such as MATCH; the continued prioritization of new PSH and RRH for CoC funds and RRH for ESG funds; the freeing of S+C space through the Housing Authority S+C-to-HCV Move On program; the encouragement of private landlords through the Housing Authority Landlord Incentive Program; and the use for housing of one-time pandemic resources, such ESG-CV and EHV.

2. Strategies that have contributed to 97.2% PH retention include: steady increases in the number of PH subsidies (making staying housed possible for extremely low-income persons) through HCV preferences for DMV persons experiencing homelessness, and special purpose homeless-targeted program such as FUP, mainstream, and EHV vouchers; the stabilization of persons experiencing chronic homelessness in PSH through ongoing integrated service teams connected to health clinics and public health funding sources such as Healthcare for the Homeless; the CoC-wide Housing First implementation, which has reduced evictions for program issues; and the attention all CoC programs place on identifying and finding solutions for residents at risk of housing loss.

3. Responsible: Rehousing Wave Team.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

	In the field below:
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

1. The CoC's rate of returns to homelessness over 6 -12 months remained very low – 6%. The CoC uses HMIS, PIT survey questions, and provider input to assess the common factors among those who returning to homelessness, e.g., abusive relationships, roommate problems, rent increases, income loss, incarceration, substance abuse relapse, mental health crises, and health problems. In addition, the Smart Path has developed metrics and reporting for returns to homelessness. Providers report similar factors regarding the few participants who do return to homelessness despite great efforts to assist the person to overcome challenges to remaining housed.

2. The CoC plan for reducing homelessness recidivism is as follows: the implementation of a CoC returns to homelessness performance scoring standard of no more than 20% for all program types; CoC program and Smart Path Housing Work Group case conferencing focused on identifying and finding solutions for residents at risk of housing loss; the CoC-wide harm reduction and Housing First implementation, which reduces evictions for program issues; the increased use of housing subsidies and affordability strategies that help keep vulnerable person housed; the deployment of integrated services teams in PH that help stabilize persons with health, mental health, and co-occurring conditions; and the increase in HSD resources for prevention and the connection of prevention, diversion, and problem solving strategies to CES.

3. Responsible: Housing for Health Senior Analyst, Human Services Department.

2C-5.	Increasing Employment Cash Income–CoC's Strategy.	
	NOFO Section VII.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,500 characters)

1. The CoC works in a variety of ways to help persons experiencing homelessness not only to access a range of employment opportunities, but also to increase their incomes when they are employed through support, education, and training activities for career advancement and higher paying jobs. Important strategies include: setting annual performance targets for increasing employment (this year 25% employed); closely monitoring CoC-funded program employment performance as reported in the APR; supporting homeless-targeted employment programs such Homeless Garden Project (HGP) and Downtown Streets Team, which offer supportive employment environments that often are the first step toward a future of employment; providing paid jobs with training and advancement opportunities for persons experiencing homelessness through CalFresh Employment and Training contracts with Downtown Streets Team, Community Action Board, Housing Matters, and HGP; and supporting grants and projects that provide employment opportunities for clients including through CoC and YHDP projects, local CORE Investments grants, SAMSHA funding for peer outreach, and PIT guide teams.

2. The CoC also has strategies to work with mainstream employment organizations, e.g., by partnered with the County Workforce Development Board (WDB) to promote state and federal tax deductions for employers that hire individuals experiencing homelessness by signing an MOU with the WDB giving service priority to persons experiencing homelessness; and by actively brokering partnerships between homeless programs (such as FIT and CAB) and Workforce Career Centers and Goodwill programs in North and South County to benefit homeless job seekers with a broad array of job services. In addition, the CoC has encouraged PSH providers to partner with the Community Connections, which helps SMI consumers with employment; fostered a range of links to Cabrillo College for career education especially for youth and young adults served by the YHDP initiative and veterans; and initiating an H4H staff-led TAY professional development and mentorship project within HSD.

3. Responsible: Senior Human Services Analyst, County Human Services.

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section VII.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access non-employment cash income; and
2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1. The CoC works to help persons experiencing homelessness to gain access to mainstream income benefits and apply for and receive all the cash benefits to which they are entitled to maximize their incomes. In the area of increasing income, the CoC: sets annual performance targets for increasing total overall income (75% maintained or increased income); closely monitors CoC-funded program non-employment income performance; and requires all CoC and ESG programs to help participants apply for as many appropriate mainstream income and non-income benefits as possible, e.g., CalWORKS, SSI, SNAP, and WIC.

In the area of access, the following are key CoC strategies: training case managers at all agencies on how to help participants identify, apply for, and receive cash benefits, gather documents, to attend benefits appointments, and to overcome any barriers to program access that client may be experiencing; supporting the County Homeless Persons Health Project's use of SSA funding for an SSI specialist, who assists residents of S+C and other PSH to apply for and receive SSI benefits; using volunteer mentors to help clients apply for benefits, employment, and housing; links Vets to VA benefits; and using an HSD benefits eligibility module and the HSD benefits eligibility call center.

2. Responsible: System Operations, Data and Evaluation Committee

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes

3A-2.	**New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

3A-3.	**Leveraging Housing/Healthcare Resources–List of Projects.**	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.

Project Name	Project Type	Rank Number	Leverage Type
801 River Street-...	PH-PSH	9	Healthcare
DV Bonus Project ...	PH-RRH	11	Housing
Walnut Avenue Hou...	PH-RRH	12	Housing

3A-3. List of Projects.

1. What is the name of the new project?	801 River Street-Expansion-7units
2. Enter the Unique Entity Identifier (UEI):	Y2SRMM3NKFZ5
3. Select the new project type:	PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing:	9
5. Select the type of leverage:	Healthcare

3A-3. List of Projects.

1. What is the name of the new project?	DV Bonus Project FY2022
2. Enter the Unique Entity Identifier (UEI):	ND8NWBSCK228
3. Select the new project type:	PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing:	11
5. Select the type of leverage:	Housing

3A-3. List of Projects.

1. What is the name of the new project?	Walnut Avenue Housing & Employment Program
2. Enter the Unique Entity Identifier (UEI):	G5NTNR8HBGL7

3. Select the new project type:	PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing:	12
5. Select the type of leverage:	Housing

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.s.	

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,500 characters)

N/A -no rehabilitation or new construction.

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	**Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section VII.C.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section VII.C.	

	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.
	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,500 characters)

N/A - no programs serving homelessness defined by other statutes.

4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section II.B.11.e.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section II.B.11.e.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2022 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	**Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.**	
	NOFO Section II.B.11.(e)(1)(c)	

1.	**Enter the number of survivors that need housing or services:**	6,070
2.	**Enter the number of survivors your CoC is currently serving:**	3,233
3.	**Unmet Need:**	2,837

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

	Describe in the field below:
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

1. Survivors Needing Housing or Services: The CoC created a report totaling the number of persons requesting core services (housing, shelter, advocacy, therapy, crisis counseling, etc.) from Monarch and WAFWC during the most recently completed program year. Then the CoC added the number of persons who answered “yes” to DV as the primary cause of homelessness during the 2022 PIT and the number of persons served by CoC agencies who answered “yes” to HMIS data element 4.11-Domestic Violence AND “yes” to sub-question B-Currently Fleeing.

Survivors Currently Served by CoC: The CoC added the number of persons receiving core services at Monarch or WAFWC to the number of persons who indicated they are fleeing from DV being served by CoC agencies.

2. HMIS, LSA data as reported in Stella, Monarch Osnium comparable data, and WAFWC Apricot comparable data.

3. The barriers to meeting the needs of all DV survivors include: lack of available housing options for persons fleeing DV, including emergency shelter, motel/hotel vouchers, transitional housing, and rapid rehousing; the lack of funding for DV service programs; and economic hardship leading survivors to stay with the abuser. According to Monarch data, the stresses of the pandemic led in 2021 to a dramatic increase in the prevalence of DV and a 75% increase in the demand for DV services such as counseling, emergency shelter, housing aid, financial aid, transportation, and support. In addition, the needs and traumas of persons fleeing DV are unique and often hard for non-DV-trained providers to effectively address.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Monarch Services

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:

1.	Applicant Name	Monarch Services
2.	Project Name	DV Bonus Project FY2022
3.	Project Rank on the Priority Listing	11
4.	Unique Entity Identifier (UEI)	ND8NWBSCK228
5.	Amount Requested	$105,567
6.	Rate of Housing Placement of DV Survivors–Percentage	95%
7.	Rate of Housing Retention of DV Survivors–Percentage	92%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below
1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1. For Housing Placement of DV Survivors – We pulled data from 2020 and 2021 and calculated the percentage of survivors who secured a long-term housing placement from the total number of housing clients served. We chose a two-year duration to give a more accurate sense of both placement and longer-term retention rates.

For Housing Retention of DV Survivors – We used that same data from 2020 and 2021 and calculated the percentage of clients who had maintained that housing for at least six months post service completion.

2. Both of these rates account for exits to safe housing destinations. We continue to provide Housing Support up to two years after a long-term housing placement has been secured. Surveys are conducted of clients assessing housing status, financial stability, etc. at the three, six, and twelve month marks post housing placement and seeking survivor feedback. Once services have concluded, Monarch Housing staff conduct a 6-month post service survey to assess the longer-term financial stability of the survivors/family and inform the program's service delivery model moving forward.

3. The data source for the above percentages were referenced from Monarch's case management system, Osnium. This case management system allows us to track and generate reports across service areas, survivor identifiers, and outcomes. Monarch routinely runs reports both for grant reporting purposes and for assessing the efficacy of our programs internally.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1. For survivors in acute crisis, Monarch utilizes our emergency, confidential shelter until a long-term placement is secured. The Shelter and Housing programs are separate but collaborate to support with immediate housing and crisis support while simultaneously providing long-term housing case management. For clients not in shelter, we ensure they have a stable and safe place to reside (family, outside program, SLE, etc.) while searching for a long-term placement.

2. Monarch has a comprehensive screening process to ensure survivors are stably housed across all programs, and we accept external referrals for survivors in need of housing support. A client must meet Monarch's core services requirements (be a survivor of domestic violence, sexual assault, or human trafficking) in order to receive services from the agency. Anyone who meets the criteria is eligible for all the agency's services (housing included). There is no waitlist for our programs (other than individual therapy, which we refer outside the agency when at capacity).

3. Supportive services are tailored to each client and based on their stated needs/goals. If vocational training is a goal, Case Managers assist in searching for options and the agency provides funding for up to 9 months of programming. If a survivor identifies childcare as a need, their Case Manager supports in seeking options that work for the family, and the agency can provide funding throughout the duration of their programming. Case Managers assist with accessing community programs that support childcare funding in the longer term, as well.

4. Anyone who meets Monarch's threshold criteria can receive services from all agency programs. If therapeutic support is a need, Case Managers refer to the Crisis & Intervention Program. Supportive services focused on healing are tailored to the individual, but can include 1-on-1 therapy, support groups, DV education and connection to community resources, and assistance with protective orders and immigration or family law/custody issues.

5. The Housing Program does not use assisted housing outside of the agency's shelter. Survivors move directly into independent housing and receive graduated assistance for up to two years to support this transition. Case Managers, as a policy, do not place clients in housing they will not eventually be sustained.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentially policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1. Staff prioritizes confidentiality at every point in the process, including intake. As part of all intake appointments, staff seek the safest method of contact for each survivor. We do not leave messages or send emails without permission. Our mobile advocacy capacity was strengthened during the pandemic, and we have two agency vehicles that allow staff to meet survivors in a location within the county that is accessible and safe for them. The agency also has the capacity to offer transportation or virtual appointments as needed.

2. The Shelter and Housing Programs have comprehensive screening processes and criteria to determine if survivors qualify for emergency shelter and/or long-term housing assistance. Survivors/families in acute crisis are brought into our shelter environment first where they receive wraparound support. Once stabilized, clients are referred to the Housing Program to assist in securing and maintaining permanent housing. Often survivors remain in shelter until a long-term placement is found. This prevents survivors from falling into homelessness or returning to an abusive environment in the interim.

3. All client information is kept strictly confidential. Files and internal databases are stored in secure locations and subject to privilege. When records are subpoenaed, the agency files Motions to Quash to prevent disclosure. Staff must receive written consent and discusses safety concerns directly with clients before sharing information with any outside partner. This includes potential landlords. With respect to housing, the agency's shelter location is confidential and the office address is used for client mail. For long-term housing placements, Case Managers work with survivors to create a safety plan tailored to their needs.

4. The agency has an attorney on staff who trains annually on confidentiality, privilege, and best practices around file keeping. Monarch's leadership team consistently quality checks our safety and confidentiality mechanisms and consults with internal and external attorneys, as well as state domestic violence and sexual assault coalitions to ensure our policies are consistent with best practices.

5. Because all Housing staff are certified DV Counselors, safety planning is built into the program. Housing options are vetted thoroughly, and a comprehensive safety plan is developed once a unit is secured. We help with accessing the Safe at Home Program to keep client mail confidential.

4A-3d.1.	**Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.**	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

Monarch offers a continuum of supportive services that prioritize the safety and well-being of survivors. These services include a 24-7 bilingual Crisis & Support line where survivors receive immediate support even outside regular business hours. Monarch's Shelter Program offers the only emergency confidential shelter in the county designed to provide immediate, temporary housing to survivors of violence and their families seeking safety. Intake assessments, regardless of the program of entry, screen for immediate safety needs and prioritize those areas first. Immediate needs might be shelter placement, assistance with an emergency protective order, transportation to a safe location, etc. Only after a survivor/family is out of a period of acute crisis and basic foundational needs are being met (food, clothing, shelter, etc.) can the agency offer meaningful and holistic support aimed at longer-term goals of financial stability, housing placement, and healing from trauma.

Housing staff, specifically, work with the Crisis & Intervention team to develop comprehensive safety plans for every survivor that we serve. These plans are developed collaboratively with survivors and can include therapy and healing services, education, and resources around cycles of domestic violence, and utilizing outside resources to address safety concerns.

Monarch has the following practices in place to support the agency's and individual staff's capacities to assess the safety of each survivor and family that we serve:
•Quarterly reports and assessments through our case management system to track short- and long-term client outcomes.
•Routine confidential client surveys that seek feedback around program success and client safety.
•Ongoing trainings. Currently, Monarch staff is receiving training on file keeping and confidentiality across programs. Staff is also receiving training on danger assessments to improve capacity to determine lethality and support clients in identifying risk factors and how to seek support when situations escalate.
•65-Hour Domestic Violence Certification. All program staff (Housing included) are 65-hour certified domestic violence counselors and trained to screen for and prioritize addressing safety concerns first.

4A-3e.	**Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.**	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
1.	**prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;**
2.	**establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;**
4.	**emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;**
5.	**centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;**

6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

Across all programs, Monarch is committed to providing survivor-driven services that are rooted in the values of empowerment and being trauma-informed in delivery. This is vital to the efficacy of Monarch's work with survivors of violence who have experienced power and control dynamics and abuse within their interpersonal relationships.

1. Monarch's Housing Program was designed to support clients in working towards their own goals. We assist survivors with the housing search, applications, lease negotiations, rental assistance, etc., but do not choose the housing unit for them. The process can include multiple apartment tours, checks-ins around needs (bedrooms for children, acceptance of pets, proximity to public transit, etc.), information around housing costs, and financial planning. If a client's needs exceed what is financially viable in Santa Cruz County, we help explore out-of-county options ideally in locations where they have community connections or a better support network in place.

2. The Housing Program is rooted in the Housing First model and does not utilize punitive interventions or screen clients out of service based on factors assumed to be predictors of successful outcomes. Case plans are built around goals clients set for themselves with guidance and full knowledge of the resources available. Staff is trained to respect and honor survivor's choices as they are the experts in their own lives. While Housing staff offer ideas, resources, and options, survivors ultimately decide what is best for them and their families. Mutual trust and respect cannot be built if there is rigidity in program objectives or staff dictate to survivors what their goals should be or how to achieve them.

3. Housing Case Managers are trained in providing trauma-informed services and working with survivors of violence. In addition to the mandatory 65-hour training requirement, all staff participate in ongoing training around the provision of trauma-informed services. Currently, staff is engaged in a series focused on Adverse Childhood Experiences (ACEs) and regular Motivational Interviewing practice sessions with a certified trainer and therapist. The agency also holds weekly case management meetings to promote collaboration, avoid placing coordination burdens on clients, and ensure seamless service delivery across programs.

4. Monarch's Housing Program assessments are designed to screen for strengths and resources already present in survivor's lives. All program staff, including Housing Case Managers, are trained in motivational interviewing, and centering a survivor's goals and overall vision for themselves and their families in their case plans. While staff might identify areas of focus based on an assessment, they do not have preset goals. Case plans are developed collaboratively based on client strengths, resources, and input, and unique to each survivor that the Housing Program serves.

5. One of the agency's goals is striving to provide culturally and linguistically relevant services and approaching our work with a lens of cultural humility. All Housing staff are bicultural and bilingual (English/Spanish) and from the Watsonville and Pajaro communities. Additionally, Monarch has a Diversity, Equity, and Inclusion committee (DEI) comprised of staff across programs that focuses on identifying and improving the agency's capacity to meet the needs of marginalized groups. This committee recently reviewed all external agency materials to ensure that the language was inclusive, particularly to individuals

across gender identities and racial backgrounds.

6. Monarch offers several opportunities for connection and healing internally. The agency provides 1-on-1 therapy in-house for survivors who wish to participate, and we also offer weekly support groups (in both English and Spanish) for survivors for those who prefer group settings. Case Managers are also trained to make outside referrals and support survivors in connecting with services not provided within the agency for healing, when appropriate. This might include connecting a client with a faith community, support groups focused on mental health and/or substance use, or parent support groups.

7. Monarch's Housing Program provides childcare funding, assistance with custody issues or protective orders on behalf of a child survivor when appropriate. Our Child and Youth Case Program staff are trained in providing supportive services to child survivors of violence. These services are available to the children of all adult clients and can include support groups (that run concurrent with adult groups), therapy (with providers who have expertise in modalities developmentally appropriate for child survivors of trauma), wraparound case management, and court room or law enforcement interview accompaniment. We also offer the Triple P (Positive Parenting Program) in-house.

4A-3f.	**Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.**	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.	

(limit 5,000 characters)

All are examples of services provided during Calendar Year 2021:
•Crisis & Intervention DV Services – In 2021, Monarch's On-Call Program staff fielded 1,013 Crisis Line calls. Monarch's 24/7 bilingual crisis line is available 365 days a year to anyone experiencing domestic violence, sexual assault, or human trafficking in need of immediate support.
•Financial Literacy – In 2021, Monarch's Housing Program provided financial literacy services to 36 survivors of violence. This includes building budgets, savings plans, and support accessing public benefits. The Housing Program also referred 5 Housing Clients to Community Ventures for more intensive budget and credit building support services.
•Childcare Assistance – In 2021, Monarch's Housing Program provided financial assistance for childcare to 5 families and connected 15 families to outside funding for childcare through Go Kids (a county program that offers subsidized childcare) or sliding scale after-school programs (Boys & Girls Club, YWCA, Campus Kids Connection).
•Vocational & Educational Training – Monarch's Housing Program provided 3 survivors with funding for vocational training programs. 2 clients enrolled in courses for certification in the medical field (Medical Billing and Medical Assisting) through the Watsonville Adult Education. 1 survivor attended a Watsonville Adult Education Program for Pastry and Baking Certification to supplement their income from working in the fields.
•Legal Services – Protective Orders – In 2021, Monarch's Legal Program assisted 48 clients in filing for Domestic Violence Protective Orders.
•Legal Services – Custody Support – In 2021, Monarch's Legal Program assisted 8 survivors with ancillary family law and custody issues.
•Legal Services – Immigration Assistance – In 2021, Monarch's Legal Program assisted 52 survivors with immigration-related services (screening for and preparing U and T Visa applications when appropriate).
•Therapeutic & Healing Services – In 2021, Monarch provided individual therapy to 75 adult survivors of violence.
•Therapeutic & Healing Services for Child & Youth Survivors – In 2021, Monarch provided individual therapy to 11 child and youth survivors of violence.
•Shelter Services – In 2021, Monarch's Shelter Program provided emergency shelter to 131 survivors of violence (this includes family members/children).
•Long-Term Housing Stability Safety Planning – Monarch Long-Term Housing Program Case Managers provided comprehensive safety planning and supportive services to 36 survivors of violence. Services included long-term housing safety plans, connecting with community supports and resources, systems advocacy, legal support, court accompaniment, Safe at Home program enrollment, landlord advocacy and support, life skills, financial literacy education and training, all in preparation for program completion.

4A-3g.	**Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.**	
	NOFO Section II.B.11.e.(1)(e)	

	Provide examples in the field below of how the new project will:
1.	**prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;**
2.	**establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**

3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. Monarch's Housing Case Managers will work with each survivor to develop a uniquely tailored Case Plan that is reflective of their needs and goals. Staff will support survivors in the housing search, but will not dictate what unit a survivor ultimately chooses. Comprehensive assistance around budgeting, plans for graduated rental and down payment assistance, and financial literacy education will be provided as part of this process, as well, to help ensure that survivors choose an option that is viable for themselves and their families long-term.

2. Housing Case Managers will approach working with each survivor and family with humility and respect for the vision they have for their own life. Housing staff will work collaboratively with housing clients to create a plan that supports and builds towards that vision. They will also be clear about the support Monarch will provide over a two-year period to ensure case plans are developed around survivor's goals and grounded what is viable for that survivor/family long-term.

3. Housing Staff will support each survivor with accessing the tools and supports to process their trauma and support their healing. The first component is ensuring that their foundational needs are being met. Once that piece is addressed, Housing staff will develop a plan for healing support that is tailored to each client and family. Typically, that will entail a referral to Monarch's Crisis & Intervention team, where a Case Manager will develop a comprehensive plan that might include individual therapy, support groups, regular meetings to process trauma and share information and resources about domestic violence. It might also include therapy and resources for survivor's children, as well.

4. Housing Program Case Managers will utilize screening tools designed to assess strengths and resources already present in survivor's lives. They will use motivational interviewing skills and center survivor's goals and overall visions for themselves and their families in their case plans. While the Housing Program might identify issue areas to potentially focus on based on an assessment (financial self-sufficiency, childcare, housing placement, etc.), Housing Case Managers will develop case plans collaboratively with survivors that build on client strengths, resources, and input.

5. Housing staff are bilingual (English/Spanish) and will provide services in the language most comfortable for the survivor. By allowing survivors to lead their own process, Case Managers will intentionally work to incorporate the goals, needs, and unique internal and external resources of each survivor into their individualized case plans. Staff will utilize their training as DV counselors and in motivational interviewing to promote a survivor-driven, trauma-informed process. Further, regular assessments every 8-12 weeks will create opportunities to engage survivors and elicit feedback for improving the process in real time.

6. Housing staff will work collaboratively with other Monarch programs to holistically serve each survivor and family. Survivors will be supported in identifying needs for community support and connection and their team will meet weekly and develop a plan to connect them with internal and external resources to meet those needs. This will look different for each survivor, but might include referring to Monarch's weekly support groups, connecting with a faith community, supporting with enrollment in an outside group or program (substance, mental health, or parenting-related).

7. If goals are identified and developed around parenting support, Monarch

Housing staff will work collaboratively with other Monarch Programs (Child and Youth, Legal, Crisis & Intervention) to connect a survivor with those resources. Internally, Monarch can provide case management, 1-on-1 therapy, support groups, legal services, and support securing and funding childcare options for the children of our adult clients. We can also provide Triple P parenting classes at certain periods throughout the year. When we do not have the resources internally, Monarch staff work together to connect a survivor/family with the external community supports that will support them in meeting their goals.

4A-3h.	**Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.**	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

Monarch is intentional about incorporating survivor feedback into our strategic policy and program development processes. Doing so is vital to ensuring that the agency is survivor-centered both in its 1-on-1 work with individuals and families and in the macro sense of strategic direction and identifying areas for growth within existing programs, as well as emerging areas of community need or expansion of service scope.

The Housing Program involves survivors first by conducting extensive surveys of housing clients three, six, and twelve months after housing placement is secured. The Housing Program reaches out to assess clients one final time six months after program completion. At each of these surveys, feedback is elicited around efficacy of service (what worked and what did not), were services survivor-centered (did the survivor feel supported, in what ways, what was missing), and does the survivor feel that they will be able or have they been able to maintain the housing placement independently (why or why not). In addition to these surveys, Monarch engages in a strategic visioning process every three years.

During this process, Monarch's Housing Program Manager reaches out to clients currently engaged in housing services to meet with them 1-on-1 for feedback. The Program Manager intentionally requests feedback from clients who have been successful and those who have not (struggled to find housing or lost a housing placement) in order to identify areas for programmatic growth and change.

4B. Attachments Screen For All Application Questions

	We have provided the following guidance to help you successfully upload attachments and get maximum points:
1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/28/2022
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/28/2022
1E-1. Local Competition Deadline	Yes	Local Competition...	09/28/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/28/2022
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting CoC C...	09/28/2022
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/28/2022
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/28/2022
3C-2. Project List for Other Federal Statutes	No	HMIS - ES Project...	09/29/2022
1E-2. Local Competition Scoring Tool	Yes	Local Scoring Tools	09/29/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Renewal Ap...	09/28/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/28/2022

1E-5. Notification of Projects Rejected-Reduced	Yes	Notification Proj...	09/28/2022
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	09/28/2022

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preferences

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Web Posting CoC CoC Application

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description: HMIS - ES Project from Neighboring CoC Inadvertently Included in HMIS Coverage

Attachment Details

Document Description: Local Scoring Tools

Attachment Details

Document Description: Scored Renewal Application

Attachment Details

Document Description: Final Project Scores All Projects

Attachment Details

Document Description: Notification Projects Reduced or Rejected

Attachment Details

Document Description: Notification of CoC Consolidated Application

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/14/2022
1B. Inclusive Structure	09/29/2022
1C. Coordination and Engagement	09/29/2022
1D. Coordination and Engagement Cont'd	09/29/2022
1E. Project Review/Ranking	09/29/2022
2A. HMIS Implementation	09/29/2022
2B. Point-in-Time (PIT) Count	09/29/2022
2C. System Performance	09/29/2022
3A. Coordination with Housing and Healthcare	09/29/2022
3B. Rehabilitation/New Construction Costs	09/29/2022
3C. Serving Homeless Under Other Federal Statutes	09/29/2022

4A. DV Bonus Project Applicants	09/29/2022
4B. Attachments Screen	09/29/2022
Submission Summary	No Input Required

1C-7 PHA HOMELESS PREFERENCE

A D M I N I S T R A T I V E P L A N

Section 8 Housing Choice Voucher Program

Housing Authority of the County of Santa Cruz

The Administrative Plan contains those policies of the Housing Authority of the County of Santa Cruz that have been adopted by the Board of Commissioners, as required by 24CFR 982.54, governing the establishment and administration of a waiting list, the issuance of Section 8 Housing Choice Vouchers, and overall program administration. The Housing Authority reserves the right to amend the Administrative Plan.

June 2022

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1. Live/Work Residency Preference

   The Housing Authority has established a partial live/work residency preference, such that at least 75% of the families selected from the waiting list will either currently live or work in the jurisdiction of the waiting list. The residency preference is applicable to the Santa Cruz County Housing Choice Voucher Waiting List (for households with a head of household, spouse or registered domestic partner that lives/works in Santa Cruz County) and the Hollister/San Juan Bautista Housing Choice Voucher Waiting List (for households with a head of household, spouse or registered domestic partner that lives/works in San Benito County.) The residency preference ensures that the majority of the Housing Choice Vouchers, which have been awarded to the Housing Authority by HUD to serve our jurisdiction, will be made available to those who live or work in the jurisdiction.

2. Disabled and Medically Vulnerable Homeless Persons (DMV)

   The Housing Authority has adopted a limited waiting list preference for disabled and medically vulnerable homeless persons. Housing Matters [using prioritization through Smart Path, the Coordinated Entry System for persons experiencing homelessness, (as administered by the County Human Services Department, Housing for Health Division)] provides referrals for persons who meet all of the following criteria:

   a) Disabled as defined by HUD at 24CFR 5.403.
   b) Medically vulnerable as defined by a Homeless Action Partnership approved Vulnerability Index.
   c) Homeless as defined by HUD per the HEARTH Act in Federal Register / Vol. 76, No. 233.
   d) Have established a case management plan with a provider of housing supportive services within Santa Cruz County.

   A maximum of 150 households may be assisted by this preference program at any given time. The Housing Authority may continue to accept referrals for persons eligible for this preference while the waiting list is closed. DMV voucher holders who have been stably housed for 2 years may “graduate” into the regular voucher program if they are in good standing with the program and there are vouchers/funding available. At that time, the DMV voucher would be available for the next eligible family referred to the Housing Authority.

3. Homeless Families with Minor Children

   The Housing Authority has adopted a limited waiting list preference for homeless families with minor children. The preference is for applicants already on the Santa Cruz County Section 8 waiting list who meet the following criteria:

   a) Homeless as defined by HUD per the HEARTH Act in Federal Register / Vol. 76, No. 233.
   b) Head of household or spouse lives or works in Santa Cruz County
   c) Head of household or spouse has at least one minor child residing with household

   The Housing Authority will identify potentially eligible families who are already on the Santa Cruz County Section 8 waiting list. Eligible families will be referred to the Human Services Department (HSD) of the County of Santa Cruz. HSD will provide an appropriate level of case management to the homeless family, including assistance with the voucher eligibility application and paperwork and rental search assistance. Although the homeless family is not required to accept case management, HSD will offer case management for at least one year.

   A maximum of 40 households may be assisted by this preference program at any given time. If there are no eligible homeless families that can be identified on the Santa Cruz County Housing Choice

Voucher waiting list, or that respond to Housing Authority requests for application, the Housing Authority may accept referrals for persons eligible for this preference. Homeless family preference voucher holders who have been stably housed for 2 years may "graduate" into the regular voucher program if they are in good standing with the program and there are vouchers/funding available. At that time, the homeless family preference voucher would be available for the next eligible family.

4. Vulnerable Homeless Persons in San Benito County
   The Housing Authority is working with San Benito County to develop a limited waiting list preference for persons who are experiencing homelessness or at risk of homelessness and have other vulnerability factors. This preference may be implemented following the establishment of a formal agreement with San Benito County and/or a lead service agency identified by San Benito County. The preference will be limited to 24 households, with a maximum of 2 new households per month.

5. Homeless Families with Minor Children for Brommer Street Supportive Housing Units
   The Housing Authority has adopted a limited waiting list preference for homeless families with minor children for residency of six supportive housing units at the Brommer Street Supportive Housing Program. The Housing Authority will accept direct referrals of homeless families with minor children from the County of Santa Cruz Human Services Department (HSD) in accordance with the MOU.

6. Disabled Transitioning from Institutions (DTI)
   The Housing Authority has adopted a limited waiting list preference for disabled persons transitioning from institutions into community-based settings, and persons at serious risk of institutionalization for persons who meet the following criteria:

   a) Disabled as defined by HUD at 24CFR 5.403.
   b) Transitioning Individuals must either be currently living in, or at serious risk of being admitted to, a qualified institution at the time of referral to the Housing Authority or must have been living in a qualified institution no more than 90 days prior to the referral to the Housing Authority.

   On a case-by-case basis, the Housing Authority may issue a DTI voucher to an individual who is at imminent risk of death or who will not be able to receive lifesaving medical care without housing. Such cases will be approved by the Executive Director.

   Qualifying institutions include intermediate care facilities, licensed residential facilities, and specialized institutions that care for the intellectually disabled, developmentally disabled, physically disabled or mentally ill. This definition does not include board and care facilities (such as adult homes, adult day care, and adult congregate living).

   Referral Agency / Supportive Services – Qualifying individuals must be referred by a service provider agency that has entered into a memorandum of understanding (MOU) with the Housing Authority. The service provider will document and certify the eligibility criteria above (disability status and transition from qualifying institution). The service provider must also certify that the individual is ready to transition out of an institutional environment and must have a case management plan to assist the individual with the transition. Additionally, the service provider must assist the individual with all aspects of the Housing Choice Voucher program, including completing applications, obtaining documentation of income, attending Housing Authority appointments with the client, and assisting the client in finding and maintaining housing.

A maximum of 12 households may be assisted by this preference program at any given time. The Housing Authority may continue to accept referrals for persons who would be eligible for this preference while the waiting list is closed. DTI voucher holders who have been stably housed for 2 years may "graduate" into the regular voucher program if they are in good standing with the program and there are vouchers/funding available. At that time, the DTI voucher would be available for the next eligible family referred to the Housing Authority.

7. Mainstream Vouchers

   The Housing Authority has received 240 Mainstream Vouchers. These Mainstream Vouchers are available to waiting list applicants that meet the following eligibility criteria:

   The Household must include a family member between the age of 18 and 62 who is a person with a disability.

   Assistance will be offered to applicants on the Santa Cruz County HCV waiting list who are eligible for the program based on date of placement or lottery number. A subset of the Mainstream Vouchers are available to applicants on either the Santa Cruz County or San Benito County HCV waiting lists. If the Housing Choice Voucher waiting lists do not contain sufficient numbers of eligible households, the Housing Authority may accept referrals for persons eligible for this preference. Eligible persons include those who are transitioning from institutions, at serious risk of institutionalization, homeless or at risk of homelessness.

   The Housing Authority has established a temporary Mainstream Voucher preference of up to 75 vouchers for non-elderly persons with disabilities who are at high-risk of severe COVID- 19 disease and are staying in time-limited shelters in Santa Cruz County. Referrals will be provided by the Human Services Department (HSD) Housing for Health Division using the SCC COVID-19 shelter and Smart Path data. HSD will provide the applicants with supportive services and housing navigation assistance. The COVID-19 Mainstream Voucher preference will automatically expire 180 days after the Governor lifts the state of emergency for California. Once the temporary waiting list preference expires, all Mainstream Vouchers will be available to eligible waiting list applicants.

   Additionally, to the extent that any homeless targeted referral voucher programs become fully utilized during the COVID-19 pandemic, the Housing Authority may issue Mainstream Vouchers to Mainstream eligible homeless persons referred for other voucher programs to avoid a delay in their housing placement. This temporary authority will automatically expire 180 days after the Governor lifts the state of emergency for California.

8. Graduates of the Continuum of Care (CoC) Shelter Plus Care (S+C), Youth Homeless Demonstration Program (YHDP) Permanent Supportive Housing (PSH) Programs, and Family Unification Program (FUP) Youth in Project Based Voucher units.

   The Housing Authority has been awarded competitive grants for permanent supportive housing for people experiencing chronic homelessness. A program known as Shelter Plus Care is a partnership between the Housing Authority and the County Health Services Agency to provide wrap-around services from outreach and eligibility to housing stabilizing services. A program known as New Roots is a partnership between the Housing Authority and Encompass Community Services to provide supportive services and housing to homeless youth ages 18-24 with disabilities.

   S+C recipients who have been stably housed for 2 years may "graduate" into the regular voucher program if they are in good standing with the program and there are vouchers/funding available. At

2. In special cases only, such as a large family, a "special needs" family, hospitalization or drug rehabilitation, death in the family, etc.

The Housing Authority will provide written notice to the family when granting an extension. The number and duration of extensions may depend on a number of factors including market conditions and availability of vouchers / funding.

The Housing Authority will grant additional extensions on an individual case basis as a Reasonable Accommodation for Housing Choice Voucher holders with disabilities. Third party verification of disability and need for extension is required. The extension may be granted after the Housing Authority has received such verification from a doctor, other health care professional or a social worker with medical or professional knowledge of the person's disability. If acceptable verification is not received within 60 days of the Housing Authority's request, the extension may be denied.

See Section IV Occupancy Standards (Standards for denying admissions or terminating assistance) for information about denying assistance for applicants.

III. Special Purpose Programs

Over time, HUD has awarded the Housing Authority with funding for specific voucher types to serve specific populations. In some instances, these special programs offer vouchers to eligible persons from the Housing Choice Voucher (HCV) waiting list. In other instances, vouchers are issued based on referrals from service providers. All special voucher programs are listed and described below. If special program vouchers are project based, the unique eligibility criteria described below will be preserved.

Veterans Assisted Supportive Housing / VASH (383 vouchers)

The Department of Housing and Urban Development (HUD) and the Veterans Administration (VA) have partnered to create a program for homeless veterans. This program combines HUD Housing Choice Voucher rental assistance with the Department of Veterans Affairs case management and clinical services provided at its medical centers and in the community. Funding for this program is limited to housing authorities that partner with "eligible Veterans Affairs Medical Centers (VAMCs) or other entities as designated by the VA."

VASH vouchers are not issued based on placement on Housing Authority waiting lists. Instead, referrals for eligible homeless veterans are provided by the Veterans Administration. The Housing Authority will administer the VASH program in accordance with HUD VASH rules and regulations, which may differ from the Housing Choice Voucher Program.

Family Unification Program / FUP (218 vouchers)

Family Unification vouchers have been made available by HUD for this program. The Family Unification Program (FUP) vouchers are reserved for families for which lack of adequate housing is a primary factor in the imminent placement of their a child or children in out-of-home care or in the delay of discharge of a child or children to the family from out-of-home care, and for youth, 18-24 years old, who left foster care, or will leave foster care within 90 days, and are homeless or at risk of becoming homeless. To be considered for Family Unification assistance, families will be identified through the County Human Services Department (HSD).

Family Unification vouchers are not issued based on placement on the Housing Choice Voucher waiting list. Instead, HSD provides referrals to the Housing Authority based on comprehensive risk assessment

and FUP-eligibility determination. HSD will provide written certification to the Housing Authority that a family or a youth qualifies as a FUP-eligible family or youth. A family will be certified as eligible if it is determined that (1) the children are at imminent risk of placement in out-of-home care or at risk of having their discharge to the family from out-of-home care delayed (2) the lack of adequate housing is a primary factor in the risk of placement or delay of discharge and (3) the family meets all other eligibility requirements for Section 8 assistance; youth will be certified as eligible by age, foster care history, and homelessness risk. Youth will also be identified through the county coordinated entry system. The Santa Cruz County Consortium of Care (CoC), titled Homeless Action Partnership, launched the Coordinated Entry System, titled Smart Path to Housing and Health. The Smart Path lead agency is the County HSD. They will use it to assist in identifying youth who were previously on a child welfare caseload and may be eligible for FUP. FUP Youth vouchers have a HUD imposed 36- month limit on rental assistance. FUP Youth voucher holders who enter into a HUD Family Self- Sufficiency contract may have their FUP Youth rental assistance extended for the life of the FSS contract up to five years, with the possibility of an extension up to two years.

Responsibilities for administering the Family Unification Program are as follows: The Housing Authority will be responsible wholly or in part for

1. accepting referrals from HSD;
2. sorting the HCV waiting list to identify applicants who may qualify;
3. certifying HCV voucher eligibility and issuing vouchers providing orientation to the Section 8 Housing Choice Voucher Program;
4. offering training to HSD and other HSD-subcontract agencies on HCV procedures;
5. convening regular meetings with HSD and the Consortium of Care (CoC) Homeless Action Partnership; and
6. approving rental agreements for FUP and processing HAP contracts.

The Human Services Department will be responsible wholly or in part for

1. seeking and identifying eligible families and making referrals to the Housing Authority;
2. certifying special program eligibility;
3. assisting in identifying and securing housing appropriate to the family's size and needs;
4. offering training on HSD referral procedures to the Housing Authority and HSD- subcontractors; and
5. providing case management and some or all of the following supportive services:
    a) child welfare and family reunification services
    b) vocational training and educational assistance
    c) childcare assistance
    d) health, mental health, and substance abuse services
    e) renter education
    f) job search and placement assistance.

The Continuum of Care will be responsible for

1. utilizing the Smart Path to Housing and Health, Coordinated Entry System (CES) to identify youth, including those who were previously on a child welfare caseload, who may be eligible for FUP; and
2. using Smart Path CES, to provide assessments and prioritization.

Once a family has been certified as eligible and accepted into the Family Unification Program, they will attend an orientation session provided by the Housing Authority, during which Section 8 procedures and

regulations will be explained in detail. All FUP families and youth will be offered the opportunity to join the Family Self Sufficiency program.

The HSD will be responsible for case management for the FUP Youth Family Self-Sufficiency (FSS) for the first 18 months from the start of the FSS Contract. Case Management is intended to assist the youth fulfill their FSS plan toward independence and self-sufficiency. HSD will be responsible for a Transitional Independent Living Plan developed with each FUP-Youth as well as providing basic life skills, counseling, providing assurances to property owners, job preparation, and educational advancement opportunities.

FUP recipients who have been stably housed for 2 years may "graduate" into the regular voucher program if they are in good standing with the program and there are vouchers/funding available. At that time, the FUP assistance would be available for the next eligible family referred to the Housing Authority by the Human Services Department.

Issuance as a Reasonable Accommodation

A Housing Choice Voucher may be issued as a reasonable accommodation to persons with disabilities who live in a unit owned or managed by the Housing Authority if

1. A doctor, other health care professional or a social worker with medical or professional knowledge of the person's disability has verified the disability related housing need, and
2. there is not an acceptable unit available for the family in the Housing Authority owned or managed program, or the length of the wait for a vacancy of an acceptable unit is determined to be unreasonably long (at least one year).

Disabled Vouchers (138 vouchers)

HUD has made available vouchers for disabled applicants on the Housing Choice Voucher waiting list. These vouchers are issued to eligible applicants based on their waiting list preference status and date of placement or random number sequence lottery.

Medicaid Waiver Program (27 vouchers)

HUD has made available vouchers for persons participating in the Medicaid Home and Community Based Waiver Program. The Medicaid waiver vouchers are reserved for disabled persons, also covered under a waiver of Section 1915(c) of the Social Security Act, who are Medicaid-eligible at risk of being placed in intermediate care facilities. The voucher would allow them to be cared for in their homes and communities. These individuals are thereby assisted in preserving their independence and ties to family and friends at a cost no higher than that of institutional care.

Responsibilities for administering the Medicaid Waiver Program are as follows: The Housing Authority will be responsible wholly or in part for

1. certifying voucher eligibility
2. providing orientation with regards to the Section 8 Housing Choice Voucher Program
3. approving rental agreements

The local agencies administering 1915c waiver programs will be responsible wholly or in part for

1. seeking and identifying eligible individuals/families
2. certifying special program eligibility
3. assisting in identifying and securing housing appropriate to the household's needs
4. providing case management

Medicaid Waiver vouchers are issued based on placement on the Medicaid Waiver waiting list. Eligible referrals are provided by social service agencies with a current MOU with the Housing Authority to provide referrals and services. Those referrals produce the Medicaid Waiver waiting list. Once an individual and/or family has been certified as eligible and accepted into the Medicaid Waiver Program, they, or their designated representative, will attend an orientation session provided by the Housing Authority, during which Section 8 procedures and regulations will be explained in detail.

Welfare to Work Program (24 vouchers) (WtW)

HUD has made vouchers available for persons participating in the CalWORKs Welfare to Work Program. The Welfare to Work vouchers are reserved for CalWORKs participants. They are intended to be a key part of the strategy to support the efforts of Santa Cruz County families who are working towards self-sufficiency. Welfare to Work vouchers are not issued based on placement on the Housing Choice Voucher waiting list. Instead, eligible referrals are provided by the Santa Cruz County Human Services Department (HSD).

Responsibilities for administering the Welfare to Work vouchers are as follows:

The Housing Authority will be responsible wholly or in part for

1. certifying voucher eligibility;
2. providing orientation with regards to the Section 8 Housing Choice Voucher Program; and
3. approving rental agreements.

The Human Services Department will be responsible wholly or in part for

1. screening and refer CalWORKs participants;
2. assisting CalWORKS participants who receive vouchers with housing-related issues and work with Housing Authority staff to resolve those issues;
3. supporting housing stability for eligible CalWORKs participants who receive vouchers by providing them with comprehensive services including individual assistance in the areas of vocational training and assessment, job search and upgrade, on-the-job training, transportation assistance, childcare, participation in MediCal/MediCruz as appropriate, counseling services for substance abuse, domestic violence and mental health issues and other supportive services; and
4. coordinating participant involvement in programs offered through the Small Business Development Center, Career Centers, and Cabrillo Student Resource Support Network.

