

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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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 2023 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
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.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	No	No	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	No
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	No	No	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	No	No	No
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	No	No	No
30.	State Sexual Assault Coalition	No	No	No
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 Insurance Provider	Yes	Yes	Yes
35.	Neighborhood Community Groups	Yes	Yes	No

1B-2.	Open Invitation for New Members.	
	NOFO Section V.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 and access for persons with disabilities, including the availability of accessible electronic formats; and
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 accessible online membership form and will automatically receive all CoC-related list serve notices, including invitations to bi-annual CoC-wide meetings. Invitations are also sent out 22 times per year on average via the CoC newsletter to a long list of community organizations and persons in the county known to be interested in homelessness issues and are posted on the CoC Facebook page. This community partner 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 e-mailed in plain text to be easily machine readable and posted on the CoC website, which is reviewed against Website Content Accessibility Guidelines 2 (WCAG 2). 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 or Zoom 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, Families in Transition (FIT), Pajaro Valley Shelter Services, and Salvation Army (Latinx); Mental Health Community Action Network, Central Coast Center for Independent Living and Encompass Community Services (ECS) (disabilities); and the Diversity Center (LGBTQ).

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.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;	
	3. ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
	4. 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 virtual and in-person 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 via newsletter to a long list of agencies a few days before the meeting and are posted on the website. People can provide input by participating in the meeting online or in person, or emailing their comments.

3. The CoC uses the following to improve information accessibility: website WCAG 2 guidelines, accessible PDF documents, Teams and Zoom captioning and screen reader, and linear content design that works well with assistive devices, logical tab order, consistent navigation structure, and alt attributes.

4. Public input has positively impacted a broad array of issues, including CoC governance, fund-ing priorities, CoC rating criteria, CES redesign, HMIS restructuring, infectious disease and other health protocols, updates and reports on the 3-Year Strategic Plan, federal and state 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 V.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.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1. On July 13, 2023, 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 posted on the CoC's publicly available website, its Facebook page 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 racial and ethnic groups overrepresented in the homeless population. Two new applicants did apply, Front Street and Siena House.
2. An open applicant orientation session was held on July 27 and a recording was publicly post-ed on the CoC website to ensure access for all. The orientation session 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 publicly 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 6 and 12, the CoC Review and Ranking Committee met to review the applications, aggregate scores, other project performance data, hear applicant presentations, and to develop project selection and ranking decisions (unanimously). On September 13, written approval or rejection decision letters were sent to all applicants. The meeting minutes and ranking list were posted online and public notification sent out on September 15.
4. Again, the CoC uses the following to improve information accessibility: website WCAG guide-lines, 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:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.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 Nonexistent if 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
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

Describe in the field below how your CoC:

1.	consulted with ESG Program recipients in planning and allocating ESG Program 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 to address homelessness within your CoC's geographic area so it could be addressed in the 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 2023-24 annual action plan, amendment to the 2015-2020 Consolidated Plan, the HOME-ARP Allocation Plan and minor amendment, ESG Balance of State webinar, and affirmatively furthering fair housing webinar.

2. The CoC works with the State ESG Program to evaluate ESG project performance across a range of performance factors, such as PH placement success, length of stay, cost efficiency, and adherence to Housing First and ESG program standards. Per State procedures, competitive ESG projects are assessed, scored, and ranked by the CoC and submitted to the State competition, while the CoC directly assesses, scores, and selects non-competitive RRH projects. The CoC Board makes project decisions based on need, priorities, performance, and design.

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, coordinated entry participation, HMIS participation, and financial data when submitting applications and reports for the ESG program.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.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 questions or requesting technical assistance to resolve noncompliance by service providers.	No

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.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 V.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 CoC works closely with the Santa Cruz County Office of Education Students in Transition (SCCOE SIT) program to support its efforts to identify students 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 coordinate 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 (M-V) Education of Homeless Children and Youth (EHCY) grant funds for over 30 years and more recently ARP-EHCY funding. EHCY funding has allowed 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 M-V Homeless Assistance Act and Every Student Succeeds Act (ESSA). EHCY has also provided critical funding for more intensive case management and advocacy for students experiencing homelessness, coordination of staff training on legal rights and requirements as well as trauma informed care, inclusive responses to youth experiencing homelessness, and critical responses and strategies around infectious diseases.

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

In addition, programs and partnerships 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 Students in Transition 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 Department and Encompass Community Services.

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

Describe in the field below written policies and procedures your CoC uses 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.

Implementation of these policies is led by SCCOE SIT working in collaboration with schools, public and nonprofit agencies serving families experiencing homelessness, local business, and the community at large. Each year, SCCOE SIT offers training sessions to school district liaisons, as well as informational materials to help reach and support disadvantaged students.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.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	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. There are currently two victim service providers in our CoC area: Walnut Avenue Family and Women's Center (WAFWC - applying renewal funding) and Monarch Services (applying for renewal funding). Both are long-term voting members of our CoC and CoC funded. 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 on to assist our CoC.

Both agencies have a long history of supporting and collaborating with the CoC in the development and implementation of CoC and ESG 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 funding sources. Both participated in meetings to develop our original CoC charter, CoC and ESG program standards, and recent redesign of our CES policies and procedures (including up-dated DV procedures and trainings).

2. Both Monarch and WAFWC are fully trained in and use trauma-informed and victim-centered practices, and regularly receive 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-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.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 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 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. CES trainings 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 also 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 domestic violence service agencies. Finally, the CoC holds a monthly Learning Collaborative of CES Assessors and others, which provides reinforcement of training, resource sharing, and networking, including on DV issues safety planning, trauma-informed care approaches, and policies and procedures for persons fleeing DV.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
	1. safety planning protocols; and	
	2. confidentiality protocols.	

(limit 2,500 characters)

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

1. A safety risk assessment is conducted for all persons who contact CES to determine if they may be fleeing or attempting to flee domestic violence or human trafficking or is a survivor of the same. Anyone who at this point is identified as fleeing or potentially fleeing, or is a survivor who desires DV services, is offered connection to DV resources, including a warm handoff to a DV provider (e.g., Monarch or WAFWC), for immediate safety needs and ongoing supports. A certified DV advocate then 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 assists the survivor to develop and carry out a personal or family safety plan.