If the Human Services Department informs the Housing Authority that a Welfare to Work voucher holder has graduated from the program, the Housing Authority may absorb that program participant into the regular Housing Choice Voucher program if a voucher is available and if the program participant is in good standing, and if the participant has been stably housed for two or more years. At that time, the Welfare to Work voucher would be available for the next eligible family referred by the Human Services Department.

Emergency Housing Vouchers (EHV) (263 Vouchers)

The Department of Housing and Urban Development (HUD) has awarded the Housing Authority Emergency Housing Vouchers (EHV) to continue relief from the Covid-19 pandemic impacts.

Eligibility for these EHVs is limited to individuals and families who are (1) homeless; (2) at risk of homelessness; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking; or (4) recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability. EHVs are tenant-based rental assistance under section 8(o) of the United States Housing Act of 1937 (42 U.S.C. 1437f(o)).

The EHV allocation from HUD is accompanied with a one-time service fee to support the efforts of implementing the program. The Housing Authority will use this service fee in accordance with the requirements established in PIH 2021-15, as well as any subsequent HUD guidance. Use of the service fees may include security deposits assistance, owner-related recruitment, incentives, and retention programs, move-in assistance, and tenant readiness services, or any other allowable use that supports the rapid issuance and utilization of these vouchers.

In most respects, EHVs will be administered like the regular HCV program. However, EHVs will not be issued based on placement on Housing Authority waiting lists. EHVs will be issued based on referrals from the County Continuum of Care (CoC) in accordance with an MOU with the County Human Services Department (HSD), who act as the lead agency for the CoC. Additionally, criteria for admission into the voucher program will be more flexible for EHVs, in accordance with PIH 2021-15. Based on HUD's waiver of 24CFR982.552 and 982.553, the Housing Authority will only deny admission for the EHV program based on criminal history in the following circumstances:

1. If any member of the household has ever been convicted of a drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing; or
2. If any member of the household is subject to a lifetime registration requirement under a State sex offender registration program to EHV applicants.

The Housing Authority may "graduate" EHV households into the regular HCV program, or any applicable HCV preference or voucher type, in order to maximize utilization and provide assistance to the maximum number of homeless applicants.

The EHV program will begin to sunset on September 30, 2023. At that time, all households housed through the EHV program will continue to receive rental assistance for as long as they remain eligible and as long as HUD funding allows. However, new EHV vouchers may not be issued after this date. Therefore, as EHV program participants leave the program, turnover vouchers will not be issued, and the program will eventually end through attrition.

IV. Occupancy Policies

Definition of a Family

A family is a person or group of people related by blood, marriage, adoption or affinity that live together in a stable family relationship. Furthermore, the Housing Authority has adopted HUD's definition of "family" as defined in 24 CFR 5.403. This definition of family includes single individuals as well as groups of people residing together, regardless of actual or perceived sexual orientation, gender identity, or marital status.

Each family contains a head of household, who must be at least eighteen years old, or if under 18, they must be an emancipated minor. Additionally, each family member must reside in the assisted unit at least 51% of the time (at least 184 days out of the year). Children who are temporarily away from the home because of placement in foster care and military servicepersons on active-duty are considered part

1C-7 PHA MOVING ON PREFERENCE

A D M I N I S T R A T I V E P L A N

Section 8 Housing Choice Voucher Program

Housing Authority of the County of Santa Cruz

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June 2022

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   b) Head of household or spouse lives or works in Santa Cruz County
   c) Head of household or spouse has at least one minor child residing with household

   The Housing Authority will identify potentially eligible families who are already on the Santa Cruz County Section 8 waiting list. Eligible families will be referred to the Human Services Department (HSD) of the County of Santa Cruz. HSD will provide an appropriate level of case management to the homeless family, including assistance with the voucher eligibility application and paperwork and rental search assistance. Although the homeless family is not required to accept case management, HSD will offer case management for at least one year.

   A maximum of 40 households may be assisted by this preference program at any given time. If there are no eligible homeless families that can be identified on the Santa Cruz County Housing Choice

Voucher waiting list, or that respond to Housing Authority requests for application, the Housing Authority may accept referrals for persons eligible for this preference. Homeless family preference voucher holders who have been stably housed for 2 years may "graduate" into the regular voucher program if they are in good standing with the program and there are vouchers/funding available. At that time, the homeless family preference voucher would be available for the next eligible family.

4. Vulnerable Homeless Persons in San Benito County
   The Housing Authority is working with San Benito County to develop a limited waiting list preference for persons who are experiencing homelessness or at risk of homelessness and have other vulnerability factors. This preference may be implemented following the establishment of a formal agreement with San Benito County and/or a lead service agency identified by San Benito County. The preference will be limited to 24 households, with a maximum of 2 new households per month.

5. Homeless Families with Minor Children for Brommer Street Supportive Housing Units
   The Housing Authority has adopted a limited waiting list preference for homeless families with minor children for residency of six supportive housing units at the Brommer Street Supportive Housing Program. The Housing Authority will accept direct referrals of homeless families with minor children from the County of Santa Cruz Human Services Department (HSD) in accordance with the MOU.

6. Disabled Transitioning from Institutions (DTI)
   The Housing Authority has adopted a limited waiting list preference for disabled persons transitioning from institutions into community-based settings, and persons at serious risk of institutionalization for persons who meet the following criteria:

   a) Disabled as defined by HUD at 24CFR 5.403.
   b) Transitioning Individuals must either be currently living in, or at serious risk of being admitted to, a qualified institution at the time of referral to the Housing Authority or must have been living in a qualified institution no more than 90 days prior to the referral to the Housing Authority.

   On a case-by-case basis, the Housing Authority may issue a DTI voucher to an individual who is at imminent risk of death or who will not be able to receive lifesaving medical care without housing. Such cases will be approved by the Executive Director.

   Qualifying institutions include intermediate care facilities, licensed residential facilities, and specialized institutions that care for the intellectually disabled, developmentally disabled, physically disabled or mentally ill. This definition does not include board and care facilities (such as adult homes, adult day care, and adult congregate living).

   Referral Agency / Supportive Services – Qualifying individuals must be referred by a service provider agency that has entered into a memorandum of understanding (MOU) with the Housing Authority. The service provider will document and certify the eligibility criteria above (disability status and transition from qualifying institution). The service provider must also certify that the individual is ready to transition out of an institutional environment and must have a case management plan to assist the individual with the transition. Additionally, the service provider must assist the individual with all aspects of the Housing Choice Voucher program, including completing applications, obtaining documentation of income, attending Housing Authority appointments with the client, and assisting the client in finding and maintaining housing.

A maximum of 12 households may be assisted by this preference program at any given time. The Housing Authority may continue to accept referrals for persons who would be eligible for this preference while the waiting list is closed. DTI voucher holders who have been stably housed for 2 years may "graduate" into the regular voucher program if they are in good standing with the program and there are vouchers/funding available. At that time, the DTI voucher would be available for the next eligible family referred to the Housing Authority.

7. Mainstream Vouchers

   The Housing Authority has received 240 Mainstream Vouchers. These Mainstream Vouchers are available to waiting list applicants that meet the following eligibility criteria:

   The Household must include a family member between the age of 18 and 62 who is a person with a disability.

   Assistance will be offered to applicants on the Santa Cruz County HCV waiting list who are eligible for the program based on date of placement or lottery number. A subset of the Mainstream Vouchers are available to applicants on either the Santa Cruz County or San Benito County HCV waiting lists. If the Housing Choice Voucher waiting lists do not contain sufficient numbers of eligible households, the Housing Authority may accept referrals for persons eligible for this preference. Eligible persons include those who are transitioning from institutions, at serious risk of institutionalization, homeless or at risk of homelessness.

   The Housing Authority has established a temporary Mainstream Voucher preference of up to 75 vouchers for non-elderly persons with disabilities who are at high-risk of severe COVID- 19 disease and are staying in time-limited shelters in Santa Cruz County. Referrals will be provided by the Human Services Department (HSD) Housing for Health Division using the SCC COVID-19 shelter and Smart Path data. HSD will provide the applicants with supportive services and housing navigation assistance. The COVID-19 Mainstream Voucher preference will automatically expire 180 days after the Governor lifts the state of emergency for California. Once the temporary waiting list preference expires, all Mainstream Vouchers will be available to eligible waiting list applicants.

   Additionally, to the extent that any homeless targeted referral voucher programs become fully utilized during the COVID-19 pandemic, the Housing Authority may issue Mainstream Vouchers to Mainstream eligible homeless persons referred for other voucher programs to avoid a delay in their housing placement. This temporary authority will automatically expire 180 days after the Governor lifts the state of emergency for California.

8. Graduates of the Continuum of Care (CoC) Shelter Plus Care (S+C), Youth Homeless Demonstration Program (YHDP) Permanent Supportive Housing (PSH) Programs, and Family Unification Program (FUP) Youth in Project Based Voucher units.

   The Housing Authority has been awarded competitive grants for permanent supportive housing for people experiencing chronic homelessness. A program known as Shelter Plus Care is a partnership between the Housing Authority and the County Health Services Agency to provide wrap-around services from outreach and eligibility to housing stabilizing services. A program known as New Roots is a partnership between the Housing Authority and Encompass Community Services to provide supportive services and housing to homeless youth ages 18-24 with disabilities.

   S+C recipients who have been stably housed for 2 years may "graduate" into the regular voucher program if they are in good standing with the program and there are vouchers/funding available. At

regulations will be explained in detail. All FUP families and youth will be offered the opportunity to join the Family Self Sufficiency program.

The HSD will be responsible for case management for the FUP Youth Family Self-Sufficiency (FSS) for the first 18 months from the start of the FSS Contract. Case Management is intended to assist the youth fulfill their FSS plan toward independence and self-sufficiency. HSD will be responsible for a Transitional Independent Living Plan developed with each FUP-Youth as well as providing basic life skills, counseling, providing assurances to property owners, job preparation, and educational advancement opportunities.

FUP recipients who have been stably housed for 2 years may "graduate" into the regular voucher program if they are in good standing with the program and there are vouchers/funding available. At that time, the FUP assistance would be available for the next eligible family referred to the Housing Authority by the Human Services Department.

Issuance as a Reasonable Accommodation

A Housing Choice Voucher may be issued as a reasonable accommodation to persons with disabilities who live in a unit owned or managed by the Housing Authority if

1. A doctor, other health care professional or a social worker with medical or professional knowledge of the person's disability has verified the disability related housing need, and
2. there is not an acceptable unit available for the family in the Housing Authority owned or managed program, or the length of the wait for a vacancy of an acceptable unit is determined to be unreasonably long (at least one year).

Disabled Vouchers (138 vouchers)

HUD has made available vouchers for disabled applicants on the Housing Choice Voucher waiting list. These vouchers are issued to eligible applicants based on their waiting list preference status and date of placement or random number sequence lottery.

Medicaid Waiver Program (27 vouchers)

HUD has made available vouchers for persons participating in the Medicaid Home and Community Based Waiver Program. The Medicaid waiver vouchers are reserved for disabled persons, also covered under a waiver of Section 1915(c) of the Social Security Act, who are Medicaid-eligible at risk of being placed in intermediate care facilities. The voucher would allow them to be cared for in their homes and communities. These individuals are thereby assisted in preserving their independence and ties to family and friends at a cost no higher than that of institutional care.

Responsibilities for administering the Medicaid Waiver Program are as follows: The Housing Authority will be responsible wholly or in part for

1. certifying voucher eligibility
2. providing orientation with regards to the Section 8 Housing Choice Voucher Program
3. approving rental agreements

The local agencies administering 1915c waiver programs will be responsible wholly or in part for

1. seeking and identifying eligible individuals/families
2. certifying special program eligibility
3. assisting in identifying and securing housing appropriate to the household's needs
4. providing case management

Eligibility for these EHVs is limited to individuals and families who are (1) homeless; (2) at risk of homelessness; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking; or (4) recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability. EHVs are tenant-based rental assistance under section 8(o) of the United States Housing Act of 1937 (42 U.S.C. 1437f(o)).

The EHV allocation from HUD is accompanied with a one-time service fee to support the efforts of implementing the program. The Housing Authority will use this service fee in accordance with the requirements established in PIH 2021-15, as well as any subsequent HUD guidance. Use of the service fees may include security deposits assistance, owner-related recruitment, incentives, and retention programs, move-in assistance, and tenant readiness services, or any other allowable use that supports the rapid issuance and utilization of these vouchers.

In most respects, EHVs will be administered like the regular HCV program. However, EHVs will not be issued based on placement on Housing Authority waiting lists. EHVs will be issued based on referrals from the County Continuum of Care (CoC) in accordance with an MOU with the County Human Services Department (HSD), who act as the lead agency for the CoC. Additionally, criteria for admission into the voucher program will be more flexible for EHVs, in accordance with PIH 2021-15. Based on HUD's waiver of 24CFR982.552 and 982.553, the Housing Authority will only deny admission for the EHV program based on criminal history in the following circumstances:

1. If any member of the household has ever been convicted of a drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing; or
2. If any member of the household is subject to a lifetime registration requirement under a State sex offender registration program to EHV applicants.

The Housing Authority may "graduate" EHV households into the regular HCV program, or any applicable HCV preference or voucher type, in order to maximize utilization and provide assistance to the maximum number of homeless applicants.

The EHV program will begin to sunset on September 30, 2023. At that time, all households housed through the EHV program will continue to receive rental assistance for as long as they remain eligible and as long as HUD funding allows. However, new EHV vouchers may not be issued after this date. Therefore, as EHV program participants leave the program, turnover vouchers will not be issued, and the program will eventually end through attrition.

IV. Occupancy Policies

Definition of a Family

A family is a person or group of people related by blood, marriage, adoption or affinity that live together in a stable family relationship. Furthermore, the Housing Authority has adopted HUD's definition of "family" as defined in 24 CFR 5.403. This definition of family includes single individuals as well as groups of people residing together, regardless of actual or perceived sexual orientation, gender identity, or marital status.

Each family contains a head of household, who must be at least eighteen years old, or if under 18, they must be an emancipated minor. Additionally, each family member must reside in the assisted unit at least 51% of the time (at least 184 days out of the year). Children who are temporarily away from the home because of placement in foster care and military servicepersons on active-duty are considered part

1E-1 LOCAL COMPETITION DEADLINE

Important Update: 2022 HUD CoC Funding and HUD Supplemental Application

From: Housing for Health Partnership (housingforhealth@santacruzcounty.us)

To: tonygardnerconsulting@yahoo.com

Date: Monday, August 8, 2022, 11:59 AM PDT

View this email in your browser

Dear Community Stakeholders,

Please be advised that the U.S. Department of Housing and Urban Development's (HUD) Notice of Funding Opportunity (NOFO) for the 2022 Continuum of Care (CoC) Program Competition and Non-Competitive Award of Youth Homelessness Demonstration Program (YHDP) Renewal and Replacement Grants was released on August 1, 2022. The NOFO can be found here. Qualified applications are invited for projects within Santa Cruz County. An estimated total of **$5.5 million** is available for one-year grants. The HUD deadline is September 30, 2022, although earlier internal deadlines will also apply as detailed below.

Please also be advised that HUD has released a separate but related CoC Supplemental NOFO to Address Unsheltered and Rural Homelessness. The Supplemental NOFO can be found here. Qualified applications are invited for projects that will support coordinated approaches, grounded in Housing First and public health principles, to reduce the prevalence of unsheltered homelessness within Santa Cruz County. An estimated total of **$1.055 million** is competitively available for three-year grants. The HUD deadline is October 20, 2022, but again earlier internal deadlines will also apply as detailed below.

Interested applicants for the CoC and Supplemental NOFO funds are invited and strongly encouraged to attend a virtual Applicant Orientation Session to be held twice to accommodate people's schedules on **Wednesday, August 10, 2:30 - 4:00 pm** and **Friday, August 12, 12:45 - 2:15 pm** via Zoom meeting. The sessions will be recorded and posted to the H4H website. The agenda for each session will include:

1. Overview of the HUD CoC and Supplemental Program Competition
2. Local Process and Timeline
3. Local Applications and Scoring
4. Question and Answer

The Zoom link for the Wednesday session is:
https://us06web.zoom.us/j/85721813412?pwd=R0hzWDNlL2hTNk5aTmMrczZvOWM0dz09
Meeting ID: 857 2181 3412
Passcode: 003565

The Zoom link for the Friday session is:
https://us06web.zoom.us/j/86004354477?pwd=OE9wbytkbnRTbFRmR3pxVHdMOHV2QT09
Meeting ID: 860 0435 4477
Passcode: 716349

Attendance is highly recommended for representatives of any organization that is a:

1. Current CoC grantee
2. Current YHDP grantee
3. Non-CoC funded agency interested in applying for CoC or Supplemental NOFO funding, including nonprofit organizations, local governments, instrumentalities of local governments, and public housing agencies. The CoC encourages applications from organizations that have not previously received CoC Program funding. The CoC also encourages applications from organizations led by, representing, and/or serving LGBTQ+ or races and ethnicities that may be over-represented in the homeless population.

When available, local application, process, and prioritization materials for both NOFOs will be posted on the Santa Cruz County Housing for Health Partnership (H4HP) website under Funding Opportunities. Please check this site regularly as new materials will be added or updated periodically.

What is the Role of the Housing for Health Partnership and the Housing

for Health Division? Our CoC, known locally as the H4HP, is the local body charged by HUD with carrying out a collaborative process for prioritizing and selecting local projects for CoC and Supplemental funds. The County Human Services Department H4H Division staffs the H4HP and is the HUD-required Collaborative Applicant for the CoC, responsible for coordinating the process and submitting a consolidated application to HUD for CoC and Supplemental funds. More details on the local process will be provided at the Applicant Orientation Session. The H4H contact e-mail is housingforhealth@santacruzcounty.us.

How Much CoC Funding is Available and How Can it be Used? The possible overall competitive funding for the Santa Cruz County CoC is **$5,500,656**, which includes the following:

- **$3,783,900** for one-year *renewal* of existing CoC projects, or *reallocation* to the following allowable new project types: permanent supportive housing, rapid rehousing, joint transitional housing and rapid rehousing, and/or coordinated entry system.
- **$1,285,268** for one-year *renewal* of existing YHDP projects, or *replacement* of the projects by their existing grantees with new projects that better meet youth needs.
- **$189,195** for one or more new CoC bonus projects of the following allowable types: permanent supportive housing, rapid rehousing, joint transitional housing and rapid rehousing, and/or coordinated entry system.
- **$90,218** for one or more Domestic Violence (DV) bonus projects of the following allowable types serving a 100% DV population: rapid rehousing, joint transitional housing and rapid rehousing, and/or coordinated entry system.
- **$152,075** for one non-competitive CoC planning project.

How Much CoC Supplemental (Unsheltered) Funding is Available and How Can it be Used? The possible overall competitive funding for our the Santa Cruz County CoC is **$1,055,676**, which includes the following:

- **$1,024,006** for three years ($341,335 per year) for new projects of the following allowable project types: permanent supportive housing, rapid rehousing, joint transitional housing and rapid rehousing, Supportive Services Only and/or and/or coordinated entry system.
- **$31,670** for one three-year ($10,557 per year) non-competitive CoC planning project.

What Are the Key Local Dates and Deadlines? Following is the summary tentative local timeline. Please note local dates are still subject to change.

However, HUD deadlines remain fixed. Please check the H4H website regularly for any updates.

- **8/10/22**, 2:30 to 4:00 – Virtual Applicant Orientation Session.
- **8/12/22**, 2:30 to 4:00 – Virtual Applicant Orientation Session.
- **8/31/22**, 5:00 – Local CoC deadline for proposals (local applications AND Esnaps applications).
- **9/15/22** – Local CoC selection/ranking decisions sent to applicants.
- 9/30/22 – HUD deadline for CoC applications and project priorities.
- 10/20/22 - HUD deadline for Supplemental CoC applications and project priorities.

Thank you very much for your interest in the HUD CoC Program Competition. Please do not hesitate to contact H4H at housingforhealth@santacruzcounty.us or me at tonygardnerconsulting@yahoo.com if you have any questions.

Sincerely,

Tony Gardner
H4HP CoC Consultant

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1000 Emeline Ave.
Santa Cruz, CA 95060

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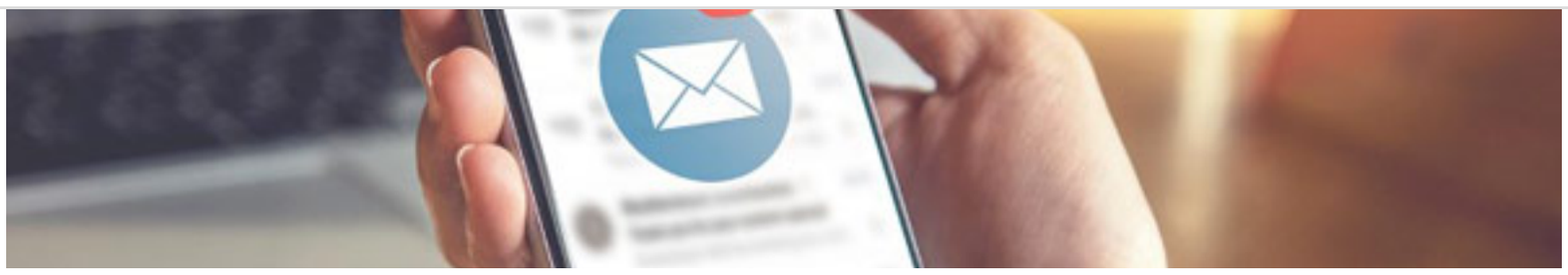
H4HP News

H4HP Media Contact

Jason Hoppin
Communications Manager, Santa Cruz County

phone:
831-454-3401

email:
Jason.Hoppin@santacruzcounty.us



Stay up-to-date on the latest news from H4HP through our monthly e-newsletter.

SIGN UP

Collapse All

2022

August 8, 2022

Newsletter: Notice of Funding Opportunity for Continuum of Care Program Competition and Non-Competitive Award of Youth Homelessness Demonstration Program

In this issue: Information on the upcoming Notice of Funding Opportunity

August 4, 2022

Press Release: Point-in-Time Census Shows Progress Among Vulnerable Groups, Slight Overall Increase

August 1, 2022

Newsletter: Homeless Garden Project Event

In this issue: Dr. Robert Ratner, Manager of the Santa Cruz County's Housing for Health Division of the Human Services Department, speaks at Day of Digging Event

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July 26, 2022

Newsletter: July 26, 2022

In this issue: CORE Funding Updates, Info for Eviction and Tenant Rights

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July 15, 2022

Newsletter: Supplement Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness

In this issue: Information on how to apply for the Special NOFO

June 28, 2022

Newsletter: Funding Opportunity: Emergency Solutions Grant

In this issue: Emergency Solutions Grant information

June 24, 2022

Newsletter: June 24, 2022

In this issue: Project Homekey Award Update, Evolution of temporary housing resources

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May 27, 2022

Newsletter: May 27, 2022

In this issue: Emergency Housing Vouchers, Health Insurance and Health Care, Affordable Housing and Health Clinic Project Updates

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May 16, 2022

Newsletter: May 16, 2022

In this issue: Affordable housing month, regional housing allocation, project homekey updates

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April 19, 2022

Newsletter: April 19, 2022

In this issue: Rent protections extended, landlord event & H4HP members needed

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March 29, 2022

Newsletter: March 29, 2022

In this issue: Recent funding updates, apply for H4HP membership and more!

March 18, 2022

Newsletter: March 18, 2022

In this issue: Funding opportunity, Project Homekey, CoC Community Meeting & more

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February 8, 2022

Newsletter: February 8, 2022

In this issue: CalWORKs funding update, landlord webinar & PIT Count help needed

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January 14, 2022

Newsletter: January 14, 2022

In this issue: Point-In-Time Count date change, volunteers still needed

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2021

2020

2019

Address: 1000 Emeline Ave., Santa Cruz, CA 95060
Email: info@housingforhealthpartnership.org
Phone: 831-454-7312
Fax: 831-454-4642

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Santa Cruz County 2022 CoC and Supplemental NOFO Process Timeline

Each year, the Housing for Health Partnership (H4HP) administers the Continuum of Care (CoC) Program Competition for HUD funds. This calendar serves as a guide for CoC applicants who are considering applying for new or renewal funds from HUD through either the CoC or Supplemental NOFOs. Please note the dates are tentative and may change. Please do contact H4H at housingforhealth@santacruzcounty.us or me at tonygardnerconsulting@yahoo.com with questions.

Event	Date/Deadline
HUD releases 2022 Unsheltered NOFO	**June 22, 2022**
H4H issues initial *local* notice of Unsheltered NOFO to agencies	**July 11, 2022**
HUD releases 2022 CoC NOFO	**August 1, 2022**
H4H issues initial *local* notice of CoC NOFO to agencies	**August 1, 2022**
H4H releases Combined Public Solicitation of Applications for Unsheltered and Regular CoC funds & invitation to Applicant Orientation Session	**August 8, 2022**
Virtual Applicant Orientation Session #1 (recorded)	**August 10, 2022, 2:30-4:00** via Zoom
Virtual Applicant Orientation Session #2 (recorded)	**August 12, 2022, 12:45-2:15** via Zoom
Local deadline CoC and Unsheltered application materials (via e-mail) and HUD applications (via e-snaps) (at least 30 days before HUD deadline)	**August 31, 2022 5:00**
H4H Policy Board meeting to review Unsheltered and Regular NOFO recommendations and to confirm decisions on project approvals/rejections, ranking/tiering	**September 14, 2022, 1:00-5:00 (latest)** via Teams
Written decisions sent to applicants (at least 15 days before HUD deadline)	**September 15, 2022**
Regular CoC Application and Project Priorities web posted (at least 2 days before HUD deadline)	**September 28, 2022**
HUD deadline CoC Application & Project Priorities	**September 30, 2022, 4:59 PST**
Finalize Unsheltered CoC Application & Action Plan and housing and health partnerships	**October – October 18, 2022**
Unsheltered CoC Application and Project Priorities web posted (at least 2 days before HUD deadline)	**October 18, 2022**
HUD deadline Unsheltered Application & Project Priorities	**October 20, 2022, 4:59 PST**

1E-5a NOTIFICATION OF PROJECTS ACCEPTED

Bill Wilson Center - Notification of 2022 CoC Project Priority Listing

From: Robert Ratner (robert.ratner@santacruzcounty.us)

To: pfurlong@bwcmail.org

Cc: tonygardnerconsulting@yahoo.com

Date: Thursday, September 15, 2022 at 04:47 PM PDT

Robert Ratner, MPH, MD

County of Santa Cruz

Director, Housing for Health Division, Human Services Department

(831) 454-4925; robert.ratner@santacruzcounty.us

BWC 2022 Priorities Notice.pdf
157.3kB

Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List.pdf
49.1kB

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

September 15, 2022

Re: BWC – Notification of 2022 CoC Project Priority Listing

Dear Bill Wilson Center:

Thank you for participating in the 2022 Santa Cruz County Continuum of Care (CoC) local program competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application.

Attached please find the Housing for Health (CoC) Policy Board-approved 2022 CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Youth Homelessness Demonstration Program (YHDP) Santa Cruz County Shared Housing renewal project** was approved for YHDP funding.

Please let us know if you have any questions.

Again, thank you very much for your participation in the 2022 CoC program competition, and for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,

Robert Ratner
Housing for Health Partnership, Staff
info@housingforhealthpartnership.org
(831) 454-7312

Cc: Tony Gardner, Housing for Health Partnership, Consultant

Attachments

- Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List

CAB, Inc. - Notification of 2022 CoC Project Priority Listing

From: Robert Ratner (robert.ratner@santacruzcounty.us)

To: helen@cabinc.org; erikac@cabinc.org; pazp@cabinc.org

Cc: tonygardnerconsulting@yahoo.com

Date: Thursday, September 15, 2022 at 04:48 PM PDT

Robert Ratner, MPH, MD

County of Santa Cruz

Director, Housing for Health Division, Human Services Department

(831) 454-4925; robert.ratner@santacruzcounty.us

CAB 2022 Priorities Notice.pdf
156.6kB

Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List.pdf
49.1kB

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

September 15, 2022

Re: CAB, Inc. – Notification of 2022 CoC Project Priority Listing

Dear CAB, Inc.:

Thank you for participating in the 2022 Santa Cruz County Continuum of Care (CoC) local program competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application.

Attached please find the Housing for Health (CoC) Policy Board-approved 2022 CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Youth Homelessness Demonstration Program (YHDP) Youth Homelessness Response Team renewal project** was approved for YHDP funding.

Please let us know if you have any questions.

Again, thank you very much for your participation in the 2022 CoC program competition, and for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,

Robert Ratner
Housing for Health Partnership, Staff
info@housingforhealthpartnership.org
(831) 454-7312

Cc: Tony Gardner, Housing for Health Partnership, Consultant

Attachments

- Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List

Santa Cruz County HSD - Notification of 2022 CoC Project Priority Listing

From: Robert Ratner (robert.ratner@santacruzcounty.us)

To: monica.lippi@santacruzcounty.us; Jessica.Scheiner@santacruzcounty.us

Cc: tonygardnerconsulting@yahoo.com; Sheryl.Norteye@santacruzcounty.us

Date: Thursday, September 15, 2022 at 04:40 PM PDT

Robert Ratner, MPH, MD

County of Santa Cruz

Director, Housing for Health Division, Human Services Department

(831) 454-4925; robert.ratner@santacruzcounty.us

County HSD 2022 Priorities Notice.pdf
160.5kB

Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List.pdf
49.1kB

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

September 15, 2022

Re: Santa Cruz County HSD – Notification of 2022 CoC Project Priority Listing

Dear Santa Cruz County Human Services Department:

Thank you for participating in the 2022 Santa Cruz County Continuum of Care (CoC) local program competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application.

Attached please find the Housing for Health (CoC) Policy Board-approved 2022 CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Homeless Management Information System (HMIS) renewal project** was placed in Tier 1, your **Coordinated Entry Expansion renewal project** was also placed in Tier 1, your **CoC Planning Grant project** was approved, and your **Youth Homelessness Demonstration Program (YHDP) Youth CES renewal project** was approved for YHDP funding.

Please let us know if you have any questions.

Again, thank you very much for your participation in the 2022 CoC program competition, and for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,

Robert Ratner
Housing for Health Partnership, Staff
info@housingforhealthpartnership.org
(831) 454-7312

Cc: Tony Gardner, Housing for Health Partnership, Consultant

Attachments

- Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List

Covenant House - Notification of 2022 CoC Project Priority Listing

From: Robert Ratner (robert.ratner@santacruzcounty.us)

To: hflynn@covca.org; bbedrossian@covca.org; arowland@covca.org

Cc: tonygardnerconsulting@yahoo.com

Date: Thursday, September 15, 2022 at 04:50 PM PDT

Robert Ratner, MPH, MD

County of Santa Cruz

Director, Housing for Health Division, Human Services Department

(831) 454-4925; robert.ratner@santacruzcounty.us

Covenant 2022 Priorities Notice.pdf
156.8kB

Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List.pdf
49.1kB

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

September 15, 2022

Re: Covenant House – Notification of 2022 CoC Project Priority Listing

Dear Covenant House:

Thank you for participating in the 2022 Santa Cruz County Continuum of Care (CoC) local program competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application.

Attached please find the Housing for Health (CoC) Policy Board-approved 2022 CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Youth Homelessness Demonstration Program (YHDP) New Roots RRH renewal project** was approved for YHDP funding, and your **Youth RRH renewal project** was also approved for YHDP funding.

Please let us know if you have any questions.

Again, thank you very much for your participation in the 2022 CoC program competition, and for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,

Robert Ratner
Housing for Health Partnership, Staff
info@housingforhealthpartnership.org
(831) 454-7312

Cc: Tony Gardner, Housing for Health Partnership, Consultant

Attachments

- Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List

ECS - Notification of 2022 CoC Project Priority Listing

From: Robert Ratner (robert.ratner@santacruzcounty.us)

To: kristie.brenda@encompasscs.org; sara.coil@encompasscs.org

Cc: tonygardnerconsulting@yahoo.com

Date: Thursday, September 15, 2022 at 04:35 PM PDT

Robert Ratner, MPH, MD

County of Santa Cruz

Director, Housing for Health Division, Human Services Department

(831) 454-4925; robert.ratner@santacruzcounty.us

ECS 2021 Priorities Notice.pdf
160kB

Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List.pdf
49.1kB

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

September 15, 2022

Re: ECS – Notification of 2022 CoC Project Priority Listing

Dear Encompass Community Services:

Thank you for participating in the 2022 Santa Cruz County Continuum of Care (CoC) local program competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application.

Attached please find the Housing for Health (CoC) Policy Board-approved 2022 CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Freedom Cottages PSH renewal project** was placed in Tier 1, your **Housing for Health 3 PSH renewal project** was also placed in Tier 1, and your **Youth Homelessness Demonstration Program (YHDP) Drop-In Center renewal project** was approved for YHDP funding.

Please let us know if you have any questions.

Again, thank you very much for your participation in the 2022 CoC program competition, and for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,

Robert Ratner
Housing for Health Partnership, Staff
info@housingforhealthpartnership.org
(831) 454-7312

Cc: Tony Gardner, Housing for Health Partnership, Consultant

Attachments

- Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List

FIT - Notification of 2022 CoC Project Priority Listing

From: Robert Ratner (robert.ratner@santacruzcounty.us)

To: melisa@fitsantacruz.org; karina@fitsantacruz.org

Cc: tonygardnerconsulting@yahoo.com

Date: Thursday, September 15, 2022 at 04:42 PM PDT

Robert Ratner, MPH, MD

County of Santa Cruz

Director, Housing for Health Division, Human Services Department

(831) 454-4925; robert.ratner@santacruzcounty.us

FIT 2022 Priorities Notice.pdf
186.7kB

Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List.pdf
49.1kB

H4HP Appeals Policy.pdf
1.3MB

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

September 15, 2022

Re: FIT – Notification of 2022 CoC Project Priority Listing

Dear Families in Transition:

Thank you for participating in the 2022 Santa Cruz County Continuum of Care (CoC) local program competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application.

Attached please find the Housing for Health (CoC) Policy Board-approved 2022 CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **First Step-Scattered Site Housing for Families with Children RRH renewal project** straddles Tier 1 and Tier 2 (due to a relatively low score), and your **Youth Homelessness Demonstration Program (YHDP) Y.A.A.S. TH-RRH** was approved for YHDP funding.

Because of the Tier 2 partial ranking you are eligible to appeal. The appeals process and grounds for appeal are included in the CoC Appeals Policy attached.

- **Please note that if you intend to appeal you must submit your appeal to housingforhealth@santacruzcounty.us *and* tonygardnerconsulting@yahoo.com no later than NOON on Monday, September 19, 2022.**
- **Appeals will be considered by the Appeal Panel by Friday, September 23, 2022 (TBD).**

Please let us know if you have any questions.

Again, thank you very much for your participation in the 2022 CoC program competition, and for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,

Robert Ratner
Housing for Health Partnership, Staff
info@housingforhealthpartnership.org
(831) 454-7312

Cc: Tony Gardner, Housing for Health Partnership, Consultant

Attachments: 1) Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List; 2) H4HP Appeals Policy

Santa Cruz County Housing Authority - Notification of 2022 CoC Project Priority Listing

From: Robert Ratner (robert.ratner@santacruzcounty.us)

To: JennyP@hacosantacruz.org; raynep@hacosantacruz.org

Cc: tonygardnerconsulting@yahoo.com

Date: Thursday, September 15, 2022 at 04:36 PM PDT

Robert Ratner, MPH, MD

County of Santa Cruz

Director, Housing for Health Division, Human Services Department

(831) 454-4925; robert.ratner@santacruzcounty.us

Housing Authority 2022 Priorities Notice.pdf
155.6kB

Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List.pdf
49.1kB

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

September 15, 2022

Re: Santa Cruz County Housing Authority – Notification of 2022 CoC Project Priority Listing

Dear Housing Authority:

Thank you for participating in the 2022 Santa Cruz County Continuum of Care (CoC) local program competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application.

Attached please find the Housing for Health (CoC) Policy Board-approved 2022 CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Shelter Plus Care Consolidated renewal project** was placed in Tier 1.

Please let us know if you have any questions.

Again, thank you very much for your participation in the 2022 CoC program competition, and for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,

Robert Ratner
Housing for Health Partnership, Staff
info@housingforhealthpartnership.org
(831) 454-7312

Cc: Tony Gardner, Housing for Health Partnership, Consultant

Attachments

- Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List

Housing Matters - Notification of 2022 CoC Project Priority Listing

From: Robert Ratner (robert.ratner@santacruzcounty.us)

To: esimpson@housingmatterssc.org; tstagg@housingmatterssc.org

Cc: tonygardnerconsulting@yahoo.com

Date: Thursday, September 15, 2022 at 04:30 PM PDT

Robert Ratner, MPH, MD

County of Santa Cruz

Director, Housing for Health Division, Human Services Department

(831) 454-4925; robert.ratner@santacruzcounty.us

Housing Matters 2022 Priorities Notice.pdf
156.9kB

Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List.pdf
49.1kB

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

September 15, 2022

Re: Housing Matters– Notification of 2022 CoC Project Priority Listing

Dear Housing Matters:

Thank you for participating in the 2022 Santa Cruz County Continuum of Care (CoC) local program competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application.

Attached please find the Housing for Health (CoC) Policy Board-approved 2022 CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **801 River Street PSH renewal project** was placed in Tier 1, and your **801 River Street PSH new expansion project** was also placed in Tier 1 and approved to receive reallocated funds.

Please let us know if you have any questions.

Again, thank you very much for your participation in the 2022 CoC program competition, and for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,

Robert Ratner
Housing for Health Partnership, Staff
info@housingforhealthpartnership.org
(831) 454-7312

Cc: Tony Gardner, Housing for Health Partnership, Consultant

Attachments

- Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List

Monarch Services - Notification of 2022 CoC Project Priority Listing

From: Robert Ratner (robert.ratner@santacruzcounty.us)

To: cassandrag@monarchscc.org; jannar@monarchscc.org; kalynef@monarchscc.org

Cc: tonygardnerconsulting@yahoo.com

Date: Thursday, September 15, 2022 at 04:45 PM PDT

Robert Ratner, MPH, MD

County of Santa Cruz

Director, Housing for Health Division, Human Services Department

(831) 454-4925; robert.ratner@santacruzcounty.us

Monarch 2022 Priorities Notice.pdf
187.2kB

Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List.pdf
49.1kB

H4HP Appeals Policy.pdf
1.3MB

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

September 15, 2022

Re: Monarch Services – Notification of 2022 CoC Project Priority Listing

Dear Monarch Services:

Thank you for participating in the 2022 Santa Cruz County Continuum of Care (CoC) local program competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application.

Attached please find the Housing for Health (CoC) Policy Board-approved 2022 CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Monarch DV Bonus new project** was selected for the Domestic Violence (DV) Bonus and placed in Tier 2. If selected by HUD for a national DV bonus, the project will be removed from the CoC list (because it will be funded nationally), and the project below it will slide up one rank. If not selected by HUD for a national DV bonus, it will remain on the list in its current place and have a second opportunity to be funded as a CoC bonus project.

Because of the Tier 2 ranking you are eligible to appeal. The appeals process and grounds for appeal are included in the CoC Appeals Policy attached.

- **Please note that if you intend to appeal you must submit your appeal to housingforhealth@santacruzcounty.us *and* tonygardnerconsulting@yahoo.com no later than NOON on Monday, September 19, 2022.**
- **Appeals will be considered by the Appeal Panel by Friday, September 23, 2022 (TBD).**

Please let us know if you have any questions.

Again, thank you very much for your participation in the 2022 CoC program competition, and for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,

Robert Ratner
Housing for Health Partnership, Staff
info@housingforhealthpartnership.org
(831) 454-7312

Cc: Tony Gardner, Housing for Health Partnership, Consultant

Attachments: 1) Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List; 2) H4HP Appeals Policy

WAFWC - Notification of 2022 CoC Project Priority Listing

From: Robert Ratner (robert.ratner@santacruzcounty.us)

To: jmacecevic@wafwc.org; lboule@wafwc.org; lserna@wafwc.org; aponce@wafwc.org

Cc: tonygardnerconsulting@yahoo.com

Date: Thursday, September 15, 2022 at 04:32 PM PDT

Robert Ratner, MPH, MD

County of Santa Cruz

Director, Housing for Health Division, Human Services Department

(831) 454-4925; robert.ratner@santacruzcounty.us

Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List.pdf
49.1kB

WAFWC 2022 Priorities Notice.pdf
187.7kB

H4HP Appeals Policy.pdf
1.3MB

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

September 15, 2022

Re: WAFWC – Notification of 2022 CoC Project Priority Listing

Dear Walnut Avenue Family and Women's Center:

Thank you for participating in the 2022 Santa Cruz County Continuum of Care (CoC) local program competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application.

Attached please find the Housing for Health (CoC) Policy Board-approved 2022 CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Walnut Avenue Housing and Employment Program renewal project** was placed in Tier 1, and your **Walnut Avenue DV Bonus new project** was accepted as a CoC Bonus/Reallocation project in Tier 2 with an expanded budget to fill out Tier 2 funding.

However, your new project was not accepted this year for the nationally competitive Domestic Violence (DV) Bonus. While the project reviewers appreciated your DV Bonus project, it simply scored lower than a competing DV Bonus project.

Because of the Tier 2 ranking you are eligible to appeal. The appeals process and grounds for appeal are included in the CoC Appeals Policy attached.