2. 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-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used 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 different HMIS comparable data systems in our CoC. WAFWC uses the HMIS-compliant Social Solutions Apricot comparable data system, while Monarch Services uses the HMIS-compliant Osnum 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 the safety planning and privacy procedures in our CES policies and CoC standards.

HMIS and comparable data combined found that between October 2021 and September 2022 446 persons identified as being a DV victim or survivor including 136 currently fleeing DV. Our most recently completed sheltered and unsheltered PIT count (February 2023) found that 6% or 108 people were experiencing current domestic violence, and an additional 34% or 613 identified as being a DV victim or survivor. These data are a key reason why the CoC has prioritized funding for programs serving DV survivors in the past the years.

Using data from these comparable databases and DV services crisis call numbers, the CoC and DV providers have in recent years found 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 the average number of new clients per week rose to 15, and on one day 30 crisis calls were received. In 2021, Monarch served 1,013 persons fleeing DV with counseling, emergency shelter, housing aid, financial aid, and transportation. In this period, Monarch provided shelter to 131 persons. During the same year, WAFWC served 1,375 persons with services such as crisis counseling, information, referrals, housing, and educational assistance.

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. whether your CoC has policies and procedures that include an emergency transfer plan;	
	2. the process for individuals and families to request an emergency transfer; and	
	3. the process your CoC uses to respond to individuals' and families' emergency transfer requests.	

(limit 2,500 characters)

1. The CoC has policies and procedures 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 the 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 CES participants.

2. The victim can request an emergency transfer from their provider either orally or by submit-ting and optional written request.

3. When responding to the oral or written request, the housing provider will ask the victim for documentation that includes: (1) a signed statement by the victim, DV agency, attorney, health provider, mental health provider, or other professional that documents and certifies the incident(s) of DV, dating violence, sexual assault, or stalking, (2) a record of the of the incident(s) by a law enforcement agency, court, or administrative agency; or (3) a statement of statement or other evidence provided by the tenant. If the request is approved, the provider acts quickly to help the tenant move, subject to whether a unit for which the person is eligible is actually avail-able. Finally, pending the transfer, the provider makes available safety resources and assists the victim to take reasonable safety precautions.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

1. 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 pro-grams. 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.

2. The CoC and its members use a variety of proactive strategies for identifying (and address-ing) systemic barriers to safely housing and serving survivors. DV survivors and victim service agencies have provided the CoC with feedback and comments about barriers during CoC membership meetings, strategic planning meetings, and CES steering committee meetings. As a result, the CoC has implemented strategies to remove barriers that include: (1) working with State and national DV coalitions to remove legislative barriers, (2) prohibiting CoC housing providers from discrimination based on the perpetrators actions, (3) expanding the use of safer housing approaches, such as scattered site models and shared or clustered housing; (4) providng credit repair and financial assistance to combat perpetrator financial abuse; (5) furnishing employment and benefits assistance to help the victim achieve independence and housing.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1. Our CoC is intentional about incorporating survivor feedback into our strategic policy and program development processes. We do so by regularly inviting their participation in all meetings and by prioritizing a broad range of lived experience among survivors in recruiting for our CoC Operations Committee and for our Lived Expertise Action Board (LEAB - currently in planning phase). Doing so is vital to ensuring that the CoC and agencies are survivor-centered not only in programming for individuals and families but also 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 specific role of survivors is to provide their own ideas and opinion based upon their lived experience expertise. In addition, both WAFWC and Monarch engages survivors conducting surveys of participants at various points in the service process as a means to identify areas for programmatic growth and change and elicit feed-back 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).

2. The CoC accounts for the unique and complex needs of survivors by using preferred names, pronouns, and offering information in preferred languages when communicating with and re-requesting feedback from survivors on programs and policies. The CoC offers multiple safe means for communication, such as Zoom or Teams participation in meetings without identification and without video if preferred, minimizing email threads that can disclose too much information, utilizing agreed methods for verification of identity, and checking in regularly with the survivor to make sure they still feel safe. The CoC also has a policy to secure informed consent from the survivor prior to any CoC participation, and NEVER discloses survivor status without express consent.

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

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
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2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
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's recently revised CES Ps&Ps includes anti-discrimination policies developed through stakeholder input process with 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 anti-discrimination 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 to YHDP agencies. 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 respond to questions regarding whether or not they have LGBTQ+ persons in managerial and leadership positions, have had at least one training since 1/1/22 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 LGBTQ+ outcomes, and have worked with HMIS to regularly 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 have met the above LGBTQ+ equity factors. Also, points for equity factors were increased significantly in 2022 and 2023. Finally, the CoC provides technical assistance to agencies that perform poorly, including equity.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.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 current 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 2022 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	34%	Yes-HCV	Yes
N/A			

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.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 295 households are being served (425 persons), all were assessed and referred through CES, and all 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. 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 in good standing for two years.

The CoC also works closely with the HA on special purpose voucher programs: (1) 433 HUD VASH vouchers 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	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	

5.		
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1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section V.B.1.g.	
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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 SRO	Yes

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

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section V.B.1.g.	
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	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
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program. Not Scored—For Information Only	
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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

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.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 V.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 2023 CoC Program Competition.	17
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 2023 CoC Program Competition that have adopted the Housing First approach.	17
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 2023 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 V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are 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 your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. The CoC assesses Housing First fidelity through the CoC competition. Project 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 points and are more likely 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 for Housing First 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 begun carrying out annual evaluation/risk assessment of each project that includes an evaluation of adherence to Housing First and Low Barrier service approaches. This year, we have updated the Housing First part of the process and tools to include the HUD Housing First assessment tool. A completed evaluation/risk assessment and completed HUD Housing First assessment tool are attached.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.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 out-reach. 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 connections, 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 a healthcare and housing.

Specific subpopulations are the focus of different teams as follows: 1) HPHP mobile street medicine team visit 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 focuses on justice system-involved and addicted persons experiencing homelessness; 4) Community Action Board offers youth and unsheltered persons outreach in the southern part of the County; and 5) Encompass offers TAY outreach and County Veterans Services offers veteran outreach.

2. With the exception of the Downtown Streets Team, all of the above teams cover 100% of the accessible CoC geography (minus inaccessibly gated communities <1%), and regularly travel to locations to key locations throughout the county where persons are experiencing homelessness and covers the whole county once per year.

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 teams 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 bi-lingual/bicultural services (Spanish-English), referrals, and transportation when needed. CAB provides disabled communication tools and has a bilingual toll-free 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 V.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:	

	Your CoC's Strategies	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 rather than criminal response.	Yes	Yes

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.i.	

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	442	400

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.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:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	
	Cash Assistance for Immigrants	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.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, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
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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 re-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 (HHP) 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 Housing Disability Advocacy Project (HDAP) Learning Forums that included SOAR training. CoC member CCCIL has case managers who are SOAR-trained. HHP 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 an

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.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. By June 2022, all Covid-related 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 learnings of the Covid pandemic. County staff and community members gained valuable experience in quickly planning and implementing emergency measures to protect vulnerable populations.

CoC providers have also increased their use of NCS as a participant-preferred approach to providing year-round emergency shelter. Some key examples are as follows:

- Housing Matters' Rebele Family Shelter has long provided non-congregate, separate family units for up to 28 families;
- Housing Matters has in the past three years added 40 pallet shelters each providing a private, non-congregate room for an adult experiencing homelessness; and
- The City of Santa Cruz is considering use of pre-fabricated NCS and tiny homes as part of visioning for the Coral St. homelessness campus.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.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 need-ed 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)

- 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 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 V.B.1.o.	
	Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and	
2.	facilitated 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 re-sources 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, 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 amongst 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 re-sponse.
- Providing summaries of key needs and gaps in the homeless services system.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.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. The Santa Cruz County CoC CES program uses an “any door” access strategy to cover 100% of the CoC geography. Normally, persons experiencing homelessness can complete the CES assessment by calling 2-1-1 or visiting any of these “Access Points”: Santa Cruz area - Housing Matters (HSC), Mental Health Client Action Network (MHCAN), Santa Cruz Public Library – Downtown, and Nations Finest; Watsonville area - Families in Transition (FIT), Community Action Board (CAB); Encompass Community Services Youth Drop-In Thrive Hive. Trained CES Connectors to provide assessment services at meal sites, shelters, encampments, outreach sites, or wherever needed.

2. Santa Cruz County CES uses a standardized assessment process in which the VI-SPDAT has been 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 CES Connector training. As part of the assessment process, staff have discussions with the client regarding diversion/housing problem solving opportunities. In person assessments must be in a private setting. Assessment information is entered into HMIS with client permission; 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. The CoC 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 for consideration and approval. Any major changes are then sent to the H4H Policy Board for final approval. The CoC recently engaged with Focus Strategies and a range of stakeholders (e.g., local government, HUD entitlement jurisdictions, CoC and ESG providers, affordable housing providers, youth education programs, DV providers, and health and mental providers) to fully redesign CES. The new process includes not only the new assessment tool, but also updated Ps&Ps for assessment, prioritization, matching, and referrals.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.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 through MHCAN. CES Connectors and outreach teams reach chronically homeless and other unsheltered persons. Veterans are reached through Nations Finest. Youth are reached by the YHDP-connected Encompass TAY Program. Immigrant farmworkers are reached through outreach and assessors. DV survivors are assessed and connected to DV providers. As part of the CES redesign, the CoC has worked with the Central 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. Threshold scores are used to prioritize those most in need who are likely to access housing. This is the score on the assessment tool that qualifies a participant to be added to the housing queue and to be considered prioritized for one or more of the housing resources available. A threshold score is established by the CES management by reviewing the current and anticipated inventory over a period of 90-180 days and estimates of how many referrals may be necessary to fill openings in a timely fashion while not adding participants to queues who are extremely unlikely to receive a referral. The specific factors for the ratio of anticipated referrals to openings and the length of time for the openings to occur is adopted and posted as a separate policy to allow for regular updating.

3. CES 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 without penalty; there is no limit on the number of referrals they may refuse.

4. One of the key reasons for the recent CES 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 now focuses more on problem solving actionable strategies that are more likely to achieve housing outcomes.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1. The CoC uses CES to affirmatively market to a broad range of persons and under-served, over-represented classes to ensure they have meaningful access to housing and services within the CoC's geography. The CES Ps&Ps require housing providers participating in CES to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and to maintain records of those marketing activities. Housing assisted with CoC funds must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status. In addition, the CES Program provides materials in English and Spanish including brochures and flyers. These materials will be distributed in locations where people experiencing homelessness may visit, such as the library, certain restaurants, safety net clinics, homeless service agencies, etc. Advertising through the 2-1-1 system ensures that accurate information is available to all callers in multiple languages. Mental health advocacy and service organizations are contacted to ensure that information is available to people with serious mental illnesses. CES Connectors actively seek out people experiencing homelessness to engage them and offer services. CES information on CoC website is updated, and is accessible to persons with disabilities.

2. The CES program informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws by posting signs, brochures, and flyers in prominent locations in all places where persons are likely to access/attempt to access CES, informing participants of their right to file a non-discrimination grievance. All CES assessor agencies are required to have and make available a copy of the CoC Ps&Ps for complaints and grievances and the associated forms.

3. The CoC and its agencies regularly works with California Rural Legal Assistance (CRLA) and Senior Citizens Legal Services to prevent, address, and resolve any fair housing complaints that might affect CoC or ESG-funded program participants. Every year, the CoC provides extensive information, including affirmative housing conditions, to all Consolidated Plan jurisdictions in the County.

1D-10.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.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.	11/28/2022

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.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 person with lived experience of homelessness. Through the 2022-23 State HHAP-4 funding process, the CoC carried out goal setting steps that included preparing a 2020 – 2022 trend analysis of HMIS disaggregated data, pinpointing specific disparities shown, and develop-ing proposed trackable goals for 2023-25 for addressing the disparities. The racial disparities assessment and 3-year action plan as completed in November 2022, the County Board of Supervisors approved the racial disparities assessment and 3-year action plan as part of it approval of the HHAP-4 funding application.