- **Please note that if you intend to appeal you must submit your appeal to housingforhealth@santacruzcounty.us *and* tonygardnerconsulting@yahoo.com no later than NOON on Monday, September 19, 2022.**
- **Appeals will be considered by the Appeal Panel by Friday, September 23, 2022 (TBD).**

Please let us know if you have any questions. Again, thank you very much for your participation in the 2022 CoC program competition, and for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,

Robert Ratner
Housing for Health Partnership, Staff
info@housingforhealthpartnership.org
(831) 454-7312

Cc: Tony Gardner, Housing for Health Partnership, Consultant
Attachments: 1) Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List; 2) H4HP Appeals Policy

CA-508 Final H4H (CoC) Board Approved CoC & YHDP 2022 Project Approvals, Ranking, and Tiers							
Rank	**Score**	**Applicant Name**	**Project Name**	**New or Renewal**	**Grant Term**	**Project Component**	**Total HUD Budget**
Tier 1 - $3,594,705 - APPROVED							
1	90	Housing Matters	801 River Street	Renewal	1 Year	PSH	**$159,911**
2	90	Walnut Avenue Family & Women's Center	Walnut Avenue Housing & Employment Program	Renewal	1 Year	RRH	**$266,274**
3	90	Encompass Community Services	Freedom Cottages	Renewal	1 Year	PSH	**$15,645**
4	86.5	Housing Authority of the County of Santa Cruz	Shelter+Care Consolidate	Renewal	1 Year	PSH	**$1,342,434**
5	86.5	Encompass Community Services	Housing for Health 3	Renewal	1 Year	PSH	**$90,429**
6	85.5	County of Santa Cruz Health Services Agency	MATCH	Renewal	1 Year	PSH	**$945,315**
7	84	Santa Cruz County HSD	County of Santa Cruz Homeless Management Information System	Renewal	1 Year	HMIS	**$91,699**
8	79	County of Santa Cruz	Coordinated Entry Expansion	Renewal	1 Year	CES	**$228,362**
9	88.5	Housing Matters	801 River Street Expansion	New - Reallocation	1 Year	PSH	**$62,964**
10	75.5	Families In Transition of Santa Cruz County, Inc.	First Step-Scattered Site Housing for Families with Children	Renewal	1 Year	RRH	**$391,672**
					Total Tier 1 Approved		**$3,594,705**
Tier 2 - $548,221 (DV bonus included) - APPROVED							
10	75.5	Families In Transition of Santa Cruz County, Inc.	First Step-Scattered Site Housing for Families with Children	Renewal	1 Year	RRH	**$178,556**
11	95.25	Monarch Services	Monarch DV Bonus	New - DV Bonus	1 Year	RRH	**$105,567**
12	83.25	Walnut Avenue Family & Women's Center	Walnut Avenue DV Bonus	New - CoC Bonus + Reallocation	1 Year	RRH	**$264,098**
					Total Tier 2 Approved		**$548,221**
Non-Competitive YHDP Projects - $1,285,268 (not ranked) - APPROVED							
N/A	N/A	Bill Wilson Center	Santa Cruz County Shared Housing	Renewal	1 Year	Shared Housing	**$137,767**
N/A	N/A	Community Action Board of Santa Cruz County, Inc.	YHDP - Youth Homeless Response Team (YHRT)	Renewal	1 Year	SSO	**$99,175**
N/A	N/A	County of Santa Cruz	Youth CES	Renewal	1 Year	CES	**$60,000**
N/A	N/A	Encompass Community Services	Drop-In Center	Renewal	1 Year	SSO	**$296,903**
N/A	N/A	Families In Transition of Santa Cruz County, Inc.	Y.A.A.S. (Young Adults Achieving Success)	Renewal	1 Year	RRH	**$263,387**
N/A	N/A	Covenant House	YHDP New Roots RRH	Renewal	1 Year	RRH	**$197,505**
N/A	N/A	Covenant House	Youth Rapid Rehousing	Renewal	1 Year	RRH	**$230,531**
					Total YHDP Approved		**$1,285,268**
Non-Competitive CoC Planning Grant - $152,075 (not ranked) - APPROVED							
N/A	N/A	County of Santa Cruz	CoC Planning Grant	New	1 Year	Planning	**$152,075**
					Total CoC Planning Approved		**$152,075**
Competitive CoC New Project - DECLINED							
N/A	73.5	Community Bridges	Community Bridges RRH	New - CoC Bonus	1 Year	RRH	**$253,459**
					Total CoC Declined		**$253,459**

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

CoC Applicant Appeals Policy

The Housing for Health (H4H) Policy Board with recommendations from a Review and Ranking Subcommittee approves local project proposals for submission to HUD through the Continuum of Care (CoC) Program. CoC applicants with projects not selected for funding or placed into Tier 2 may appeal the decision using the appeals process set forth below. Decisions of the Appeals Committee are final.

1. Appeals Committee

Upon receipt of any appeals, an Appeals Committee of at least three members will be formed and composed of representatives the H4H Policy Board and H4H lead agency staff. Appeals Committee members must not have been members of the Review and Ranking Subcommittee, and must be non-conflicted, meaning that they are not employees or Board members of, and do not otherwise have a business or personal conflict of interest with, CoC applicant organizations.

2. Who may appeal

Only CoC applicants with projects not approved for CoC funding, or placed into Tier 2, may appeal.

3. What may be appealed

Appeals may be made only on the following bases:

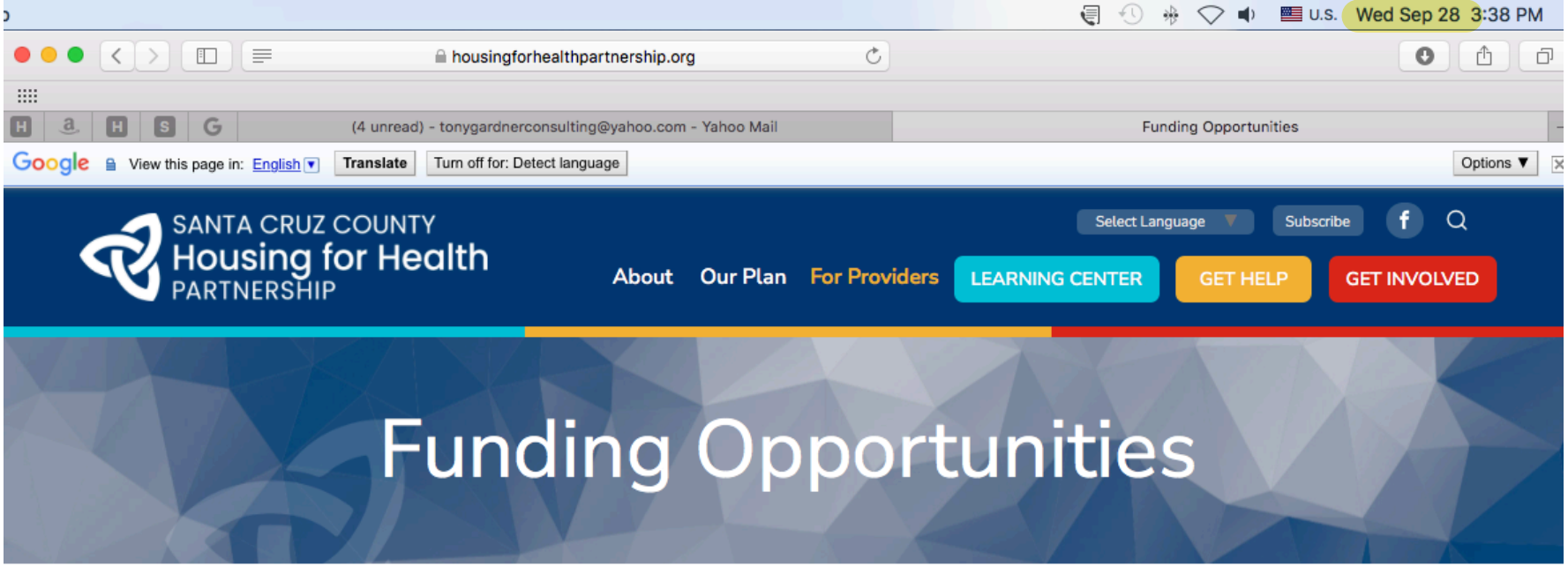
- Inaccuracy in information provided to the H4H Policy Board or Review and Ranking Subcommittee (by entities other than the applicant) resulting in the project not being approved, or being placed into Tier 2
- Failure to follow the review and rank process resulting in the project not being selected, or being placed into Tier 2
- A conflict of interest resulting in the project not being selected, or being placed into Tier 2

Appeals based on policy considerations, funding priorities, or other subjective criteria are not eligible.

4. Appeals process

- Applicants seeking to appeal must meet the deadline for submitting a written appeal listed in the CoC Public Solicitation of Applications, Project Selection Timeline, or the appeal is void.
- The written appeal must be submitted via e-mail only by the deadline to: housingforhealth@santacruzcounty.us ***and*** Tonygardnerconsulting@yahoo.com. DO NOT submit written appeals by postal mail, express mail, fax, or hand delivery. The appeal must include:
    - The basis or bases for the appeal.
    - A brief statement or explanation of the facts, evidence, and reasons for the appeal.
    - The signature of the applicant's authorized representative.
- Upon the timely receipt of the appeal, H4H staff will set a date and time for the appeals meeting, which will be conducted via virtually. During the meeting:
    - H4H staff will explain the facts of the appeal and answer any procedural questions.
    - The appealing applicant may then join the virtual meeting and will be allotted a brief time to explain their appeal. The Appeals Committee members may then ask any questions of the appealing applicant. The appealing applicant will then leave the virtual meeting.
    - The Appeals Committee will then conduct a discussion of the appeal and then vote.
    - The Appeals Committee may consider the effect of its decision on other CoC project applicants and may include those project applicants in the appeals discussion.
- The Appeals Committee will issue a written decision to the appealing applicant by the deadline for such written decision listed in the CoC Public Solicitation of Applications, Project Selection Timeline. The decision of the Appeals Committee is final.

1E-5c WEB POSTING – CoC-APPROVED CONSOLIDATED APPLICATION



Home ▸ For Providers ▸ Funding Opportunities

State & Federal

2022 Continuum of Care Program Competition and Non-Competitive Award of Youth Homelessness Demonstration Program Renewal and Replacement Grants

The U.S. Department of Housing and Urban Development's (HUD) Notice of Funding Opportunity (NOFO) for the 2022 Continuum of Care (CoC) Program Competition and Non-Competitive Award of Youth Homelessness Demonstration Program (YHDP) Renewal and Replacement Grants was released on August 1, 2022. The NOFO can be found here. Qualified applications are invited for projects within Santa Cruz County. An estimated total of **$5.5 million** is available for one-year grants. The HUD deadline is September 30, 2022, although earlier internal deadlines will also apply as detailed below.

Final DRAFT CoC Application Materials:

- 2022 CoC Application
- 2022 Project Priorities Listing

Application materials:

- 2022 YHDP Replacement Project Local Application for CoC Approval
- Draft Combined NOFO Process Timeline
- H4H 2022 New Project Application Form
- H4H 2022 Renewal Project Local Application Form
- Match Format
- Santa Cruz County 2022 CoC Local Evaluation Checklist
- Santa Cruz County 2022 CoC NOFO Solicitation Policies and Procedures PDF File MS Word Doc

3A-1a HOUSING LEVERAGING COMMITMENTS

Walnut Avenue
FAMILY & WOMEN'S CENTER

303 Walnut Avenue
Santa Cruz, CA 95060
P. 831.426.3062
F. 831.426.3070
www.wafwc.org

A strength-based family center

Programs

Early Education Center

Services for Children & Youth

Services for Survivors of Domestic Violence

Family Support Services

Community Engagement

U.S. Department of Housing & Urban Development
Office of Community Planning and Development
1 Sansome St., Suite 1200
San Francisco, CA 94104

To Whom it May Concern:

Walnut Avenue Family and Women's Center commits to providing the following leveraged housing resources for the Walnut Avenue Housing and Employment Program new expansion rapid rehousing program.

Name of organization committing the housing assistance	Walnut Avenue Family and Women's Center
Description of housing assistance committed	Rental Subsidies
Sources and anticipated value of housing	assistance committed $_66,025.00__ Monterey Peninsula Foundation (see attached) and fundraising activities
Number and percentage of rental subsidies to be provided with leveraged housing assistance and CoC assistance during the program year	3 Number of rental subsides provided by new project CoC funds 1 Number of rental subsides provided by Monterey Peninsula Foundation and fundraising activities 4 Total number of rental subsides provided 25__% Percentage of rental subsides provided by Monterey Peninsula Foundation and fundraising activities
Number and percentage of program participants to be served with leveraged housing assistance and CoC assistance during the program year	5 Number of participants served by new project CoC funds _2 Number of participants served by Monterey Peninsula Foundation and fundraising activities

Walnut Avenue
FAMILY & WOMEN'S CENTER

303 Walnut Avenue
Santa Cruz, CA 95060
P. 831.426.3062
F. 831.426.3070
www.wafwc.org

A strength-based family center

Board of Directors

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Melanie Stutler

Adiari Torres, LCSW

Ken Vinson

Katie Woolsey

	7 Total number of participants served 28% Percentage of participants served by Monterey Peninsula Foundation and fundraising activities
Name of CoC-funded project receiving commitment of leveraged housing assistance	Walnut Avenue Housing and Employment Program new project
Name of CoC-funded project recipient	Walnut Avenue Family and Women's Center
Date(s) the housing assistance will be available	Contingent on Walnut Avenue Family and Women's Center new project award available for 11/01/23-10/31/24
Name of person and title of person authorized to commit housing assistance	Julie Macecevic, Ph.D, Executive Director
Signature of person authorized to commit housing assistance	
Date:	September 26, 2022

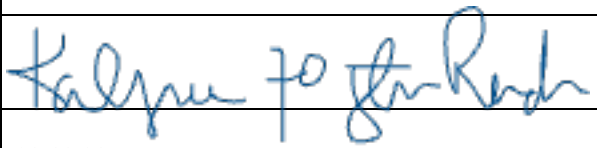
Empowering individuals, families and our communities to take action against violence and abuse.

HOUSING SUBSIDY LEVERAGING COMMITMENT

Robert Ratner, MPH, MD
Housing for Health Director
Santa Cruz County Human Services Department
1000 Emeline Avenue, Building A
Santa Cruz, CA 95060

Dear Dr. Ratner:

Monarch Services – Servicios Monarca commits to providing the following leveraged housing resources for the Monarch DV Bonus Project FY2022 rapid rehousing program.

Name of organization committing the housing assistance	Monarch Services – Servicios Monarca
Description of housing assistance committed	Rental Subsidies
Sources and anticipated value of housing assistance committed	**$350,000** annual California Governor's Office of Emergency Services (Cal OES) Domestic Violence Housing First Program (see attached)
Number and percentage of rental subsidies to be provided with leveraged housing assistance and CoC assistance during the program year	**3** - Number of rental subsides provided by CoC funds **45** - Number of rental subsides provided by by Cal OES funds **48 -** Total number of rental subsides **94%** - percentage of rental subsides provided by Cal OES funds
Number and percentage of program participants to be served with leveraged housing assistance and CoC assistance during the program year	**8** - Number of participants served by CoC funds **80** - Number of participants served by Cal OES funds **88 -** Total number of participants served **91%** - percentage of participants served by Cal OES funds
Name of CoC-funded project receiving commitment of leveraged housing assistance	Monarch DV Bonus Project FY2022
Name of CoC-funded project recipient	Monarch Services – Servicios Monarca
Date(s) the housing assistance will be available	Contingent on Monarch DV Bonus Project FY2022 award available for 04/01/23-03/31/24
Name of person and title of person authorized to commit housing assistance	Kalyne Foster Renda, Executive Director
Signature of person authorized to commit housing assistance	
Date	09.19.22

REQUEST FOR PROPOSAL

The California Governor's Office of Emergency Services (Cal OES), Victim Services (VS) Branch, is soliciting proposals for the following program:

DOMESTIC VIOLENCE HOUSING FIRST (XD) PROGRAM

Release Date: April 15, 2022

This Request for Proposal (RFP) provides detailed information and forms necessary to prepare a proposal for Cal OES grant funds. The terms and conditions of this RFP supersede previous RFPs and conflicting provisions stated in the *Subrecipient Handbook (SRH)*.

PROGRAM SYNOPSIS

Description:
The purpose of the XD Program is to provide victims of domestic violence with safe, permanent housing and ongoing, supportive services tailored to address the individual needs of each victim. Examples of supportive services include transportation subsidies, financial assistance, career training, employment assistance, legal assistance, counseling, childcare, and temporary rental assistance.

Eligibility:
To be eligible to submit a proposal, Applicants must be a governmental or non-governmental entity and meet the additional requirements on page two.

Grant Subaward Performance Period:
January 1, 2023 – December 31, 2023

Available Funding:
Individual Applicants may request up to $350,000.

Submission Deadline:
Friday, June 10, 2022

DOMESTIC VIOLENCE HOUSING FIRST (XD) PROGRAM

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DOMESTIC VIOLENCE HOUSING FIRST (XD) PROGRAM

PART I – OVERVIEW

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A. PUBLIC RECORDS ACT NOTICE

Proposals are subject to the California Public Records Act, Government Code Section 6250, *et seq*. Do not put any personally identifiable information or private information on this proposal. If you believe that any of the information you are putting on this proposal is exempt from the Public Records Act, please indicate what portions of the proposal and the basis for the exemption. The Applicant's statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

B. CONTACT INFORMATION

Questions concerning this RFP, the proposal process, or programmatic issues must be submitted in writing by email to:

Keefe Mahar, Program Specialist
Keefe.Mahar@caloes.ca.gov

Cal OES staff cannot assist the Applicant with the actual preparation of their proposal. Cal OES can only respond to technical questions about the RFP during the period of time between the publication date and completion of the RFP process.

C. SUBMISSION DEADLINE AND REQUIREMENTS

Proposals must be emailed to VSapplications@caloes.ca.gov by **11:59 pm on Friday, June 10, 2022**. Proposals must be attached as a single document (e.g., PDF) and contain the forms outlined in Part II - RFP Instructions. Emails should identify the name of the RFP in the Subject line.

D. ELIGIBILITY

1. Eligibility to Compete for Funding

For a proposal to be eligible to compete for funding (i.e., read and rated) all the following conditions must be met:

- The Applicant can be a governmental or non-governmental entity.
- The proposal must be submitted per the instructions in C. SUBMISSION DEADLINE AND REQUIREMENTS.

Please Note: proposals that do not meet the above requirements will be disqualified (i.e., ineligible) and not read and rated.

2. Eligibility for Funding Consideration

For a proposal to be considered it must receive a minimum score of 50% of available points on the Rating Sheet (Part IV).

Only one proposal per Applicant will be eligible to receive funding. If an Applicant submits more than one proposal, only the highest scoring proposal, meeting the criteria above, will be considered for funding.

3. Eligibility to Receive Funding

If selected, all the following must be completed within 60 days of receiving the Intent to Fund letter to be eligible to receive funding, Applicants:

- Must have a Unique Entity Identifier (Unique Entity ID) registered in the federal System for Award Management (SAM). Applicants who do not currently have a Unique Entity ID will need to register at SAM.gov to obtain one.
- Must not have an exclusion record in the SAM. An exclusion record in the SAM indicates that a contractor (agency) is listed in the (federal) government-wide system for debarment and suspension. An agency that is debarred or suspended is excluded from activities involving federal financial and nonfinancial assistance and benefits. Check SAM status.

- Must be registered with the California Department of Justice's Registry of Charitable Trusts with a "current," "exempt," or "pending" status (applies to non-governmental organizations only) Check nonprofit status.

E. GRANT SUBAWARD PERFORMANCE PERIOD

The Grant Subaward performance period is January 1, 2023, through December 31, 2023. Successful Subrecipients will be eligible for a non-competitive reapplication for four consecutive years, contingent upon availability of funds.

F. FUNDING INFORMATION

Approximately $22,750,000 is available for the XD Program for the Grant Subaward performance period. **Funding is contingent upon availability of funds and passage of the 2022-23 State Budget Act.**

1. Funding Amount

Applicants may apply for up to $350,000, for the12-month Grant Subaward performance period.

Please see the chart for the breakdown of the fund sources

2020 VOCA	MATCH	2021 VOCA	MATCH	TOTAL PROJECT COST
$122,500	$30,625	$227,500	$56,875	$437,500

2. Funding Source(s)

Detailed information on all VS Branch federal fund sources can be found in the VS Branch Federal Fund Information Guide. Applicants are **strongly encouraged** to review this document to familiarize themselves with the requirements for all fund sources that support this Program.

The Program is supported through the Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program (Formula Grant Program)

- Supports eligible crime victim assistance programs.
- Requires a cash and/or in-kind match equal to 20 percent of the total project cost. Applicants may request a partial or full match

waiver (match waiver requests are not considered during the Proposal Rating process).

- **To request a match wavier, Applicants must submit the VOCA Match Waiver Request form (Cal OES Form 2-159) with their proposal.** Up to two VOCA fund sources can be entered on one form. All sections of the form must be completed and answers to questions 6 and 7 must be specific and unique to the Applicant and Program.

- Cal OES's four-character code for this federal fund is VOCA. This code will be in the drop-down on the Grant Subaward Face Sheet (Cal OES Form 2-101).

G. PROGRAMMATIC INFORMATION

1. Background Information

The XD Program is modeled after the Washington State Domestic Violence Housing First Program; an evidence-based form of rapid rehousing adapted to move and rehouse victims of domestic violence, who are experiencing homelessness, into permanent housing quickly and provide ongoing tailored services. Evidence shows, once victims are in stable housing the issues that may have contributed to their homelessness can best be addressed, thereby eradicating housing as a reason to stay in an abusive relationship.

Since 2017, California has implemented the Housing First Model as defined in Welfare and Institutions (W&I) Code Section 8255 to address the prevalence of homelessness in California. The Housing First Model is an approach to connect individuals and families experiencing homelessness quickly and successfully to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements.

2. Programmatic Description

The purpose of the XD Program is to provide victims of domestic violence with safe, permanent housing and ongoing, supportive services tailored to address the individual needs of each victim. Supportive services may include, but are not limited to, transportation subsidies, financial assistance, career training, employment assistance,

legal assistance, counseling, childcare, and temporary rental assistance.

Additionally, the XD Program will provide flexible, trauma-informed advocacy for victims and their families that addresses victims' unique and evolving safety needs, and allows victims to choose how to best rebuild their lives.

3. Programmatic Components

Subrecipients must emphasize client choice through collaborative decision making when implementing the below Programmatic Components for the XD Program:

a. Housing Assistance

Subrecipients must assist victims with accessing safe and stable housing for up to 24 months. Subrecipients must meet with victims to determine their housing needs and present a realistic range of options to assist in the housing search process and advocate on their behalf. This can include accompanying victims to housing appointments, acting as a liaison with landlords, and negotiating leases. Subrecipients must reasonably meet the housing needs of clients while maintaining a staffing team that is suitably equipped to execute all program components. Where permanent housing cannot be secured upon completion of the XD Program, survivors should be referred to the local Continuum of Care and the Coordinated Entry System.

b. Community Engagement

Subrecipients must provide outreach and education to landlords and housing authorities, many of whom may view victims as high-risk tenants. In addition, Subrecipients must also provide outreach and education to key stakeholders such as city government, housing councils, and other homeless/housing programs regarding the dynamics of domestic violence, victims' safety needs, and the need for safe and permanent housing. Subrecipients must develop relationships with other entities to assist victims (e.g., legal assistance providers, law enforcement, employment agencies, Child Protective Services, etc.).

c. Survivor-Driven Advocacy

Subrecipients must provide advocacy that focuses on addressing the needs identified by victims of domestic violence and tailor services to meet the unique needs of each victim. Subrecipients must be able to help address a range of service needs that may fall outside the scope of traditional domestic violence services, including flexible and mobile services where services can be provided to victims where it is safe and convenient.

Situationally, victims will have different levels of circumstance and need:

- Low: needs may include paying one month of rent, installing new locks, catching up on utilities, or providing temporary childcare for the victim.

- Medium: needs may include those services identified under the Low category, as well as connecting clients with other services (support groups, counseling, etc.).

- High: needs may include those services identified under the Low and Medium categories, as well as long-term planning with an advocate to obtain housing, improve their financial situation, etc.

d. Supportive Services

Subrecipients must provide supportive services while victims of domestic violence participate in the XD Program. Supportive services may include, but are not limited to, transportation subsidies, financial assistance, career training, employment assistance, legal assistance, counseling, childcare, and temporary rental assistance.

Subrecipients cannot require participation in supportive services for victims of domestic violence to have access to housing. Subrecipients may not impose restrictive conditions to receive services.

Supportive Services may be provided directly by the Subrecipient, and/or through the development and implementation of written

Operational Agreements (OAs) and/or Second-Tier Subawards with victim service providers in the Subrecipient's service area.

e. Accessibility of Services

Subrecipients must address the barriers victims of domestic violence experience when accessing housing and supportive services, including lack of knowledge about resources, language barriers, social and cultural challenges, and accessibility for victims with disabilities. Subrecipients will ensure victims are provided with resources that allow them to access the full range of direct and supportive services.

f. Follow-up Services

Subrecipients must provide follow-up supportive services for a minimum of three months after a victim of domestic violence has secured permanent housing. Follow-up services should be limited to: advocacy, support groups, case management, minimal financial assistance (e.g., security deposits, first month's rent, or childcare) when a survivor is establishing permanent housing.

g. Staffing

Subrecipients must maintain a staffing team that is suitably equipped to execute all program components. In addition, Subrecipients must:

1. Employ a minimum of one Fulltime Equivalent (FTE) advocate as a Domestic Violence Counselor pursuant to Evidence Code §1037.1(a)(1). Multiple part-time advocates may also be utilized if their total time is equal to or greater than one FTE. The advocate(s) must:

   - Have at least two years of experience providing domestic violence services.

   - Meet the requirements of a "Domestic Violence Counselor" pursuant to Evidence Code §1037.1(a)(1).

   - Have experience collaborating with community partners to assist victims of domestic violence to achieve safety, stability, and independence.

2. Employ a minimum of a half-time FTE (0.5 FTE) advocate as a Housing Coordinator. Multiple part-time advocates may also be utilized if their total time is equal to or greater than 0.5 FTE. The advocate(s) must:

    - Serve as the voice of the XD Program and coordinate the implementation of all services related to the program.
    - Work to establish and expand access to a range of housing options that meet the needs of victims of domestic violence experiencing homelessness.
    - Conduct community outreach and referrals.
    - Act as the liaison between the XD Program and landlords.

h. Evidence Code

Subrecipients must ensure all staff and volunteers working directly with victims of domestic violence and their children meet the requirements of a Domestic Violence Counselor per Evidence Code §1037.1(a)(1) within the first six months of the Grant Subaward performance period.

The training must be supervised by a Domestic Violence Counselor with at least one year of experience counseling victims of domestic violence and include the following training topics:

- History of domestic violence
- Civil and criminal law as it relates to domestic violence, the domestic violence victim-counselor privilege, and other laws that protect the confidentiality of victim records and information
- Societal attitudes towards domestic violence
- Peer counseling techniques
- Housing, public assistance, and other financial resources available to meet the financial needs of victims of domestic violence
- Referral services available to victims of domestic violence

i. Documentation

Subrecipients must attach a copy of the corresponding training course agenda to each certificate of completion issued. The certificates and agenda shall be maintained in the staff/volunteer personnel file for each domestic violence counselor providing direct services to victims.

j. Assistance with California Victim Compensation Board Claims

Subrecipients are strongly encouraged to assist victims with applying for compensation benefits through the California Victim Compensation Board. Activities may include:

- Advising of the availability of such benefits
- Assisting with application forms and understanding procedures
- Obtaining necessary documentation to support the claim
- Monitoring claim status

Subrecipients are also strongly encouraged to allocate funds for tablets or mobile communication devices and cellular service to swiftly facilitate the on-line application process in the office or in the field.

k. California Victims Resource Center

Subrecipients are strongly encouraged to utilize the California Victims Resource Center (CVRC) when assisting victims.

At the CVRC, Pacific McGeorge School of Law students and attorneys provide victims, their families, and service providers with information about victims' legal rights in the criminal and civil justice systems and provide tailored resource referrals. Upon request, the CVRC provides publications on victims' rights, legal research on victims' rights to service providers, and educational presentations. Services are free and can be accessed through the CVRC's confidential, toll-free hotline: 1-800-VICTIMS (842-8467), or through the www.1800victims.org website.

l. Operational Agreements/Second-Tier Subawards

Subrecipients are required to enter into at least three OAs or Second-Tier Subawards with participating agencies that will expand the XD Program's scope of services and assist in the implementation of their Grant Subawards, such as:

- Victim service providers
- Housing and homeless organizations
- Job training organizations
- Legal services agencies
- Underserved population-specific organizations

An OA is a formal agreement, without the exchange of money, between an implementing agency and one or more participating agencies (*SRH Section 7.005*). A Second-Tier Subaward is a formal agreement that includes the exchange of money between an implementing agency and a participating agency to further the goals of the Grant Subaward (*SRH Section 7.010*).

4. Reporting Requirements

Progress Reports serve as a record for the implementation of the Grant Subaward. Statistics for Progress Reports must be collected on a quarterly basis, even when reporting occurs less frequently. The following reports are required:

a. Cal OES Progress Reports

There are two Progress Reports required for the Program. See the chart below for report periods and due dates.

Report	Report Period	Due Date
1st Report	January 1, 2023 - March 31, 2023	May 1, 2023
2nd Report	April 1, 2023 - June 30, 2023	July 31, 2023
3rd Report	July 1, 2023 – September 30, 2023	October 30, 2023
4th Report	October 1, 2023 – December 31, 2023	January 2, 2024

b. Office for Victims of Crime (OVC) Reports

There are two, on-line OVC reports Subrecipients will also need to complete:

1) Subgrant Award Report (SAR)

This on-line report must be completed by both the Subrecipient and Cal OES within 90 days of the beginning of the performance period. Cal OES will initiate access and the Subrecipient will have 60 days to complete the remainder of the report in the OVC Performance Measurement Tool. Then, Cal OES will have 30 days to either approve the SAR, or work with the Subrecipient on corrections, and then approve the SAR.

2) Subgrantee Report

Subrecipients receiving Victims of Crime Act funds must complete this report no later than two weeks following the end of each federal fiscal year quarter. Subrecipients will report data directly into the OVC PMT database no later than the due dates listed, unless otherwise instructed by your Program Specialist.

Report Period	Due Date (on or about)
January 1, 2023 – March 31, 2023	April 14, 2023
April 1, 2023 – June 30, 2023	July 14, 2023
July 1, 2023 – September 30, 2023	October 13, 2023
October 1, 2023 – December 31, 2023	January 13, 2024

*Exact due dates will be provided by your Program Specialist at the end of each quarter.

For technical assistance, issues or questions regarding the OVC PMT database, please contact the OVC PMT Help Desk at ovcpmt@csrincorporated.com or call toll-free (844) 884-2503.

A. SUBRECIPIENT HANDBOOK
B. FORMS
C. SPACE LIMITATIONS
D. PROPOSAL COMPONENTS
E. BUDGET POLICIES
F. ADMINISTRATIVE REQUIREMENTS

A. SUBRECIPIENT HANDBOOK

Applicants are strongly encouraged to review the *SRH*. The *SRH* outlines the terms and conditions that apply to Cal OES VS Branch Grant Subawards and provides helpful information for developing a proposal, including a Glossary of Terms.

B. FORMS

Applicants must use the forms provided on our website. The forms must be printed on plain white 8½" x 11" paper and single sided. **Applicants may not alter the formatting of any forms, including the Grant Subaward Programmatic Narrative (Cal OES Form 2-108) – with a revision date of 4/2021 or later – and the Grant Subaward Budget Narrative (Cal OES Form 2-107) – with a revision date of 4/2021 or later. Using older versions of these forms may result in a reduction of points in the rating process.**

Additionally, tables and charts will be redacted, not read and rated, and will count against the total text that can be read. Including tables and charts may result in a reduction of points in the rating process.

C. SPACE LIMITATIONS

If a space limitation is specified under the Programmatic Narrative section, strict adherence to the space limitation is required. **Information included beyond the space limitation and/or unrequested attachments will not be considered in the rating process**.

D. PROPOSAL COMPONENTS

Applicants must complete and submit all required forms. All forms have written instructions. General information regarding each form is below. The

Checklist in Part V is included to ensure Applicants submit all required components.

1. Grant Subaward Face Sheet (Cal OES Form 2-101)

   This form is the title page of the Grant Subaward that is signed by the Official Designee *(SRH Section 3.030)* and the Cal OES Director (or designee).

2. Grant Subaward Contact Information (Cal OES Form 2-102)

   This form provides Cal OES with contact information for all relevant Subrecipient personnel. Information for each individual should be direct contact information.

3. Grant Subaward Signature Authorization (Cal OES Form 2-103)

   This form provides Cal OES with signatures of authorized signers and who they authorize to sign on their behalf for all Grant Subaward-related matters.

4. Grant Subaward Certification of Assurance of Compliance & VOCA Federal Fund Grant Subaward Assurances (Cal OES Forms 2-104 & 2-109a)

   These forms are a binding affirmation that the Subrecipient will comply with all of the following regulations and restrictions:

   - State and federal civil rights laws
   - Drug Free Workplace
   - California Environmental Quality Act
   - Federal grant fund requirements
   - Lobbying restrictions
   - Debarment and Suspension requirements
   - Proof of Authority documentation from the city council/governing board

   Subrecipients may be asked to sign and submit an updated VOCA Federal Fund Grant Subaward Assurances (Cal OES Form 2-109a) once in Grant Subaward. Every year, Cal OES updates the VOCA Federal Fund Grant Subaward Assurances (Cal OES Form 2-109a) to ensure that any new conditions placed upon the federal

award are passed down to Subrecipients. Subrecipients will be notified if this change is needed.

5. Grant Subaward Budget Pages (Cal OES Form 2-106a)

   This form demonstrates how the Applicant will implement the proposed plan with the funds available through this Program. This is the basis for management, fiscal review, and audit. **Grant Subaward Budget Pages (Cal OES Form 2-106a) are subject to Cal OES modifications and approval.** Failure of the Applicant to include required items does not eliminate responsibility to comply with those requirements during the implementation of the Grant Subaward.

   The Grant Subaward Budget Pages (Cal OES Form 2-106a) automatically calculate the subtotal at the end of each budget category and provide the total of the three spreadsheets at the bottom of the Equipment Costs page. Applicants may add additional columns to the Grant Subaward Budget Pages (Cal OES Form 2-106a) when necessary.

   Cal OES requires the Applicant to develop a line-item budget that includes a **calculation and justification in the left column for all expenses.**

   The Grant Subaward Budget Pages (Cal OES Form 2-106a) should:

   - Cover the entire Grant Subaward performance period;
   - Include costs related to the objectives and activities of the Grant Subaward;
   - Strict adherence to required and prohibited expenses; and
   - Include costs in the correct category (i.e., Personnel Costs, Operating Costs, and Equipment Costs – see below).

   Include ***only*** those items covered by Grant Subaward funds, including match funds, when applicable. Applicants may supplement Grant Subaward funds with funds from other sources. However, since approved line items are subject to audit, Applicants should not include matching funds (if applicable) in excess of the required match on the Grant Subaward Budget Pages (Cal OES Form 2-106a).

a. Personnel Costs – Salaries/Employee Benefits

1) Salaries

Personnel includes Grant Subaward services performed by Grant Subaward staff **directly employed by the Applicant** (not a contract or Participating Agency) and must be identified by position, cost and time spent on allowable activities for the Grant Subaward (e.g., Clerical Staff @ $20/hour x 980 hours; or Victim Advocate @ $1,500/month x 12 months x .50 FTE). Personnel may be salaried or hourly, full-time or part-time positions. Sick leave, vacation, holidays, overtime, and shift differentials must also be budgeted as a part of salaries. If the Applicant's personnel have accrued sick leave or vacation time prior to the approval of the Grant Subaward, they may not take time off using Grant Subaward funds.

2) Benefits

Employee benefits must be identified by type and percentage of salaries. The Applicant may use fixed percentages of salaries to calculate benefits. Allocated benefits cannot exceed those already established by the Applicant.

Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance, and/or pension plans are allowable. Benefits, such as uniforms or California Bar Association dues, are allowable budget items if negotiated as a part of an employee benefit package.

A line item is required for each different position/classification, but not for each individual employee. If several people will be employed full-time or part-time in the same position/classification, provide the number of full-time equivalents (e.g., three half-time clerical personnel should be itemized as 1.5 clerical positions).

Additional information on Personnel Expenses can be found in *SRH Part 3*.

b. Operating Costs

Operating costs are defined as necessary expenditures other than personnel salaries, benefits, and equipment. The costs must be Grant Subaward-related (i.e., to further the Program objectives as defined in the Grant Subaward) and be encumbered during the Grant Subaward performance period.

Examples of common operating costs include, but are not limited to:

- Audit costs *(SRH Section 14.035)*
- Computers with an acquisition cost of $4,999 or less
- Computer equipment rentals
- Consultant services *(SRH Section 6.050;)*
- Equipment service and maintenance agreements
- Financial Assistance for clients *(SRH Section 4.040)*
- Furniture and office equipment ($4,999 or less)
- Indirect costs *(SRH Section 4.045)*
- Insurance (e.g., vehicle, fire, bonding, theft, and liability)
- Internet access
- Office supplies
- Office rental space *(SRH Section 4.055)*
- Postage
- Printing
- Second-Tier Subawards *(SRH Section 7.010)*
- Software
- Training materials
- Travel and per diem *(SRH Section 4.065)*
- Utilities
- Vehicle maintenance

Additional information on Operating Expenses can be found in *SRH Part 4*.

c. Equipment Costs

Equipment is defined as nonexpendable tangible personal property having a useful life of more than one year and a cost of $5,000 or more per unit (excluding tax).

A line item is required for different types of equipment, but not for each specific piece of equipment (e.g., three copy machines must be one line item, not three).

Additional information on Equipment Costs can be found in *SRH Part 5*.

6. Grant Subaward Budget Narrative (Cal OES Form 2-107) – Maximum Four Pages

   The Budget Narrative should describe the following:

   - How the proposed budget supports the objectives and activities.
   - How funds are allocated to minimize administrative costs and support client housing and direct services.
   - How shared costs are allocated.
   - How Grant Subaward-funded staff duties and time commitments support the proposed objectives and activities.
   - The necessity for subcontracts and unusual costs.
   - Need for mid-year salary range adjustments.

7. Grant Subaward Programmatic Narrative (Cal OES Form 2-108)
   This form is the main body of information describing the problem to be addressed, the plan to address the identified problem through appropriate and achievable objectives and activities, and the ability of the Applicant to implement the proposed plan.

   a. Problem Statement – Maximum Two Pages

      In narrative form, address the following:

      1) Describe your agency's current domestic violence housing efforts.

      2) Describe the barriers your agency experiences with housing and how XD Program funding will assist your agency in overcoming those barriers.

b. Plan – Maximum Eight Pages

In narrative form, address the following:

1) Describe your agency's plan to provide safe and stable housing for victims of domestic violence.

2) Describe your agency's plan to comply with the components of the Housing First Model, as outlined in Welfare and Institutions Code § 8255 when serving victims of domestic violence.

3) Describe your agency's plan to provide outreach and education to landlords and key stakeholders such as city government, housing councils, and other homeless/housing programs regarding the dynamics of domestic violence, victims' safety needs, and the need for safe and permanent housing.

4) Describe your agency's plan to provide survivor-driven advocacy that focuses on addressing the needs identified by victims of domestic violence and how your agency will tailor services to meet the unique needs of each victim.

5) Describe your agency's plan to provide supportive services to victims of domestic violence as they participate in the XD Program. Include what those services will be and how they will be implemented.

6) Describe your agency's plan to provide follow-up supportive services for a minimum of three months after a victim of domestic violence has secured permanent housing. Include what those services will be and how they will be implemented.

7) Describe your agency's plan to employ one FTE Domestic Violence Counselor and one half-time FTE Housing Coordinator.

c. Capabilities – Maximum Four Pages

In narrative form, address the following:

1) Describe your agency's capacity to successfully provide safe and permanent housing for victims of domestic violence.

2) Describe your agency's expertise in providing supportive services to victims of domestic violence. Include how your agency engages other victim service providers in these efforts.

3) Describe your agency's existing community relationships that facilitate housing placements for victims of domestic violence. Include how your agency engages community partners in securing housing.

8. Subrecipient Grants Management Assessment

Per title 2 CFR § 200.331, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations, and terms and conditions posed by each Subrecipient of pass-through funding. The assessment is made in order to determine and provide an appropriate level of technical assistance, training, and oversight to Subrecipients.

9. Grant Subaward Service Area Information (Cal OES Form 2-154)

This form identifies the counties, cities, and congressional districts served by the Grant Subaward.

10. Organizational Chart

The Organizational Chart should clearly depict the structure of the Applicant organization and the specific unit within the organization responsible for the implementation of the Grant Subaward. This chart should also depict supporting units within the organization (e.g., the Accounting Unit) and the lines of authority within the organization. Job titles on the Organizational Chart must match those in the Grant Subaward Budget Pages (Cal OES Form 2-106a) and Grant Subaward Budget Narrative (Cal OES Form 2-107).

11. Additional Forms/Documents

The following are required only if applicable:

a. Match Waiver Request

This form is required only if the Applicant is requesting to waive a portion, or all, of the required Match. See Part I, F., 1 for additional information. Match waiver requests are not considered during the Proposal Rating process.

b. Operational Agreement(s)

OAs are required per Part I, Subpart G of this RFP.

c. Petty Cash Victim Fund Procedure Certification (Cal OES Form 2-153)

This form is required only if the Applicant proposes to have a line item on their Grant Subaward Budget Pages (Cal OES Form 2-106a) that meets the definition of Petty Cash in *SRH Section 4.040*.

d. Non-Competitive Procurement Request (Cal OES Form 2-156)

This form is required only if the Applicant proposes a line item on their Grant Subaward Budget Pages (Cal OES Form 2-106a) that meets the criteria for a Non-Competitive Procurement Request per *SRH Section 6.045*.

e. Independent Contractor/Consultant Rate Exemption Request (Cal OES Form 2-164)

This form is required only if the Applicant is requesting an exemption to the maximum rate for an independent contractor/consultant of $650 per eight-hour day or $81.25 per hour per *SRH Section 6.050*.

f. Out-of-State Travel Request (Cal OES Form 2-158)

This form is required only if the Applicant proposes a line item for out-of-state travel per *SRH Section 4.065*.

g. Lodging Rate Exemption Request (Cal OES Form 2-165)

This form is required only if the Applicant is requesting approval for an exemption to lodging costs per *SRH Section 4.065*.

h. Payee Data Record (STD 204)

This form is required only if the Applicant has not previously received a Grant Subaward from Cal OES.

E. BUDGET POLICIES

The following sections of the *SRH* may be helpful in developing the Grant Subaward Budget Pages (Cal OES 2-106a) and Grant Subaward Budget Narrative (Cal OES 2-107):

- Additional Rental Space *(SRH Section 4.055)*
- Audit Costs *(SRH Section 14.055)*
- Automobiles (*SRH Section 5.020*)
- Contracting and Procurements Requirements *(SRH Part 6)*
- Equipment and Equipment Costs Requirements *(SRH Part 5)*
- Expert Witness Fees *(SRH Section 6.050)*
- Independent Contractor/Consultant *(SRH Section 6.050)*
- Indirect Cost or Facilities and Administration *(SRH Section 4.045)*
- Match Requirements *(SRH Section 9.060)*
- Facility Rental *(SRH Section 4.055)*
- Prohibited Operating Costs *(SRH Section 4.070)*
- Grant Subaward and Other Income *(SRH Section 9.075)*
- Supplanting Prohibited *(SRH Section 1.065)*
- Travel *(SRH Section 4.065)*

F. ADMINISTRATIVE REQUIREMENTS

Subrecipients must administer their Grant Subawards in accordance with all *SRH* requirements. Failure to comply with these requirements can result in the withholding or termination of the Grant Subaward. The following section may be helpful for developing a proposal and for planning purposes:

- Audit Requirements *(SRH Part 14)*
- Communication and Internet Access *(SRH Section 1.070)*
- Intellectual Property, Copyright, and Patent Requirements *(SRH Part 8)*
- Fidelity Bond/Certificate of Insurance (*SRH Section 2.015*)
- Monitoring *(SRH Part 13)*

- Report of Expenditures and Request for Funds *(SRH Section 9.025)*
- Records Requirements *(SRH Part 12)*

PART III – SELECTION AND FINALIZING THE GRANT SUBAWARD

A. SELECTION OF PROPOSAL FOR FUNDING
B. FINALIZING THE GRANT SUBAWARD

A. SELECTION OF PROPOSAL FOR FUNDING

1. Proposal Rating

Eligible proposals received by the deadline are generally evaluated by a three-member team. The rater scores are averaged and then ranked numerically. Proposals are only evaluated numerically; no notes are taken during the evaluation. The Rating Sheet used for this process is included in Part IV of this RFP and is for informational purposes only.

2. Funding Decision

A proposal must receive a minimum score of 50% of available points on the Rating Sheet to be considered for funding.

Final funding decisions are made by the Director of Cal OES. Funding decisions are based on all of the following:

- The ranked score of the proposal.
- Consideration of priorities or geographical distribution specific to this RFP.
- Prior negative administrative and programmatic performance, if applicable.

Subrecipients previously funded by Cal OES will be reviewed for poor past compliance, including fiscal management, progress and annual reports, audit reports, and other relevant documentation or information. This review may result in one or more of the following actions:

- The Subrecipient may not be selected for funding.
- The amount of funding may be reduced.
- Grant Subaward Conditions may be placed on the Grant Subaward.

3. Notification Process

All Applicants will be notified in writing, via electronic communication, of the results of the rating process. The notification will be sent only to the Official Designee (the person authorized to sign the Grant Subaward Face Sheet).

Applicants will receive one of the following:

- Letter of Intent to Fund if selected for funding.
- Letter of Denial if not selected for funding, including the Applicant's scores and information regarding the appeal process.
- Letter of Ineligibility:
    - If the proposal did not meet Eligibility to Compete for Funding (Part 1, D.), including information regarding the appeal process; or
    - If the proposal scored less than the required 50% of available points possible, including the Applicant's scores and information regarding the appeal process.

Cal OES can only respond to technical questions about the RFP during the period between the RFP release date and completion of the RFP process. Requests for records must be made through a Public Records Act request at PRA@caloes.ca.gov.

B. FINALIZING THE GRANT SUBAWARD

1. Grant Subaward Application

Once selected for funding, Cal OES may require revisions and/or additional documentation to finalize the Grant Subaward Application package. The Program Specialist identified in the Applicant's Intent to Fund Letter can provide technical assistance in completing these components.

2. Grant Subaward

A copy of the executed Grant Subaward and pertinent attachments will be sent to the Grant Subaward Director. The Applicant is not

authorized to incur costs against the grant until a copy of the fully executed Grant Subaward is received. When the executed Grant Subaward is received, a Report of Expenditures and Request for Funds (Cal OES Form 2-201) may be submitted for reimbursement.

a. Grant Subaward Conditions

Cal OES may add conditions to the Grant Subaward in order to execute the Grant Subaward. If conditions are added, these will be discussed with the Subrecipient and a copy of the conditions will be sent to the Subrecipient when the conditions are made part of the Grant Subaward.

b. Grant Subaward Amounts

When the amount of funds available is limited, Cal OES may reduce the amount of the Grant Subaward from the amount requested by the Applicant. In addition, Cal OES reserves the right to negotiate budgetary changes with the Applicant prior to executing the Grant Subaward. If either of these actions is required, Cal OES will notify the Applicant prior to executing the Grant Subaward.

3. Standard Grant Subaward Funding Authority

Allocation of funds is contingent on the enactment of the State Budget. Cal OES does not have the authority to disburse funds until the State Budget is passed, and the Grant Subaward is fully executed. Expenditures incurred prior to authorization are made at the Subrecipient's own risk and may be disallowed. Cal OES employees are not able to authorize an Applicant to incur expenses or financial obligations prior to the execution of a Grant Subaward. However, once the Grant Subaward is finalized the Subrecipient may claim reimbursement for expenses incurred on, or subsequent to, the start of the Grant Subaward performance period.

If, during the term of the Grant Subaward, the state and/or federal funds appropriated for the purposes of the Grant Subaward are reduced or eliminated by the California Legislature or the United States Government, or in the event revenues are not collected at the level appropriated, Cal OES may immediately terminate or reduce the Grant Subaward by written notice to the Subrecipient.

Cal OES Grant Subawards are subject to applicable restrictions, limitations, or conditions enacted by the California Legislature and/or the United States Government, subsequent to the execution of the Grant Subaward.

PART IV – RATING SHEET

Control #_____
Rater #_____
Applicant_____
Funds Requested:_____

CATEGORY	TOTAL POINTS POSSIBLE
1. PROBLEM STATEMENT	**80**
2. PLAN	**340**
3. CAPABILITIES	**120**
4. BUDGET PAGES AND NARRATIVE	**60**
5. COMPREHENSIVE ASSESSMENT	**80**
TOTAL	**680**

Each of the above categories contain questions assigned a point value. The point scale is divided into five columns labeled **I, II, III, IV,** and **V**. The Applicant's response to each question is evaluated on the following criteria:

I. **ABSENT:** The response does not address the specific question or a response was not provided.

II. **UNSATISFACTORY:** The response does not completely address the question. The information presented does not provide a good understanding of Applicant's intent, does not give the detailed information requested by the RFP, and/or does not adequately support the proposal or the intent of the Program.

III. **SATISFACTORY:** The response addresses the question and provides a good understanding of the Applicant's intent. The response adequately supports the proposal and the intent of the Program.

IV. **ABOVE AVERAGE:** The response is above average and provides a clear and detailed understanding of the Applicant's intent. The response presents a persuasive argument that supports the proposal and the intent of the Program.

V. **EXCELLENT:** The response is outstanding, with clear, detailed, and relevant information. The response presents a compelling argument that supports the proposal and the intent of the Program.

	I	II	III	IV	V
PROGRAMMATIC NARRATIVE **a. Problem Statement** (Maximum Two Pages) How well does the proposal:	**0**	**10**	**20**	**30**	**40**
1) describe the Applicant's current domestic violence housing efforts?					
2) describe the barriers the Applicant experiences with housing and how XD Program funding will assist the Applicant in overcoming those barriers?					
b. Plan (Maximum Eight Pages) How well does the proposal:	**0**	**15**	**30**	**45**	**60**
1) describe the Applicant's plan to provide safe and stable housing for victims of domestic violence?					
2) describe the Applicant's plan to comply with the components of the Housing First Model, as outlined in Welfare and Institutions Code § 8255 when serving victims of domestic violence?					
3) describe the Applicant's plan to provide outreach and education to landlords and key stakeholders such as city government, housing councils, and other homeless/housing programs regarding the dynamics of domestic violence, victims' safety needs, and the need for safe and permanent housing?					
Plan - continued	**0**	**10**	**20**	**30**	**40**
4) describe the Applicant's plan to provide survivor-driven advocacy that focuses on addressing the needs identified by victims of domestic violence and how the Applicant will tailor services to meet the unique needs of each victim?					

	I	II	III	IV	V
5) describe the Applicant's plan to provide supportive services to victims of domestic violence as they participate in the XD Program? How well did the Applicant describe those services and how they will be implemented?					
6) describe the Applicant's plan to provide follow-up supportive services for a minimum of three months after a victim of domestic violence has secured permanent housing? How well did the Applicant describe those services and how they will be implemented?					
7) describe the Applicant's plan to employ one FTE Domestic Violence Counselor and one half-time FTE Housing Coordinator?					
c. Capabilities (Maximum Four Pages) How well does the proposal:	**0**	**10**	**20**	**30**	**40**
1) describe the Applicant's capacity to successfully provide safe and permanent housing for victims of domestic violence?					
2) describe the Applicant's expertise in providing supportive services to victims of domestic violence, and how the Applicant engages other victim service providers in these efforts?					
3) describe the Applicant's existing community relationships that facilitate housing placements for victims of domestic violence, and how the Applicant engages community partners in securing housing?					
BUDGET PAGES & BUDGET NARRATIVE (Maximum Four Pages)	**0**	**5**	**10**	**15**	**20**

	I	II	III	IV	V
1) How well do the proposed Budget Pages & Narrative support the objectives and activities?					
2) How well are funds allocated to minimize administrative costs and support direct services?					
3) How well do Grant Subaward-funded staff duties and time commitments support the proposed objectives and activities?					
COMPREHENSIVE ASSESSMENT	**0**	**10**	**20**	**30**	**40**
1) How well does the proposal support the overall intent, goals, and purpose of the Program?					
2) How well did the Applicant follow instructions? (e.g., were formatting requirements as specified in Part II, B, C, & D followed?)					

PART V – CHECKLIST

This checklist is provided to ensure that a complete proposal is submitted to Cal OES.

- ☐ PROPOSAL COVER SHEET – Please complete and attach to the front of the proposal.
- ☐ GRANT SUBAWARD FACE SHEET (Cal OES FORM 2-101) – Signed by the Official Designee authorized to enter into the Grant Subaward.
- ☐ GRANT SUBAWARD CONTACT INFORMATION (Cal OES FORM 2-102)
- ☐ GRANT SUBAWARD SIGNATURE AUTHORIZATION (Cal OES FORM 2-103)
- ☐ GRANT SUBAWARD CERTIFICATION OF ASSURANCE OF COMPLIANCE (Cal OES FORM 2-104) – Signed by the Official Designee who signed the Grant Subaward Face Sheet and by the official delegating that authority
- ☐ VOCA FEDERAL FUND GRANT SUBAWARD ASSURANCES (Cal OES FORM 2-109A) – Signed by the Official Designee who signed the Grant Subaward Face Sheet
- ☐ GRANT SUBAWARD BUDGET PAGES (EXCEL SPREADSHEET FORMAT) (Cal OES FORM 2-106A)
- ☐ **UNALTERED** GRANT SUBAWARD BUDGET NARRATIVE (Cal OES FORM 2-107)
- ☐ **UNALTERED** GRANT SUBAWARD PROGRAMMATIC NARRATIVE (Cal OES FORM 2-108)
  - PROBLEM STATEMENT
  - PLAN
  - CAPABILITIES
- ☐ SUBRECIPIENT GRANTS MANAGEMENT ASSESSMENT
- ☐ GRANT SUBAWARD SERVICE AREA INFORMATION (Cal OES FORM 2-154)
- ☐ ORGANIZATIONAL CHART
- ☐ ADDITIONAL FORMS, IF APPLICABLE
  - ☐ MATCH WAIVER REQUEST(S)
  - ☐ OPERATIONAL AGREEMENT(S)
  - ☐ PETTY CASH VICTIM FUND PROCEDURE CERTFICATION (Cal OES FORM 2-153)
  - ☐ NON-COMPETITIVE PROCUREMENT REQUEST (Cal OES FORM 2-156)
  - ☐ INDEPENDENT CONTRACTOR/CONSULTANT RATE EXPEMPTION REQUEST (Cal OES FORM 2-164)
  - ☐ OUT-OF-STATE TRAVEL REQUEST (Cal OES Form 2-158)
  - ☐ LODGING RATE EXEMPTION REQUEST (Cal OES FORM 2-165)
  - ☐ PAYEE DATA RECORD – Please complete if Applicant has not previously received a Grant Subaward from Cal OES (Std. 204)

Click the link below to access Cal OES forms:

HTTPS://WWW.CALOES.CA.GOV/GOVERNMENTS-TRIBAL/GRANTSMANAGEMENT/FORMS

3A-2a HEALTHCARE FORMAL AGREEMENTS

Housing Matters

Resolving Homelessness Together

September 26, 2022

U.S. Department of Housing & Urban Development
Office of Community Planning and Development
One Sansome Street, Suite 1200
San Francisco, CA 94104-4430

Re: Healthcare services contribution to the **801 River St.** Project

To Whom it May Concern:

Housing Matters hereby commits to providing a $26,640/year in healthcare services to the 801 River St. new CoC project as described below.

The Central California Alliance for Health (the Alliance) has executed a contract with Housing Matters, to pay for CalAIM Community Supports services using Medi-Cal (Medicaid) funding for eligible individuals referred to the 801 River St. project. The Alliance contract with Housing Matters stipulates payment rates of allowable costs as follows:

- $204.00 per member per day for Recuperative Care
- $108.00 per member per day for Short-term Post Hospitalization Housing
- $444.00 per member per month for Tenancy Sustaining Services

Housing Matters anticipates revenue of $26,640/year for 801 River St. from the Alliance for the period January 1 – December 31, 2023. These Alliance-funded services will be available to all tenants in the permanent supportive housing project regardless of their eligibility or participation with the Alliance.

www.housingmatterssc.org

PO Box 1319
Santa Cruz, CA 95061

115B Coral Street
Santa Cruz, CA 95060

ph: (831) 458-6020
fax: (831) 316-5010

Housing Matters
Resolving Homelessness Together

As part of the FY 2022 HUD CoC NOFO, the CoC and Housing Matters will be submitting a request for $62,964/year in permanent supportive housing rental assistance for the project. The anticipated Alliance revenue represents 42% of the annual funding request submitted through this NOFO.

Sincerely,

Tom Stagg
Chief Initiatives Officer

Attachment

www.housingmatterssc.org

PO Box 1319
Santa Cruz, CA 95061

115B Coral Street
Santa Cruz, CA 95060

ph: (831) 458-6020
fax: (831) 316-5010

GENERAL SERVICES AGREEMENT

This general services agreement (the "**Agreement**") is made as of this _____ day of _____ 20__ (the "**Effective Date**") between Santa Cruz-Monterey-Merced Managed Medical Care Commission, a California public entity, doing business as Central California Alliance for Health (the "**Alliance**"), having a principal place of business at 1600 Green Hills Road, Suite 101, Scotts Valley, CA 95066-4981, and Housing Matters, a California corporation, doing business as Homeless Services Center ("**Community Supports Provider**"), having a principal place of business at 115 B Coral St., Santa Cruz, CA 95060 (sometimes hereinafter, the Alliance and Community Supports Provider may each be referred to individually as a "**Party**" and collectively as the "**Parties**"). In consideration of the mutual promises contained herein, the Parties agree as follows:

1. **Term and Termination**. The term of this Agreement shall be for five (5) years from the Effective Date, unless terminated earlier ("**Term**"). Either Party may terminate this Agreement or any SOW at any time, with or without cause, subject to the terms set forth below. Termination or expiration of this Agreement or any SOW shall not affect Community Supports Provider's obligations under Sections 1, 4-6, and 9-34 or any other obligation that, by its nature, is intended to survive termination or expiration of this Agreement or any SOW. In the event of any termination, the Alliance shall not be liable to Community Supports Provider for compensation or damages of any kind whatsoever incurred as result of such termination, other than, in the event of a termination of this Agreement or any SOW by the Alliance without cause, a *pro rata* portion of the compensation payable hereunder for any of the Services satisfactorily performed in accordance with this Agreement or applicable SOW prior to such termination. Immediately upon termination or expiration of this Agreement or an SOW, Community Supports Provider shall deliver to the Alliance all materials containing or embodying Confidential Information (including, without limitation, all Works), or such materials relating to an SOW in the event of the termination or expiration of such SOW, and all copies thereof.

   (a) With Cause Termination. If either Party wishes to terminate this Agreement or SOW with cause, the Party asserting cause for termination of this Agreement (the "Terminating Party") shall provide written notice of termination to the other party specifying the breach or deficiency with sufficient information to allow the receiving party to identify the actions necessary to cure such breach. The Party receiving the written notice of termination shall have thirty (30) days from the receipt of such notice to cure the breach or deficiency to the satisfaction of the Terminating Party (the "Cure Period"). If such Party fails to cure the breach or deficiency to the reasonable satisfaction of the Terminating Party within the Cure Period or if the breach or deficiency is not curable, the Terminating Party shall have the right to provide written notice of failure to cure the breach or deficiency to the other Party following expiration of the Cure Period. The Agreement shall terminate thirty (30) days following receipt of the written notice of failure to cure or at such later date as may be specified in such notice. During the Cure Period and the period following the Cure Period, the Alliance may begin transferring Members to other Community Supports Providers. Notwithstanding the above, in the event the Alliance provides notice of termination as the result of a breach by Community Supports Provider and the Alliance reasonably determines the health and safety of Members is endangered by the actions of Community Supports Provider, the Alliance shall have the right to terminate the Agreement immediately.

   (b) Without Cause Termination. Either Party may terminate this Agreement without cause at any time upon not less than one hundred and twenty (120) days' prior written notice to the other Party; after receipt of such notice, Community Supports Provider shall wind down or cease its Services as directed by the Alliance.

(c) Automatic Termination upon Revocation of License or Certificate. This Agreement shall automatically terminate upon the revocation, suspension or restriction of any license, certificate, or other authority required to be maintained by Community Supports Provider in order to perform the Services required under this Agreement or upon the Community Supports Provider's failure to obtain such license, certificate or authority.

(d) Termination of Government Program. Upon the termination of the Community Supports Program by DHCS, for any reason whatsoever, this Agreement shall terminate with respect to those Services furnished by Community Supports Provider as a participant in such program. The effective date of termination for the portion of this Agreement terminating as a result thereof shall be the effective date of termination of the Community Supports Program, as applicable.

(e) Termination of Prior Agreement. The Alliance and Community Supports Provider previously entered into the Business Associate Agreement, dated September 23, 2014, the General Services Agreement, dated July 1, 2017, and Statement of Work #2, dated March 1, 2021 (jointly, the "Prior Agreement"). The Parties agree to mutually terminate all obligations between the parties arising from the Prior Agreement, with a termination effective as of the Effective Date of this Agreement. Therefore, as of the Effective Date of this Agreement, the Alliance and Community Supports Provider agree that the Prior Agreement is unconditionally terminated in its entirety and shall have no further force and effect. As of the Effective Date of this Agreement and thereafter, obligations, if any, shall be governed exclusively by this Agreement.

2. Statement of Work. The Alliance retains Community Supports Provider to perform services (the "**Community Supports Services**") to individuals who are enrolled in Medi-Cal under the Alliance and are also identified as being eligible for Community Supports per the Alliance, as of the date of service (each a "**Member**" or "**Members**").on behalf of the Alliance, and complete the Works (as defined in Section 10) and the deliverables (the "**Deliverables**"), identified and described in one or more statements of work executed by the Alliance and Community Supports Provider (each a "**Statement of Work**" or "**SOW**"). Any Statement of Work, however, may be terminated pursuant to the terms set forth therein or as set forth in this Agreement.

(a) Nonexclusive Relationship. Community Supports Provider specifically acknowledges and agrees that the Alliance reserves the right to in-source (i.e., provide through its own resources) or obtain from any third party any services or deliverables which may be similar or comparable to the Services to be furnished by Community Supports Provider under this Agreement.

(b) SOW Requirements. Each Statement of Work describing or identifying the Services or Deliverables to be furnished by Community Supports Provider will include, without limitation, the following information:

(i) A reference to this Agreement, which reference will be deemed to incorporate all of the provisions of this Agreement;

(ii) A brief plain English overview or summary of the Services or Deliverables to be provided under the SOW;

(iii) The date as of which the SOW will be effective and the term or time period required for completion of the Services or Deliverables required by such SOW;

(iv) A specific description of the Services to be provided by Community Supports Provider under the SOW (including the location at which such Services are to be provided and, if applicable, the names, positions and rates for all individuals to be used in furnishing the Services) and any specific performance standards or criteria, acceptance criteria or milestones applicable to such Services or any Deliverables; and

(v) The fees or other compensation to be paid by the Alliance for the Services or Deliverables to be provided by Community Supports Provider under the SOW and the payment terms applicable thereto if different from those set forth in this Agreement;

No Statement of Work shall become effective until it has been executed by both of the Parties.

(c) Interpretation of SOWs; Order of Precedence. In the event of any express and unequivocal conflict or inconsistency between the provisions of any SOW and the provisions of this Agreement, the provisions of this Agreement will govern and control. In the event of an express and unequivocal conflict or inconsistency between two or more duly executed SOWs which must be interpreted together in furtherance of the performance of this Agreement, the SOW most recently dated will govern and control with respect to the interpretation of the conflicting provision. In the event that a duly executed SOW is silent as to or fails to include any of the matters enumerated in Section 2(b) above, then this Agreement shall govern and be controlling for matters already addressed herein. For matters not addressed in this Agreement and not covered by a duly executed SOW, the Parties shall be deemed to have intentionally omitted such matters from the SOW.

3. Performance.

(a) Community Supports Provider Account Executive. During the Term (as defined in Section 1) and for so long as any SOW remains outstanding, Community Supports Provider shall make available an individual who will serve as Community Supports Provider's primary point of contact for the Alliance in dealing with Community Supports Provider in respect of this Agreement (the "**Community Supports Provider Account Executive**"). The Community Supports Provider Account Executive: (i) will be the primary contact for the Alliance in dealing with Community Supports Provider under this Agreement, (ii) will have overall responsibility for managing and coordinating the performance of the Services, (iii) will meet regularly with the Alliance and (iv) will have the power and authority to make routine decisions with respect to actions to be taken by Community Supports Provider in the ordinary course of day-to-day management of the Alliance's account with Community Supports Provider. The Community Supports Provider Account Executive may designate in writing an additional or replacement employee to be the point of contact for the Alliance with respect to the Services to be performed under a particular SOW so long as such individual is acceptable to the Alliance. The Alliance shall have the right, but not the obligation, to consult with Community Supports Provider concerning the selection of the Community Supports Provider Account Executive(s) and Community Supports Provider agrees to replace any Community Supports Provider Account Executive who, in the Alliance's reasonable opinion, disrupts or threatens to disrupt a smooth working relationship between Community Supports Provider and the Alliance.

(b) Alliance's Designated Representative. **[RESERVED]**

(c) Performance by Community Supports Provider. Community Supports Provider shall provide the Services in accordance with the terms set forth in this Agreement and the applicable SOW and further instructions from any officer or director of the Alliance, provided such further instructions do not conflict with any terms of this Agreement. Community Supports Provider agrees to be available for meetings with any Alliance employees or contractors, as requested from time to time by the Alliance.

(d) Use of Acceptable Personnel. The Alliance shall have the right, but not the obligation, to consult with Community Supports Provider concerning the identification of those employees and personnel to be used by Community Supports Provider in the performance of the Services, the Community Supports Provider Account Executive or to otherwise perform some material portion of the Services on a regular basis. In the event that the Alliance is at any time dissatisfied with the performance by Community Supports Provider's personnel of the Services (including the Community Supports Provider Account Executive) required of Community Supports Provider under this Agreement, the Alliance may give Community Supports Provider written notice including specific details of such dissatisfaction. Upon receipt of the Alliance's notice, Community Supports Provider will promptly investigate the details and take appropriate corrective measures, including discontinuing use of such individuals for the unsatisfactory performance of Services identified in the Alliance's notice if the Alliance requests that such action be taken. The Alliance's rights under this Section 3(d) and elsewhere in this Agreement shall not relieve Community Supports Provider from its obligations to provide qualified and adequately trained personnel to furnish the Services or from Community Supports Provider's obligations to appropriately monitor and supervise such individuals. Community Supports Provider will provide written notification to the Alliance of any disciplinary actions taken by Community Supports Provider in connection with any employee assigned to provide any portion of the Services.

(e) Use of Subcontractors. The Community Supports Provider may not subcontract any of the Services to any subcontractor without the Alliance's prior written consent. The Alliance reserves the right to (i) review the terms (except pricing) of all subcontracting agreements between Community Supports Provider and a subcontractor who or which may be performing any of the Services, and (ii) reject any subcontractor offered by Community Supports Provider for performance of the Services. All subcontractors used by Community Supports Provider in the performance of any Services shall execute a binding written agreement requiring such subcontractor to (a) protect the Confidential Information of the Alliance to at least the same extent as Community Supports Provider is required to protect such information pursuant to the terms of this Agreement, and (b) comply with all other obligations, duties and responsibilities required of Community Supports Provider under any applicable SOW or other provision of this Agreement with respect to the Services to be performed or Deliverables to be furnished by such subcontractor. Community Supports Provider will not disclose any Confidential Information of the Alliance to any subcontractor or permit any subcontractor to perform any Services unless and until such subcontractor has executed such binding written agreement. Notwithstanding the use of any subcontractors to perform any of the Services, Community Supports Provider shall remain fully responsible for any subcontracted obligations, shall be solely responsible for all fees, compensation, reimbursements and payments due such subcontractors (except as otherwise expressly provided in any SOW executed by the Alliance) and for any breach of the provisions of this Agreement by any subcontractor to the same extent as if such obligations were performed by Community Supports Provider's personnel.

(f) Change Order Process. The Alliance may request that Community Supports Provider make material changes to a SOW by so informing Community Supports Provider in writing. Within fifteen (15) business days after Community Supports Provider's receipt of the request or such additional time as may be agreed in writing by the Parties, Community Supports Provider shall provide the Alliance with a written response ("**Proposed Change Order**") which sets forth in reasonable detail a written description of the additional Services or reduction in Services, as applicable, which Community Supports Provider anticipates performing or not performing as a result of such material change, the cost to effect the material change (if any) or, if applicable, reduction in cost and the delay or acceleration to any applicable schedule for performance. Community Supports Provider shall not initiate any material change requested by the Alliance until it receives the Alliance's written acceptance of Community Supports Provider's Proposed Change Order. Once a Proposed Change Order has been accepted in writing by the Alliance, if such occurs, then the Proposed Change Order will be deemed to amend the applicable SOW and become a part of and incorporated into the SOW and be governed by all of the terms and conditions of this Agreement. Immaterial changes requested by the Alliance shall not be subject to the change order requirements of this Section 3(f) and shall be accomplished by Community Supports Provider as expeditiously as possible (but within no later than thirty (30) days or such longer period of time as mutually agreed to by the Parties) after receipt of written notice of such requested change from the Alliance.

4. Community Supports Provider's Warranties. Community Supports Provider represents and warrants to the Alliance that Community Supports Provider has been fully informed of and understands the Alliance's requirements and objectives in connection with the Services, that Community Supports Provider has fully investigated and evaluated such requirements and objectives, and that Community Supports Provider possesses the requisite skill and experience to properly perform the Services. Community Supports Provider possesses adequate and appropriate staffing and administrative capacity and financial, operational and information technology resources (including, without limitation, equipment and supplies) necessary to perform the Services required under any SOW that is executed by Community Supports Provider in accordance with all of the terms and subject to all of the conditions contained in this Agreement. Community Supports Provider represents and warrants to the Alliance that Community Supports Provider's performance under this Agreement shall be conducted with due diligence and in full compliance with the highest professional standards of practice in the industry. If Community Supports Provider's work requires any licenses, Community Supports Provider represents and warrants to the Alliance that Community Supports Provider has obtained all such licenses and that all such licenses are in full force and effect and will remain in full force and effect during the Term. Community Supports Provider represents and warrants to the Alliance that the Services and Deliverables, when completed, will be in conformity with all of the requirements set forth in this Agreement and that the Services and Deliverables will be free of all errors or defects. In the event that the Alliance notifies Community Supports Provider in writing that the Services or Deliverables are not as warranted herein, Community Supports Provider, at its sole expense, shall promptly and diligently provide such further

services, corrections or replacements as may be necessary to bring the Services and Deliverables into full compliance with this Agreement.

5. **Reports**. Community Supports Provider shall provide to the Alliance written periodic reports of Community Supports Provider's activities, in a form and template to be determined by DHCS, and in sufficient detail to evidence the nature and scope of the Services. In addition, Community Supports Provider shall provide related work records, meeting reports and similar documents, all as reasonably requested by the Alliance from time to time during the Term.

6. **Acceptance Procedures.** The Alliance will have at least seven (7) days (or such other time period as set forth in the applicable SOW) to evaluate any interim and final Deliverables (the "**Acceptance Period**") to ensure that they meet the specifications, requirements, and terms of this Agreement and are of professional, technical, and general quality consistent with the highest industry standards. If the Alliance rejects any Deliverable during the Acceptance Period, the Alliance may elect any of the following remedies (without limiting any other rights or remedies the Alliance may have): (a) the Alliance may grant additional time to Community Supports Provider to provide (at no additional charge to the Alliance) corrected Deliverables subject to evaluation and acceptance in accordance with this Section 6, and make a reasonable reduction in the fees to reflect the delay in performance; (b) the Alliance may itself correct the Deliverables (or engage a third party to do so) and deduct the costs and reasonable expenses associated with such correction from the fees owed to Community Supports Provider under this Agreement; or (c) the Alliance may terminate this Agreement and return all Deliverables (but not Confidential Information therein) to Community Supports Provider, in which case Community Supports Provider will refund to the Alliance any and all fees previously paid to Community Supports Provider under this Agreement.

7. **Compensation**.

   (a) Invoices. Community Supports Provider shall use an invoice template provided by the Alliance, and which shall be submitted by the Community Supports Provider electronically via an Alliance approved process.

   (b) Payment. As full and complete payment for all Services rendered and subject to Community Supports Provider's compliance with all of its obligations under this Agreement, the Alliance shall compensate Community Supports Provider as set forth in the applicable SOW. Each invoice received pursuant to an SOW shall describe in reasonable detail the Services to which the invoice relates. Community Supports Provider acknowledges and agrees that the compensation provided in this Agreement is adequate and appropriate for the Services and is accepted by Community Supports Provider in full and complete satisfaction and discharge of any and all monetary obligations owed to Community Supports Provider by the Alliance. Nothing in this Agreement shall confer upon Community Supports Provider any right to receive additional amounts, benefits, profits, or other economic consideration derived from the Alliance's present or prospective operations.

8. **Expenses. [RESERVED]**

9. **Independent Contractor.** Community Supports Provider is an independent contractor. Community Supports Provider is not an agent or employee of the Alliance and shall have no right or authority to make any oral or written contract or commitment binding upon the Alliance. This Agreement does not create and the Parties do not intend to create a joint venture, partnership, trust, exclusive, fiduciary or business relationship between them except for the business relationship expressly set forth in this Agreement. Community Supports Provider is not eligible to participate in or receive any benefit from any benefit plan or program available to employees of the Alliance such as health, disability, or life insurance, vacation or holiday pay, sick leave, profit sharing or pension plans. The Alliance shall not provide workers' compensation coverage for Community Supports Provider. Community Supports Provider shall comply with all applicable laws and regulations and all the Alliance safety and security rules in the course of performing the Services and shall have sole responsibility for the payment of all applicable taxes and withholdings with respect to any and all compensation paid to Community Supports Provider hereunder.

10. **Intellectual Property**. Community Supports Provider agrees that any and all software, designs, processes, improvements, techniques, formulas, ideas, innovations, systems, know-how, data, documentation, literary properties, original works of authorship, derivative works, Deliverables, and other work product, whether patentable or not, conceived, developed, written, or contributed by Community Supports Provider, either individually or in collaboration with others, in connection with providing the Services, but excluding Community Supports Provider's Background Technology (as defined below), (collectively "**Works**") are the sole property

of the Alliance. All right, title, and interest in, to, or based on the Works including, without limitation, all patent rights, copyrights, trademark rights, and all other present and future intellectual property rights of any kind anywhere in the world (collectively, "**Proprietary Rights**") shall belong exclusively to the Alliance; and the Works shall constitute "works made for hire." The Alliance shall have the exclusive right to register any copyrights, trademarks or patents in any or all Works in its name as owner and author. Community Supports Provider agrees to communicate all Works to the Alliance as promptly and fully as practicable. Community Supports Provider hereby irrevocably assigns and agrees to irrevocably assign to the Alliance, without further consideration, all right, title and interest that Community Supports Provider may presently have or acquire, free and clear of all liens and encumbrances, in and to all the Works, and all Proprietary Rights therein. Community Supports Provider agrees to perform, during and after the Term, all acts deemed necessary by the Alliance to permit and assist it in evidencing, perfecting, obtaining, maintaining, defending and enforcing the Proprietary Rights and the assignments and licenses granted herein. Community Supports Provider hereby irrevocably designates and appoints the Alliance and its duly authorized officers and agents, as Community Supports Provider's agents and attorneys-in-fact, with full power of substitution, to act for or on behalf and instead of Community Supports Provider to accomplish the foregoing, which appointment is coupled with an interest.

11. **Background Technology**. As used herein "**Background Technology**" means any and all software, designs, processes, improvements, techniques, formulas, ideas, innovations, systems, know-how, data, documentation, literary properties, original works of authorship, derivative works, and other work product, whether patentable or not, that was developed, acquired, or otherwise obtained by Community Supports Provider prior to the applicable SOW. Community Supports Provider agrees that it will not use any Background Technology in the performance of Services or incorporate Background Technology in any Deliverables unless such Background Technology is specifically described in the applicable SOW. Community Supports Provider unconditionally grants to the Alliance a perpetual, irrevocable, worldwide, fully paid-up, royalty-free, non-exclusive, right and license, with the right to sublicense through multiple levels of sublicensees, under all intellectual property rights (a) in any and all Background Technology used or incorporated in any Deliverables or otherwise used by Community Supports Provider in performance of the Services (whether or not identified or described in the applicable SOW) or (b) which cannot, as a matter of law, be assigned to the Alliance under Section 10, in each case to (x) reproduce, create derivative works of, distribute, publicly perform, publicly display, digitally transmit, and otherwise use the Deliverables in any medium or format, whether now known or hereafter discovered, (y) use, make, have made, sell, offer to sell, import, and otherwise exploit any product or service based on, embodying, incorporating, or derived from the Deliverables, and (z) exercise any and all other present or future rights in the Deliverables.

12. **Representation**. Community Supports Provider represents and warrants that any and all information, code, programs, processes, practices or techniques which it will describe, demonstrate, divulge, use, or in any other manner make known to the Alliance during the performance of Services, including Works and Background Technology (collectively, "**Property**") may be divulged and freely used by or on behalf of the Alliance, without any obligation to, or violation of, any right of others, and without violation of any law or payment of any royalty.

13. **Confidential Information**. Community Supports Provider shall not disclose or reveal to any persons or entities any of the Confidential Information (or any information derived therefrom) for any purpose, except to those Community Supports Provider employees, if any, who have a legitimate "need to know" and are bound in writing or by law or regulation to all of the restrictions contained in this Section 13. Community Supports Provider shall not use any of the Confidential Information (or any information derived therefrom) for any purpose, except for Community Supports Provider's use (and not any third party's use) as necessary in the ordinary course of performing the Services. Community Supports Provider shall not remove from the Alliance's premises, except for Community Supports Provider's use (and not any third party's use) as necessary in the ordinary course of performing the Services, any document or other media or tangible items that contain or embody Confidential Information in any way, whether or not such materials have been prepared by Community Supports Provider. "**Confidential Information**" includes (i) all information relating to the Alliance's business such as drawings, designs, specifications, data, manuals, know-how, software, processes, ideas, inventions (whether patentable or not), patents, patent applications, trade secrets, Works, Proprietary Rights, client, customer or vendor lists and information, historical or prospective financial information, budgets, cost and expense data, rate or pricing information and data, marketing information, health care benefits or benefit designs, employee and employment-related information, records and contracts, patient, client, customer or health plan member information which contains personally-identifiable health, medical or contact (including names, addresses, telephone numbers and social security numbers) information, and (ii) all

information that is developed, created or discovered by Community Supports Provider, either individually or in collaboration with others, in providing the Services. Confidential Information does not include information that Community Supports Provider demonstrates to the Alliance's satisfaction, by written evidence, (i) is in the public domain through lawful means that do not directly or indirectly result from any act or omission of Community Supports Provider, or (ii) was already properly known to Community Supports Provider (other than in connection with this Agreement) without any restriction on use or disclosure at the time of the Alliance's disclosure to Community Supports Provider. Community Supports Provider shall hold the Confidential Information in strict confidence and shall protect the Confidential Information in the same manner and to the same extent Community Supports Provider protects Community Supports Provider's own similar confidential information, provided, however, that such standard of protection shall in no event be less than a reasonable standard of protection.

14. **Indemnification**. Community Supports Provider shall indemnify, defend, and hold harmless the Alliance (and its directors, officers, and employees) from and against any and all liabilities, losses, costs, expenses (including, without limitation, attorneys' fees), damages, claims, suits, and/or demands (including, without limitation, those based on the injury to or death of any person or damage to property), directly or indirectly arising out of, or resulting from, (i) any act or omission of Community Supports Provider related to any of the Services performed hereunder, (ii) any breach of any Community Supports Provider representations or warranties set forth in this Agreement, and/or (iii) any actual or alleged infringement, misappropriation, or other violation of any Proprietary Rights or other third party rights or any laws or regulations relating to any Property or Works, use of any Property or Works, or Community Supports Provider's performance of the Services.

15. **Assignment**. Community Supports Provider shall not assign, transfer or subcontract any right in or obligation arising under this Agreement without the Alliance's prior express written consent (which consent may be withheld or delayed in the Alliance's sole discretion). The Alliance may freely assign this Agreement. Any assignment in violation of this paragraph shall be void. This Agreement shall be binding on and inure to the benefit of each Party's heirs, executors, legal representatives, successors and permitted assigns.

16. **Debarment and Suspension Certification.** Community Supports Provider hereby certifies that neither it nor any of its principals, owners, employees or subcontractors (a) is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in a covered transaction by any federal department or agency, or is excluded as the result of state or federal action from participation in any federally-funded health care program; (b) has within a three-year period preceding this Agreement been convicted of or had a civil judgment rendered against it or them for (i) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, (ii) violation of federal or state antitrust statutes or (iii) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) is presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in clause (b) above; or (d) has within a three-year period preceding this Agreement had one or more public transaction (federal, state or local) terminated for cause or default. (The terms "**covered transaction**", "**debarred**", "**suspended**", "**ineligible**" and "**voluntarily excluded**" have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.) Community Supports Provider shall provide immediate written notice to the Alliance if at any time the foregoing certification becomes erroneous. Upon the request of the Alliance at any time during the term of this Agreement, Community Supports Provider shall update and reissue such certification. Community Supports Provider further agrees that it will obtain from all subcontractors to whom Community Supports Provider subcontracts any portion of the Services, if any, such subcontractor's written certification of, and agreement to, the matters set forth in this paragraph, in a form acceptable to the Alliance.

17. **Insurance.** Community Supports Provider shall maintain professional and general liability insurance in the minimum amounts required by Law but not less than one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) aggregate for coverage for each Community Supports Provider and its agents and employees during the Term and for a period of seven (7) years following termination. In the event Community Supports Provider procures a "claims made" policy as distinguished from an occurrence policy, Community Supports Provider shall procure and maintain prior to termination of such insurance, continuing tail or extended reporting coverage for a period of not less than seven (7) years following such termination.

Community Supports Provider, at its sole cost and expense, shall also maintain throughout the Term, workers' compensation insurance as required by the State of California and general liability insurance, including but not limited to premises, personal injury and contractual liability insurance, in an applicable amount dependent on the Alliance's Credentialing Department's review or a minimum amount of not less than one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) aggregate, combined single limit, bodily injury and property damage, to insure Community Supports Provider and its employees, agents, and representatives against claims for damages arising by reason of (i) personal injuries or death occasioned in connection with the performance of any Services provided under this Agreement, (ii) the use of any property and facilities of the Community Supports Provider, and (iii) activities performed in connection with this Agreement.

All insurance required of Community Supports Provider under this Agreement shall be provided by insurers licensed to do business in the State of California and who have obtained an A.M. Best financial strength rating of A- or better and are classified by A.M. Best as being of financial size category VIII or greater. Community Supports Provider may substitute comparable self-insurance coverage for the insurance coverage required by this Section only upon the prior written approval of the Alliance.

A certificate of insurance shall be issued to the Alliance prior to the Effective Date and upon each renewal of the insurance coverage specified in this Section. The certificate shall provide that the Alliance shall receive thirty (30) days prior written notice of cancellation or material reduction in the insurance coverage specified in this Section. Notwithstanding anything to the contrary, if Community Supports Provider has a claims-made based policy and such policy (or policies) is cancelled or not renewed, Community Supports Provider agrees to exercise any option contained in the policy (or policies) to extend the reporting period to the maximum period permitted; provided, however, that Community Supports Provider need not exercise such option if the superseding insurer will accept all prior claims. Notwithstanding any other provision of this Agreement, Community Supports Provider's failure to provide the certificate of insurance shall be grounds for immediate termination of this Agreement

18. **Equitable Remedies**. Community Supports Provider acknowledges and agrees that the Alliance may suffer immediate, irreparable harm in the event Community Supports Provider fails to comply with its obligations under this Agreement, and monetary damages may be inadequate to compensate the Alliance for such breach. Community Supports Provider agrees that the Alliance will be entitled to seek a judicial temporary restraining order, preliminary injunction, or other equitable relief against Community Supports Provider (without the requirement of posting a bond or other form of security) to enforce the terms of this Agreement.

19. **Disputes between Alliance and Community Supports Provider**. Any claim, dispute, or other matter arising out of, relating to, or in any way connected with this Agreement, shall be addressed through the Alliance's provider dispute resolution procedure as set forth in the Provider Manual. Community Supports Provider will be informed of any changes to the provider dispute procedures including any changes to the procedures for processing and resolving disputes and the location and telephone number where information regarding disputes may be submitted. If the procedure set forth in this Section has been exhausted and such matter is not resolved to the satisfaction of the parties, either party may pursue any available legal remedy. Venue shall be in Santa Cruz, Monterey or Merced County. The Alliance retains all immunities applicable to public entities to which it is entitled by law..

20. **Notices**. All notices required or permitted by this Agreement shall be in writing and may be delivered in person or may be sent by registered or certified mail, return receipt requested, or U.S. Postal Service Express Mail, with postage prepaid, or by Federal Express or other overnight courier that guarantees next day delivery, and shall be deemed sufficiently given if served in the manner specified in this Section 20. The addresses set forth at the beginning of this Agreement shall be the particular Party's address for delivery or mailing of notice purposes. All notices from Community Supports Provider to the Alliance shall be addressed to the Attention of: Administrative Contracts. The Parties may change the addresses noted above through written notice in compliance with this Section 20. Any notice sent by registered or certified mail, return receipt requested, shall be deemed given on the date of delivery shown on the receipt card, or if no delivery date is shown, the postmark date. Notices delivered in person shall be deemed given when actually received. Any notice that does not comply with the requirements set forth in this Section 20 shall be invalid.

21. **Conflict of Interest**. Community Supports Provider hereby certifies that it has read and is aware of the provisions of California Government Code Section 1090 et seq., the California Political Reform Act (California Government Code Section 81000 et seq.), and Title 22 California Code of Regulations (CCR) Section 53600

relating to conflict of interest of public officers and employees. Community Supports Provider agrees that it is unaware of any financial or economic interest of any public officer or employee of the Alliance relating to this Agreement. Notwithstanding any other provision of this Agreement, it is further understood and agreed that if such financial interest does exist at the inception of this Agreement, the Alliance may immediately terminate this Agreement by giving written notice thereof.

22. **Publicity**. Community Supports Provider shall not issue any press release, public statement or other public notice relating to this Agreement, the Services or the Deliverables, without obtaining the prior consent of the Alliance.

23. **Records Retention**. Community Supports Provider shall (a) prepare and maintain reasonably detailed records to verify its compliance with its obligations hereunder and substantiate the fees and expenses due hereunder, (b) ensure that such records are retained for at least ten (10) years after expiration or termination of this Agreement, and (c) make such records available for inspection and copying by the Alliance and its agents and representatives promptly upon notice by the Alliance. Upon reasonable advance notice to Community Supports Provider, the Alliance may implement additional audit procedures that are reasonably required to ensure the Alliance's compliance with the requirements of applicable laws.

24. **Taxpayer Identification Number and Certification**. Upon execution of this Agreement, Community Supports Provider shall complete and deliver to the Alliance the IRS Form W-9, Request for Taxpayer Identification and Certification.

25. **Regulatory Requirements**. Community Supports Provider shall comply with the requirements set forth in **Exhibit B** (DHCS Requirements) and **Exhibit C** (Community Supports Provider Standard Terms and Conditions).

26. **Time is of the Essence**. Time is of the essence with respect to Community Supports Provider's performance of the Services and delivery of the Deliverables.

27. **Governing Law**. This Agreement shall be governed and interpreted in accordance with the laws of the State of California without regard to the conflicts of law provisions thereof that would require the application of the laws of any other state.

28. **Entire Agreement**. This Agreement (along with all attached exhibits, and the Provider Manual, as applicable, which are incorporated herein by this reference) contains the entire agreement and understanding of the Parties hereto with respect to the subject matter hereof, and merges and supersedes all prior agreements, discussions and writings with respect thereto.

29. **No Modifications or Waivers**. Except as provided herein, no amendments, modification or waiver of this Agreement shall be effective unless made in writing and signed by both Parties and no delay or failure in exercising any right will be deemed a waiver.

    (a) Legally Required Modifications. The Alliance may amend this Agreement at any time in order to comply with Law or any requirements of a private sector Accreditation Organization, as reasonably interpreted by the Alliance. The Alliance shall notify Community Supports Provider of such legally required modification. Such amendment shall be effective upon written notice to Community Supports Provider, and shall not require the written consent of Community Supports Provider.

    i. **DHCS Medi-Cal Contract Modifications**. The Alliance shall notify Community Supports Provider of new requirements added to the Alliance's DHCS Medi-Cal Contract that are relevant to the Community Supports Provider's performance under this Agreement in advance of the effective date of the requirement. Such notice shall constitute an amendment to this Agreement and such amendment shall not require Community Supports Provider's consent. Community Supports Provider must comply with the new requirement within 30 days of the effective date, unless otherwise instructed by DHCS and to the extent possible. [Citation: DHCS APL 19-001 Item 24; DHCS Medi-Cal Contract, Exhibit A, Attachment 6, Provision 14.B.24; (and any updated section numbers if amended in the future.)]