2. The CoC's 2022-23 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.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.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.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the 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 on racial/ethnic disparities as part of and 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, has revised recruitment and hiring practices to help en-sure 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 has changed its CES assessment tool to address established racial and ethnic biases inherent in the VI-SPDAT tool.
- The CoC is completing 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 specifically 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 is planning an advisory group of persons of color to advise on goals and strategies for addressing racial/ethnic disparities under the principle of “nothing for us with-out us.” A key task will be to identify culturally responsive outreach strategies.
- The CoC is using 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 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.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
	1. the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
	2. the tools your CoC uses.	

(limit 2,500 characters)

1. The following are measures, adopted by the CoC in November 2022, for tracking progress on preventing or eliminating the key disparities that have been identified to date through analysis:

- 1.reduction in the number of Black/African Americans who are homeless
- 2.reduction in the number of Black/African Americans who become homeless for the first time;
- 3.increase in the number of Black/African Americans and persons of Multiple Race groups who exit to permanent housing; and
- 4.decrease in the length of time homeless (median number of days to permanent housing move-in) for Black/African Americans and persons of Multiple Race groups.

2. Following are the tools used by the CoC:

- 1.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; and
- 2.The CoC annually reviews and analyzes our CoC's data in the HUD CoC Racial Equity Analysis Tool.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.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 a Youth Advisory Board for YHDP, including food stipends
- Three focus groups in emergency shelters held by Focus Strategies to solicit feedback on needs and the potentials solutions for the 3-year framework.
- Incorporating people with lived experiencing in the implementation of the PIT Count
- Supporting lived experience work and leadership development opportunities through two Cal Fresh Employment and Training contracts

The CoC is currently establishing new Lived Expertise Advisory Boards that were 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 Re-search (ASR), the firm that support 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. The CoC is working 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 V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four 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 in the decisionmaking processes related to addressing homelessness.	50	10
2.	Participate on CoC committees, subcommittees, or workgroups.	50	10
3.	Included in the development or revision of your CoC's local competition rating factors.	2	1
4.	Included in the development or revision of your CoC's coordinated entry process.	10	2

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.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 pro-mote 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 have provided paid jobs with training and advancement opportunities for per-sons 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.
- The County PIT provider contract pays persons with lived experience of homelessness, including youth, to participate as guides in the annual PIT count.
- The County Human Services Department (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 program 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 V.B.1.r.	

	Describe in the field below:
1.	how your CoC routinely gathers feedback from people experiencing homelessness;
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	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 homeless-ness 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 an annual 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 are or have experienced homeless-ness), our annual CoC NOFA projects, and projects funded by State of California sources. Finally, the County/CoC 3-year plan calls for involving people with lived experience in ongoing system design and oversight by: (1) centering their perspectives; (2) creating a Lived Experience Expertise 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. The CoC also annually obtains feedback from persons receiving assistance in CoC and ESG programs by requesting the results of survey and focus groups of participants as part of the annual CoC and ESG funding processes.

3. 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 pro-gram, YHDP program, ESG program, and State of California funding sources, such as HHAP.

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

	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to 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 2023 Out of Reach report found that Santa Cruz County is the LEAST affordable rental market in the nation with a housing wage of \$63.33 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 these goals thorough measures, including stream-lining 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 estimate costs for achieving these goals.
- Promoted California "Prohousing Designation" standards and assisted the City of Santa Cruz to secure this prestigious designation in August 2023.
- CoC newsletters and encouragement to get involved in County Sustainability Update that includes updates to local zoning and land use plans.

2. Increasing Development - Reducing Regulatory Barriers -

- Funded the professional grant writing and planning for several Project Homekey PSH development 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.
- Worked with the City of Santa Cruz to support a design and planning charrette 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.
- Staffed a 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.B.2.a. and 2.g.	
	You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	07/13/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition—meaning the date your CoC published the deadline.	07/13/2023

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 V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	
	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
6.	Provided points for projects based on the degree the projects 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.	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 V.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?	14
3.	What renewal project type did most applicants use?	Tie

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

Describe in the field below:

1.	how your CoC 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 7/1/21 – 6/30/22. 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 pro-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 severity of need (e.g., severe mental illness or substance abuse), youth experiencing homelessness, and DV experience. A bonus points were point was offered to PSH projects that agreed to serve persons who are undocumented or who are justice-system-involved.

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 counter-acted 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, Youth, and DV (10 points), and Housing First/Severity of Needs Met (10 points).

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

Describe in the field below:

1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and
3.	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 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. 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 rating and ranking tools; to ensure BIPOC participation in rating and ranking; and to (1) include language in our CoC solicitation of applications specifically encouraging applications from applicants representing LGBTQ+ and races/ethnicities overrepresented in the homeless population, and (2) to target outreach to small BIPOC-led organizations.

2. 25% of the review and ranking committee that made the ranking decisions was made up of those over-represented. The committee had 4 persons and the over-represented person was Latinx. In addition the committee included another person with lived experience. CoC staff, who coordinated the rating and ranking process, included one Latinx and one Black person, and one with lived experience.

3. 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 set a schedule HMIS data reports on racial demographics and outcomes.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.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 low performing or less needed projects through the process described in element 1 of this question during your CoC's 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 Committee based upon its review, scoring, and assessment of the of the project. TH projects are no longer viewed as good use of funds, and projects which score 80 or below, 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. All five had significant under spending issues and two scored exactly 80 points
3. After careful consideration, the CoC reallocated a relatively small amount from the ECS Youth renewal project, which did not spend 29% of its previous year budget; ECS also voluntarily gave up to 2 small projects it no longer wanted to manage, and County HSD H4H voluntarily reduced its HMIS budget in favor of using the funds for PSH. Therefore, CoC shifted a total of \$155,891 to 3 new projects: the new Housing and Family Stabilization Project, Front Street's new Freedom Cottages, and Front Street's new Anderson House. The CoC will also provide the other projects with technical assistance to increase future spend down rates.
4. The CoC considered the spend-down performance of four other 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 in-crease future spend down rates.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/13/2023

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/13/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	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.	09/26/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.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 was posted on your CoC's website or partner's website.	09/26/2023
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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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/25/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.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 HMIS comparable databases;
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and

3. state whether your CoC's HMIS is compliant with the FY 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 funds 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.

2. 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. Both have all been updated and are compliant with the 2022 HMIS Data Standards.

3. Our CoC's HMIS, BitFocus Clarity, is 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 V.B.3.c. and V.B.7.

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	381	21	303	84.17%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	73	0	73	100.00%
4. Rapid Re-Housing (RRH) beds	400	8	392	100.00%
5. Permanent Supportive Housing (PSH) beds	746	0	144	19.30%
6. Other Permanent Housing (OPH) beds	804	0	0	0.00%

2A-5a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.

NOFO Section V.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. H4H and HMIS staff intends to meet with leadership all of the following programs to encourage them to begin participation in HMIS. None are required to participate so they must be convinced it is in their interest. Progress has been made in discussions with each of the following groups as outlined below.
 - Department of VA – VASH Program (434 PSH beds) will begin participating by sharing HOMES data with the CoC HMIS team for data import.
 - Housing Authority – Homeless-Targeted Mainstream Voucher, DMV Vouchers, EHV Vouchers, and FUP Vouchers (872 total PSH & OPH beds) has agreed to develop a collaborative data sharing MOU with the CoC over the next year.
 - Siena House (8 ES beds) has agreed to participate in HMIS as part of applying for CoC funding.
2. To implement these steps, the CoC will: (1) present information about the benefits of HMIS and HMIS bed coverage rates to program leadership staff, (2) request a formal meeting with leadership staff of each program to determine the barriers to using HMIS and possible solutions, (3) assist each program to develop and implement a plan for starting to use HMIS; (4) co-ordinate with BitFocus to provide free licenses, training, and start up support; and (6) report progress to the CoC Board.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	
Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	02/23/2023
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/25/2023
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2B-3.	PIT Count—Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:
1.	engaged unaccompanied youth and youth serving organizations in your CoC's most recent PIT count planning process;
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC's most recent PIT count planning process; and
3.	included youth experiencing homelessness as counters during your CoC's most recent unsheltered PIT count.

(limit 2,500 characters)

1. In 2023, 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. Youth recruited by YHDP initiative-participating agencies and other providers serving youth and TAY were engaged to help design and plan the supplemental youth count and recruit other youth currently experiencing homelessness to serve as guides for the count.

2. The youth who assisted 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 334 unaccompanied children and TAY were counted, of whom 99% were unsheltered.

3. The youth who assisted were counters and integral members of the teams enumerating the youth. 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 counting different areas, with each team coordinated and supervised by street outreach workers.

2B-4.	PIT Count—Methodology Change—CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.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 2022 and 2023, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, 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 2023.	

(limit 2,500 characters)

N/A - no merger.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.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 416-person random survey for the PIT count asked several first-time time homeless risk factor questions. Key risk factors were: lost job (35%), substance abuse (24%), eviction (19%), divorce or separation (13%), argument with family or friend (11%), and Covid (5%). Our 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 end of pandemic rental assistance.

2. The CoC has shown increasing success with a plan to prevent first-time homelessness that 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 rental assistance among household at risk of eviction; implementing robust problem solving and diversion strategies as part of CES; 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-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	No

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.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 is redoubling its strategy to reduce the length-of-time individuals and families remain homeless by 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 providers 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, the CoC's 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, building upon Project 180 Together and Rehousing Wave housing teams. Also, the CoC 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 frees S+C and DMV vouchers spaces for persons with very long length-of-time experiencing homelessness.

3. Responsible: County Housing for Health CES Team.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section V.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 its rate of exit to PH in spite of the extremely high-cost rental market in Santa Cruz. Key CoC strategies include: implementation of 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 programs; the use of County-funded housing navigation teams and a 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 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 one-time pandemic resources, such as ESG-CV and EHV.

2. Strategies that have contributed to 95% PH retention include: steady increases in the number of PH subsidies (making staying housed possible for extremely low-income persons) through HCV preferences for disabled medically vulnerable 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: Housing Authority of the County of Santa Cruz.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.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 – 8%. 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, our CES program 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 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 CES Connectors 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 persons 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 V.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 employment 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 in the first place, but also to increase their in-comes when they are employed through job advancement support and education and training activities for career advancement and higher paying jobs. Important strategies include: setting annual performance targets for increasing employment (25% employed); closely monitoring CoC-funded program employment performance as reported in the APR; supporting homeless-targeted employment programs such as 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 V.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 both gain access to main-stream 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 help participants to 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 participants to 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 Persons experiencing homelessness Health Project funding 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 HMIS 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.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
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.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
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.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
180 Together Supp...	PH-PSH	16	Both
Freedom Cottages	PH-PSH	18	Housing

3A-3. List of Projects.

1. What is the name of the new project? 180 Together Supportive Housing

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: 16

5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Freedom Cottages

2. Enter the Unique Entity Identifier (UEI): GXQQT5P8NYR3

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 18

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.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 V.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 rehab 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.F.	

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

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 persons served experiencing homelessness as defined by other statutes.

4A. DV Bonus Project Applicants for New DV Bonus Funding

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

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 2023 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 I.B.3.I.(1)(c)	

1.	Enter the number of survivors that need housing or services:	244
2.	Enter the number of survivors your CoC is currently serving:	34
3.	Unmet Need:	210

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(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 an ad hoc 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 2023 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 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 I.B.3.I.(1)	
	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: Watsonville/Santa Cruz City & County CoC

CA-508

Project: CA-508 CoC Registration FY 2023

COC_REG_2023_204446

Applicant Name
Siena House

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 2023 Priority Listing for New Projects:

1.	Applicant Name	Siena House
2.	Project Name	SH2024 DV Housing and Family Stabilization Program
3.	Project Rank on the Priority Listing	20
4.	Unique Entity Identifier (UEI)	KCAESLJ81DC5
5.	Amount Requested	\$104,962
6.	Rate of Housing Placement of DV Survivors–Percentage	100%
7.	Rate of Housing Retention of DV Survivors–Percentage	100%

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 I.B.3.I.(1)(d)	

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)

All placements in this program will be DV Survivors and all participants will be placed in safe and stable housing. Placement rate will be determined based on participant exits to safe housing. Antidotal evidence tells us that 6-months after placement, 100% of participants remain in safe and stable housing. After 6-months those rates fluctuate. The one through factor in all cases is that having continued support services increases rates of retention exponentially.