(b) Provider Manual Modifications. If the Alliance materially amends a manual or a policy or procedure document referenced in the Agreement ("Provider Manual Modification"), the Alliance will provide at least forty-five (45) business days' notice to Community Supports Provider, and Community Supports Provider will have the right to negotiate and agree to the change. If the parties cannot agree to the Provider Manual Modification, Community Supports Provider will have the right to terminate the Agreement prior to the implementation of the Provider Manual Modification.

(c) Non-Material Amendments to Agreement. The Alliance may notify Community Supports Provider of amendments to non-material terms of this Agreement. Such amendments shall be effective upon written notice to Community Supports Provider, and shall not require the written consent of Community Supports Provider.

(d) Program Benefit Changes. Program benefit changes shall be effective upon implementation, following receipt of any required regulatory approvals.

(e) This Agreement and amendments hereto shall become effective only as set forth in the DHCS Medi-Cal Contract, as applicable. When required by Law, amendments to this Agreement shall be in writing and submitted by The Alliance to the DHCS for prior approval at least thirty (30) days before the effective date of any proposed changes governing compensation, services or term. Proposed changes, which are neither approved nor disapproved by the DHCS, shall become effective by operation of law thirty (30) days after the DHCS has acknowledged receipt, or upon the date specified in the amendment, whichever is later. [Citation: DHCS APL 19-001 Item 3; DHCS Medi-Cal Contract, Exhibit A, Attachment 6, Provision 14.B.3 and Title 22, CCR, Sections 53250(c)(3) and 53867; (and any updated section numbers if amended in the future.)]

30. Severability. In the event that any of the provisions of this Agreement shall be held by a court or other tribunal of competent jurisdiction to be illegal, invalid or unenforceable, such provisions shall be limited or eliminated to the minimum extent necessary so that this Agreement shall otherwise remain in full force and effect.

31. Headings. The descriptive headings of the Sections of this Agreement are for convenience only and do not constitute a part of this Agreement.

32. Counterparts. This Agreement may be executed (a) in counterparts, each of which shall be deemed an original, but both of which together shall constitute one and the same instrument, and (b) by facsimile or electronic signature and such facsimile or electronic signatures shall be fully binding and effective for all purposes and shall be given the same effect as original signatures.

33. Provider Manual. Provider Manual means that document or series of documents created, maintained, updated and distributed from time to time by the Alliance that describes the Alliance's policies and procedures and provides administrative and Program Requirements for Community Supports Provider. The Provider Manual is incorporated, as applicable, into this Agreement and made a part hereof.

34. No Volume Guarantee. Notwithstanding anything in this Agreement to the contrary, the Alliance makes no guarantees, warranties or representations to Community Supports Provider concerning any minimum or maximum volume of business which may be associated with Community Supports Provider's provision of the Services, or of any minimum or maximum amount of fees or other compensation which Community Supports Provider may realize as a result of performing this Agreement.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date above.

Housing Matters, doing business as Homeless Services Center	Santa Cruz-Monterey-Merced Managed Medical Care Commission, doing business as Central California Alliance for Health
By: Phil Kramer	By: _____
Print Name: Phil Kramer	Print Name: Stephanie Sonnenshine
Title: Chief Executive Officer	Title: CEO
Date Signed: June 10, 2022	Date Signed: _____

EXHIBIT A

BUSINESS ASSOCIATE AGREEMENT

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EXHIBIT B – DHCS REQUIREMENTS

Community Supports Provider acknowledges that the Alliance is a party to the Medi-Cal Managed Care Contract which requires that certain terms and conditions be included in contracts with contracting entities such as Community Supports Provider. This Exhibit sets forth such requirements as well as related requirements under the Laws of California, which are in addition to those requirements set forth elsewhere in the Agreement. To the extent that the terms and conditions of the Agreement directly conflict with or contradict any terms and conditions set forth in this Exhibit, the terms and conditions of this Exhibit shall control. Defined terms that are not otherwise defined in this Exhibit or the Agreement shall have the meaning set forth in the Medi-Cal Managed Care Contract.

(1) The Agreement shall be governed by and construed in accordance with all laws and contractual obligations incumbent upon the Alliance. Community Supports Provider shall comply with all applicable Laws, now or hereafter in effect, to the extent that they directly or indirectly affect Community Supports Provider or the Alliance, and bear upon the subject matter of the Agreement. Community Supports Provider shall comply with the applicable provisions of the Medi-Cal Managed Care Contract, and Chapters 3 and 4 of Subdivision I of Division 3 of Title 22 of the California Code of Regulations related to the services Community Supports Provider is required to perform, and federal laws governing the Medicaid program. In addition, the Alliance is subject to the requirements of Chapter 2.2 of Division 2 of the California Health and Safety Code and Subchapter 5.5 of Chapter 3 of Title 10 of the California Code of Regulations. Any provision required to be in the Agreement by either of the above laws shall bind the parties whether or not provided in the Agreement. [Medi-Cal Managed Care Contract, Exhibit A, Attachment 6, Section 13, Parts B.2 and B.21; W&I Code § 14452(a); 22 CCR § 53250(c)(2); Knox-Keene Act; 42 Code of Federal Regulations (CFR) 438.230(c)(1)-(2); Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Parts B.2 and B.21]

(2) When required by law, amendments to the Agreement shall be submitted by the Alliance to California Department of Health Care Services (DHCS) for prior approval at least thirty (30) days before the effective date of any proposed changes governing compensation, services or term. Proposed changes, which are neither approved nor disapproved by the Department, shall become effective by operation of law thirty (30) days after the DHCS has acknowledged receipt, or upon the date specified in the amendment, whichever is later. Subcontracts between a prepaid health plan and Community Supports Provider shall be public records on file with the DHCS. Additionally, where required by law, the Alliance must notify, and obtain prior approval from the Department of Managed Health Care (DMHC) prior to any material revision to this Agreement. [Medi-Cal Managed Care Contract, Exhibit A, Attachment 6, Section 13, Part B.3; 22 CCR §§ 53250(a), (c)(3), & (e)(4); W&I Code § 14452(a); Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.3; CA H&S Code § 1352; 28 CCR 1300.52.4]

(3) Community Supports Provider shall provide the Alliance, within the time requested by the Alliance, with all such reports and information as the Alliance may require to allow it to meet the reporting requirements under the Medi-Cal Managed Care Contract or any applicable Law. [22 CCR § 53250(c)(5); Medi-Cal Managed Care Contract Exhibit A, Attachment 6, Section 13, Part B.6]

(4) Community Supports Provider shall comply with all monitoring provisions of the Medi-Cal Managed Care Agreement and any monitoring request by DHCS. [Medi-Cal Managed Care Contract Exhibit A, Attachment 6, Section 13, Part B.7; Medi-Cal Managed Care Contract Amendment Exhibit A, Attachment 6, Section 14, Part B.7]

(5) Community Supports Provider agrees to make all of their premises, facilities, equipment, books, and records, contracts, computer and other electronic systems pertaining to the goods and services furnished under the terms of the Agreement, available for the purpose of an audit, inspection, evaluation, examination or copying: (A) by DHCS, Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (DHHS) Inspector General, the Comptroller General, Department of Justice (DOJ), and Department of Managed Health Care (DMHC), or their designees; (B) at all reasonable times at Community Supports Provider's place of business or at such other mutually agreeable location in California; (C) in a form maintained in accordance with the general standards applicable to such book or record keeping; (D) for a term of at least ten (10) years from the final date of the Agreement Term or from the date of completion of any audit, whichever is later; (E) Including all Encounter Data for a period of at least ten (10) years. (F) If DHCS, CMS, or the DHHS Inspector General determines there is a reasonable possibility of fraud or similar risk, DHCS, CMS, or the DHHS Inspector General may inspect, evaluate, and audit Community Supports Provider at any time. (G) Upon resolution of a full investigation of fraud, DHCS reserves the right to suspend or terminate Community Supports Provider from

participation in the Medi-Cal program; seek recovery of payments made to Community Supports Provider; impose other sanctions provided under the State Plan, and direct the Alliance to terminate their Agreement due to fraud. [42 CFR 438.230(c); Medi-Cal Managed Care Contract Exhibit A, Attachment 6, Section 13, Part B.8; W&I Code § 14452(c); 22 CCR § 53250(e)(1); CA H&S Code § 1382(a); Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.8]

(6) Community Supports Provider shall maintain and make available to DHCS, upon request, copies of all Community Supports Provider's subcontracts under the Agreement and to ensure that all such sub-subcontracts are in writing and require that such sub-subcontractor(s): (1) makes all premises, facilities, equipment, applicable books, records, contracts, computer, or other electronic systems related to this Agreement, available for audit, inspection, examination, or copying by DHCS, CMS, or the DHHS Inspector General, the Comptroller General, DOJ, and DMHC, or their designees and (2) retain all records and documents for a minimum of at least ten (10) years from the final date of the Agreement Term or from the date of completion of any audit, whichever is later. [Medi-Cal Managed Care Contract Exhibit A, Attachment 6, Section 13, Part B.10; 22 CCR § 53250(e)(3), CA H&S Code § 1381 and 1385; 28 CCR 1300.81 and 1300.85; Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.10]

(7) Community Supports Provider agrees to assist the Alliance in the transfer of care pursuant to Exhibit E, Attachment 2, Program Terms and Conditions, Provision 15, Phase out Requirements, Paragraph B, in the event of Contract Termination. [Medi-Cal Managed Care Contract, Exhibit A, Attachment 6, Section 13, Part B.11; Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.11]

(8) Community Supports Provider agrees to assist the Alliance in the transfer of care in the event of a sub-subcontract termination for any reason. [Medi-Cal Managed Care Contract, Exhibit A, Attachment 6, Section 13, Part B.12; Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.12]

(9) Community Supports Provider shall notify DHCS in the event the Agreement is amended or terminated. Notice to the Department is considered given when properly addressed and deposited in the United States Postal Service as first-class registered mail, postage attached. [Medi-Cal Managed Care Contract, Exhibit A, Attachment 6, Section 13, Part B.13; Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.13]

(10) Community Supports Provider agrees that the assignment or delegation of this Agreement shall be void unless prior written approval is obtained from DHCS in those instances where prior approval is required. [Medi-Cal Managed Care Contract, Exhibit A, Attachment 6, Section 13, Part B.14; Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.14]

(11) Community Supports Provider shall hold Members and the State harmless from and against any and all claims which may be made by Community Supports Provider in the event the Alliance cannot or will not pay for services performed by Community Supports Provider pursuant to the Subcontract. [Medi-Cal Managed Care Contract Exhibit A, Attachment 6, Section 13, Part B.15; 22 CCR § 53250(e)(6); Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.15]

(12) Community Supports Provider agrees that in no event, including, but not limited to, non-payment by the Alliance, the insolvency of the Alliance, or breach of the Agreement, shall Community Supports Provider, Participating Providers or any other subcontractor of Community Supports Provider bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from, or have any recourse against Members, the State of California, or persons other than the Alliance acting on behalf of Members or the State of California for services provided pursuant to the Agreement, except as provided by Article 7 of the California Welfare & Institutions Code starting with Section 14490. [W&I Code § 14452.6; 22 CCR § 53250(e)(6); Section 1932(b)(6) of the Social Security Act; 42 CFR 438.3(k); 42 CFR 438.230(c)(1) - (2); Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.15]

(13) Community Supports Provider agrees to timely gather, preserve, and provide to DHCS, any records in Community Supports Provider's possession, in accordance with Exhibit E, Attachment 2, Program Terms and Conditions, Provision 26, Records Related to Recovery for Litigation. [Medi-Cal Managed Care Contract, Exhibit A, Attachment 6, Section 13, Part B.16; Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.16]

(14) Community Supports Provider agrees to provide interpreter services for Members at all provider sites. [Medi-Cal Managed Care Contract, Exhibit A, Attachment 6, Section 13, Part B.17; Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.17]

(15) Community Supports Provider has the right to submit a grievance in accordance with the Alliance's process to resolve provider grievances. [Medi-Cal Managed Care Contract, Exhibit A, Attachment 6, Section 13, Part B.18; Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.18]

(16) The Alliance will be responsible for maintaining a quality assurance program in compliance with Title 28 of the California Code of Regulations §1300.70, as amended. Community Supports Provider will assist the Alliance in maintaining the Alliance's quality assurance program, as applicable consistent with the Alliance's quality assurance program policies and procedures and Law. Community Supports Provider agrees to participate and cooperate in the Alliance's Quality Improvement System. [Medi-Cal Managed Care Contract, Exhibit A, Attachment 6, Section 13, Part B.19; Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.19]

(17) If the Alliance delegates quality improvement functions to Community Supports Provider, the Alliance and Community Supports Provider agrees that such functions shall be performed in a manner consistent with Medi-Cal requirements and the Agreement shall contain the following: (a) a description of the quality improvement responsibilities, and specific delegated functions and activities; (b) Alliance's oversight, monitoring, and evaluation processes and Community Supports Provider's agreement to such processes; (c) Alliance's reporting requirements and approval processes; (d) Community Supports Provider's responsibility to report findings and actions taken as a result of the quality improvement activities at least quarterly; (d) Alliance's actions/remedies if Community Supports Provider's obligations are not met. [Medi-Cal Managed Care Contract, Exhibit A, Attachment 6, Section 13, Part B.20; Medi-Cal Managed Care Contract Exhibit A, Attachment 4, Section 6; Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.20]

(18) Community Supports Provider agrees to revoke the delegation of activities and/or obligations in instances where DHCS or the Alliance determine that Community Supports Provider has not performed satisfactorily. [42 CFR 438.230(b)(2)(ii); Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.22]

(19) Community Supports Provider agrees to provide the Alliance with the disclosure statement set forth in Title 22 CCR Section 51000.35, prior to commencing services under the Agreement. [Medi-Cal Managed Care Contract, Exhibit A, Attachment 6, Section 13, Part B.23]

(20) To the extent that Community Supports Provider is responsible for the coordination of care for Members, the Alliance agrees to share with Community Supports Provider any utilization data that DHCS has provided to the Alliance, and Community Supports Provider agrees to receive the utilization data provided and use as they are able to the purpose of Member care coordination. [Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.23]

(21) The Alliance agrees to inform Community Supports Provider of prospective requirements added by DHCS to the Medi-Cal Managed Care Contract before the requirement would be effective or as soon as possible after requirements are disseminated by DHCS, and Community Supports Provider agrees to comply with the new requirements within 30 days of the effective date, unless otherwise instructed by DHCS and to the extent possible. Such notice shall constitute an amendment to this Agreement and such amendment shall not require Community Supports Provider's consent. [Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 14, Part B.24]

(22) Community Supports Provider will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Community Supports Provider will take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of payment and other forms of compensation; and career development opportunities and selection for training, including apprenticeship. Community Supports Provider agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government or DHCS, setting forth the

provisions of the Equal Opportunity clause, Section 503 of the Rehabilitation Act of 1973 and the affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 USC § 4212). Such notices shall state Community Supports Provider's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees. [Medi-Cal Managed Care Contract, Exhibit D(F), Section 1(a)]

(23) Community Supports Provider will, in all solicitations or advancements for employees placed by or on behalf of Community Supports Provider, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. [Medi-Cal Managed Care Contract, Exhibit D(F), Section 1(b)]

(24) Community Supports Provider will send to each labor union or representative of workers with which either one has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or workers' representative of Community Supports Provider's commitments under the provisions herein and shall post copies of the notice in conspicuous places available to employees and applicants for employment. [Medi-Cal Managed Care Contract, Exhibit D(F), Section l(c)]

(25) Community Supports Provider will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 USC 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and of the rules, regulations, and relevant orders of the Secretary of Labor. [Medi-Cal Managed Care Contract, Exhibit D(F), Section 1(d)]

(26) Community Supports Provider will furnish all information and reports required by Federal Executive Order No.11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders. [Medi-Cal Managed Care Contract, Exhibit D(F), Section 1(e)]

(27) In the event of Community Supports Provider's noncompliance with the requirements of the provisions herein or with any Federal rules, regulations, or orders which are referenced herein, this Agreement may be cancelled, terminated, or suspended in whole or in part and Community Supports Provider may be declared ineligible for further Federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law. [Medi-Cal Managed Care Contract, Exhibit D(F), Section 1(f)]

(28) Community Supports Provider shall protect from unauthorized disclosure names and other identifying information concerning persons either receiving services pursuant to the Medi-Cal Managed Care
Contract or persons whose names or identifying information becomes available or are disclosed to Community Supports Provider as a result of services performed under the Medi-Cal Managed Care Contract, except for statistical information not identifying any such person. Community Supports Provider shall not use such identifying information for any purpose other than carrying out the Alliance's obligations under the Medi-Cal Managed Care Contract. Community Supports Provider shall promptly transmit to the DHCS program contract manager all requests for disclosure of such identifying information not emanating from the client or person. For the purposes of this Paragraph, identity shall include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or photograph. As deemed applicable by DHCS,

this Paragraph may be supplemented by additional terms and conditions covering personal health information (PHI) or personal, sensitive, and/or confidential information (PSCI). Said terms and conditions will be outlined in one or more exhibits that will either be attached to this Agreement or incorporated into this Agreement by reference. [Medi-Cal Managed Care Contract, Exhibit D(F), Section 13]

(29) Community Supports Provider will retain, as applicable, Member Grievance and Appeal records as required in 42 CFR 438.416; base data as defined in 42 CFR 438.5(c); MLR reports as required in 42 CFR 438.8(k); and the data, information, and documentation specified in 42 CFR 438.604, 438.606, 438.608, and 438.610 for a period of no less than 10 years. [42 CFR 438.3(u); Medi-Cal Managed Care Contract Amendment, Exhibit E, Attachment 2, Section 19, Part C.1-C.2]

(30) To the extent that Community Supports Provider is delegated responsibility by the Alliance for coverage of services and payment of claims under the contract between the state and the Alliance, Community Supports Provider shall implement and maintain procedures that are designed to detect and prevent Fraud, Waste, and Abuse. The procedures must include a compliance program, as set forth in 42 CFR 438.608(a), that at a minimum includes all of the following elements: (A) Written policies, procedures, and standards of conduct that articulate Community Supports Provider's commitment to comply with all applicable requirements and standards under the contract, and all applicable Federal and state requirements. (B) A Compliance Officer (CO) who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract and who reports directly to the Chief Executive Officer (CEO) and the Board of Directors (BoD). (C) A Regulatory Compliance Committee (RCC) on the BoD and at the senior management level charged with overseeing Community Supports Provider's compliance program and its compliance with the requirements under the contract. (D) A system for training and education for the CO, the organization's senior management, and Community Supports Provider's employees for the federal and state standards and requirements under the contract. (E) Effective lines of communication between the CO and the organization's employees. (F) Enforcement of standards through well-publicized disciplinary guidelines. (G) The establishment and implementation of procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under the contract. [42 CFR 438.608(a); 42 CFR 438.608(a)(1)(i) - (vii); Medi-Cal Managed Care Contract Amendment, Exhibit E, Attachment 2, Section 26, Part B.1].

(31) To the extent that Community Supports Provider is delegated responsibility by the Alliance for coverage of services and payment of claims under the contract between the state and the Alliance, Community Supports Provider will implement and maintain arrangements or procedures for prompt reporting to the Alliance of all overpayments identified or recovered, specifying the overpayments due to potential fraud. [42 CFR 438.608(a)(2); Medi-Cal Managed Care Contract Amendment, Exhibit E, Attachment 2, Section 26, Part B.2].

(32) To the extent that Community Supports Provider is delegated responsibility by the Alliance for coverage of services and payment of claims under the contract between the state and the Alliance, Community Supports Provider will implement and maintain arrangements or procedures for prompt notification to the Alliance when it receives information about changes in a Member's circumstances that may affect the Member's eligibility including (A) changes in the enrollee's residence, (B) changes in the Member's income, or (3) the death of the Member. [42 CFR 438.608(a)(3); Medi-Cal Managed Care Contract Amendment, Exhibit E, Attachment 2, Section 26, Part B.3]

(33) To the extent that Community Supports Provider is delegated responsibility by the Alliance for coverage of services and payment of claims under the contract between the state and the Alliance, Community Supports Provider will implement and maintain arrangements or procedures for notification to the Alliance when it receives information about a change in a Network Provider's circumstances that may affect the Network Provider's eligibility to participate in the Medi-Cal managed care program, including the termination of their Provider agreement with Community Supports Provider. [42 CFR 438.608(a)(4); Medi-Cal Managed Care Contract Amendment, Exhibit E, Attachment 2, Section 26, Part B.4]

(34) To the extent that Community Supports Provider is delegated responsibility by the Alliance for coverage of services and payment of claims under the contract between the state and the Alliance, Community Supports Provider will implement and maintain arrangements or procedures that include provisions to verify, by sampling or other methods, whether services that have been represented to have been delivered by Network Providers

were received by Members and the application of such verification processes on a regular basis. Should the monitoring activities identify that services were not rendered as billed, Community Supports Provider must report these findings to the Alliance within 5 business days. [42 CFR 438.608(a)(5); Medi-Cal Managed Care Contract Amendment, Exhibit E, Attachment 2, Section 26, Part B.5].

(35) When the Alliance makes or receives annual payments under the Medi-Cal Managed Care Contract of at least $5,000,000, and to the extent that Community Supports Provider is delegated responsibility by the Alliance for coverage of services and payment of claims under the contract between the state and the Alliance, Community Supports Provider will implement and maintain written policies for all of their employees, and for any sub-subcontractor or agent, that provide detailed information about the False Claims Act (FCA) and other Federal and state laws, including information about rights of employees to be protected as whistleblowers. [Section 1902(a)(68) of the Act; 42 CFR 438.608(a)(6); Medi-Cal Managed Care Contract Amendment, Exhibit E, Attachment 2, Section 26, Part B.6]

(36) To the extent that Community Supports Provider is delegated responsibility by the Alliance for coverage of services and payment of claims under the contract between the state and the Alliance, Community Supports Provider will implement and maintain arrangements or procedures that include provision for the prompt referral of any potential fraud, waste, or abuse that Community Supports Provider identifies to the Alliance within 5 business days of discovery. [42 CFR 438.608(a)(7); Medi-Cal Managed Care Contract Amendment, Exhibit E, Attachment 2, Section 26, Part B.7]

(37) To the extent that Community Supports Provider is delegated responsibility by the Alliance for coverage of services and payment of claims under the contract between the state and the Alliance, Community Supports Provider will implement and maintain arrangements or procedures that include provision for the Alliance's suspension of payments to a Network Provider for which the state determines there is a credible allegation of fraud. [42 CFR 438.608(a)(8); 42 CFR 455.23; Medi-Cal Managed Care Contract Amendment, Exhibit E, Attachment 2, Section 26, Part B.8]

(38) Community Supports Provider shall comply with all applicable federal requirements in Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendment of 1972 (regarding education programs and activities, as amended); the Age Discrimination Act of 1975; the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act of 1990, as amended; and Section 1557 of the Patient Protection and Affordable Care Act. [Medi-Cal Managed Care Contract, Exhibit E, Attachment 2, Section 30; Medi-Cal Managed Care Contract Amendment, Exhibit E, Attachment 2, Section 29]

(39) Community Supports Provider will provide written disclosure of any prohibited affiliation under 42 CFR 438.610. [42 CFR 438.608(c)1); 42 CFR 438.610; Medi-Cal Managed Care Contract Amendment, Exhibit E, Attachment 2, Section 33.A]

(40) Community Supports Provider will provide written disclosures on ownership and control as required under 42 CFR 455.104. [42 CFR 438.608(c)(2); 42 CFR 455.104; Medi-Cal Managed Care Contract Amendment, Exhibit E, Attachment 2, Section 33.B]

(41) Community Supports Provider will report to the Alliance and to the state within 60 calendar days when they have identified the capitation payments or other payments in excess of amounts specified in the Agreement. [42 CFR 438.608(c)(3); Medi-Cal Managed Care Contract Amendment, Exhibit E, Attachment 2, Section 33.C]

(42) Community Supports Provider hereby certifies that neither it nor any of its principals, owners, employees or subcontractors (a) is presently debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded from participation in a covered transaction by any federal department or agency, excluded as the result of state or federal action from participation in any federally-funded health care program, or otherwise excluded from participating in procurement activities under the FAR or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.; (b) has within a three-year period preceding this Agreement been convicted of or had a civil judgment rendered against it or them for (i) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, (ii) violation of federal or state antitrust statutes or (iii) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) is presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with

commission of any of the offenses enumerated in clause (b) above; or (d) has within a three-year period preceding this Agreement had one or more public transaction (federal, state or local) terminated for cause or default. (The terms "**covered transaction**", "**debarred"**, "**suspended**", "**ineligible**" and "**voluntarily excluded**" have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.) Community Supports Provider shall provide immediate written notice to the Alliance if at any time the foregoing certification becomes erroneous. Upon the request of the Alliance at any time during the term of this Agreement, Community Supports Provider shall update and reissue such certification. Community Supports Provider further agrees that it will obtain from all subcontractors to whom Community Supports Provider subcontracts any portion of the Services, if any, such subcontractor's written certification of, and agreement to, the matters set forth in this paragraph, in a form acceptable to the Alliance. [Section 1932(d)(1) of the Act; 42 CFR 438.610(a)(1) - (2); 42 CFR 438.610(c)(2); Exec. Order No. 12549; Medi-Cal Managed Care Contract, Exhibit D(F), Section 19; Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 1, Section 2.B]

(43) Community Supports Provider shall submit financial information consistent with Department of Managed Health Care filing requirements unless otherwise specified by DHCS. [Medi-Cal Managed Care Contract, Exhibit A, Attachment 2, Section 3.C]

(44) Community Supports Provider must provide complete, accurate, and timely claims and Encounter Data to the Alliance, allowing the Alliance to meet its administrative functions and the requirements set forth in the Medi-Cal Managed Care Contract. [Medi- Cal Managed Care Contract, Exhibit A, Attachment 3, Section 2.B]

(45) To the extent that Community Supports Provider is delegated credentialing responsibility, Community Supports Provider shall develop and maintain written policies and procedures that include initial credentialing, recredentialing, recertification, and reappointment of Network Providers, in accordance with 42 CFR 438.214 and All Plan Letter (APL) 16-012, and any subsequent guidance provided by DHCS and provided to Community Supports Provider by the Alliance. [42 CFR 438.214; APL 16-012; Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 4, Section 12]

(46) To the extent that Community Supports Provider is delegated Utilization Management responsibility, Community Supports Provider is responsible to ensure that the Utilization Management (UM) program includes the separation of medical decision from fiscal and administrative management to assure those medical decisions will not be unduly influenced by fiscal and administrative management. Compensation of staff or sub-subcontractors that conduct UM activities shall not be structured to provide incentives to deny, limit, or discontinue Medically Necessary services. [42 CFR 438.210(e); Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 5, Section 1.B]

(47) Community Supports Provider shall ensure that its Prior Authorization, concurrent review, and retrospective review procedures meet the following minimum requirements: (A) Consult with the requesting Provider when additional information or clarification is needed for medical necessity and benefit determination, when appropriate. (B) Decisions to deny or to authorize an amount, duration, or scope that is less than requested shall be made by a qualified health care professional with appropriate clinical expertise in treating the medical or behavioral health condition and disease. Appropriate clinical expertise may be demonstrated by appropriate specialty training, experience or certification by the American Board of Medical Specialties. Qualified health care professionals do not have to be an expert in all conditions and may use other resources to make appropriate decisions. (C) Qualified health care professionals supervise review decisions, including service reductions, and a qualified physician will review all denials that are made, whole or in part, on the basis of Medical Necessity. (D) There is a set of written criteria or guidelines for utilization review that is based on sound medical evidence, is consistently applied, regularly reviewed, and updated. (E) Reasons for decisions are clearly documented. (F) Notification to Members regarding denied, deferred or modified referrals is made as specified in 28 CCR §1300.68 and 1300.68.01. There shall be a well-publicized Appeals procedure for both Providers and patients. (G) Decisions and Appeals are made in a timely manner and are not unduly delayed. (H) Prior Authorization requirements shall not be applied to emergency services. (I) Records, including any Notice of Action (NOA), shall meet the retention requirements described in 42 CFR 438.3(h). (J) Notify the requesting Provider of any decision to deny, approve, modify, or delay a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. The notice to the Provider may be orally or in writing. Notice to the Member shall be in writing and in accordance with the requirements in Exhibit A, Attachment 13, Member Services, Provision 8 of the Medi-Cal Managed Care Contract and in a format approved by the Alliance. [Medi-Cal Managed Care Contract Amendment; Exhibit A, Attachment 5, Section 2]

(48) Community Supports Provider agrees that for requests in which a Provider indicates, or Community Supports Provider determine that, following the standard timeframe for authorizations could seriously jeopardize the Member's life or health or ability to attain, maintain, or regain maximum function, the Community Supports Provider must make an expedited authorization decision and provide notice as expeditiously as the Member's health condition requires, not later than 72 hours after receipt of the request for services. Community Supports Provider may extend the 72 hours' time period by up to 14 calendar days if the Member requests an extension, or if Community Supports Provider justifies, to the satisfaction of DHCS upon request, a need for additional information and how the extension is in the Member's interest. Any decision delayed beyond the time limits is considered a denial and must be immediately processed as such. [Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 5, Section 3.H]

(49) Within the Alliance's service area, Community Supports Provider shall ensure and monitor an appropriate Provider Network, including adult and pediatric behavioral health Providers, and service sites. In addition, Community Supports Provider shall ensure and monitor availability of services provided at Federally Qualified Health Centers (FQHCs) where available. [42 CFR 438.68(b); Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 6, Section 2]

(50) Community Supports Provider shall ensure that all Network Providers receive training regarding the Medi-Cal Managed Care program in order to operate in full compliance with the Medi-Cal Managed Care Contract and all applicable federal and State statutes and regulations. Community Supports Provider shall ensure that Network Provider training relates to Medi-Cal Managed Care services, policies, procedures and any modification to existing services, policies or procedures. Training shall include methods for sharing information between Community Supports Provider, Network Provider, Member and/or other healthcare professionals. Community Supports Provider shall conduct training for all Network Providers within 10 working days after Community Supports Provider places a newly contracted Network Provider on active status. Community Supports Provider may utilize the training program developed by the Alliance at the following URL: http://www.ccah-alliance.org/formsandpub.html If Community Supports Provider opts to use an internal training program rather than the training program developed by the Alliance, such internal training program must first be submitted to the Alliance to ensure that the training meets the minimum standards required by the Medi-Cal Managed Care Contract and all applicable federal and state statutes and regulations. [Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 7, Section 5, Part A]

(51) Community Supports Provider shall provide cultural competency, sensitivity, or diversity training to staff and Network Providers at key points of contact. The training shall promote Access and the delivery of services in a culturally competent manner to all Members, regardless of race, color, national origin, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, or identification with any other persons or groups defined in Penal Code 422.56. The training shall cover information about the identified cultural groups in the Alliance's Service Areas, such as the groups' beliefs about illness and health; methods of interacting with Providers and the health care structure; traditional home remedies that may impact what the Provider is trying to do to treat the patient; and language and literacy needs. [Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 9, Section 13, Part E]

(52) Community Supports Provider shall comply with 42 CFR 438.10(d)(4) and provide, at minimum, the following linguistic services at no cost to Medi-Cal Members or Potential Enrollees: (1) Oral Interpreters, signers, or bilingual Providers and Provider staff at all key points of contact. These services shall be provided in all languages spoken by Eligible Beneficiaries and not limited to those that speak the threshold or concentration standards languages. (2) Fully translated Member information, including but not limited to marketing information and form letters, including NOA letters and Grievance and Appeal acknowledgement and resolution letters. Community Supports Provider shall provide translated written informing materials to all monolingual or Limited English Proficient (LEP) Members that speak the identified threshold or concentration standard languages. The threshold or concentration languages are identified by DHCS within the Alliance's Service Area, and by the Alliance in its Group Needs Assessment (GNA). (3) Referrals to culturally and linguistically appropriate community service programs. (4) Auxiliary Aids such as Telephone Typewriters (TTY)/ Telecommunication Devices for the Deaf (TDD) and American Sign Language. [42 CFR 438.10(d)(4); Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 9, Section 14, Part B.1-B.4]

(53) Community Supports Provider shall (A) provide or arrange for all Medically Necessary Covered Services for Members. Covered Services are those services set forth in Title 22 CCR Chapter 3, Article 4, beginning with Section 51301, and Title 17, CCR, Division 1, Chapter 4, Subchapter 13, beginning with Section 6840, and

provided in accordance 42 CFR 438.210(a) and 42 CFR 440.230, unless otherwise specifically excluded under the terms of the Medi-Cal Managed Care Contract. Community Supports Provider shall ensure that the Covered Services and other services required in the Medi-Cal Managed Care Contract are provided to a Member in an amount no less than what is offered to beneficiaries under Fee-for-Service (FFS). Community Supports Provider has the primary responsibility to provide all Medically Necessary Covered Services, including services which exceed the services provided by Local Education Agencies (LEA), Regional Centers, or local governmental health programs. (B) ensure that services provided are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the Covered Services are furnished, and may not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of the diagnosis, type of illness, or condition. Community Supports Provider may place appropriate limits on a service on the basis of criteria such as Medical Necessity; or for utilization control, provided the services furnished can reasonably be expected to achieve their purpose and the services supporting Members with ongoing or chronic conditions are provided in a manner that reflects the Member's ongoing needs. [42 CFR 210(a); Medi-Cal Managed Medical Care Contract Amendment, Exhibit A, Attachment 10, Section 1.A – 1.B]

(54) Community Supports Provider shall ensure that all written information, provided to Members is at a sixth grade reading level or as determined appropriate through the Alliance's GNA and approved by the Alliance. Information provided to Members shall ensure Members' understanding of Community Supports Provider's processes and the Member's ability to make informed health decisions. All written information provided to Members shall be in a format that is easily understood and in a font size no smaller than 12-point. Written information provided to Members shall be translated into the identified threshold and concentration languages and shall be available in alternative formats (including Braille, large-size print font no smaller than 18-point, or audio format) and through auxiliary aids upon request and in a timely fashion appropriate for the format being requested and taking into consideration the special needs of Members with disabilities or LEP. Community Supports Provider shall establish policies and procedures to enable Members to make a standing request to receive all written information provided to Members in a specified threshold language or alternative format. Written information provided to Members in English shall include taglines and information on how to request auxiliary aides and services, including materials in alternative formats, in large print font no smaller than 18-point, and in all State threshold languages as required in this Provision. The taglines shall explain the availability of written Member information translated in that language or oral interpretation to understand the information provided, and the toll-free and TTY/TDD telephone number for Community Supports Provider's Member services. For the purposes of this provision, written information provided to Members includes provider directory, significant mailings and notices, and any notices related to Grievances, actions, and Appeals. [42 CFR 438.10(d); Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 13, Section 4]

(55) Community Supports Provider agrees that a Notice of Action (NOA) is a formal letter, in a format approved by the Alliance, informing a Member of any of the following actions taken by Community Supports Provider and sent within the corresponding timeframes: (1) For the denial or limited authorization of a requested Covered Service, send in a timely fashion appropriate for the nature of the Member's condition, not to exceed five (5) business days from receipt of the information reasonably necessary and requested to make the determination. The timeframe to make a decision may not exceed 14 calendar days following receipt of the request. An extension of 14 calendar days may be granted if either the beneficiary or provider requests the extension, or Community Supports Provider justifies a need for additional information and how the extension is in the beneficiary's best interest. Should Community Supports Provider not be able to make a decision to approve, modify, or deny the request for an authorization within five (5) business days from receipt of the information reasonably necessary and requested to make the determination, Community Supports Provider must notify the requesting provider and member, in writing, that Community Supports Provider cannot make a decision, specify the information requested but not received, or the expert reviewer to be consulted, or the additional examinations or tests required, and notify the provider and enrollee of the anticipated date on which a decision may be rendered, consistent with California Health and Safety Code Section 1367.01(h)(5). In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of the receipt of information that is reasonably necessary to make this determination. (2) For the reduction, suspension, or termination of a previously authorized Covered Service, send within the timeframes stated in Exhibit A, Attachment 13, Provision 8, Paragraph B of the Medi-Cal Managed Care Contract. (3) For a denial, in whole or in part, of payment for a Covered Service, send at the time of any action affecting the claim. (4) For the failure to authorize Covered Services in a timely manner, send on the date that the timeframe expires. (5) For the decision to extend the time frame to authorize a Covered Service and provide information on filing a Member Grievance if the Member disagrees, send within 14 calendar days following receipt of the request. (6) For an

expedited service authorization decision, send within 72 hours of receipt of the request. [Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 14, Section 4.A]

(56) Community Supports Provider agrees that a written NOA shall be in a format and language that, at a minimum, meets the standards set forth in Exhibit A, Attachment 13, Provision 4 of the Medi-Cal Managed Care Contract, and must include all of the following: (1) The action that Community Supports Provider has taken or intends to take; (2) The reason for the action, including notification to the Member of the right to request, free of charge, reasonable access to all documents and records relevant to the action, including the Medical Necessity criteria and standards used; (3) The Member right to request an Appeal with Community Supports Provider no later than 60 calendar days from the date on the NOA, and information on exhausting Community Supports Provider's one-level Appeal system; (4) The Member's right to request a State Fair Hearing after receiving a notice responding to an Appeal that Community Supports Provider is upholding its action, or if Community Supports Provider fails to send a resolution notice or extension in response to the Appeal within 30 calendar days; (5) Procedures for exercising the Member's rights to request a Grievance or Appeal; (6) Circumstances under which an expedited Appeal is available and how to request it; (7) The Member's right to have Covered Services continue pending the resolution of the Appeal; and (8) How to request a continuation of Covered Services. [Medi-Cal Managed Care Contract Amendment, Exhibit A, Attachment 14, Section 4.B]

(57) Community Supports Provider agrees that once a NOA is sent: (1) Members have 60 calendar days from the date on the NOA to file a Member Appeal with Community Supports Provider. (2) Members may request an independent Medical Review (IMR) regarding the NOA from the Department of Managed Health Care (DMHC) effective on the date the Alliance's Knox Keene License application for Medi-Cal is granted by DMHC. [Medi-Cal Managed Care Contract, Amendment, Exhibit A, Attachment 14, Section 4.C]

(58) Prior to commencing Services under the Agreement, Community Supports Provider shall provide the Alliance with any necessary disclosure statements and a completed disclosure form, attached to this Exhibit, for officers and other persons associated with Community Supports Provider as required by California Welfare & Institutions Code § 14452(a).

(59) Community Supports Provider will have in place and follow written policies and procedures for processing requests for initial and continuing authorizations of services. [42 CFR 438.210(b)(1)]

(60) Community Supports Provider shall allow the Alliance, the Secretary of the U.S. Department of Health and Human Services, and the state (or any person or organization designated by any of the above) to audit and inspect any books or records of Community Supports Provider pertaining to: (A) The ability of Community Supports Provider to bear the risk of financial losses. (B) Services performed or payable amounts under the contract. [Section 1903(m)(2)(A)(iv) of the Social Security Act]

EXHIBIT B: APPENDIX 1 - DISCLOSURE FORM

(Required by California Welfare and Institutions Code Section 14452)

The undersigned hereby certifies that the following information regarding:

Housing Matters

(The "**Organization**") is true and correct as of the date set forth below:

Officers/Directors/General Partners: Directors: Cecilia Espinola, Don Lane, Tom Gill, Mary Lou Goeke, BeaJae North, Ron Slack

Ray Bramson, John Dietz, Yana Jacobs, S.Phoenix MacKinnon, Maggie McKay, Mark Mesiti-Miller

Co-Owner(s): NA

Stockholders owning more than ten percent of the stock of the Organization: None

Major creditors holding more than five percent of Organization's debt: City of Santa Cruz (27%),

Community Foundation of Santa Cruz County (15%), Common Spirit/Dignity Health (59%)

Form of Organization (Corporation, Partnership, Sole Proprietorship, Individual, etc.): Corporation

If not already disclosed above, is Organization, either directly or indirectly related to or affiliated with the Contracting Health Plan? Please explain: No

Signature: Phil Kramer

Name: Phil Kramer
(Please type or print)

Title: Chief Executive Officer
(Please type or print)

Date Signed: June 10, 2022

EXHIBIT C – COMMUNITY SUPPORTS PROVIDER STANDARD TERMS AND CONDITIONS

Community Supports Provider acknowledges that the Alliance is participating in the DHCS CalAIM Community Supports program, which requires that certain terms and conditions be included in contracts with contracting entities such as Community Supports Provider. This Exhibit sets forth the Community Supports Provider Standard Terms and Conditions, which are in addition to those requirements set forth elsewhere in the Agreement. To the extent that the terms and conditions of the Agreement directly conflict with or contradict any terms and conditions set forth in this Exhibit, the terms and conditions of this Exhibit shall control.

1. Definitions. Key terms are defined as follows:

a. Community Supports: Pursuant to 42 CFR 438.3(e)(2), Community Supports are services or settings that are offered in place of services or settings covered under the California Medicaid State Plan and are medically appropriate, cost-effective alternatives to services or settings under the State Plan. Community Supports are optional for both the Alliance and the Member and must be approved by DHCS. DHCS already has pre-approved the list of Community Supports included in Section 2: DHCS-Approved Community Supports ("pre-approved Community Supports") services.

b. Community Supports Provider: a contracted provider of DHCS-approved Community Supports. Community Supports Providers are entities with experience and/or training providing one or more of the Community Supports approved by DHCS.

2. Overview

a. The Community Supports Provider may elect to offer the following DHCS-authorized Community Supports to Members (check as applicable):

(i) Housing Transition Navigation Services **X**
(ii) Housing Deposits **X**
(iii) Housing Tenancy and Sustaining Services **X**
(iv) Short-Term Post-Hospitalization Housing **X**
(v) Recuperative Care (Medical Respite) **X**
(vi) Respite Services
(vii) Day Habilitation Programs
(viii) Nursing Facility Transition / Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly (RCFE) and Adult Residential Facilities (ARF)
(ix) Community Transition Services / Nursing Facility Transition to a Home
(x) Personal Care and Homemaker Services
(xi) Environmental Accessibility Adaptations (Home Modifications)
(xii) Meals / Medically Tailored Meals
(xiii) Sobering Centers
(xiv) Asthma Remediation

3. **Community Supports Provider Requirements**

a. Community Supports Providers for whom a State-level enrollment pathway exists, shall enroll in Medi-Cal, pursuant to relevant DHCS APLs including Provider Credentialing / Recredentialing and Screening / Enrollment APL 19-004.

(i) If APL 19-004 does not apply to an Community Supports Provider, the Community Supports Provider will comply with the Alliance's process for vetting the Community Supports Provider, which may extend to individuals employed by or delivering services on behalf of the Community Supports Provider, to ensure it can meet the capabilities and standards required to be an Community Supports Provider.

b. Experience and training in the elected Community Supports.

(i) The Community Supports Provider shall have experience and/or training in the provision of the Community Supports being offered.

(ii) The Community Supports Provider shall have the capacity to provide the Community Supports in a culturally and linguistically competent manner, as demonstrated by a successful history of providing such services, training or other factors identified by the Alliance.

(iii) The Community Supports Provider shall participate in all mandatory, Provider-focused Community Supports trainings and technical assistance provided by the Alliance, including in-person sessions, webinars, and/or calls, as necessary.

c. If the Community Supports Provider subcontracts with other entities to administer its functions of Community Supports, the Community Supports Provider shall ensure agreements with each entity bind each entity to applicable terms and conditions set forth here.

4. **Delivery of Community Supports**

a. Community Supports Provider shall deliver contracted Community Supports services in accordance with DHCS service definitions and requirements.

b. Community Supports Provider shall maintain staffing that allows for timely, high-quality service delivery of the Community Supports that it is contracted to provide.

c. Community Supports Provider shall:

(i) Accept and act upon Member referrals from the Alliance for authorized Community Supports, unless the Community Supports Provider is at pre-determined capacity;

(ii) Conduct outreach to the referred Member for authorized Community Supports as soon as possible, including by making best efforts to conduct initial outreach within twenty-four (24) hours of assignment, if applicable;

(iii) Be responsive to incoming calls or other outreach from Members, including by maintaining a phone line that is staffed or able to record voicemail twenty-four (24) hours a day, seven (7) days a week;

(iv) Coordinate with other Providers in the Member's care team, including Enhanced Care Management Providers, other Community Supports Providers, and the Alliance;

(v) Comply with cultural competency and linguistic requirements required by federal, State, and local laws, and in this Agreement; and

(vi) Comply with non-discrimination requirements set forth in State and Federal law and in this Agreement.

d. When federal law requires authorization for data sharing, Community Supports Provider shall obtain and/or document such authorization from each assigned Member, including sharing of protected health information (PHI), and shall confirm it has obtained such authorization to the Alliance.

(i) Member authorization for Community Supports-related data sharing is not required for the Community Supports Provider to initiate delivery of Community Supports unless such authorization is required by federal law.

e. Community Supports Provider must inform the Alliance if they wish to discontinue providing Community Supports for any Members for any reason.

f. If a Community Supports is discontinued for any reason, Community Supports Provider shall support transition planning for the Member into other programs or services that might meet their needs.

g. Community Supports Provider is encouraged to identify additional Community Supports, Enhanced Care Management, and/or other Alliance services the Member may benefit from and send any additional request(s) for Community Supports or other services to the Alliance for authorization.

5. **Payment for Community Supports**

a. Community Supports Provider shall record, generate, and send a claim or invoice to the Alliance for Community Supports rendered.

(i) If Community Supports Provider submits claims, Community Supports Provider shall submit claims to the Alliance using specifications based on national standards and code sets to be defined by DHCS.

(ii) In the event Community Supports Provider is unable to submit claims to the Alliance for Community Supports using specifications based on national standards or DHCS-defined standard specifications and code sets, Community Supports Provider shall submit invoices with minimum necessary data elements defined by DHCS, which includes information about the Member, the Community Supports services rendered, appropriate service codes, and Community Supports Providers' information to support appropriate reimbursement by the Alliance, that will allow the Alliance to convert Community Supports invoice information into DHCS-defined standard specifications and code sets for submission to DHCS.

b. Community Supports Provider shall not receive payment from the Alliance for the provision of any Community Supports services not authorized by the Alliance.

c. Community Supports Provider must have a system in place to accept payment from the Alliance for Community Supports rendered.

(i) The Alliance shall pay 90 percent of all clean claims and invoices within 30 days of receipt and 99 percent of clean claims and invoices within 90 days of receipt.

d. The Alliance will provide expedited payments for urgent Community Supports (e.g., recuperative care services for an individual who no longer requires hospitalization, but still needs to heal from an injury or illness, including behavioral health conditions, and whose condition would be exacerbated by an unstable living environment), pursuant to the Alliance's DHCS Medi-Cal Contract and any other related DHCS guidance.

e. Community Supports Provider will be reimbursed only for services that are authorized by the Alliance. In the event of a Member requesting services not yet authorized by the Alliance, Community Supports Provider shall send prior authorization request(s) to the Alliance, unless a different agreement is in place (e.g., if the Alliance has given the Community Supports Provider authority to authorize Community Supports directly).

6. **Data Sharing to Support Community Supports**

a. As part of the referral process, the Alliance will ensure Community Supports Provider has access to:

(i) Demographic and administrative information confirming the referred Member's eligibility for the requested services;

(ii) Appropriate administrative, clinical, and social service information the Community Supports Provider might need in order to effectively provide the requested service and coordinate Member care; and

(iii) Billing information necessary to support the Community Supports Provider's ability to submit invoices to the Alliance.

7. Quality and Oversight

a. Community Supports Provider acknowledges the Alliance will conduct oversight of its delivery of Community Supports to ensure the quality of services rendered and ongoing compliance with all legal and contractual obligations both the Alliance and the Community Supports Provider have, including but not limited to, required reporting, audits, and corrective actions, among other oversight activities.

2A-5a HMIS
EVIDENCE ACCIDENTAL INCLUSION IN HIC OF EMERGENCY SHELTER ACTUALLY LOCATED NEIGHBORING CoC - CA-506 SALINA/MONTEREY AND SAN BENITO COUNTIES CoC

HUD 2021 Continuum of Care Homeless Assistance Programs
Housing Inventory Count Report

Important Notes About This Data: This report is based on information provided to HUD by Continuums of Care in the 2021 Continuum of Care application and has not been independently verified by HUD. CoCs were instructed to collect data for a point-in-time during the last week of January 2021. The data presented in this report are limited to beds available for occupancy on the night of the count (beds under development are excluded). For inquiries about data reported by a specific Continuum of Care, please contact that jurisdiction directly. CoC contact information can be found on the HUD Exchange web site (https://www.hudexchange.info/grantees/). In some cases, a community may have listed a program in the Housing Inventory Count but did not provide sufficient information/detail for HUD to understand the number of beds/units available and the target population served. Those programs have been removed for the purposes of this report.

CoC Number: CA-506

CoC Name: Salinas/Monterey, San Benito Counties CoC

Summary of all available beds reported by Continuum of Care:

								Subset of Total Bed Inventory		
	Family Units[1]	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Total Yr-Round Beds**	**Seasonal**	**Overflow / Voucher**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Emergency, Safe Haven and Transitional Housing	**114**	**471**	**554**	**0**	**1,025**	**76**	**0**	**n/a**	**68**	**18**
Emergency Shelter	37	154	418	0	572	76	0	n/a	10	12
Transitional Housing	77	317	136	0	453	n/a	n/a	n/a	58	6
Permanent Housing	**78**	**256**	**427**	**0**	**683**	**n/a**	**n/a**	**284**	**271**	**0**
Permanent Supportive Housing*	41	141	342	0	483	n/a	n/a	284	219	0
Rapid Re-Housing	37	115	85	0	200	n/a	n/a	n/a	52	0
Grand Total	**192**	**727**	**981**	**0**	**1,708**	**76**	**0**	**284**	**339**	**18**

Available CoC beds reported by Program Type:

*HUD's point-in-time count does not include persons or beds in Permanent Supportive Housing as currently homeless.
**Other Permanent Housing (OPH) - consists of PH - Housing with Services (no disability required for entry) and PH - Housing Only, as identified in the 2020 HMIS Data Standards.
[1]Family Units and Family Beds categories include units and beds for households with one adult and at least one child under age 18.
[2]Chronic Beds include beds in Permanent Supportive Housing dedicated to serve chronically homeless persons.
[3]Veteran Beds and Youth Beds, respectively, include beds dedicated to serve homeless veterans and their families, and include beds dedicated to housing homeless youth age 24 and younger.

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Emergency Shelter

Provider Name	Facility Name	Family Units[1]	Family Beds[1]	Adult-Only Beds	Child-Only Beds	Seasonal	Overflow / Voucher	Total Beds	Subset of Total Bed Inventory: Chronic Beds[2]	Veteran Beds[3]	Youth Beds[3]
Central Coast Center for Independent Livi	HEAP Hotels ES	1	2	3	0	0	0	5	n/a	0	0
Central Coast Center for Independent Livi	CCCIL- HUD ESG-CV ES	1	5	18	0	0	0	23	n/a	0	0
Coalition of Homeless Services Providers	ESG-CV COVID Motel Stay	1	5	2	0	0	0	7	n/a	0	0
Coalition of Homeless Services Providers	COVID Motel Stay	5	10	20	0	0	0	30	n/a	0	0
Community Homeless Solutions	H.O.M.E. Resource Center	0	0	50	0	0	0	50	n/a	0	0
Community Homeless Solutions	Homeless Medical Respite	0	0	6	0	0	0	6	n/a	0	0
Community Homeless Solutions	Hamilton	3	11	4	0	0	0	15	n/a	0	0
Community Homeless Solutions	Salinas Warming Shelter	5	47	47	0	0	0	94	n/a	0	0
Community Homeless Solutions	CNC Emergency Shelter	0	0	65	0	0	0	65	n/a	0	0
Community Human Services	Safe Place	0	0	12	0	0	0	12	n/a	0	12
Community Human Services	Casa De Noche Buena	3	14	12	0	0	0	26	n/a	0	0
County of San Benito	Homeless Winter Shelter for F	0	0	0	0	76	0	76	n/a	0	0
County of San Benito	San Benito COVID NCS	0	0	14	0	0	0	14	n/a	0	0
Emmaus House	Emmaus House	10	20	0	0	0	0	20	n/a	0	0
Interim Inc.	MCHOME- Salinas ESG-CV	0	0	5	0	0	0	5	n/a	0	0
Monterey County Dept. of Social Services	MoCo COVID NCS- Super 8	0	0	5	0	0	0	5	n/a	0	0
Monterey County Dept. of Social Services	MoCo COVID NCS- Project	2	5	2	0	0	0	7	n/a	0	0
Monterey County Dept. of Social Services	MoCo COVID NCS Carmel	1	4	0	0	0	0	4	n/a	0	0
Outreach United	I-HELP for Women	0	0	15	0	0	0	15	n/a	0	0
Outreach United	I-HELP for Men	0	0	25	0	0	0	25	n/a	0	0
Pajaro Rescue Mission	Pajaro Rescue Mission Emerg	0	0	32	0	0	0	32	n/a	0	0
Salvation Army	Frederikson House	4	16	0	0	0	0	16	n/a	0	0
Veterans Transition Center	ERS	0	0	10	0	0	0	10	n/a	10	0
Victory Mission	Victory Mission Emergency S	0	0	66	0	0	0	66	n/a	0	0
YWCA	YWCA Safe House	1	15	5	0	0	0	20	n/a	0	0
Total		**37**	**154**	**418**	**0**	**76**	**0**	**648**	**n/a**	**10**	**12**

*HUD's point-in-time count does not include persons or beds in Permanent Supportive Housing as currently homeless.
**Other Permanent Housing (OPH) - consists of PH - Housing with Services (no disability required for entry) and PH - Housing Only, as identified in the 2020 HMIS Data Standards.
[1]Family Units and Family Beds categories include units and beds for households with one adult and at least one child under age 18.
[2]Chronic Beds include beds in Permanent Supportive Housing dedicated to serve chronically homeless persons.
[3]Veteran Beds and Youth Beds, respectively, include beds dedicated to serve homeless veterans and their families, and include beds dedicated to housing homeless youth age 24 and younger.

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Transitional Housing

Provider Name	Facility Name	Family Units[1]	Family Beds[1]	Adult-Only Beds	Child-Only Beds	Seasonal	Overflow / Voucher	Total Beds	Subset of Total Bed Inventory: Chronic Beds[2]	Subset of Total Bed Inventory: Veteran Beds[3]	Subset of Total Bed Inventory: Youth Beds[3]
Community Homeless Solutions	Lexington Court Extension	2	11	0	0	n/a	n/a	11	n/a	0	0
Community Homeless Solutions	Homeward Bound Extension	6	30	0	0	n/a	n/a	30	n/a	0	0
Community Homeless Solutions	Women in Transition	0	0	21	0	n/a	n/a	21	n/a	0	0
Community Homeless Solutions	Men in Transition Extension	0	0	6	0	n/a	n/a	6	n/a	0	0
Community Human Services	Safe Passage	0	0	6	0	n/a	n/a	6	n/a	0	6
Franciscan Workers	House of Peace	0	0	25	0	n/a	n/a	25	n/a	0	0
Housing Authority	Pueblo Del Mar	54	216	0	0	n/a	n/a	216	n/a	0	0
Interim Inc.	Shelter Cove	0	0	20	0	n/a	n/a	20	n/a	0	0
Salvation Army	Casa de las Palmas	9	36	0	0	n/a	n/a	36	n/a	0	0
Salvation Army	Phase II	6	24	0	0	n/a	n/a	24	n/a	0	0
Veterans Transition Center	GPD- Bridge	0	0	8	0	n/a	n/a	8	n/a	8	0
Veterans Transition Center	GPD- Clinical	0	0	20	0	n/a	n/a	20	n/a	20	0
Veterans Transition Center	GPD- Service Intensive Trans	0	0	30	0	n/a	n/a	30	n/a	30	0
Total		**77**	**317**	**136**	**0**	**n/a**	**n/a**	**453**	**n/a**	**58**	**6**

*HUD's point-in-time count does not include persons or beds in Permanent Supportive Housing as currently homeless.
**Other Permanent Housing (OPH) - consists of PH - Housing with Services (no disability required for entry) and PH - Housing Only, as identified in the 2020 HMIS Data Standards.
[1]Family Units and Family Beds categories include units and beds for households with one adult and at least one child under age 18.
[2]Chronic Beds include beds in Permanent Supportive Housing dedicated to serve chronically homeless persons.
[3]Veteran Beds and Youth Beds, respectively, include beds dedicated to serve homeless veterans and their families, and include beds dedicated to housing homeless youth age 24 and younger.

HUD 2021 Continuum of Care Homeless Assistance Programs
Housing Inventory Count Report

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Permanent Supportive Housing

Provider Name	Facility Name	Family Units[1]	Family Beds[1]	Adult-Only Beds	Child-Only Beds	Seasonal	Overflow / Voucher	Total Beds	Subset of Total Bed Inventory: Chronic Beds[2]	Veteran Beds[3]	Youth Beds[3]
Community Homeless Solutions	New Beginnings	14	70	0	0	n/a	n/a	70	70	0	0
County of San Benito	Helping Hands Program	10	29	2	0	n/a	n/a	31	31	0	0
Housing Authority	HUD VASH Vouchers	17	42	157	0	n/a	n/a	199	0	199	0
Interim Inc.	Sandy Shores	0	0	28	0	n/a	n/a	28	28	0	0
Interim Inc.	MCHOPE	0	0	9	0	n/a	n/a	9	9	0	0
Interim Inc.	S+C II	0	0	15	0	n/a	n/a	15	15	0	0
MidPen Housing Corp	Moon Gate Plaza	0	0	10	0	n/a	n/a	10	10	0	0
Step-Up on Second	Project Homekey	0	0	101	0	n/a	n/a	101	101	0	0
Veterans Transition Center	Hayes Circle PSH	0	0	20	0	n/a	n/a	20	20	20	0
Total		**41**	**141**	**342**	**0**	**n/a**	**n/a**	**483**	**284**	**219**	**0**

Rapid Re-Housing

Provider Name	Facility Name	Family Units[1]	Family Beds[1]	Adult-Only Beds	Child-Only Beds	Seasonal	Overflow / Voucher	Total Beds	Subset of Total Bed Inventory: Chronic Beds[2]	Veteran Beds[3]	Youth Beds[3]
Central Coast Center for Independent Livi	CCCIL State ESG	1	3	1	0	n/a	n/a	4	n/a	0	0
Central Coast Center for Independent Livi	Housing Disability & Advoca	2	2	14	0	n/a	n/a	16	n/a	0	0
Central Coast Center for Independent Livi	HEAP RRH	3	5	16	0	n/a	n/a	21	n/a	0	0
County of San Benito	Housing Support Program (H	8	24	0	0	n/a	n/a	24	n/a	0	0
County of San Benito	HEAP RRH	2	5	2	0	n/a	n/a	7	n/a	0	0
Housing Resource Center	Prop 47	0	0	6	0	n/a	n/a	6	n/a	0	0
Housing Resource Center	Housing Support Program	15	55	0	0	n/a	n/a	55	n/a	0	0
Housing Resource Center	HEAP RRH	3	10	5	0	n/a	n/a	15	n/a	0	0
Nation's Finest	SSVF- P1	3	11	41	0	n/a	n/a	52	n/a	52	0
Total		**37**	**115**	**85**	**0**	**n/a**	**n/a**	**200**	**n/a**	**52**	**0**

*HUD's point-in-time count does not include persons or beds in Permanent Supportive Housing as currently homeless.
**Other Permanent Housing (OPH) - consists of PH - Housing with Services (no disability required for entry) and PH - Housing Only, as identified in the 2020 HMIS Data Standards.
[1]Family Units and Family Beds categories include units and beds for households with one adult and at least one child under age 18.
[2]Chronic Beds include beds in Permanent Supportive Housing dedicated to serve chronically homeless persons.
[3]Veteran Beds and Youth Beds, respectively, include beds dedicated to serve homeless veterans and their families, and include beds dedicated to housing homeless youth age 24 and younger.

1E-2 LOCAL COMPETITION SCORING TOOL

Santa Cruz County 2022 CoC Renewal Project Scoring Tool

Reviewer: _____ Check that not conflicted per CoC policy __

Agency/Project: _____

No.	Scoring Criteria	Points Possible	Points
1	**Housing/Project Type** Points will be awarded based upon local priority for the following housing/project types: **10 points for:** (a) Renewal projects of the following types: a. PSH serving 100% chronically homeless persons with emphasis on the longest histories of homelessness and most severe needs b. PSH serving 100% DedicatedPLUS project type c. RRH for homeless individuals or families, including unaccompanied youth d. Joint TH and RRH projects e. CE projects f. HMIS projects. **5 points for:** (a) Renewal projects of the following types: a. PSH projects <u>not</u> dedicated 100% to chronically homeless or DedicatedPLUS populations. **0 points for:** – All other projects.	**10 POINTS POSSIBLE** 10 points: • PSH – 100% CH • PSH – 100% Ded.+ • RRH • TH-RRH • CE • HMIS 5 points: • PSH – <100% CH or Ded.+ 0 points: • All other projects	
2	**Priority Population Served - Addresses Chronic Homeless Population or DV population** Projects will received points based on the percentage of beds dedicated in the application to clients who are experiencing chronic homelessness OR who are survivors or domestic violence.	**10 POINTS POSSIBLE** CH dedicated beds: • 10 points – 100% CH dedicated • 7.5 points – 70-99% • 5 points – 50-69% • 2.5 points – 25-49% • 1 point – 1-24% • 0 points – 0%. OR DV dedicated beds: • 10 points – 100% DV dedicated • 0 points – <100%. (CES & HMIS projects will receive 10 points)	
3A	**PERFORMANCE MEASURES**	**20 POINTS POSSIBLE** (CES, HMIS, and first-year projects without a full year	

		of HMIS data will receive 15 points)	
3A 1	Housing Stability: • For PSH, did you meet the standard in helping leavers and stayers combined retain permanent housing for 7 months or more? HUD and CoC Performance Standard **– at least 90%** • For transitional housing and RRH, did you meet the standard in helping leavers find and move into permanent housing? HUD and CoC Performance Standard **– at least 90%**	**7 Points Available** • 7 points – 90% or more • 3½ points – 80%-89% • 0 points - <80%	
3A 2	Income: • For all projects except HMIS, did you meet the standard in helping leavers and stayers combined maintain or increase income from employment AND non-cash benefits from mainstream sources? CoC Performance Standard **– at least 75%** • For all projects except HMIS, did you meet the standard in helping ADULT leavers and stayers combined maintain or increase income from employment ONLY? CoC Performance Standard **– at least 25%**	**5 Points Available** All Income • 2½ points – 75% or more • 1½ points – 65%-74% • 0 points - <65% Employment Income • 2½ points – 25% or more • 1½ points – 15%-24% • 0 points - <15%	
3A 3	Non-Cash Mainstream Benefits: • For all projects except HMIS, did you meet the standard in helping leavers and stayers combined maintain or increase at least one source of non-cash benefits? CoC Performance Standard **– at least 50%**	**2 Points Available** • 2 points – 50% or more • 1 points – 40%-49% • 0 points - <40%	
3A 4	Program Occupancy (bed utilization): • For all projects except HMIS, did you meet the standard in ensuring that average program occupancy met CoC standard. CoC Performance Standard **– at least 90% for the year**	**2 Points Available** • 2 points – 90% or more • 1 points – 80%-89% • 0 points - <80%	
3A 5	Returns to Homelessness: • For all projects except HMIS, did you meet the standard in ensuring that leavers did not exit to non-permanent destinations (e.g., shelters, transitional housing, hotels, motels, and the streets)? CoC Performance Standard **– no more than 20%**	**2 Points Available** • 2 points – 20% or less • 1 points – 21%-30% • 0 points - >30%	
3A 6	Length of Stay: • For PSH only, did you meet the standard by <u>increasing</u> the annual average LOS in permanent housing for leavers and stayers combined? **– higher LOS average than previous APR year** • For TH and RRH only, did you meet the standard by <u>decreasing</u>	**2 Points Available** PSH: • 2 points – higher LOS than previous year • 0 points – lower LOS than previous year	

	the annual average LOS in TH or RRH for leavers? **– lower LOS average than previous APR year**	TH & RRH: • 2 points – lower LOS than previous year • 0 points – higher LOS than previous year	
3A 7	Victim Service Providers only - Safety: • Please propose at least one relevant measure of the degree of participant safety that you will commit to using in the future.	**Not Scored This Year**	
4	**PROGRAM EFFECTIVENESS**	**20 POINTS POSSIBLE** (CES & HMIS projects will receive 15 points)	
4A	Coordinated Entry Participation: The minimum percentage of new clients since 1/1/21 who came from Smart Path CES referral.	**10 Points Available** • 10 points – 95% - 100% from CES referral • 8 points – 90% - 94% • 6 points – 85% - 89% • 4 points – 80% - 84% • 2 points – 75% - 79% • 1 points – 70% - 74% • 0 points – below 70%.	
4B	Housing First Fidelity Assessment: Serving People with the Highest Barriers to Housing: To what extent does your project embrace the following Housing First approaches? 1. Does the project prioritize client selection based on duration of homelessness and vulnerability? 2. Does the project accept all clients regardless of substance use history, or current use? 3. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness? 4. Does the project accept clients regardless of criminal history? 5. Does the project accept clients regardless of income or financial resources? 6. Does the project use a harm-reduction model for drugs and/or alcohol use? Removing Barriers to Housing: To what extent does your project eliminate the following barriers to housing? 1. No minimum income 2. No required current employment 3. No required state issued photo id 4. Need not show sobriety (drugs or alcohol)	**10 Points Available** Housing First approaches: • 1 point “yes” response • 0 points “no” response Removing housing barriers: • 1/2 point per “yes” response • 0 points per “no” response	

	5. OK to have symptoms of mental illness 6. Need not have transportation 7. No required specific disabling condition (e.g., MH, SA, HIV/AIDS) 8. Need not show use medication.		
5	**FINANCIAL AND COST EFFECTIVENESS**	**10 POINTS POSSIBLE**	
5A	Housing vs. Service Funding: The percentage of *program* funding (not including admin) proposed to be used on housing activities (acquisition, construction, rehab, and housing operations) vs. percentage funding used on non-housing activities (supportive services, services-only operations, and HMIS).	**5 Available** • 5 points renewal – 90% - 100% housing activities • 4 points renewal – 80% - 89% • 3 points renewal – 70% - 79% • 2 points renewal – 60% - 69% • 1 point renewal – 50% - 99% • 0 points – below 50%. (CES & HMIS projects will receive 4 points)	
5B	Drawdown completeness: The percentage of overall HUD grant actually drawn down in the most recent completed program year recorded in the most recent APR.	**5 Points Available** • 5 points – 100% of budgeted funds successfully drawn • 4 points – 98% - 99% • 3 points – 96% - 97% • 2 points – 94% - 95% • 1 points – 92% - 93% • 0 points – below 92%.	
6	**AGENCY EXPERIENCE/CAPACITY**	**10 POINTS POSSIBLE**	
6A	**Agency Years of Experience** Number of years of agency experience in implementing the proposed program OR similar program type (e.g., RRH or PSH)	**10 Points Available** • 10 points – 8+ years • 8 points – 5 to 7 years • 6 points – 4 to 6 years • 4 points – 2 to 3 years • 2 points – 1 to 2 years • 0 points – below 1 year	
6B	**Capacity Issues** Points will be deducted if in the past year (9/10/21-present): (1) HUD has disencumbered funds from the agency's CoC programs, (2) the agency has unresolved HUD monitoring findings in CoC programs, or (3) the agency has been late in submitting a CoC APR.	**10 Pts Deduction Possible** • 4 points deduction – disencumbered funds • 4 points deduction – unresolved findings • 4 points deduction –	

		late APR	
7	**Mainstream Resources** The number of strategies the program has identified to help clients access federal mainstream benefits, including Medicaid; State Children's Health Insurance Program; TANF (CalWORKS); Food Stamps; SSI; Workforce Investment Act; *Employment Income*; Welfare to Work Grant Programs; and, Veterans Health Care.	**7 POINTS POSSIBLE** • 7 points – 7 - 8 strategies used • 5 points – 5 - 6 used • 3 point – 3 - 4 used • 2 points – 2 used • 1 point – 1 used • 0 points – 0 used	
8	**Equity Factors** Agency will receive one point for each of the following factors that it has implemented OR commits to implement within one year: Agency leadership, governance, and policies: 1. Agency has individuals representing BIPOC in managerial and leadership positions 2. Agency has individuals representing LGBTQ+ in managerial and leadership positions 3. Agency board of directors includes representation from more than one person with lived experience 4. Agency has relational process for receiving and incorporating feedback from persons with lived experience 5. Agency has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers. 6. Agency has provided at least one staff training since 1/1/21 on enhancing equity for BIPOC and/or LGBTQ+. Program participant outcomes: 7. Agency has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age 8. Agency has identified programmatic changes needed to make program participant outcomes more equitable for overrepresented races or ethnicities and developed a plan to make those changes 9. Agency has identified programmatic changes needed to make program participant outcomes more equitable for LGBTQ+ persons and developed a plan to make those changes 10. Agency is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age.	**10 POINTS POSSIBLE** • 1 point per "yes" response • 0 points "no" response	
9	**Community Collaboration and Participation (3 points possible)** To what extent does the applicant agency support the Housing for Health Partnership (H4HP) by participating in meetings of the H4HP general membership, and participate in HMIS by entering client	**3 POINTS POSSIBLE** H4HP meeting participation: • 2 points: Agency	

	data into HMIS for 100% of its programs that are listed in the 2021 Housing Inventory Chart (HIC)? *Sub-scores will be determined by H4HP staff based upon appropriate H4HP and documentation for the period from September 1, 2020 to the present time.*	attends 75% to 100% • 1 point: Agency attends 51% to 74% • 0 points: Agency attends 0% to 50% HMIS participation: • 1 point: Has data for 100% HIC • 0 points: Has data for less than 100% HIC	
	TOTAL	**100 POINTS POSSIBLE**	

H4H 2022 CoC RENEWAL APPLICATION (10-Point Font, New Times Roman only) **100 points possible**

a. Applicant Organization Name & Mission (25 words maximum):

b. Project Name and Service Site Address:

c. Brief Project Description, Including Housing and Services, Population Served, Clients Needs, Service Approach, Service Partnerships, Innovations, and Outcomes and Success

d. Estimated Total Homeless Persons Served Per Day (point-in-time):

Estimated Total Number Served	Per day (point-in-time)
a. Homeless Individuals	
1. Total of individuals	
2. Total of disabled persons	
b. Homeless Families	
1. Total of families	
2. Total adults	
3. Total children (under 18)	
4. Total disabled persons	
c. Total Homeless (a.1+b.2+b.3)	

e. Estimated Percentage Homeless Subpopulation(s) Served:

Homeless Subpopulations	Approximate Percentages (%) can be more than 100%
a. Chronically Homeless (as defined by HUD inc. families)	
b. Severely Mentally Ill	
c. Chronic Substance Abusers	
d. Veterans	
e. Persons with HIV/AIDS	
f. Victims of Domestic Violence	
g. Unaccompanied Youth (Under 18 years of age)	

f. Please List Supportive Services With Estimated Frequency: daily, weekly, bi-weekly monthly, bi-monthly, or semi-annually

Service Type	Frequency	Service Type	Frequency
1.		5.	
2.		6.	
3.		7.	
4.		8.	

g. Total HUD Dollar Request: $_____. Please Complete Summary Project Budget:

a. Project Activity	b. HUD Dollar Request	c. Cash Match	d. Total Project Budget (HUD+Match)
1. Real Property Leasing			
2. Rental Assistance (from chart below)			
3. Supportive Services			
4. Operations			
5. HMIS			
6. Admin (HUD Approved Amount)			

b. Rental Assistance Worksheet Size/no. Units	FMR rent	No. of mos.	Total
No. 0-bed units:	$	x mos. =	$
No. 1-bed units:	$	x mos. =	$
No. 2-bed units:	$	x mos. =	$
No. 3-bed units:	$	x mos. =	$
Total			$

h. Written Leverage Commitments if Any (not required this year – no points)

Written Leverage Commitments	Total Amount	Percentage of Total HUD Dollar Request (see 8 above)
Cash and In-Kind Commitments	$	

SCORING QUESTIONS

1. Housing/Project Type (check only 1) (10 points possible)

☐ PSH serving 100% CH or DedicatedPLUS with longest histories of homelessness and most severe barriers, 10 pts ☐ RRH, 10 pts ☐ joint TH-RRH, 10 pts ☐ Coordinated Entry, 10 pts ☐ HMIS, 10 pts ☐ PSH not serving 100% CH or Dedicated PLUS with longest histories of homelessness and most severe barriers, 5 pts ☐ Other project types, 0 pts

2. Priority Population Served Addresses Chronic Homeless Population or DV Population (check only 1) (N/A for CES or HMIS) (10 points possible)

Please respond to either the chronic homeless population OR the DV population chart below.

What percentage of clients served will be chronically homeless as defined by HUD (must match response to 6.a above)?

☐ 100%, 10 pts ☐ 70-99%, 7.5 pts ☐ 50-69%, 5 pts ☐ 25-49%, 2.5 pts ☐ 1-24%, 1 pt ☐ 0%, 0 pts

OR

What percentage of clients served will be domestic violence survivors as defined by HUD (must match response to 6.f above)?

☐ 100%, 10 pts ☐ 0-99%, 0 pts

3. Performance Measures – Based HMIS (or Comparable Database for Victim Service Providers) (20 points possible) (N/A for HMIS or CES) Please use the attach worksheet to answer the following questions based upon data an HMIS or DV Comparable Database APR report for the year from 7/1/20 – 6/30/21.

3A1. Housing Stability:

For PSH project only, what percentage of your leavers and stayers remained in permanent housing for at least 7 months? **___%**

For TH and RRH projects only, what percentage of your program leavers exited to permanent destinations? **___%**

3A2. Income:

For all projects, what percentage of program leavers and stayers combined had earned income, other income, or both earned income and other income? **___%**

For all projects, what percentage of ADULT program leavers and stayers combined had earned income? **___%**

3A3. Non-Cash Mainstream Benefits:

For all projects, what percentage of program of program leavers (at exit) and stayers (at follow-up) combined had at least one non-cash benefit source? **___%**

3A4. Program Occupancy (bed utilization):

For all projects, what was the average bed utilization rate for the operating year? **___%**

3A5. Returns to Homelessness:

For all projects, what percentage of program leavers exited to non-permanent housing destinations? **___%**

3A6. Length of Stay (LOS):

For PSH only, what was the average length of stay in the permanent housing days for leavers? **___ Ave. # days**
Was this figure higher than the previous program year? **Yes ____ No ____**

For TH and RRH only, what was the average length of stay in TH or RRH measured in days for leavers? **___ Ave. # days**
Was this figure lower than the previous program year? **Yes ____ No ____**

3A7. Victim Service Providers only - Safety:

Please identify at least one relevant measure of the degree of participant safety that you will commit to using in the future:

4. Program Effectiveness (N/A for HMIS or CES) (20 points possible)

4A. Coordinated Entry Participation:

Identify the percentage of NEW clients who came from Smart Path CES referral.

☐ 95-100%, 10 pts ☐ 90-94%, 8 pts ☐ 85-89%, 6 pts ☐ 80-84%, 4 pts ☐ 75-79%, 2 pts ☐ 70-74%, 1 pt ☐ <70% 0 pts

4B. Housing First Fidelity Assessment:

Serving People with the Highest Barriers to Housing: Housing First criteria that are used by the project. Check all that apply:

1. Does the project prioritize client selection based on duration of homelessness and vulnerability?
   ☐ Yes ☐ No
2. Does the project accept all clients regardless of substance use history, or current use?
   ☐ Yes ☐ No
3. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?
   ☐ Yes ☐ No
4. Does the project accept clients regardless of criminal history?
   ☐ Yes ☐ No
5. Does the project accept clients regardless of income or financial resources?
   ☐ Yes ☐ No
6. Does the project use a harm-reduction model for drugs and/or alcohol use?
   ☐ Yes ☐ No

Total number of the Housing First criteria used ("yes" responses): _____ # Yes

Removing Barriers to Housing: Please indicate which of the following criteria/barriers is required for clients to be accepted into this project. Check all that apply:

1. No minimum income required
   ☐ Yes ☐ No
2. No required current employment
   ☐ Yes ☐ No
3. No required state issued photo ID
   ☐ Yes ☐ No
4. Need not show sobriety (drugs or alcohol)
   ☐ Yes ☐ No
5. OK to have symptoms of mental illness
   ☐ Yes ☐ No
6. Need not have transportation
   ☐ Yes ☐ No
7. No required specific disabling condition (e.g., MH, SA, HIV/AIDS)
   ☐ Yes ☐ No
8. Need not show use medication
   ☐ Yes ☐ No

Total number of the criteria/barriers removed (checked responses): _____ # Yes

5. Financial and Cost Effectiveness (10 points possible)

5.A Housing vs. Service Funding (N/A for HMIS or CES):

Percentage of *program* funding (not including admin) proposed to be used on housing activities (acquisition, construction, rehab, and housing operations) vs. percentage funding used on non-housing activities (supportive services, services-only operations, and HMIS). (N/A for CES and HMIS)

Enter HUD funds for Housing Activities	**Enter Total of Housing + Services (not including Admin)**	**% of HUD funds used on Housing (Total Housing /Total Housing+Services = % Housing Funds)**
$ Leasing		
$ Rental Assistance		
$ Housing Operations		
$ TOTAL Housing Funds	**$ TOTAL Housing +Service Funds**	**% Housing Funds**

5B. Drawdown Completeness:

1. Percentage of HUD grant actually drawn down in the **most recent completed program year** recorded in the most recent APR.

Enter Total Amount Budgeted	**Enter Total Amount Drawn Down**	**Enter Total Unspent, If Any**	**Enter Percentage Actually Drawn Down (Total Drawn Down/Total Budget = % Drawn Down**
$	$	$	% Drawn Down

b. Answer the following for the percentage actually drawn down (4th column above):

☐ 100%, 5 pts ☐ 98-99%, 4 pts ☐ 96-97%, 3 pts ☐ 94-95%, 2 pts ☐ 92-93%, 1 pts ☐ <92% 0 pts

6. Agency Experience/Capacity (10 points possible)

6A. Years of Experience (check only 1):

Check the number of years of agency experience in implementing the proposed program OR similar program (e.g., RRH or PSH).

☐ 8+ years experience, 10 pts ☐ 5-7 years experience, 8 pts ☐ 4-6 years experience, 6 pts ☐ 2-3 years experience, 4 pts ☐ 1-2 years experience, 2 pts ☐ <1 year experience, 0 pts

6B Capacity Issues (answer all that apply):

Please answer the following questions based upon the past year from September 10, 2021 to the present date:

1. Has HUD disencumbered funds from the agency's CoC programs? ☐ Yes ☐ No
2. Does the agency have unresolved HUD monitoring findings in CoC programs? ☐ Yes ☐ No
3. Has the agency been late in submitting a CoC APR? ☐ Yes ☐ No

7. Mainstream Resources (7 points possible)

Please check each activity your project implements to help clients access mainstream benefits, including Medicaid; State Children's Health Insurance Program; TANF (CalWORKS); Food Stamps; SSI; Workforce Investment Act; *Employment Income*; Welfare to Work Grant Programs; and, Veterans Health Care.

☐	1. Project case managers systematically assist clients in completing applications for mainstream benefit programs.
☐	2. Agency systematically analyzes its projects' APR and other data to assess and improve access to mainstream programs.
☐	3. Agency leadership meets at least three times a year to discuss and improve clients' participation in mainstream programs.
☐	4. Project staff are trained at least once per year on how to identify eligibility and mainstream program changes.
☐	5. Project has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
☐	6. Agency supplies transportation to clients to attend mainstream benefit appointments, employment training, or jobs.
☐	7. Project staff systematically follow-up to ensure that mainstream benefits are received.
☐	8. Agency coordinates with the local departments administering mainstream programs (e.g., Human Services and Health Services) to reduce or remove barriers to accessing mainstream services.

8. Equity Factors (check all that apply) (10 points possible)

Please identify which of the following equity factors your program has implemented OR commits to implement within one year:

	Agency leadership, governance, and policies:
☐	1. Agency has individuals representing BIPOC in managerial and leadership positions
☐	2. Agency has individuals representing LGBTQ+ in managerial and leadership positions
☐	3. Agency board of directors includes representation from more than one person with lived experience
☐	4. Agency has relational process for receiving and incorporating feedback from persons with lived experience
☐	5. Agency has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers
	6. Agency has provided at least one staff training since 1/1/21 on enhancing equity for BIPOC and/or LGBTQ+
	Program participant outcomes
☐	7. Agency has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age
	8. Agency has identified programmatic changes needed to make program participant outcomes more equitable for overrepresented races or ethnicities and developed a plan to make those changes
☐	9. Agency has identified programmatic changes needed to make program participant outcomes more equitable for LGBTQ+ and developed a plan to make those changes
☐	10. Agency is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age

Please note that an additional 3 points is possible for Community Collaboration and Participation. There is no need to submit a response. Scores will be tabulated by HAP staff. Please see the Evaluation Criteria item 9 for details.

Attachment:
Worksheet for Completing Question 3 Renewal HMIS Performance Metrics

Worksheet for Completing Question 3 Performance Measures Based on APR Generated from HMIS (or Comparable Database for DV) for the year from **July 1, 2020 to June 30, 2021**.

Please answer the following using and HMIS (or DV comparable database) APR generated for the year from **July 1, 2021 to June 30, 2022**. Transfer your answers (the last line of the formula for each response) to Question 3 of the application. If you are a first year renewal without a complete year of data, you do not need to complete this form. If you have any questions, please contact Tony Gardner at tonygardnerconsulting@yahoo.com.

3A1. Housing Stability:
For PSH project only, what percentage of your leavers and stayers (combined) remained in permanent housing for at least 7 months?

Data Source: APR Q22a1

Formula:

a. Enter total number of program participants (APR Q22a1, Total column, row 12):
_____ Participants

b. Enter total numbers of leavers and stayers combined who stayed 181 days or longer (APR Q22a1, Total column, rows 5 – 10):
_____ > 181 Days

c. Percentage participants stayed 7 mos. (b/a x 100=%): _____%

For TH and RRH projects only, what percentage of your program leavers (those who have stayed more than 90 days and those who have stayed less than 90 days combined) exited to permanent destinations?

Data Source: APR Q23a & Q23b

Formula:

a. Total number of leavers combined (APR Q23a & 23b, Total column, Total row):
____ Leavers

b. Total number of leavers who exited to permanent destinations (APR Q23a & 23b, Total column, Total Persons Exiting to a Positive Destination row):
____ Perm Destin.

c. Percentage leavers to permanent destinations (b/a x 100=%): _____%

3A2. Income:
For all projects, what percentage of adult program leavers and stayers combined had earned income, other income, or both earned income and other income at the time of assessment or exit?

Data Source: APR Q18

Formula:

a. Total number of adult program participants who were required to have an annual assessment or exited (APR Q18, Adults at Annual Assessment and Adults at Exit columns, "Total Adults " row):
_____ Adults

b. Total adults had earned income, other income, or both earned income and other income (APR Q18, Adults at Annual Assessment and Adults at Exit columns, "1 or More Source of Income" row):
_____ Had Income

c. Percentage adults with income (b/a x 100=%): _____%

For all projects, what percentage of adult program leavers and stayers combined had earned income?

Data Source: APR Q18

Formula:

a. Total number of adult program participants who were required to have an annual assessment or exited (APR Q18, Adults at Annual Assessment and Adults at Exit columns, "Total Adults " row)

_____ Adults

b. Total adults with earned income (APR Q18, Adults at Annual Assessment and Adults at Exit columns, "Adults with Only Earned Income" and "Adults with Both Earned and Other Income" rows combined):

_____ Had Earned Income

c. Percentage adults participants with earned income (b/a x 100=%): _____%

3A3. Non-Cash Mainstream Benefits:
For all projects, what percentage of program leavers (at exit) and stayers (at follow-up) combined had at least one non-cash benefit source?

Data Source: APR Q20b

Formula:

a. Total number of program participants who were required to have an annual assessment or exited (APR Q20b, Benefit at Annual Assessment and Benefit at Exit columns, "Total" row):

_____ Participants

b. Total program participants with at least 1 non-cash benefit source (APR Q20b, Benefit at Annual Assessment and Benefit at Exit columns, "1+ Source(s)" row):

_____ 1 or more Non-Cash Benefit

c. Percentage participants one or more non-cash (b/a x 100=%): _____%

3A4. Program Occupancy (bed utilization):
For all projects except HMIS, what was the average bed utilization rate for the operating year?

Data Source: APR Q2
Formula:

a. **Average bed utilization rate during operating year** (Q2 PIT Actual Bed and Unit Utilization chart, bed utilization rate subsection) Add the 4 quarterly rates and then divide by 4 to reach the average bed utilization rate [e.g., 85.50 + 90.5 + 90.5 + 100 = 366.6/4 = 91.63% average bed utilization rate]:

____%

3A5. Returns to Homelessness:
For all projects, what percentage of program leavers (those who have stayed more than 90 days and those who have stayed less than 90 days combined) exited to non-permanent housing destinations (e.g., Emergency Shelter, Place Not Meant for Human Habitation, Don't Know/Refused, Information Missing, etc.?

Data Source: APR Q23a & Q23b

Formula:

a. Total number of leavers combined (APR Q23a & 23b, Total column, Total row):

____ Total Leavers

b. Total number of leavers who exited to non-permanent destinations (APR Q23a & 23b, Total column, Total Persons Exiting to a Positive Destination row subtracted from Total row = total leavers who exited to non-permanent destinations):

____ Leaver Non-Perm. Destin.

c. **Percentage leavers existed to non-permanent destinations** (e.g., emergency shelter, place not meant for human habitation, don't know/refused, information missing, etc.)

(b/a x 100=%): _____%

3A6. Length of Stay (LOS):
For PSH only, what was the average length of stay in the permanent housing measured in days for leavers? Was this figure higher than the previous program year?

Data Source: APR Q22b

Formula:

a. Average length of stay in days for program leavers (Leavers column, *Average* Length row):

Average length of stay: _____ days

b. Was this figure higher than the previous operating year ____ Yes ____ No

For TH and RRH only, what was the average length of stay in TH or RRH leavers?
Was this figure lower than the previous program year?

Data Source: APR Q22b

Formula:

a. Average length of stay in days for program leavers (Leavers column, *Average* Length row):

Average length of stay: _____ days

a. Was this figure lower than the previous operating year ____ Yes ____ No

3A7. Victim Service Providers only - Safety:
N/A – no HMIS-based calculation needed.