Detailed case files are maintained for each program participant. HMIS is utilized for non-DV participants, and a parallel data set is created and maintained for DV-Impacted participants. After placement in safe and stable housing, the case will remain open to offer continued supportive services. This continued support will serve to improve housing retention rates as well as overall family stabilization. Case Management will decrease over time as housing and family stabilization takes hold but will remain a support during times of crisis.

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 I.B.3.I.(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)

Siena House receives regular calls and referrals from mainstream and community benefits providers seeking temporary housing and/or long-term supportive services for DV survivors and those currently living in an unsafe home. When a room is available at our facility, we do our best to quickly accommodate requests and move them in. These referrals often happen outside of CE and instead hap-pen through a network of providers working together to address a crucial community need.

In regard to this project, Siena House will prioritize survivors and their immediate and long-term need for safe and stable housing by continuing to work through informal referral networks in addition to CE and an established prioritization list.

Safe and stable housing is the priority along with basic needs such as food and utilities. Once these have been established, Siena House Case Manager's will work with program participants to co-create a case plan for family stabilization. This plan will necessarily include mental health services, legal services when required, medical care when required, job search and/or job training assistance, child-care when required, etc. When possible, the participant will be referred to mainstream and community benefit providers for services with Siena House serving as a referral and providing umbrella sup-port for the survivor.

Long term success takes time especially when home-based trauma is involved. Housing is the priority and then the dedicated time to decompress and down regulate so decision making can happen in the frontal lobe instead of the more primitive parts of the brain that are triggered during trauma.

In this area sustained housing is a challenge due to an extremely high cost of living. All efforts will be made to find housing that can be maintained long-term that is also safe. Addressing housing short-ages and high cost of living and low wages is a larger, systemic problem for this region to address.

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 I.B.3.I.(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 confidentiality 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)

Practices and policies are in place at Siena House and staff training is ongoing to ensure privacy/confidentiality of program participants. A checklist of safety and security reminders is provided to the survivor and immediately addressed together with the case manager. These include disabling location finders on mobile devices and setting up new mobile accounts, establishing new daily patterns, and training on how to respond if a confrontation happens.

Housing placement includes a safety checklist and installation of security measures that may include a security camera, new locks on windows and doors, or other secondary security measures. When possible, a placement will be made in a secured building or compound further eliminating the possibility of confrontation.

In all instances, placement locations are confidential, and every effort is made to maintain confidentiality. A client can use Siena House as a home address for mailings if needed further reducing the potential for their home address to be publicized. This remains a challenge for all DV survivors because a home address is required for many services and publicized widely by data brokers.

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 I.B.3.I.(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)

Siena House has been serving DV survivors for decades. As an organization that is women-led and operated with deep lived experience, we are intimately familiar with the concerns for survivor safety.

Operating a parallel database to ensure confidentiality for client records. Practicing discretion when answering the phone and the front door. Allowing the use of Siena House as a home address if helpful or needed to enable a client to obtain services requiring an address while ensuring confidentiality. Holding information shared in confidentiality including among staff.

Limiting information sharing and holding shared information in confidence is a top priority when working with DV survivors. Additionally, we work to problem solve for all the ways that information sharing is required to obtain services.

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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 I.B.3.I.(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)

Individualized, co-created case management is foundational for meeting client needs including the specific needs of DV survivors. Our approach is trauma-informed and always victim-centered. Staff undergo training during on-boarding and on-going training is required during their tenure at Siena. Current on-going training modules include motivational interviewing, non-violent communication techniques, and studies focused on brain development and the effects of trauma on the brain and body.

Individual therapy is required. Some participants also choose to partake in EMDR. And some choose DBT either individually or in a group setting. All therapy sessions are provided by licensed and trained psychotherapists.

The majority of staff including case management and direct support staff bilingual Spanish -English speaking. The majority of staff have relevant and relatable lived experience. Staff are here in service to the participants we serve and supporting them to live self-sustaining, healthy, stable lives.

Utilizing a housing first model, Siena House prioritizes housing placement while also supporting the mental and emotional health of program participants. Our case manager has a background in DV-advocacy and uses a strengths-based coaching model to encourage program participants toward positive and lasting change. The end goal is to rewire the negative talk track or negative cognition to an internal positive cognition that allows for personal and family growth. This work can take years. What is known through current research and studies is the importance of a safe environment and having one's basic needs satisfied so the brain can work from the frontal lobe.

Current programming allows ample opportunity to learn about self-regulation, agency, power differentials, and begin the work of creating a framework of empowerment and self-sufficiency.

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 I.B.3.I.(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)

Participants in this program will receive the following supportive services to assist them to move quickly to permanent housing:

Individualized case management and housing navigation focused on housing and family stabilization will map potential barriers to and opportunities for success. Working together, participants and case manager will address barriers while simultaneously working with community partners to identify safe, stable, and affordable housing. Financial management, budget, and an accountability plan will be created toward the goal of remaining housed and living a self-sufficient life.

Mentorship and other support services will follow the women from their time at Siena House and continue while in this program and as they learn to live independently as a new parent.

Our case manager possesses knowledge of the rules and regulations governing CalWORKS, CalFRESH and Medi-Cal. By providing information and assistance and working collaboratively with our community partners where we have established these relationships through many operational agreements and MOUs with the local health center such as the Eastside Health Center, Women's Health Center, Public Health Nurse and Dominican Hospital.

We are able to provide trauma-informed clinical counselling through an agreement with the Family Services Agency of the Central Coast.

Our program focuses on the need to utilize public assistance as a temporary means to establish long term employment. Through a series of workshops where our clients learn how to navigate professional networking platforms, build resumes and develop interviewing skills our clients will gain the knowledge needed to seek employment that pays a living wage.

Through our financial literacy workshops, we can provide the necessary tools to strengthen and stabilize participants; by maximizing their earnings with the goal of attaining self-sufficiency.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	
	Describe in the field below examples of how the new project(s) 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 work 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)

Program participants begin the co-creation of their case plan at intake centering their needs and wishes. Our case manager utilizes an approach that is best described as a strengths-based coaching model emphasizing forward planning and positive reinforcements. Confidentiality is required from the start and maintained throughout their service commitment with Siena House.

Intake includes a variety of assessment tools for the purposes of better understanding the participants strengths and needs. Utilizing a variety of tools allows for different learning and communications styles to be acknowledged. The case manager looks for patterns to be used in developing a referral list to mainstream and community benefit providers.