Santa Cruz County 2022 CoC New Project Scoring Tool

Reviewer: _____ Check that not conflicted per CoC policy __

Agency/Project: _____

No.	Scoring Criteria	Points Possible	Points
1	**Housing/Project Type** Points will be awarded based upon local priority for the following housing/project types: **10 points for:** (a) New projects of the following types proposing to use funds reallocated (including voluntary or transitional reallocations) from renewals and/or new project bonus funds: a. PSH serving 100% chronically homeless persons with emphasis on the longest histories of homelessness and most severe needs b. PSH serving 100% DedicatedPLUS project type with emphasis on the longest histories of homelessness and most severe needs c. Joint TH and RRH projects d. RRH for homeless individuals or families, including unaccompanied youth e. Expansion of CE or HMIS to the extent justified by unmet operational costs for these programs, or to improve program or administrative efficiency. (b) New DV bonus projects of the following types: a. RRH projects that must follow a Housing First approach b. Joint TH and RRH projects that must follow a Housing First approach c. CE project to meet the needs of DV survivors, demonstrating trauma-informed and victim-centered approach. **5 points for:** (a) New projects of the following types proposing to use funds reallocated from renewals orCoC bonus funds: a. PSH projects <u>not</u> dedicated 100% to chronically homeless DedicatedPLUS populations. **0 points for:** – All other projects.	**10 POINTS POSSIBLE** 10 points: New realloc or bonus: • PSH – 100% CH • PSH – 100% Det.+ • RRH • TH-RRH • CE • HMIS New DV Bonus: • RRH - Housing 1st • TH-RRH - Housing 1st • CE – DV focused 5 points: New realloc or bonus: • PSH – <100% CH or Det.+ 0 points: • All other projects	
2	**Priority Population Served - Addresses Chronic Homeless Population or DV population** Projects will received points based on the percentage of beds dedicated in the application to clients who are experiencing chronic homelessness OR who are survivors or domestic violence.	**10 POINTS POSSIBLE** CH dedicated beds: • 10 points – 100% CH dedicated • 7.5 points – 70-99% • 5 points – 50-69% • 2.5 points – 25-49%	

		• 1 point – 1-24% • 0 points – 0%. OR DV dedicated beds: • 10 points – 100% DV dedicated • 7.5 points – 70-99% • 5 points – 50-69% • 2.5 points – 25-49% • 1 point – 1-24% • 0 points – 0%. (CES & HMIS projects will receive 10 points)	
3A	**NEW HOUSING PROJECTS ONLY – PROGRAM DESIGN**	**20 POINTS POSSIBLE**	
	Housing where participants will reside is fully described and appropriate to the program design proposed. Program design includes provision of appropriate supportive services. Consider: 1. Are the program annual measureable goals appropriate to the program type and sufficiently challenging? 2. Will the majority of homeless participants come from the streets, emergency shelters, or other appropriate setting given population served and project type? 3. Is the program's outreach plan sufficient and feasible population served and project type? 4. Are the types and frequency of services appropriate for the population served and project type? 5. Are the strategies to help participants obtain and remain in permanent housing appropriate for the population served and project type? 6. Are the strategies to help participants increase their employment and income and live independently appropriate for the population served and project type? 7. *Victim Service Providers only* – Is the plan to increase the **safety** of project participants appropriate and feasible? 8. *Victim Service Providers only* – Does the application clearly describe a feasible plan to implement a Housing First strategy?	Non-DV projects: • 4 points – measurable goals • 4 points – majority come from streets or shelters • 3 points – outreach plan • 3 points – supportive services • 3 points – obtain PH • 3 points – income & live independently DV projects: • 3 points – measurable goals • 3 points – majority come from streets or shelters • 2 points – outreach plan • 2 points – supportive services • 2 points – obtain PH • 2 points – income & live independently • 3 points – safety plan • 3 points Housing First	
3B	**NEW COORDINATED ENTRY PROJECTS ONLY – PROGRAM DESIGN**	**20 POINTS POSSIBLE**	
	The application clearly describes feasible approaches or plans for all of the following CES program design factors: 1. The geographic accessibility of the proposed system for all	Non-DV CES projects: • 5 points – geographic access	

	persons within the CoC's geographic area who are seeking information regarding homeless assistance; 2. The strategy for advertising the project that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area; 3. The standardized assessment process proposed (or the process to choose a standardized assessment system); 4. Whether/how the system will ensure that program participants are directed to the appropriate housing and services to fit their needs; and 5. *Victim Service Providers only* – The strategy for implement a trauma-informed, client-centered approach.	• 5 points - Advertising • 5 points – Standard assessment • 5 points – directing to housing & services DV CES projects: • 4 points – geographic access • 4 points - Advertising • 4 points – Standard assessment • 4 points – directing to housing & services • 4 points – trauma informed, client centered	
4	**PROGRAM EFFECTIVENESS**	**20 POINTS POSSIBLE** (CES & HMIS projects will receive 15 points)	
4A	Coordinated Entry Participation: The minimum percentage of new clients the program commits to taking from Smart Path CES referral.	**10 Points Available** • 10 points – 95% - 100% CES commitment • 8 points – 90% - 94% • 6 points – 85% - 89% • 4 points – 80% - 84% • 2 points – 75% - 79% • 1 points – 70% - 74% • 0 points – below 70%.	
4B	Housing First Fidelity Assessment: Serving People with the Highest Barriers to Housing: To what extent does your project embrace the following Housing First approaches? 1. Does the project prioritize client selection based on duration of homelessness and vulnerability? 2. Does the project accept all clients regardless of substance use history, or current use? 3. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness? 4. Does the project accept clients regardless of criminal history? 5. Does the project accept clients regardless of income or financial resources? 6. Does the project use a harm-reduction model for drugs and/or alcohol use?	**10 Points Available** Housing First approaches: • 1 point "yes" response • 0 points "no" response Removing housing barriers: • 1/2 point per "yes" response • 0 points per "no" response	

	Removing Barriers to Housing: To what extent does your project eliminate the following barriers to housing? 1. No minimum income 2. No required current employment 3. No required state issued photo id 4. Need not show sobriety (drugs or alcohol) 5. OK to have symptoms of mental illness 6. Need not have transportation 7. No required specific disabling condition (e.g., MH, SA, HIV/AIDS) 8. Need not show use medication.		
5	**FINANCIAL AND COST EFFECTIVENESS**	**10 POINTS POSSIBLE**	
5A	Housing vs. Service Funding: The percentage of *program* funding (not including admin) proposed to be used on housing activities (acquisition, construction, rehab, and housing operations) vs. percentage funding used on non-housing activities (supportive services, services-only operations, and HMIS).	**10 Points Available** • 10 points – 90% - 100% housing activities • 8 points – 80% - 89% • 6 points – 70% - 79% • 4 points – 60% - 69% • 2 points – 50% - 99% • 0 points – below 50%. (CES & HMIS projects will receive 8 points)	
6	**AGENCY EXPERIENCE/CAPACITY**	**10 POINTS POSSIBLE**	
6A	**Agency Years of Experience** Number of years of agency experience in implementing the proposed program OR similar program type (e.g., RRH or PSH)	**10 Points Available** • 10 points – 8+ years • 8 points – 5 to 7 years • 6 points – 4 to 6 years • 4 points – 2 to 3 years • 2 points – 1 to 2 years • 0 points – below 1 year	
6B	**Capacity Issues** Points will be deducted if in the past year (9/10/21-present): (1) HUD has disencumbered funds from the agency's CoC programs, (2) the agency has unresolved HUD monitoring findings in CoC programs, or (3) the agency has been late in submitting a CoC APR.	**10 Pts Deduction Possible** • 4 points deduction – disencumbered funds • 4 points deduction – unresolved findings • 4 points deduction – late APR	
7	**Mainstream Resources** The number of strategies the program has identified to help clients access federal mainstream benefits, including Medicaid; State Children's Health Insurance Program; TANF (CalWORKS); Food Stamps; SSI; Workforce Investment Act; *Employment Income*; Welfare to Work Grant Programs; and, Veterans Health Care.	**7 POINTS POSSIBLE** • 7 points – 7 - 8 strategies used • 5 points – 5 - 6 used • 3 point – 3 - 4 used • 2 points – 2 used	

		• 1 point – 1 used • 0 points – 0 used	
8	**Equity Factors** Agency will receive one point for each of the following factors that it has implemented OR commits to implement within one year: Agency leadership, governance, and policies: 1. Agency has individuals representing BIPOC in managerial and leadership positions 2. Agency has individuals representing LGBTQ+ in managerial and leadership positions 3. Agency board of directors includes representation from more than one person with lived experience 4. Agency has relational process for receiving and incorporating feedback from persons with lived experience 5. Agency has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers. 6. Agency has provided at least one staff training since 1/1/21 on enhancing equity for BIPOC and/or LGBTQ+. Program participant outcomes: 7. Agency has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age 8. Agency has identified programmatic changes needed to make program participant outcomes more equitable for overrepresented races or ethnicities and developed a plan to make those changes 9. Agency has identified programmatic changes needed to make program participant outcomes more equitable for LGBTQ+ persons and developed a plan to make those changes 10. Agency is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age.	**10 POINTS POSSIBLE** • 1 point per "yes" response • 0 points "no" response	
9	**Community Collaboration and Participation** To what extent does the applicant agency support the Housing for Health Partnership (H4HP) by participating in meetings of the H4HP general membership, and participate in HMIS by entering client data into HMIS for 100% of its programs that are listed in the 2021 Housing Inventory Chart (HIC)? *Sub-scores will be determined by H4HP staff based upon appropriate H4HP and documentation for the period from September 1, 2020 to the present time.*	**3 POINTS POSSIBLE** H4HP meeting participation: • 2 points: Agency attends 75% to 100% • 1 point: Agency attends 51% to 74% • 0 points: Agency attends 0% to 50% HMIS participation: • 1 point: Has data for 100% HIC	

		0 points: Has data for less than 100% HIC	
	TOTAL	**100 POINTS POSSIBLE**	

H4H 2022 NEW PROJECT APPLICATION (10-Point Font, New Times Roman) **100 pts. possible**

a. Applicant Organization Name & Mission (25 words maximum):

b. Project Name and Service Site Address:

c. Brief Project Description, Including Housing and Services, Population Served, Clients Needs, Service Approach, Service Partnerships, Innovations, and Outcomes and Success

d. Estimated Total Homeless Persons Served Per Day (point-in-time):

Estimated Total Number Served	Per day (point-in-time)
a. Homeless Individuals	
1. Total of individuals	
2. Total of disabled persons	
b. Homeless Families	
1. Total of families	
2. Total adults	
3. Total children (under 18)	
4. Total disabled persons	
c. Total Homeless (a.1+b.2+b.3)	

e. Estimated Percentage Homeless Subpopulation(s) Served:

Homeless Subpopulations	Approximate Percentages (%) can be more than 100%
a. Chronically Homeless (as defined by HUD inc. families)	
b. Severely Mentally Ill	
c. Chronic Substance Abusers	
d. Veterans	
e. Persons with HIV/AIDS	
f. Victims of Domestic Violence	
g. Unaccompanied Youth (Under 18 years of age)	

f. Total HUD Dollar Request: $_____. Please Complete Summary Project Budget:

a. Project Activity	b. HUD Dollar Request	c. Cash Match	d. Total Project Budget (HUD+Match)
1. Real Property Leasing			
2. Rental Assistance (from chart below)			
3. Supportive Services			
4. Operations			
5. HMIS			
6. Admin (HUD Approved Amount)			

b. Rental Assistance Worksheet Size/no. Units	FMR rent	No. of mos.	Total
No. 0-bed units:	$	x mos. =	$
No. 1-bed units:	$	x mos. =	$
No. 2-bed units:	$	x mos. =	$
No. 3-bed units:	$	x mos. =	$
Total			$

g. Written Leverage Commitments if Any (not required this year – no points)

Written Leverage Commitments	Total Amount	Percentage of Total HUD Dollar Request (see 8 above)
Cash and In-Kind Commitments	$	

SCORING QUESTIONS

1. Housing/Project Type (10 points possible)

1A. Identify the source of funds (Check all that apply):

☐CoC Bonus ☐Reallocation ☐CoC Bonus & Reallocation ☐DV Bonus

2B. Identify the types of project (Check only 1):

Bonus and/or Reallocation: ☐ PSH serving 100% CH or DedicatedPLUS with longest histories of homelessness and most severe barriers, 10 pts ☐ RRH, 10 pts ☐ joint TH-RRH, 10 pts ☐ Coordinated Entry, 10 pts ☐ HMIS, 10 pts ☐ PSH not serving 100% CH or Dedicated PLUS with longest histories of homelessness & most severe barriers, 5 pts ☐ Other project types, 0 pts
DV Bonus: ☐ RRH Housing 1st, 10 pts ☐ TH-RRH Housing 1st, 10 pts, ☐ CES-DV, trauma-informed, client-centered , 10 pts

2. Priority Population Served Addresses Chronic Homeless Population or DV Population (check only 1) (N/A for CES or HMIS) (10 points possible)

Please respond to either the chronic homeless population OR the DV population chart below.

What percentage of clients served will be chronically homeless as defined by HUD (must match response to 6.a above)?
☐ 100%, 10 pts ☐ 70-99%, 7.5 pts ☐ 50-69%, 5 pts ☐ 25-49%, 2.5 pts ☐ 1-24%, 1 pt ☐ 0%, 0 pts

OR

What percentage of clients served will be DV victims as defined by HUD (must match response to 6.a above)?
☐ 100%, 10 pts ☐ 0-99%, 0 pts

3. Program Design (up to 20 points possible) *(Use only the space provided)*

3A. Program Design - Housing Projects Only:

3A1. Program Goals to be Measured Annually

HUD requires all CoC projects to help homeless people participants (a) obtain and remain in permanent housing, (b) increase their skills and/or income, and (c) achieve greater self-determination. Please set forth below your annual measurable goals:

1. Obtain/remain in permanent housing:

2. Increase skills and income:

3. Achieve greater self-determination:

4. Victim Service Providers only - Safety: (not scored this year): Please identify at least one safety-related measure:

3A2. Where Participants Will Come From:

Enter the percentage of homeless participants(s) that will come from the following places (should equal 100%):

____% Persons who came from the street or other locations not meant for human habitation.
____% Persons who came from Emergency Shelters.
____% Persons in TH who came directly from the street or Emergency Shelters.
____% Persons who came from other place fitting HUD homeless definition. List places: _____

3A3. Outreach Plan:

Briefly describe the **outreach plan** to bring homeless people into the project:

3A4. Type and Frequency of Services:

Types of Services Participants Will Receive With Frequency: daily, weekly, bi-weekly monthly, bi-monthly, or semi-annually:

Service Type	Frequency	Service Type	Frequency
1.		5.	
2.		6.	
3.		7.	
4.		8.	

3A5. Obtaining and Remaining in Permanent Housing:

Briefly describe how participants will be assisted both to **obtain and also remain in permanent housing**:

3A6. Increasing Incomes and Self-Sufficiency:

Briefly describe how participants will increase their **employment** and income **and** maximize their ability to **live independently**:

3A7. Safety Plan (Victim Service Providers only):
Briefly describe how the project will increase the **safety** of project participants:

3A8. Housing First (Victim Service Providers only):
Briefly describe how the project will implement a Housing First service approach:

3B. Program Design - Coordinated Entry Expansion Projects Only:
3B1. Geographic Accessibility:
Briefly describe how the proposed project will increase the geographic accessibility of Coordinated Entry for all persons within the CoC's geographic area who are seeking information regarding homeless assistance:

3B2. Advertising:
Briefly describe how the proposed project will add to the strategy for advertising the project that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area:

3B4. Referral to Appropriate Housing or Services:
Briefly address whether/how how the proposed project will increase Coordinated Entry's ability to ensure that program participants are directed to the appropriate housing and services to fit their needs:

3B5. Trauma-Informed, Client-Centered Approach (Victim Service Providers only):
Briefly describe how the project will implement a trauma-informed, client-centered service approach:

4. Program Effectiveness (N/A for HMIS or CES) (20 points possible)
4A. Coordinated Entry Participation:
Identify the percentage of clients who you commit will come from CES referral.

☐ 95-100%, 10 pts ☐ 90-94%, 8 pts ☐ 85-89%, 6 pts ☐ 80-84%, 4 pts ☐ 75-79%, 2 pts ☐ 70-74%, 1 pt ☐ <70% 0 pts

4B. Housing First Fidelity Assessment:
Serving People with the Highest Barriers to Housing: Housing First criteria that are used by the project. Check all that apply:

1. Does the project prioritize client selection based on duration of homelessness and vulnerability?
   ☐ Yes ☐ No
2. Does the project accept all clients regardless of substance use history, or current use?
   ☐ Yes ☐ No
3. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?
   ☐ Yes ☐ No
4. Does the project accept clients regardless of criminal history?
   ☐ Yes ☐ No
5. Does the project accept clients regardless of income or financial resources?
   ☐ Yes ☐ No
6. Does the project use a harm-reduction model for drugs and/or alcohol use?
   ☐ Yes ☐ No

Total number of the Housing First criteria used ("yes" responses): _____ # Yes

Removing Barriers to Housing: Please indicate which of the following criteria/barriers is required for clients to be accepted into this project. Check all that apply:

1. No minimum income required
   ☐ Yes ☐ No
2. No required current employment
   ☐ Yes ☐ No
3. No required state issued photo ID
   ☐ Yes ☐ No
4. Need not show sobriety (drugs or alcohol)
   ☐ Yes ☐ No
5. OK to have symptoms of mental illness
   ☐ Yes ☐ No
6. Need not have transportation
   ☐ Yes ☐ No
7. No required specific disabling condition (e.g., MH, SA, HIV/AIDS)
   ☐ Yes ☐ No
8. Need not show use medication
   ☐ Yes ☐ No

Total number of the criteria/barriers removed (checked responses): _____ # Yes

5. Financial and Cost Effectiveness (10 points possible)

5.A Housing vs. Service Funding (N/A for HMIS or CES):

Percentage of *program* funding (not including admin) proposed to be used on housing activities (acquisition, construction, rehab, and housing operations) vs. percentage funding used on non-housing activities (supportive services, services-only operations, and HMIS). (N/A for CES and HMIS)

Enter HUD funds for Housing Activities	Enter Total of Housing + Services (not including Admin)	% of HUD funds used on Housing (Total Housing /Total Housing+Services = % Housing Funds)
$ Leasing		
$ Rental Assistance		
$ Housing Operations		
$ TOTAL Housing Funds	**$ TOTAL Housing +Service Funds**	**% Housing Funds**

6. Agency Experience/Capacity (10 points possible)

6A. Years of Experience (check only 1):

Check the number of years of agency experience in implementing the proposed program OR similar program (e.g., RRH or PSH).

☐ 8+ years experience, 10 pts ☐ 5-7 years experience, 8 pts ☐ 4-6 years experience, 6 pts ☐ 2-3 years experience, 4 pts ☐ 1-2 years experience, 2 pts ☐ <1 year experience, 0 pts

6B Capacity Issues (answer all that apply):

Please answer the following questions based upon the past year from September 10, 2020 to the present date:

1. Has HUD disencumbered funds from the agency's CoC programs? ☐ Yes ☐ No
2. Does the agency have unresolved HUD monitoring findings in CoC programs? ☐ Yes ☐ No
3. Has the agency been late in submitting a CoC APR? ☐ Yes ☐ No

7. Mainstream Resources (7 points possible)

Please check each activity your project implements to help clients access mainstream benefits, including Medicaid; State Children's Health Insurance Program; TANF (CalWORKS); Food Stamps; SSI; Workforce Investment Act; *Employment Income*; Welfare to Work Grant Programs; and, Veterans Health Care.

☐	1. Project case managers systematically assist clients in completing applications for mainstream benefit programs.
☐	2. Agency systematically analyzes its projects' APR and other data to assess and improve access to mainstream programs.
☐	3. Agency leadership meets at least three times a year to discuss and improve clients' participation in mainstream programs.
☐	4. Project staff are trained at least once per year on how to identify eligibility and mainstream program changes.
☐	5. Project has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
☐	6. Agency supplies transportation to clients to attend mainstream benefit appointments, employment training, or jobs.
☐	7. Project staff systematically follow-up to ensure that mainstream benefits are received.
☐	8. Agency coordinates with the local departments administering mainstream programs (e.g., Human Services and Health Services) to reduce or remove barriers to accessing mainstream services.

8. Equity Factors (check all that apply) (10 points possible)

Please identify which of the following equity factors your program has implemented OR commits to implement within one year:

	Agency leadership, governance, and policies:
☐	1. Agency has individuals representing BIPOC in managerial and leadership positions
☐	2. Agency has individuals representing LGBTQ+ in managerial and leadership positions
☐	3. Agency board of directors includes representation from more than one person with lived experience
☐	4. Agency has relational process for receiving and incorporating feedback from persons with lived experience
☐	5. Agency has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers
	6. Agency has provided at least one staff training since 1/1/21 on enhancing equity for BIPOC and/or LGBTQ+
	Program participant outcomes
☐	7. Agency has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age
	8. Agency has identified programmatic changes needed to make program participant outcomes more equitable for overrepresented races or ethnicities and developed a plan to make those changes
☐	9. Agency has identified programmatic changes needed to make program participant outcomes more equitable for LGBTQ+ and developed a plan to make those changes
☐	10. Agency is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age

Please note that an additional 3 points is possible for Community Collaboration and Participation. There is no need to submit a response. Scores will be tabulated by HAP staff. Please see the Evaluation Criteria item 9 for details.

Santa Cruz County CoC Objective Rating/Scoring Criteria – 100 Points Possible

The following objective rating and scoring criteria are aligned with the priorities of *Housing for a Healthy Santa Cruz: A Strategic Framework for Addressing Homelessness in Santa Cruz County and the HUD 2022 CoC NOFO*. They were developed by the H4HP for use by the H4HP Board in rating and ranking new and renewal proposals CoC funds. Each Local Project Proposal will be scored using the following publicly announced objective criteria. The H4HP Board will use the scores to help determine whether each proposal is approved (or rejected), its rank order, and whether it is placed in Tier 1 or Tier 2 (if applicable), or is selected for the PSH bonus (if applicable). Each scoring criterion relates to a particular question in the Local Project Proposal Form (new and renewal).

1. Housing/Project Type (10 points possible)

10 points, including –

10 points for:

(a) Renewal projects of the following types:
   a. PSH serving 100% chronically homeless persons with emphasis on the longest histories of homelessness and most severe needs
   b. PSH serving 100% DedicatedPLUS project type with emphasis on the longest histories of homelessness and most severe needs
   c. RRH for homeless individuals or families, including unaccompanied youth
   d. Joint TH and RRH projects
   e. CE projects
   f. HMIS projects.

(b) New projects of the following types proposing to use funds reallocated (including voluntary or transitional reallocations) from renewals and/or CoC bonus funds:
   a. PSH serving 100% chronically homeless persons with emphasis on the longest histories of homelessness and most severe needs
   b. PSH serving 100% DedicatedPLUS project type with emphasis on the longest histories of homelessness and most severe needs
   c. Joint TH and RRH projects
   d. RRH for homeless individuals or families, including unaccompanied youth
   e. Expansion of CE or HMIS to the extent justified by unmet operational costs for these programs, or to improve program or administrative efficiency.

(c) New DV bonus projects of the following types:
   a. RRH projects that must follow a Housing First approach
   b. Joint TH and RRH projects that must follow a Housing First approach
   c. CE project to meet the needs of DV survivors.

5 points for:

(a) Renewal projects of the following types:
   a. PSH projects that are <u>not</u> dedicated 100% to chronically homeless persons with the longest histories of homelessness and most severe needs or are not DedicatedPLUS projects.

(b) New projects of the following types proposing to use funds reallocated from renewals or CoC bonus funds:
   a. PSH projects that are <u>not</u> dedicated 100% to chronically homeless persons or DedicatedPLUS population with the longest histories of homelessness and most severe needs.

0 points for:
– All other projects.

2. Population Served - Addresses Chronic Homeless Population or DV population (10 points possible)
CES and HMIS Projects will automatically get 10 points.
a. Points will be for the percentage of clients to be served who are homeless under HUD's definition of chronically homeless as follows:

10 points – 100% served are chronically homeless
7.5 points – 70-99%
5 points – 50-69%
2.5 points – 25-49%
1 point – 1-24%
0 points – 0%.

Or
b. Points will be for the percentage of clients to be served who are domestic violence (DV) survivors under HUD's definition:

10 points – 100% served are DV survivors (note – DV bonus projects must be 100%)
7.5 points – 70-99%
5 points – 50-69%
2.5 points – 25-49%
1 point – 1-24%
0 points – 0%.

3. Performance Measures (Renewals Only) or Program Design (New Projects Only) (20 points possible)
HMIS projects and first-year projects without a full year of HMIS data will automatically get 15 points.
3A. For Renewal Projects: Please provide the performance metric information requested from HMIS-generated data for the year from *July 1, 2021 to June 30, 2022* (or comparable database for victim service providers) relating to these questions:
3A1. Housing Stability: (7 points)

- For PSH, did you meet the standard in helping leavers and stayers combined retain permanent housing for 7 months or more? HUD and CoC Performance Standard **– at least 90%**
- For transitional housing and RRH, did you meet the standard in helping leavers find and move into permanent housing? HUD and CoC Performance Standard **– at least 90%**

3A2. Income: (5 points - 2.5 pts. per question)

- For all projects except HMIS, did you meet the standard in helping leavers and stayers combined maintain or increase income from employment AND non-cash benefits from mainstream sources? CoC Performance Standard **– at least 75%**
- For all projects except HMIS, did you meet the standard in helping ADULT leavers and stayers combined maintain or increase income from employment ONLY? CoC Performance Standard **– at least 25%**

3A3. Non-Cash Mainstream Benefits: (2 points)

- For all projects except HMIS, did you meet the standard in helping leavers and stayers combined maintain or increase at least one source of non-cash benefits? CoC Performance Standard **– at least 50%**

3A4. Program Occupancy (bed utilization): (2 points)

- For all projects except HMIS, did you meet the standard in ensuring that average program occupancy met CoC standard. CoC Performance Standard **– at least 90% for the year**

3A5. Returns to Homelessness: (2 points)

- For all projects except HMIS, did you meet the standard in ensuring that leavers did not exit to non-permanent destinations (e.g., shelters, transitional housing, hotels, motels, and the streets)? CoC Performance Standard **– no more than 20%**

3A6. Length of Stay: (2 points)

- For PSH only, did you meet the standard by increasing the annual average LOS in permanent housing for leavers and stayers combined? **– higher LOS average than previous APR year**
- For TH and RRH only, did you meet the standard by decreasing the annual average LOS in TH or RRH for leavers? **– lower LOS average than previous APR year**

3A7. Victim Service Providers only - Safety: (not scored this year):

- *Please propose at least one relevant measure of the degree of participant safety that you will commit to using in the future.*

3A. For New Housing Projects Only: Please briefly identify:
3A1. Your program goals to be measured annually in the HUD Annual Performance Report (APR);
3A2. Where your homeless participants will come from;
3A3. Your outreach plan to bring participants in;
3A4. The types and frequency of services participants will receive;
3A5. How participants will be helped to obtain and remain in permanent housing;
3A6. How participants will be helped to increase their employment and income and live independently;
3A7. Victim Service Providers only – Is the plan to increase the **safety** of project participants appropriate and feasible: and
3A8. Victim Service Providers only – Does the application clearly describe a feasible plan to implement a Housing First strategy.

3B. For New Coordinated Entry Projects Only: Please briefly identify:
3B1. The geographic accessibility of the proposed system for all persons within the CoC's geographic area who are seeking information regarding homeless assistance;
3B2. The strategy for advertising the project that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area;
3B3. The standardized assessment process proposed (or the process to choose a standardized assessment system);
3B4. Whether/how the system will ensure that program participants are directed to the appropriate housing and services to fit their needs; and
3B5. The strategy for implement a trauma-informed, client-centered approach.

4. Program Effectiveness (20 points possible)

CES and HMIS projects will automatically get 15 points.

4A. Coordinated entry participation (10 points)
Minimum percent of new clients since 1/1/21 from CES referral, or for a new project, commits to taking from CES referral:

10 points – 95% - 100% from CES referral
8 points – 90% - 94%
6 points – 85% - 89%
4 points – 80% - 84%
2 points – 75% - 79%

1 points – 70% - 74%
0 points – below 70%.

4B. Housing First fidelity assessment (10 points possible)
Serving People with the Highest Barriers to Housing (6 points):
To what extent does your project embrace the following Housing First approaches?

1. Does the project prioritize client selection based on duration of homelessness and vulnerability?
2. Does the project accept all clients regardless of substance use history, or current use?
3. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?
4. Does the project accept clients regardless of criminal history?
5. Does the project accept clients regardless of income or financial resources?
6. Does the project use a harm-reduction model for drugs and/or alcohol use?

Each "yes" response receives 1 point; each "no" response receives 0 points.

Removing Barriers to Housing (4 points)
To what extent does your project eliminate the following barriers to housing?

1. No minimum income
2. No required current employment
3. No required state issued photo id
4. Need not show sobriety (drugs or alcohol)
5. OK to have symptoms of mental illness
6. Need not have transportation
7. No required specific disabling condition (e.g., MH, SA, HIV/AIDS)
8. Need not show use medication.

Each "yes" response receives 1 point; each "no" response receives 0 points.

5. Financial and Cost Effectiveness (10 points possible)
5A. Housing vs. service funding (5 points renewal, 10 points new)
HMIS and CES projects will automatically get 4 points (renewals) or 8 points (new).
Percentage of *program* funding (not including admin) proposed to be used on housing activities (acquisition, construction, rehab, and housing operations) vs. percentage funding used on non-housing activities (supportive services, services-only operations, and HMIS).

5 points renewal 10 points new – 90% - 100% housing activities
4 points renewal 8 points new – 80% - 89%
3 points renewal 6 points new – 70% - 79%
2 points renewal 4 points new – 60% - 69%
1 point renewal 2 points new – 50% - 99%
0 points – below 50%.

5B. Renewals only: Drawdown completeness in the most recently completed program year (5 points)
Percentage of overall HUD grant actually drawn down in the most recent completed program year.

5 points – 100% of budgeted funds successfully drawn down
4 points – 98% - 99%
3 points – 96% - 97%
2 points – 94% - 95%
1 points – 92% - 93%
0 points – below 92%.

6. Agency Experience/Capacity (10 points possible)

6A. Agency Experience: Years of experience in implementing the proposed program or similar program types (e.g., RRH or PSH) (10 points)

10 points – 8+ years
8 points – 5 to 7 years
6 points – 4 to 6 years
4 points – 2 to 3 years
2 points – 1 to 2 years
0 points – below 1 year.

6B. Capacity Issues**:** Points will be deducted if in the past year (9/10/21-present): (1) HUD has disencumbered funds from the agency's CoC programs, (2) the agency has unresolved HUD monitoring findings in CoC programs, or (3) the agency has been late in submitting a CoC APR. (10-point deduction possible)

4 points deduction – disencumbered funds
4 points deduction – unresolved findings
4 points deduction – late APR.

7. Mainstream Resources (7 points possible)

Please check each strategy your program uses to help clients access federal mainstream benefits, including Medicaid; State Children's Health Insurance Program; TANF (CalWORKS); Food Stamps; SSI; Workforce Investment Act; *Employment Income*; Welfare to Work Grant Programs; and, Veterans Health Care. Points will be allocated as follows:

7 points – 7 - 8 strategies used
5 points – 5 - 6 strategies used
3 point – 3 - 4 strategies used
2 points – 2 strategies used
1 point – 1 strategy used
0 points – 0 strategies used.

8. Equity Factors (10 points possible)

Check each factor below that your agency has implemented or commits to implement within one year.

Agency leadership, governance, and policies:

1 point - Agency has individuals representing BIPOC in managerial and leadership positions
1 point - Agency has individuals representing LGBTQ+ in managerial and leadership positions
1 point - Agency board of directors includes representation from more than one person with lived experience
1 point - Agency has relational process for receiving and incorporating feedback from persons with lived experience
1 point - Agency has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers.
1 point – Agency has provided at least one staff training since 1/1/21 on enhancing equity for BIPOC and/or LGBTQ+.

Program participant outcomes:

1 point - Agency has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age
1 point - Agency has identified programmatic changes needed to make program participant outcomes more equitable for overrepresented races or ethnicities and developed a plan to make

those changes
1 point - Agency has identified programmatic changes needed to make program participant outcomes more equitable for LGBTQ+ persons and developed a plan to make those changes
1 point - Agency is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age.

10. Community Collaboration and Participation (3 points possible) *Sub-scores will be determined by H4H staff based upon appropriate H4HP and documentation for the period from September 1, 2021 to the present time.*
Does the applicant agency participate in Housing for Health Partnership activities mandated by HUD, as follows?

1. H4HP general membership meeting participation: 2 points possible
    a. 0 points: Agency attends 0% to 50% of H4HP general membership meetings.
    b. 1 point: Agency attends 51% to 74% of H4HP general membership meetings.
    c. 2 points: Agency attends 75% to 100% of H4HP general membership meetings.
2. HMIS participation: 1 points possible
    a. 0 point: Has data in HMIS for less than 100% of agency housing programs listed in the 2021 homeless housing inventory (HIC)
    b. 1 points: Has data in HMIS for all (100%) of housing programs listed in the 2021 HIC.

No question/response on the applications *(staff have already totaled these points for you using relevant data on the applicant's H4HP and HMIS participation)*

1E-2a SCORED RENEWAL PROJECT APPLICATION

Santa Cruz County 2022 CoC Renewal Project Scoring Tool

Reviewer: Tony G. **Check that not conflicted per CoC policy** ✓

Agency/Project: ECS Freedom PSH Renewal

No.	Scoring Criteria	Points Possible	Points
1	**Housing/Project Type** Points will be awarded based upon local priority for the following housing/project types: **10 points for:** (a) Renewal projects of the following types: a. PSH serving 100% chronically homeless persons with emphasis on the longest histories of homelessness and most severe needs b. PSH serving 100% DedicatedPLUS project type c. RRH for homeless individuals or families, including unaccompanied youth d. Joint TH and RRH projects e. CE projects f. HMIS projects. **5 points for:** (a) Renewal projects of the following types: a. PSH projects <u>not</u> dedicated 100% to chronically homeless or DedicatedPLUS populations. **0 points for:** – All other projects.	**10 POINTS POSSIBLE** 10 points: • PSH – 100% CH • PSH – 100% Ded.+ • RRH • TH-RRH • CE • HMIS 5 points: • PSH – <100% CH or Ded.+ 0 points: • All other projects	10
2	**Priority Population Served - Addresses Chronic Homeless Population or DV population** Projects will received points based on the percentage of beds dedicated in the application to clients who are experiencing chronic homelessness OR who are survivors or domestic violence.	**10 POINTS POSSIBLE** CH dedicated beds: • 10 points – 100% CH dedicated • 7.5 points – 70-99% • 5 points – 50-69% • 2.5 points – 25-49% • 1 point – 1-24% • 0 points – 0%. OR DV dedicated beds: • 10 points – 100% DV dedicated • 0 points – <100%. (CES & HMIS projects will receive 10 points)	10
3A	**PERFORMANCE MEASURES**	**20 POINTS POSSIBLE** (CES, HMIS, and first-year projects without a full year	20 Total

		of HMIS data will receive 15 points)	
3A 1	Housing Stability: • For PSH, did you meet the standard in helping leavers and stayers combined retain permanent housing for 7 months or more? HUD and CoC Performance Standard – **at least 90%** • For transitional housing and RRH, did you meet the standard in helping leavers find and move into permanent housing? HUD and CoC Performance Standard – **at least 90%**	**7 Points Available** • 7 points – 90% or more • 3½ points – 80%-89% • 0 points - <80%	7
3A 2	Income: • For all projects except HMIS, did you meet the standard in helping leavers and stayers combined maintain or increase income from employment AND non-cash benefits from mainstream sources? CoC Performance Standard – **at least 75%** • For all projects except HMIS, did you meet the standard in helping ADULT leavers and stayers combined maintain or increase income from employment ONLY? CoC Performance Standard – **at least 25%**	**5 Points Available** All Income • 2½ points – 75% or more • 1½ points – 65%-74% • 0 points - <65% Employment Income • 2½ points – 25% or more • 1½ points – 15%-24% • 0 points - <15%	5
3A 3	Non-Cash Mainstream Benefits: • For all projects except HMIS, did you meet the standard in helping leavers and stayers combined maintain or increase at least one source of non-cash benefits? CoC Performance Standard – **at least 50%**	**2 Points Available** • 2 points – 50% or more • 1 points – 40%-49% • 0 points - <40%	2
3A 4	Program Occupancy (bed utilization): • For all projects except HMIS, did you meet the standard in ensuring that average program occupancy met CoC standard. CoC Performance Standard – **at least 90% for the year**	**2 Points Available** • 2 points – 90% or more • 1 points – 80%-89% • 0 points - <80%	2
3A 5	Returns to Homelessness: • For all projects except HMIS, did you meet the standard in ensuring that leavers did not exit to non-permanent destinations (e.g., shelters, transitional housing, hotels, motels, and the streets)? CoC Performance Standard – **no more than 20%**	**2 Points Available** • 2 points – 20% or less • 1 points – 21%-30% • 0 points - >30%	2
3A 6	Length of Stay: • For PSH only, did you meet the standard by <u>increasing</u> the annual average LOS in permanent housing for leavers and stayers combined? – **higher LOS average than previous APR year** • For TH and RRH only, did you meet the standard by <u>decreasing</u>	**2 Points Available** PSH: • 2 points – higher LOS than previous year • 0 points – lower LOS than previous year	2

	the annual average LOS in TH or RRH for leavers? – **lower LOS average than previous APR year**	TH & RRH: • 2 points – lower LOS than previous year • 0 points – higher LOS than previous year	
3A 7	Victim Service Providers only - Safety: • Please propose at least one relevant measure of the degree of participant safety that you will commit to using in the future.	**Not Scored This Year**	/
4	**PROGRAM EFFECTIVENESS**	**20 POINTS POSSIBLE** (CES & HMIS projects will receive 15 points)	20 Total
4A	Coordinated Entry Participation: The minimum percentage of new clients since 1/1/21 who came from Smart Path CES referral.	**10 Points Available** • 10 points – 95% - 100% from CES referral • 8 points – 90% - 94% • 6 points – 85% - 89% • 4 points – 80% - 84% • 2 points – 75% - 79% • 1 points – 70% - 74% • 0 points – below 70%.	10
4B	Housing First Fidelity Assessment: Serving People with the Highest Barriers to Housing: To what extent does your project embrace the following Housing First approaches? 1. Does the project prioritize client selection based on duration of homelessness and vulnerability? 2. Does the project accept all clients regardless of substance use history, or current use? 3. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness? 4. Does the project accept clients regardless of criminal history? 5. Does the project accept clients regardless of income or financial resources? 6. Does the project use a harm-reduction model for drugs and/or alcohol use? Removing Barriers to Housing: To what extent does your project eliminate the following barriers to housing? 1. No minimum income 2. No required current employment 3. No required state issued photo id 4. Need not show sobriety (drugs or alcohol)	**10 Points Available** Housing First approaches: • 1 point "yes" response • 0 points "no" response Removing housing barriers: • 1/2 point per "yes" response • 0 points per "no" response	10

	5. OK to have symptoms of mental illness 6. Need not have transportation 7. No required specific disabling condition (e.g., MH, SA, HIV/AIDS) 8. Need not show use medication.		
5	**FINANCIAL AND COST EFFECTIVENESS**	**10 POINTS POSSIBLE**	0 Total
5A	Housing vs. Service Funding: The percentage of *program* funding (not including admin) proposed to be used on housing activities (acquisition, construction, rehab, and housing operations) vs. percentage funding used on non-housing activities (supportive services, services-only operations, and HMIS).	**5 Available** • 5 points renewal – 90% - 100% housing activities • 4 points renewal – 80% - 89% • 3 points renewal – 70% - 79% • 2 points renewal – 60% - 69% • 1 point renewal – 50% - 99% • 0 points – below 50%. (CES & HMIS projects will receive 4 points)	0
5B	Drawdown completeness: The percentage of overall HUD grant actually drawn down in the most recent completed program year recorded in the most recent APR.	**5 Points Available** • 5 points – 100% of budgeted funds successfully drawn • 4 points – 98% - 99% • 3 points – 96% - 97% • 2 points – 94% - 95% • 1 points – 92% - 93% • 0 points – below 92%.	0
6	**AGENCY EXPERIENCE/CAPACITY**	**10 POINTS POSSIBLE**	10 Total
6A	**Agency Years of Experience** Number of years of agency experience in implementing the proposed program OR similar program type (e.g., RRH or PSH)	**10 Points Available** • 10 points – 8+ years • 8 points – 5 to 7 years • 6 points – 4 to 6 years • 4 points – 2 to 3 years • 2 points – 1 to 2 years • 0 points – below 1 year	10
6B	**Capacity Issues** Points will be deducted if in the past year (9/10/21-present): (1) HUD has disencumbered funds from the agency's CoC programs, (2) the agency has unresolved HUD monitoring findings in CoC programs, or (3) the agency has been late in submitting a CoC APR.	**10 Pts Deduction Possible** • 4 points deduction – disencumbered funds • 4 points deduction – unresolved findings • 4 points deduction –	—

		late APR	
7	**Mainstream Resources** The number of strategies the program has identified to help clients access federal mainstream benefits, including Medicaid; State Children's Health Insurance Program; TANF (CalWORKS); Food Stamps; SSI; Workforce Investment Act; *Employment Income*; Welfare to Work Grant Programs; and, Veterans Health Care.	**7 POINTS POSSIBLE** • 7 points – 7 - 8 strategies used • 5 points – 5 - 6 used • 3 point – 3 - 4 used • 2 points – 2 used • 1 point – 1 used • 0 points – 0 used	7
8	**Equity Factors** Agency will receive one point for each of the following factors that it has implemented OR commits to implement within one year: Agency leadership, governance, and policies: 1. Agency has individuals representing BIPOC in managerial and leadership positions 2. Agency has individuals representing LGBTQ+ in managerial and leadership positions 3. Agency board of directors includes representation from more than one person with lived experience 4. Agency has relational process for receiving and incorporating feedback from persons with lived experience 5. Agency has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers. 6. Agency has provided at least one staff training since 1/1/21 on enhancing equity for BIPOC and/or LGBTQ+. Program participant outcomes: 7. Agency has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age 8. Agency has identified programmatic changes needed to make program participant outcomes more equitable for overrepresented races or ethnicities and developed a plan to make those changes 9. Agency has identified programmatic changes needed to make program participant outcomes more equitable for LGBTQ+ persons and developed a plan to make those changes 10. Agency is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age.	**10 POINTS POSSIBLE** • 1 point per "yes" response • 0 points "no" response	10
9	**Community Collaboration and Participation (3 points possible)** To what extent does the applicant agency support the Housing for Health Partnership (H4HP) by participating in meetings of the H4HP general membership, and participate in HMIS by entering client	**3 POINTS POSSIBLE** H4HP meeting participation: • 2 points: Agency	3

	data into HMIS for 100% of its programs that are listed in the 2021 Housing Inventory Chart (HIC)? *Sub-scores will be determined by H4HP staff based upon appropriate H4HP and documentation for the period from September 1, 2020 to the present time.*	attends 75% to 100% • 1 point: Agency attends 51% to 74% • 0 points: Agency attends 0% to 50% HMIS participation: • 1 point: Has data for 100% HIC • 0 points: Has data for less than 100% HIC	
	TOTAL	**100 POINTS POSSIBLE**	90 Total

Santa Cruz County H4H CoC 2022 Renewal Project Review Tool

Project Name: ECS Free **Reviewer Name:** Judy H. **Date:** 9-7-22

A. Reviewer Comments/Evaluation:

No.	Criteria Area	Reviewer Comments if Any
1	**Housing/Project Type** - ***10 pts. maximum auto-scored*** The application represents a high priority housing/project type as described below: • PSH serving 100% chronically homeless persons with emphasis on the longest histories of homelessness and most severe needs • PSH serving 100% DedicatedPLUS project type • RRH for homeless individuals or families, including unaccompanied youth • Joint TH and RRH projects • CE projects • HMIS projects • Domestic violence projects including RRH, TH-RRH, and CES. If none of the above, does application make a good case for the need for the type of project provided.	10
2	**Priority Population Served - Addresses Chronic Homeless Population or DV population** - ***10 pts. maximum auto-scored*** The project meets the needs of a high priority population as described below: • Experiencing chronic homelessness • Survivors or domestic violence If neither of the above, does application make a good case for the need to serve the population it does.	10
3	**PERFORMANCE MEASURES** - ***20 pts. maximum auto-scored*** The project has met or exceeded measurable performance expectations in the following areas: • Housing Stability • Income • Non-cash mainstream benefits • Program occupancy • Returns to homelessness • Length of stay • Safety (DV projects only)	20
4	**PROGRAM EFFECTIVENESS** - ***20 pts. maximum auto-scored*** The project has met or exceeded program effectiveness expectations in the following areas: • Coordinated entry participation • Housing First fidelity	20
5	**FINANCIAL AND COST EFFECTIVENESS** - ***10 pts. max. auto-scored*** The project has met or exceeded financial and cost effectiveness expectations in the following areas: • Housing vs. Service Funding • Drawdown completeness	0 - reduce award by amount not spent in 2021

6	**AGENCY EXPERIENCE/CAPACITY - *10 pts. maximum auto-scored*** The agency has met or exceeded experience and capacity expectations in the following areas: • Agency years of relevant experience • Capacity issues or problems noted	10
7	**MAINSTREAM RESOURCES - *7 pts. maximum auto-scored*** The agency has met or exceeded expectations in the area of using multiple strategies to assisting clients to apply for and obtain a range of federal mainstream benefits, e.g., Medicaid; State Children's Health Insurance Program; TANF (CalWORKS); Food Stamps; SSI; Workforce Investment Act; *Employment Income*; Welfare to Work Grant Programs; and, Veterans Health Care	7
8	**EQUITY FACTORS - *10 pts. maximum auto-scored*** The project meets or exceeds expectations in the area of ensuring equity for underserved populations, including but not limited to BIPOC and LGBTQ+, in the areas of: • Agency leadership, governance, and policies • Program participant outcomes	10
9	**COMMUNITY COLLABORATION & PARTICIPATION - *3 pts. max. auto-scored*** The project meets or exceeds expectations in the areas: • Attending H4H CoC meetings • Contributing participant data to HMIS	3

B. Summary of Recommendations to H4H Policy Board:

1. Recommended for Approval? ☐ Recommend ☒ Recommended with issues to address (see below) ☐ Do not recommend	**2. Recommended Funding Amount?** ☐ Full funding as requested ☒ Reduce funding to the following: $ 12,050.
List issues for applicant to address if any:	**Reasons for reduced funding, if recommended:**
3. Recommended Ranking? ☐ Rank high (highest quality and most needed) ☒ Rank medium (high quality and needed) ☐ Rank low (lower quality or less needed)	**4. Recommended Tiering?** ☒ Tier 1 (funding nearly certain) ☐ Tier 2 (funding not certain)

E-Mail Completed Form to tonygardnerconsulting@yahoo.com and housingforhealth@santacruzcounty.us by 3 pm, Tuesday, September 6; also please bring to the Teams meeting.

a. Applicant Organization Name & Mission (25 words maximum):

Encompass Community Services believes that health isn't just something we get at the doctor's office; it starts in our families, in our schools and workplaces, in our neighborhoods. We address the conditions in which people in our community live so that everyone has the benefit of a long, healthy life.

b. Project Name and Service Site Address: Freedom Cottages, 2718 Freedom Blvd. Watsonville Ca. 95076

c. Brief Project Description, Including Housing and Services, Population Served, Clients Needs, Service Approach, Service Partnerships, Innovations, and Outcomes and Success

Freedom Cottages provides permanent, affordable, supportive housing for chronically homeless individuals with psychiatric disabilities and/or HIV. Freedom tenants have long-term psychiatric and substance abuse problems, with histories of multiple hospitalizations, incarcerations, and episodes of homelessness. The population of focus continues to shift as units turn over to prioritize individuals with longest histories of homelessness & most severe needs.