Recent hiring has contributed to a staff that is majority-minority and majority bilingual Spanish-English speaking. A wide variety of ages, culture, race, religious practice, education, current and lived economic backgrounds, drug and alcohol use/abuse, family structure, institutional history including incarceration and foster care, experience living unhoused and housing insecure are all represented.

Staff work close together in non-hierarchical structure that encourages collaboration and fosters an environment of trust, respect, and appreciation for differences and the strength that our differences foster. Staff meetings always include an opportunity to connect and learn from one another. And staff training is on-going based on the needs of the house and staff and trainers available. I just secured a trainer to speak to our staff about MAT during pregnancy and I'm delighted to be able to share in-formation about this necessary intervention and provide the opportunity for staff to challenge biases about opioids and opioid users so we can better provide services to women using medically supervised methadone or suboxone during pregnancy.

Program participants are invited and encouraged to interact with all staff to better receive the support they need. Participant meetings are participatory and an opportunity to learn how to have open, honest dialogue in a safe and mediated space.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

Describe in the field below how the new project will involve survivors:

1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

The DV Housing and Family Stabilizing Project has been set up with valuable input from staff, past and current program participants, mainstream and community benefit providers, and utilizes current research and field studies to ensure best practices are followed.

As an organization led and staffed by women with diverse backgrounds and lived experiences, the unfortunate common thread is living in an unequal and oftentimes violent environment. This program and all Siena House programs center mothers and their unique needs in a society that neither supportive of women or moms.

Regular meetings with program participants are vital to the success of the program. As with our current program cohort, program participants will be asked to evaluate the services they receive and have an opportunity to provide input and feedback for program improvements.

Co-creation is at the core of our case management practice. Program participants actively engage in their case management from intake through exit and follow up.

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.		
8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/25/2023
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/25/2023
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/25/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting CoC A...	09/26/2023
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/25/2023
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/25/2023
3C-2. Project List for Other Federal Statutes	No	Project List for ...	09/26/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/25/2023
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	09/25/2023
1E-5b. Local Competition Selection Results	Yes	Local Competition...	09/25/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/25/2023

1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification od C...	09/26/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/25/2023
1D-11a. Letter Signed by Working Group	Yes	Letter Signed by ...	09/26/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/25/2023
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD's Homeless Da...	09/25/2023
Other	No	Other	09/26/2023

Attachment Details

Document Description: PHA Homeless Preferences

Attachment Details

Document Description: PHA Moving On Preferences

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Web Posting CoC Approved Consolidated
Application and Project Priorities

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description: Project List for Other Federal Statutes

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification od CoC-Approved Consolidated Application

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Web Posting of Local Competition Deadline

Attachment Details

Document Description: HUD's Homeless Data Exchange (HDX) Competition Report

Attachment Details

Document Description: Other

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/07/2023
1B. Inclusive Structure	09/26/2023
1C. Coordination and Engagement	09/26/2023
1D. Coordination and Engagement Cont'd	09/26/2023
1E. Project Review/Ranking	09/26/2023
2A. HMIS Implementation	09/26/2023
2B. Point-in-Time (PIT) Count	09/26/2023
2C. System Performance	09/26/2023
3A. Coordination with Housing and Healthcare	09/26/2023
3B. Rehabilitation/New Construction Costs	09/26/2023
3C. Serving Homeless Under Other Federal Statutes	09/26/2023

4A. DV Bonus Project Applicants	09/26/2023
4B. Attachments Screen	09/26/2023
Submission Summary	No Input Required

1C-7 PHA HOMELESS PREFERENCE

ADMINISTRATIVE PLAN

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.

August 16, 2023

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Waiting List Preferences for Designated Groups on the Housing Choice Voucher Waiting List

Waiting list preferences are described below. All preferences are verified. These preferences will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, gender identity, sexual orientation, religion, disability, or age of any member of an applicant family. Unless otherwise stated, waiting list preferences apply to the Santa Cruz County Housing Choice Voucher Waiting List. All preferences adopted by the Housing Authority are based on local housing needs and priorities as determined by the Housing Authority. With the exception of these waiting list preferences, all other applicants on the Housing Choice Voucher waiting lists will be assisted by lottery or random number sequence.

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 the Coordinated Entry System administered by the Continuum of Care (CoC), provides referrals for homeless persons who meet all of the following criteria:

- a) Disabled as defined by HUD at 24CFR 5.403.
- b) Medically vulnerable as determined by Continuum of Care prioritization policies.
- 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).

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 (433 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.

Upon HUD approval, the Housing Authority will operate HUD-VASH in accordance with Moving to Work (MTW) administrative flexibilities that are not otherwise in conflict with the HUD-VASH Operating Requirements.

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. FUP Youth vouchers have a HUD imposed 36- month limit on rental assistance, excepting for the provisions under Fostering Stable Housing Opportunities (FSHO). Under HACSC’s existing FUP-FSS demonstration program, 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.

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) (280 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 EHV's 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. EHV's 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, EHV's will be administered like the regular HCV program. However, EHV's will not be issued based on placement on Housing Authority waiting lists. EHV's 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 EHV's, 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.

Upon HUD approval, the Housing Authority will operate EHV in accordance with MTW administrative flexibilities that are not otherwise in conflict with the EHV Operating Requirements.

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.

1C-7 PHA MOVING ON PREFERENCE

ADMINISTRATIVE PLAN

Section 8 Housing Choice Voucher Program

Housing Authority of the County of Santa Cruz



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- 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 eligible for the program based on lottery or random sequence number. 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 temporary Mainstream Voucher preference, established in 2021 for non-elderly persons with disabilities who were at high-risk of severe COVID-19 disease and were staying in time-limited shelters in Santa Cruz County, has been ended as all of those shelters have been closed.

8. Graduates of the Continuum of Care (CoC) Shelter Plus Care (S+C) Program 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.

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 that time, the S+C assistance would be available for the next eligible family referred to the Housing Authority by the Health Services Agency.

The Housing Authority provides a preference within the HCV voucher program for Family Unification Program Youth in Project Based Voucher units, wherein they may graduate into the

regular HCV voucher program when they have reached the maximum period of assistance under FUP and are in good standing with the program.