Support services are provided on site. The budget allows for a part-time support counselor, funds for community activities and funds for diverse tenant needs. The support counselor has been successful in helping clients manage their lives amidst the challenges posed by the pandemic, resulting in maintained housing and wellness stability. The support counselor continues to assist in linking residents to mainstream resources including benefits, employment and education. In addition to the support provided by this grant, tenants are assisted in accessing other sources of support and resources available to them, such as County Mental Health case management, money management and payee services, linkage to psychiatric care, and In-home Support Program services.

Over the past year, with supportive services, residents at Freedom Cottages received 1:1 support and had safety-minded food assistance. Examples of individualized support: helping clients get connected to their treatment providers for telehealth, helping a client get connected to county mental health case management, helping a client with budgeting and payee services which resulted in averting a tenancy termination, and helping advocate for increased IHSS hours for clients with escalating physical disability. We are happy to report that all of our tenants retained their housing during the last grant year. We are also implementing a new process for needs assessment to better enable staff to seek out and address any unknown unmet needs, and are planning to resume community-building activities such as barbeques and outing as soon as is safe to do so.

d. Estimated Total Homeless Persons Served Per Day (point-in-time):

Estimated Total Number Served	Per day (point-in-time)
a. Homeless Individuals	
1. Total of individuals	4
2. Total of disabled persons	4
b. Homeless Families	
1. Total of families	0
2. Total adults	0
3. Total children (under 18)	0
4. Total disabled persons	0
c. Total Homeless (a.1+b.2+b.3)	4

e. Estimated Percentage Homeless Subpopulation(s) Served:

Homeless Subpopulations	Approximate Percentages (%) can be more than 100%
a. Chronically Homeless (as defined by HUD inc. families)	100
b. Severely Mentally Ill	75
c. Chronic Substance Abusers	25
d. Veterans	25
e. Persons with HIV/AIDS	25
f. Victims of Domestic Violence	25
g. Unaccompanied Youth (Under 18 years of age)	0

f. Please List Supportive Services With Estimated Frequency: daily, weekly, bi-weekly monthly, bi-monthly, or semi-annually

Service Type	Frequency	Service Type	Frequency
1. Life Skills	Bi-weekly	6. Mental Health Services	Bi-Weekly
2. Food	Weekly	7. Money Management	Bi-weekly
3. Basic Needs	Weekly		

4. Drug treatment	Bi-Weekly		
5. Alcohol Abuse Treatment	Bi-Weekly		

g. Total HUD Dollar Request: $_____. Please Complete Summary Project Budget:

a. Project Activity	b. HUD Dollar Request	c. Cash Match	d. Total Project Budget (HUD+Match)
1. Real Property Leasing	$0	$0	$0
2. Rental Assistance (from chart below)	$0	$0	$0
3. Supportive Services	$14,622.00	$3,655.50	$18,277.50
4. Operations	$0	$0	$0
5. HMIS	$0	$0	$0
6. Admin (HUD Approved Amount)	$1,023.00	$255.75	$1,278.75

b. Rental Assistance Worksheet Size/no. Units	FMR rent	No. of mos.	Total
No. 0-bed units:	$	x mos. =	$
No. 1-bed units:	$	x mos. =	$
No. 2-bed units:	$	x mos. =	$
No. 3-bed units:	$	x mos. =	$
Total			$

h. Written Leverage Commitments if Any (not required this year – no points)

Written Leverage Commitments	Total Amount	Percentage of Total HUD Dollar Request (see 8 above)
Cash and In-Kind Commitments	$3,906.00	25.00%

SCORING QUESTIONS

1. Housing/Project Type (check only 1) (10 points possible)

☒ PSH serving 100% CH or DedicatedPLUS with longest histories of homelessness and most severe barriers, 10 pts ☐ RRH, 10 pts ☐ joint TH-RRH, 10 pts ☐ Coordinated Entry, 10 pts ☐ HMIS, 10 pts ☐ PSH not serving 100% CH or Dedicated PLUS with longest histories of homelessness and most severe barriers, 5 pts ☐ TH, 5 pts ☐ Other project types, 0 pts

2. Priority Population Served Addresses Chronic Homeless Population or DV Population (check only 1) (N/A for CES or HMIS) (10 points possible)

Please respond to either the chronic homeless population OR the DV population chart below.

What percentage of clients served will be chronically homeless as defined by HUD (must match response to 6.a above)?

☒ 100%, 10 pts ☐ 70-99%, 7.5 pts ☐ 50-69%, 5 pts ☐ 25-49%, 2.5 pts ☐ 1-24%, 1 pt ☐ 0%, 0 pts

OR

What percentage of clients served will be chronically homeless as defined by HUD (must match response to 6.a above)?

☒ 100%, 10 pts ☐ 0-99%, 0 pts

3. Performance Measures – Based HMIS (or Comparable Database for Victim Service Providers) (20 points possible) (N/A for HMIS or CES) Please use the attach worksheet to answer the following questions based upon data an HMIS or DV Comparable Database APR report for the year from 7/1/20 – 6/30/21.

3A1. Housing Stability:

For PSH project only, what percentage of your leavers and stayers remained in permanent housing for at least 7 months? 100**%**

For TH and RRH projects only, what percentage of your program leavers exited to permanent destinations? ___**%**

3A2. Income:

For all projects, what percentage of program leavers and stayers combined had earned income, other income, or both earned income and other income? **100%**

For all projects, what percentage of ADULT program leavers and stayers combined had earned income? **25%**

3A3. Non-Cash Mainstream Benefits:

For all projects, what percentage of program of program leavers (at exit) and stayers (at follow-up) combined had at least one non-cash benefit source? **100%**

3A4. Program Occupancy (bed utilization):

For all projects, what was the average bed utilization rate for the operating year? **100%**

3A5. Returns to Homelessness:
For all projects, what percentage of program leavers exited to non-permanent housing destinations? **0%**

3A6. Length of Stay (LOS):
For PSH only, what was the average length of stay in the permanent housing days for leavers?
Was this figure higher than the previous program year? **Yes _X_ No ____**

For TH and RRH only, what was the average length of stay in TH or RRH measured in days for leavers? **___ Ave. # days**
Was this figure lower than the previous program year? **Yes ____ No ____**

3A7. Victim Service Providers only - Safety:
Please identify at least one relevant measure of the degree of participant safety that you will commit to using in the future:

4. Program Effectiveness (N/A for HMIS or CES) (20 points possible)
4A. Coordinated Entry Participation:
Identify the percentage of NEW clients who came from Smart Path CES referral.
☒ 95-100%, 10 pts ☐ 90-94%, 8 pts ☐ 85-89%, 6 pts ☐ 80-84%, 4 pts ☐ 75-79%, 2 pts ☐ 70-74%, 1 pt ☐ <70% 0 pts

4B. Housing First Fidelity Assessment:
Serving People with the Highest Barriers to Housing: Housing First criteria that are used by the project. Check all that apply:
1. Does the project prioritize client selection based on duration of homelessness and vulnerability?
   ☒ Yes ☐ No
2. Does the project accept all clients regardless of substance use history, or current use?
   ☒ Yes ☐ No
3. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?
   ☒ Yes ☐ No
4. Does the project accept clients regardless of criminal history?
   ☒ Yes ☐ No
5. Does the project accept clients regardless of income or financial resources?
   ☒ Yes ☐ No
6. Does the project use a harm-reduction model for drugs and/or alcohol use?
   ☒ Yes ☐ No

Total number of the Housing First criteria used ("yes" responses): 6 # Yes

Removing Barriers to Housing: Please indicate which of the following criteria/barriers is required for clients to be accepted into this project. Check all that apply:
1. No minimum income required
   ☒ Yes ☐ No
2. No required current employment
   ☒ Yes ☐ No
3. No required state issued photo ID
   ☒ Yes ☐ No
4. Need not show sobriety (drugs or alcohol)
   ☒ Yes ☐ No
5. OK to have symptoms of mental illness
   ☒ Yes ☐ No
6. Need not have transportation
   ☒ Yes ☐ No
7. No required specific disabling condition (e.g., MH, SA, HIV/AIDS)
   ☒ Yes ☐ No
8. Need not show use medication
   ☒ Yes ☐ No

Total number of the criteria/barriers removed (checked responses): 8 # Yes

5. Financial and Cost Effectiveness (10 points possible)
5.A Housing vs. Service Funding (N/A for HMIS or CES):
Percentage of *program* funding (not including admin) proposed to be used on housing activities (acquisition, construction, rehab, and housing operations) vs. percentage funding used on non-housing activities (supportive services, services-only operations, and HMIS). (N/A for CES and HMIS)

Enter HUD funds for Housing Activities	Enter Total of Housing + Services (not including Admin)	% of HUD funds used on Housing (Total Housing /Total Housing+Services = % Housing Funds)
$ Leasing	$14,622.00	0%
$ Rental Assistance	$0	0%
$ Housing Operations	$0	0%
$ TOTAL Housing Funds	**$14,622.00 TOTAL Housing +Service Funds**	**0% Housing Funds**

5B. Drawdown Completeness:

1. Percentage of HUD grant actually drawn down in the **most recent completed program year** recorded in the most recent APR.

Enter Total Amount Budgeted	Enter Total Amount Drawn Down	Enter Total Unspent, If Any	Enter Percentage Actually Drawn Down (Total Drawn Down/Total Budget = % Drawn Down
$15,645.00	**$12,972.66**	$2,572.34	83% Drawn Down

b. Answer the following for the percentage actually drawn down (4th column above):

☐ 100%, 5 pts ☐ 98-99%, 4 pts ☐ 96-97%, 3 pts ☒ 94-95%, 2 pts ☐ 92-93%, 1 pts ☒ <92% 0 pts

6. Agency Experience/Capacity (10 points possible)

6A. Years of Experience (check only 1):

Check the number of years of agency experience in implementing the proposed program OR similar program (e.g., RRH or PSH).

☒ 8+ years experience, 10 pts ☐ 5-7 years experience, 8 pts ☐ 4-6 years experience, 6 pts ☐ 2-3 years experience, 4 pts ☐ 1-2 years experience, 2 pts ☐ <1 year experience, 0 pts

6B Capacity Issues (answer all that apply):

Please answer the following questions based upon the past year from September 10, 2020 to the present date:

1. Has HUD disencumbered funds from the agency's CoC programs? ☐ Yes ☒ No
2. Does the agency have unresolved HUD monitoring findings in CoC programs? ☐ Yes ☒ No
3. Has the agency been late in submitting a CoC APR? ☐ Yes ☒ No

7. Mainstream Resources (10 points possible)

Please check each activity your project implements to help clients access mainstream benefits, including Medicaid; State Children's Health Insurance Program; TANF (CalWORKS); Food Stamps; SSI; Workforce Investment Act; *Employment Income*; Welfare to Work Grant Programs; and, Veterans Health Care.

☒	1. Project case managers systematically assist clients in completing applications for mainstream benefit programs.
☒	2. Agency systematically analyzes its projects' APR and other data to assess and improve access to mainstream programs.
☒	3. Agency leadership meets at least three times a year to discuss and improve clients' participation in mainstream programs.
☒	4. Project staff are trained at least once per year on how to identify eligibility and mainstream program changes.
☒	5. Project has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
☒	6. Agency supplies transportation to clients to attend mainstream benefit appointments, employment training, or jobs.
☒	7. Project staff systematically follow-up to ensure that mainstream benefits are received.
☒	8. Agency coordinates with the local departments administering mainstream programs (e.g., Human Services and Health Services) to reduce or remove barriers to accessing mainstream services.

8. Equity Factors (check all that apply) (7 points possible)

Please identify which of the following equity factors your program has implemented OR commits to implement within one year:

	Agency leadership, governance, and policies:
☒	1. Agency has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions
☒	2. Agency board of directors includes representation from more than one person with lived experience
☒	3. Agency has relational process for receiving and incorporating feedback from persons with lived experience
☒	4. Agency has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers
	Program participant outcomes
☒	5. Agency has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age
☒	6. Agency has identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes
☒	7. Agency is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race,

	ethnicity, gender identity, and or/age

Please note that an additional 3 points is possible for Community Collaboration and Participation. There is no need to submit a response. Scores will be tabulated by HAP staff. Please see the Evaluation Criteria item 9 for details.

Attachment:
Worksheet for Completing Question 3 Renewal HMIS Performance Metrics

Worksheet for Completing Question 3 Performance Measures Based on APR Generated from HMIS (or Comparable Database for DV) for the year from **July 1, 2020 to June 30, 2021**.

Please answer the following using and HMIS (or DV comparable database) APR generated for the year from **July 1, 2020 to June 30, 2021**. Transfer your answers (the last line of the formula for each response) to Question 3 of the application. If you are a first year renewal without a complete year of data, you do not need to complete this form. If you have any questions, please contact Tony Gardner at tonygardnerconsulting@yahoo.com.

3A1. Housing Stability:
For PSH project only, what percentage of your leavers and stayers (combined) remained in permanent housing for at least 7 months?

Data Source: APR Q22a1

Formula:

a. Enter total number of program participants (APR Q22a1, Total column, row 12):
4 Participants

b. Enter total numbers of leavers and stayers combined who stayed 181 days or longer (APR Q22a1, Total column, rows 5 – 10):
4 > 181 Days

c. Percentage participants stayed 7 mos. (b/a x 100=%): 100%

For TH and RRH projects only, what percentage of your program leavers (those who have stayed more than 90 days and those who have stayed less than 90 days combined) exited to permanent destinations?

Data Source: APR Q23a & Q23b

Formula:

a. Total number of leavers combined (APR Q23a & 23b, Total column, Total row):
0 Leavers

b. Total number of leavers who exited to permanent destinations (APR Q23a & 23b, Total column, Total Persons Exiting to a Positive Destination row):
N/A Perm Destin.

c. Percentage leavers to permanent destinations (b/a x 100=%): N/A

3A2. Income:
For all projects, what percentage of adult program leavers and stayers combined had earned income, other income, or both earned income and other income at the time of assessment or exit?

Data Source: APR Q18

Formula:

a. Total number of adult program participants who were required to have an annual assessment or exited (APR Q18, Adults at Annual Assessment and Adults at Exit columns, "Total Adults " row):
4 Adults

b. Total adults had earned income, other income, or both earned income and other income (APR Q18, Adults at Annual Assessment and Adults at Exit columns, "1 or More Source of Income" row):
4 Had Income

c. Percentage adults with income (b/a x 100=%): 100%

For all projects, what percentage of adult program leavers and stayers combined had earned income?

Data Source: APR Q18

Formula:

a. Total number of adult program participants who were required to have an annual assessment or exited (APR Q18, Adults at Annual Assessment and Adults at Exit columns, "Total Adults " row)

4 Adults

b. Total adults with earned income (APR Q18, Adults at Annual Assessment and Adults at Exit columns, "Adults with Only Earned Income" and "Adults with Both Earned and Other Income" rows combined):

1 Had Earned Income

c. Percentage adults participants with earned income (b/a x 100=%): 25%

3A3. Non-Cash Mainstream Benefits:
For all projects, what percentage of program leavers (at exit) and stayers (at follow-up) combined had at least one non-cash benefit source?

Data Source: APR Q20b

Formula:

a. Total number of program participants who were required to have an annual assessment or exited (APR Q20b, Benefit at Annual Assessment and Benefit at Exit columns, "Total" row):

4 Participants

b. Total program participants with at least 1 non-cash benefit source (APR Q20b, Benefit at Annual Assessment and Benefit at Exit columns, "1+ Source(s)" row):

4 had 1 or more Non-Cash Benefit

c. Percentage participants one or more non-cash (b/a x 100=%): 100%

3A4. Program Occupancy (bed utilization):
For all projects except HMIS, what was the average bed utilization rate for the operating year?

Data Source: APR Q2
Formula:

a. **Average bed utilization rate during operating year** (Q2 PIT Actual Bed and Unit Utilization chart, bed utilization rate subsection) Add the 4 quarterly rates and then divide by 4 to reach the average bed utilization rate [e.g., 85.50 + 90.5 + 90.5 + 100 = 366.6/4 = 91.63% average bed utilization rate]:

100%

3A5. Returns to Homelessness:
For all projects, what percentage of program leavers (those who have stayed more than 90 days and those who have stayed less than 90 days combined) exited to non-permanent housing destinations (e.g., Emergency Shelter, Place Not Meant for Human Habitation, Don't Know/Refused, Information Missing, etc.?

Data Source: APR Q23a & Q23b

Formula:

a. Total number of leavers combined (APR Q23a & 23b, Total column, Total row):

0 Total Leavers

b. Total number of leavers who exited to non-permanent destinations (APR Q23a & 23b, Total column, Total Persons Exiting to a Positive Destination row subtracted from Total row = total leavers who exited to non-permanent destinations):

0 Leaver Non-Perm. Destin.

c. **Percentage leavers existed to non-permanent destinations** (e.g., emergency shelter, place not meant for human habitation, don't know/refused, information missing, etc.)

(b/a x 100=%): 0%

3A6. Length of Stay (LOS):
For PSH only, what was the average length of stay in the permanent housing measured in days for leavers? Was this figure higher than the previous program year?

Data Source: APR Q22b

Formula:

a. Average length of stay in days for program leavers (Leavers column, *Average* Length row):

Average length of stay: N/A days (program had 0 Leavers)

b. Was this figure higher than the previous operating year __X__ Yes ____ No

For TH and RRH only, what was the average length of stay in TH or RRH leavers?
Was this figure lower than the previous program year?

Data Source: APR Q22b

Formula:

a. Average length of stay in days for program leavers (Leavers column, *Average* Length row):

Average length of stay: _____ days

a. Was this figure lower than the previous operating year ____ Yes ____ No

3A7. Victim Service Providers only - Safety:
N/A – no HMIS-based calculation needed.

1E-5b FINAL PROJECT SCORES FOR ALL PROJECTS

CA-508 Final H4H (CoC) Board Approved CoC & YHDP 2022 Project Approvals, Ranking, and Tiers							
Rank	**Score**	**Applicant Name**	**Project Name**	**New or Renewal**	**Grant Term**	**Project Component**	**Total HUD Budget**
Tier 1 - $3,594,705 - APPROVED							
1	90	Housing Matters	801 River Street	Renewal	1 Year	PSH	**$159,911**
2	90	Walnut Avenue Family & Women's Center	Walnut Avenue Housing & Employment Program	Renewal	1 Year	RRH	**$266,274**
3	90	Encompass Community Services	Freedom Cottages	Renewal	1 Year	PSH	**$15,645**
4	86.5	Housing Authority of the County of Santa Cruz	Shelter+Care Consolidate	Renewal	1 Year	PSH	**$1,342,434**
5	86.5	Encompass Community Services	Housing for Health 3	Renewal	1 Year	PSH	**$90,429**
6	85.5	County of Santa Cruz Health Services Agency	MATCH	Renewal	1 Year	PSH	**$945,315**
7	84	Santa Cruz County HSD	County of Santa Cruz Homeless Management Information System	Renewal	1 Year	HMIS	**$91,699**
8	79	County of Santa Cruz	Coordinated Entry Expansion	Renewal	1 Year	CES	**$228,362**
9	88.5	Housing Matters	801 River Street Expansion	New - Reallocation	1 Year	PSH	**$62,964**
10	75.5	Families In Transition of Santa Cruz County, Inc.	First Step-Scattered Site Housing for Families with Children	Renewal	1 Year	RRH	**$391,672**
					Total Tier 1 Approved		**$3,594,705**
Tier 2 - $548,221 (DV bonus included) - APPROVED							
10	75.5	Families In Transition of Santa Cruz County, Inc.	First Step-Scattered Site Housing for Families with Children	Renewal	1 Year	RRH	**$178,556**
11	95.25	Monarch Services	Monarch DV Bonus	New - DV Bonus	1 Year	RRH	**$105,567**
12	83.25	Walnut Avenue Family & Women's Center	Walnut Avenue DV Bonus	New - CoC Bonus + Reallocation	1 Year	RRH	**$264,098**
					Total Tier 2 Approved		**$548,221**
Non-Competitive YHDP Projects - $1,285,268 (not ranked) - APPROVED							
N/A	N/A	Bill Wilson Center	Santa Cruz County Shared Housing	Renewal	1 Year	Shared Housing	**$137,767**
N/A	N/A	Community Action Board of Santa Cruz County, Inc.	YHDP - Youth Homeless Response Team (YHRT)	Renewal	1 Year	SSO	**$99,175**
N/A	N/A	County of Santa Cruz	Youth CES	Renewal	1 Year	CES	**$60,000**
N/A	N/A	Encompass Community Services	Drop-In Center	Renewal	1 Year	SSO	**$296,903**
N/A	N/A	Families In Transition of Santa Cruz County, Inc.	Y.A.A.S. (Young Adults Achieving Success)	Renewal	1 Year	RRH	**$263,387**
N/A	N/A	Covenant House	YHDP New Roots RRH	Renewal	1 Year	RRH	**$197,505**
N/A	N/A	Covenant House	Youth Rapid Rehousing	Renewal	1 Year	RRH	**$230,531**
					Total YHDP Approved		**$1,285,268**
Non-Competitive CoC Planning Grant - $152,075 (not ranked) - APPROVED							
N/A	N/A	County of Santa Cruz	CoC Planning Grant	New	1 Year	Planning	**$152,075**
					Total CoC Planning Approved		**$152,075**
Competitive CoC New Project - DECLINED							
N/A	73.5	Community Bridges	Community Bridges RRH	New - CoC Bonus	1 Year	RRH	**$253,459**
					Total CoC Declined		**$253,459**

PIT Count Report Released and Project Homekey Update

From: Housing for Health Partnership (housingforhealth@santacruzcounty.us)

To: tonygardnerconsulting@yahoo.com

Date: Friday, September 16, 2022 at 09:59 AM PDT

View this email in your browser

2022 Santa Cruz County Point-in-Time (PIT) Count Report Released

Applied Survey Research and the Housing for Health Division have released the final 2022 PIT Count report on homelessness in Santa Cruz County. This report provides data regarding the number and characteristics of people experiencing homelessness in Santa Cruz County on a single night in February 2022. This data is collected to provide a "snapshot" of the homeless population and provide insight into necessary funding and resources for Santa Cruz County.

Special attention is given to particular populations, including chronically homeless persons, veterans, families, unaccompanied children (under the age of 18) and transition-age youth (between ages 18 and 24). Unstably-housed persons living without assistance in hotels/motels, in doubled-up situations or temporarily in a jail or hospital are not included in this effort.

To better understand the dynamics of homelessness over time, results from previous years are provided where available and applicable. Click here for a copy of current and prior reports.

Project Homekey Update

Santa Cruz County submitted four applications for the state's second round Project Homekey funding to create more permanent supportive and affordable housing for people experiencing or at-risk of homelessness within the County. Two of the four projects have received award letters from the state. One received a denial of funding and encouragement to apply in the next funding round. The fourth project is still pending a final decision.

On Tuesday, September 20, the County Board of Supervisors will take action on the Park Haven Plaza project at 2838 Park Avenue in Soquel. We encourage you to participate through written or verbal comments to the Board, either in person or by Zoom. You can view the agenda for this meeting here.

Funding Update – Local Continuum of Care Review and Project Rankings Announced

The Housing for Health Partnership Policy Board approved and finalized recommendations from a subcommittee related to the FY 2022 Housing and Urban Development (HUD) Continuum of Care (CoC) Notice of Funding Opportunity local application submittal and review process. To review the locally approved project reallocations, renewals and new grants click here. Individual agencies will receive project-specific notifications about their proposals this week. The final communitywide HUD CoC application and specific project grant proposals must be submitted by September 30, 2022.

To apply click here.

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You are receiving this email because you opted in via our website.

Our mailing address is:
Housing for Health Partnership
1000 Emeline Ave.
Santa Cruz, CA 95060

Add us to your address book

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You can update your preferences or unsubscribe from this list.

1E-5 NOTIFICATION OF PROJECTS REJECTED, REDUCED

Community Bridges - Notification of 2022 CoC Project Priority Listing

From: Robert Ratner (robert.ratner@santacruzcounty.us)

To: rayc@cbridges.org; noram@cbridges.org

Cc: tonygardnerconsulting@yahoo.com

Date: Thursday, September 15, 2022 at 04:51 PM PDT

Robert Ratner, MPH, MD

County of Santa Cruz

Director, Housing for Health Division, Human Services Department

(831) 454-4925; robert.ratner@santacruzcounty.us

Community Bridges 2022 Priorities Notice.pdf
187kB

Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List.pdf
49.1kB

H4HP Appeals Policy.pdf
1.3MB

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

September 15, 2022

Re: Community Bridges – Notification of 2022 CoC Project Priority Listing

Dear Community Bridges:

Thank you for participating in the 2022 Santa Cruz County Continuum of Care (CoC) local program competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application.

Attached please find the Housing for Health (CoC) Policy Board-approved 2022 CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Community Bridges RRH new CoC Bonus project** was not approved for CoC funding and therefore not ranked, because it scored lower than competing projects whether for CoC Bonus or reallocated funding. We cannot add your project to the list because the projects that were approved total the maximum amount of funding requests that we can apply for in e-snaps.

Some key areas for improvement noted by reviewers included:

- Need to improve the program design to better meet needs in the following ways – more intensive case management given the largely chronically homeless population targeted, need for more behavioral health services for this population, need a broader range of outreach approaches for engaging a hard-to-reach population, and more information needed on strategies for helping secure both housing and employment.
- Some concern about possibly serving some ineligible clients (e.g., those at risk of homelessness as opposed those who are homeless under the HUD definition) and concern with lack of experience/capacity around meeting HUD requirements (such as documentation requirements for homelessness).

Because your project was not approved, you are eligible to appeal. The appeals process and grounds for appeal are included in the CoC Appeals Policy attached.

- **Please note that if you intend to appeal you must submit your appeal to housingforhealth@santacruzcounty.us *and* tonygardnerconsulting@yahoo.com no later than NOON on Monday, September 19, 2022.**
- **Appeals will be considered by the Appeal Panel by Friday, September 23, 2022 (TBD).**

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

Please let us know if you have any questions.

Again, thank you very much for your participation in the 2022 CoC program competition, and for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,

Robert Ratner
Housing for Health Partnership, Staff
info@housingforhealthpartnership.org
(831) 454-7312

Cc: Tony Gardner, Housing for Health Partnership, Consultant

Attachments

- Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List
- H4HP Appeals Policy

CA-508 Final H4H (CoC) Board Approved CoC & YHDP 2022 Project Approvals, Ranking, and Tiers							
Rank	**Score**	**Applicant Name**	**Project Name**	**New or Renewal**	**Grant Term**	**Project Component**	**Total HUD Budget**
Tier 1 - $3,594,705 - APPROVED							
1	90	Housing Matters	801 River Street	Renewal	1 Year	PSH	**$159,911**
2	90	Walnut Avenue Family & Women's Center	Walnut Avenue Housing & Employment Program	Renewal	1 Year	RRH	**$266,274**
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					Total Tier 1 Approved		**$3,594,705**
Tier 2 - $548,221 (DV bonus included) - APPROVED							
10	75.5	Families In Transition of Santa Cruz County, Inc.	First Step-Scattered Site Housing for Families with Children	Renewal	1 Year	RRH	**$178,556**
11	95.25	Monarch Services	Monarch DV Bonus	New - DV Bonus	1 Year	RRH	**$105,567**
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Competitive CoC New Project - DECLINED							
N/A	73.5	Community Bridges	Community Bridges RRH	New - CoC Bonus	1 Year	RRH	**$253,459**
					Total CoC Declined		**$253,459**

FW: County HSA - Notification of 2022 CoC Project Priority Listing

From: Robert Ratner (robert.ratner@santacruzcounty.us)

To: tonygardnerconsulting@yahoo.com

Date: Thursday, September 15, 2022 at 04:39 PM PDT

Robert Ratner, MPH, MD

County of Santa Cruz

Director, Housing for Health Division, Human Services Department

(831) 454-4925; robert.ratner@santacruzcounty.us

From: Robert Ratner
Sent: Thursday, September 15, 2022 4:39 PM
To: Joseph Crottogini <Joseph.Crottogini@santacruzcounty.us>; Kristina Riera <Kristina.Riera@santacruzcounty.us>
Subject: County HSA - Notification of 2022 CoC Project Priority Listing

Robert Ratner, MPH, MD

County of Santa Cruz

Director, Housing for Health Division, Human Services Department

(831) 454-4925; robert.ratner@santacruzcounty.us

Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List.pdf
49.1kB

County HSA 2022 Priorities Notice.pdf
187.3kB

H4HP Appeals Policy.pdf
1.3MB

Homeless Action PARTNERSHIP

CoC Applicant Appeals Policy

Homeless Action Partnership (HAP) Review and Ranking Committee reviews and selects local project proposals for submission to HUD through the Continuum of Care (CoC) Program. CoC applicants with projects not selected for funding or laced into Tier 2 may appeal the Review and Ranking Committee decision using the appeals process set forth below. Decisions of the Appeals Committee are final.

1. Appeals Committee

Upon receipt of any appeals, an Appeals Committee of at least three members will be formed and composed of representatives the HAP Board and Housing for Health (H4H) lead agency staff. Appeals Committee members must not have been members of the Review and Ranking Committee, an must be non-conflicted, meaning that they are not employees or Board members of, and do not otherwise have a business or personal conflict of interest with, CoC applicant organizations.

2. Who may appeal

Only CoC applicants with projects not approved for CoC funding, or placed into Tier 2, may appeal.

3. What may be appealed

Appeals may be made only on the following bases:

- Inaccuracy in information provided to the Review and Ranking Committee (by entities other than the applicant) resulting in the project not being approved, or being placed into Tier 2
- Failure to follow the review and rank process resulting in the project not being selected, or being placed into Tier 2
- A conflict of interest resulting in the project not being selected, or being placed into Tier 2

Appeals based on policy considerations, funding priorities, or other subjective criteria are not eligible.

4. Appeals process

- Applicants seeking to appeal must meet the deadline for submitting a written appeal listed in the CoC Public Solicitation of Applications, Project Selection Timeline, or the appeal is void.
- The written appeal must be submitted via e-mail only by the deadline to: housingforhealth@santacruzcounty.us ***and*** Tonygardnerconsulting@yahoo.com. DO NOT submit written appeals by postal mail, express mail, fax, or hand delivery. The appeal must include:
    - The basis or bases for the appeal.
    - A brief statement or explanation of the facts, evidence, and reasons for the appeal.
    - The signature of the applicant's authorized representative.
- Upon the timely receipt of the appeal, H4H staff will set a date and time for the appeals meeting, which will be conducted via virtually. During the meeting:
    - H4H staff will explain the facts of the appeal and answer any procedural questions.
    - The appealing applicant may then join the virtual meeting and will be allotted a brief time to explain their appeal. The Appeals Committee members may then ask any questions of the appealing applicant. The appealing applicant will then leave the virtual meeting.
    - The Appeals Committee will then conduct a discussion of the appeal and then vote.
    - The Appeals Committee may consider the effect of its decision on other CoC project applicants and may include those project applicants in the appeals discussion.
- The Appeals Committee will issue a written decision to the appealing applicant by the deadline for such written decision listed in the CoC Public Solicitation of Applications, Project Selection Timeline. The decision of the Appeals Committee is final.

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

September 15, 2022

Re: County HSA – Notification of 2022 CoC Project Priority Listing

Dear County HSA:

Thank you for participating in the 2022 Santa Cruz County Continuum of Care (CoC) local program competition. We appreciate the time you and your staff devoted to preparing and submitting your funding application.

Attached please find the Housing for Health (CoC) Policy Board-approved 2022 CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **MATCH PSH renewal project** was placed into Tier 1, but its overall budget was reduced to $945,315 (due to significant under spending the previous year), and the remainder was reallocated to other projects. We anticipate some of your reduction may be recouped if increased FMRs result in increased leasing and operating sub-budgets.

Because of the budget reduction you are eligible to appeal. The appeals process and grounds for appeal are included in the CoC Appeals Policy attached.

- **Please note that if you intend to appeal you must submit your appeal to housingforhealth@santacruzcounty.us *and* tonygardnerconsulting@yahoo.com no later than NOON on Monday, September 19, 2022.**
- **Appeals will be considered by the Appeal Panel by Friday, September 23, 2022 (TBD).**

Please let us know if you have any questions.

Again, thank you very much for your participation in the 2022 CoC program competition, and for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,

Robert Ratner
Housing for Health Partnership, Staff
info@housingforhealthpartnership.org
(831) 454-7312

Cc: Tony Gardner, Housing for Health Partnership, Consultant

Attachments: 1) Final CA-508 H4H Board 2022 CoC-YHDP Approvals and Ranking List; 2) H4HP Appeals Policy

CA-508 Final H4H (CoC) Board Approved CoC & YHDP 2022 Project Approvals, Ranking, and Tiers							
Rank	**Score**	**Applicant Name**	**Project Name**	**New or Renewal**	**Grant Term**	**Project Component**	**Total HUD Budget**
Tier 1 - $3,594,705 - APPROVED							
1	90	Housing Matters	801 River Street	Renewal	1 Year	PSH	**$159,911**
2	90	Walnut Avenue Family & Women's Center	Walnut Avenue Housing & Employment Program	Renewal	1 Year	RRH	**$266,274**
3	90	Encompass Community Services	Freedom Cottages	Renewal	1 Year	PSH	**$15,645**
4	86.5	Housing Authority of the County of Santa Cruz	Shelter+Care Consolidate	Renewal	1 Year	PSH	**$1,342,434**
5	86.5	Encompass Community Services	Housing for Health 3	Renewal	1 Year	PSH	**$90,429**
6	85.5	County of Santa Cruz Health Services Agency	MATCH	Renewal	1 Year	PSH	**$945,315**
7	84	Santa Cruz County HSD	County of Santa Cruz Homeless Management Information System	Renewal	1 Year	HMIS	**$91,699**
8	79	County of Santa Cruz	Coordinated Entry Expansion	Renewal	1 Year	CES	**$228,362**
9	88.5	Housing Matters	801 River Street Expansion	New - Reallocation	1 Year	PSH	**$62,964**
10	75.5	Families In Transition of Santa Cruz County, Inc.	First Step-Scattered Site Housing for Families with Children	Renewal	1 Year	RRH	**$391,672**
					Total Tier 1 Approved		**$3,594,705**
Tier 2 - $548,221 (DV bonus included) - APPROVED							
10	75.5	Families In Transition of Santa Cruz County, Inc.	First Step-Scattered Site Housing for Families with Children	Renewal	1 Year	RRH	**$178,556**
11	95.25	Monarch Services	Monarch DV Bonus	New - DV Bonus	1 Year	RRH	**$105,567**
12	83.25	Walnut Avenue Family & Women's Center	Walnut Avenue DV Bonus	New - CoC Bonus + Reallocation	1 Year	RRH	**$264,098**
					Total Tier 2 Approved		**$548,221**
Non-Competitive YHDP Projects - $1,285,268 (not ranked) - APPROVED							
N/A	N/A	Bill Wilson Center	Santa Cruz County Shared Housing	Renewal	1 Year	Shared Housing	**$137,767**
N/A	N/A	Community Action Board of Santa Cruz County, Inc.	YHDP - Youth Homeless Response Team (YHRT)	Renewal	1 Year	SSO	**$99,175**
N/A	N/A	County of Santa Cruz	Youth CES	Renewal	1 Year	CES	**$60,000**
N/A	N/A	Encompass Community Services	Drop-In Center	Renewal	1 Year	SSO	**$296,903**
N/A	N/A	Families In Transition of Santa Cruz County, Inc.	Y.A.A.S. (Young Adults Achieving Success)	Renewal	1 Year	RRH	**$263,387**
N/A	N/A	Covenant House	YHDP New Roots RRH	Renewal	1 Year	RRH	**$197,505**
N/A	N/A	Covenant House	Youth Rapid Rehousing	Renewal	1 Year	RRH	**$230,531**
					Total YHDP Approved		**$1,285,268**
Non-Competitive CoC Planning Grant - $152,075 (not ranked) - APPROVED							
N/A	N/A	County of Santa Cruz	CoC Planning Grant	New	1 Year	Planning	**$152,075**
					Total CoC Planning Approved		**$152,075**
Competitive CoC New Project - DECLINED							
N/A	73.5	Community Bridges	Community Bridges RRH	New - CoC Bonus	1 Year	RRH	**$253,459**
					Total CoC Declined		**$253,459**

Homeless Action PARTNERSHIP

CoC Applicant Appeals Policy

Homeless Action Partnership (HAP) Review and Ranking Committee reviews and selects local project proposals for submission to HUD through the Continuum of Care (CoC) Program. CoC applicants with projects not selected for funding or laced into Tier 2 may appeal the Review and Ranking Committee decision using the appeals process set forth below. Decisions of the Appeals Committee are final.

1. Appeals Committee

Upon receipt of any appeals, an Appeals Committee of at least three members will be formed and composed of representatives the HAP Board and Housing for Health (H4H) lead agency staff. Appeals Committee members must not have been members of the Review and Ranking Committee, an must be non-conflicted, meaning that they are not employees or Board members of, and do not otherwise have a business or personal conflict of interest with, CoC applicant organizations.

2. Who may appeal

Only CoC applicants with projects not approved for CoC funding, or placed into Tier 2, may appeal.

3. What may be appealed

Appeals may be made only on the following bases:

- Inaccuracy in information provided to the Review and Ranking Committee (by entities other than the applicant) resulting in the project not being approved, or being placed into Tier 2
- Failure to follow the review and rank process resulting in the project not being selected, or being placed into Tier 2
- A conflict of interest resulting in the project not being selected, or being placed into Tier 2

Appeals based on policy considerations, funding priorities, or other subjective criteria are not eligible.

4. Appeals process

- Applicants seeking to appeal must meet the deadline for submitting a written appeal listed in the CoC Public Solicitation of Applications, Project Selection Timeline, or the appeal is void.
- The written appeal must be submitted via e-mail only by the deadline to: housingforhealth@santacruzcounty.us ***and*** Tonygardnerconsulting@yahoo.com. DO NOT submit written appeals by postal mail, express mail, fax, or hand delivery. The appeal must include:
    - The basis or bases for the appeal.
    - A brief statement or explanation of the facts, evidence, and reasons for the appeal.
    - The signature of the applicant's authorized representative.
- Upon the timely receipt of the appeal, H4H staff will set a date and time for the appeals meeting, which will be conducted via virtually. During the meeting:
    - H4H staff will explain the facts of the appeal and answer any procedural questions.
    - The appealing applicant may then join the virtual meeting and will be allotted a brief time to explain their appeal. The Appeals Committee members may then ask any questions of the appealing applicant. The appealing applicant will then leave the virtual meeting.
    - The Appeals Committee will then conduct a discussion of the appeal and then vote.
    - The Appeals Committee may consider the effect of its decision on other CoC project applicants and may include those project applicants in the appeals discussion.
- The Appeals Committee will issue a written decision to the appealing applicant by the deadline for such written decision listed in the CoC Public Solicitation of Applications, Project Selection Timeline. The decision of the Appeals Committee is final.

1E-5d NOTIFICATION OF CoC-APPROVED CONSOLIDATED APPLICATION

Important Update: 2022 HUD CoC Funding and HUD Supplemental Application

From: Housing for Health Partnership (housingforhealth@santacruzcounty.us)

To: tonygardnerconsulting@yahoo.com

Date: Wednesday, September 28, 2022 at 09:29 AM PDT

View this email in your browser

FY 2022 HUD Continuum of Care (CoC) Application Update

Dear Community Stakeholders,

We are pleased to report that the **FY 2022 CoC Application with Attachments** and the **2022 Project Priority Listing** (including reallocation forms and all project applications) that were accepted and ranked, or rejected, new and renewal, are now available for your review. To review these documents directly, please click the following links:

2022 CoC Application - 09/27/22 Public Posting

2022 Project Priorities Listing - - 09/27/22 Public Posting

Thank you to everyone who participated in this year's CoC Program competition! We are very close to the final application submission.

Please do not hesitate to contact Housing for Health at housingforhealth@santacruzcounty.us or tonygardnerconsulting@yahoo.com if you have any questions.

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Housing for Health Partnership
1000 Emeline Ave.
Santa Cruz, CA 95060

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