9. Admission of Low-Income Families

Low-income families (up to 80% median household income) may be admitted to the program if they are working families (defined as a family in which the head, spouse or sole member is employed). In addition, low-income families in which the head and spouse or sole member is age 62 or over or is a person with disabilities may be admitted under this section. Such low-income families will not be admitted ahead of non-low-income families but will be placed on the waiting list according to the random number sequence lottery of their application.

10. Temporary Measures during Periods of Low Utilization Rate

During times of low voucher or funding utilization (under 97%), the Housing Authority may utilize the following measures:

- a) Lease In-Place Option. This preference will only be applicable to applicants already on the waiting list who currently live in the Housing Authority jurisdiction, reside in a unit that meets HQS standards, with a landlord who is willing to accept a voucher.
- b) Eviction Prevention. The Housing Authority may accept direct referrals from the Community Action Board of Santa Cruz County (CAB) of families at imminent risk of homelessness due to eviction for economic reasons. The Eviction Prevention preference will be limited to applicants on the HCV waiting list, and the preference will be limited to 24 vouchers.

Targeting

Notwithstanding the above, if necessary to meet the HUD MTW statutory requirement that 75% of newly admitted families in any fiscal year be families who are very low-income (incomes not exceeding 50% of area median income), the Housing Authority retains the right to select very low-income families ahead of other eligible families on an as-needed basis to ensure the HUD MTW income targeting requirement is met. This measure will only be taken if it appears the goal will not otherwise be met. To ensure this goal is met, the Housing Authority will monitor incomes of newly admitted families.

Opening and Closing the Waiting list

When the Housing Authority opens a waiting list, the opening will be announced publicly on our website, on our waiting list phone line, in our lobby, in local newspapers of general circulation, and other appropriate media such as email and/or social media sites. The Housing Authority will affirmatively further fair housing by conducting strategic outreach through diverse community partners to inform the public when the waiting list opens.

The Housing Authority may accept applications by mail, via internet, by FAX and by other methods that encourage equal access and opportunity to apply for all persons, including those with disabilities.

The Housing Authority reserves the right to open and close waiting lists at any time.

Changes to Head of Household or Family Members While on the Waiting List

While on the waiting list, the head of household may be changed to another family member under the following circumstances:

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 (433 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.

Upon HUD approval, the Housing Authority will operate HUD-VASH in accordance with Moving to Work (MTW) administrative flexibilities that are not otherwise in conflict with the HUD-VASH Operating Requirements.

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. FUP Youth vouchers have a HUD imposed 36- month limit on rental assistance, excepting for the provisions under Fostering Stable Housing Opportunities (FSHO). Under HACSC’s existing FUP-FSS demonstration program, 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.

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.

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 random number sequence or 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.

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) (280 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 EHV's 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. EHV's 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, EHV's will be administered like the regular HCV program. However, EHV's will not be issued based on placement on Housing Authority waiting lists. EHV's 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 EHV's, 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.

Upon HUD approval, the Housing Authority will operate EHV in accordance with MTW administrative flexibilities that are not otherwise in conflict with the EHV Operating Requirements.

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.

**1E-5a NOTIFICATION OF PROJECTS AC-
CEPTED**

Bill Wilson Center - 2023 CoC Notification Letter

From: Robert Ratner (robert.ratner@santacruzcountyca.gov)

To: pfurlong@bwcmail.org; sraghupathy@bwcmail.org; jdolezal@bwcmail.org; danielgutierrez@bwcmail.org; lfoster@bwcmail.org; varno@bwcmail.org

Cc: tonygardnerconsulting@yahoo.com; sheryl.norteye@santacruzcountyca.gov

Date: Wednesday, September 13, 2023 at 03:36 PM PDT

September 13, 2023

Re: Bill Wilson Center – Notification of 2023 CoC Project Priority Listing

Dear Bill Wilson Center:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 funding in Tier 1, and your **Youth Rapid Rehousing (RRH) new project** was not approved for CoC funding and therefore not ranked. 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.

Because your Youth RRH new 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 Friday, September 15, 2023.**
- **Appeals will be considered by the Appeal Panel by Friday, September 22, 2023.**

Please let us know if you have any questions.

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

Sincerely,

Robert Ratner, MPH, MD
County of Santa Cruz
Director, Housing for Health Division, Human Services Department
(831) 454-4925; robert.ratner@santacruzcountyca.gov

Cc: Tony Gardner
Attachments



Bill Wilson Center - 2023 CoC Notification Letter.pdf
147.6kB



2023 CoC Project Rank Order.pdf
50.2kB



H4H Appeals Policy.pdf
1.3MB

September 13, 2023

Re: Bill Wilson Center – Notification of 2023 CoC Project Priority Listing

Dear **Bill Wilson Center**:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 funding in Tier 1, and your **Youth Rapid Rehousing (RRH) new project** was not approved for CoC funding and therefore not ranked. 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.

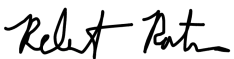
Because your Youth RRH new project was not approved, you are eligible to appeal. The appeals process and grounds for appeal are included in the CoC Appeals Policy attached.

- **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 Friday, September 15, 2023.**
- **Appeals will be considered by the Appeal Panel by Friday, September 22, 2023.**

Please let us know if you have any questions.

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

Sincerely,



Robert Ratner
Housing for Health Division Director
County of Santa Cruz Human Services Department

Cc: Tony Gardner
Attachments

Community Action Board - 2023 CoC Notification Letter

From: Robert Ratner (robert.ratner@santacruzcountyca.gov)
To: helen@cabinc.org; pazp@cabinc.org; anissab@cabinc.org
Cc: sheryl.norteye@santacruzcountyca.gov; tonygardnerconsulting@yahoo.com
Date: Wednesday, September 13, 2023 at 03:37 PM PDT

September 13, 2023

Re: CAB, Inc. – Notification of 2023 CoC Project Priority Listing

Dear CAB, Inc.:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 funding in Tier 1.

Please let us know if you have any questions.

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

Sincerely,

Robert Ratner, MPH, MD
County of Santa Cruz
Director, Housing for Health Division, Human Services Department
(831) 454-4925; robert.ratner@santacruzcountyca.gov

Cc: Tony Gardner

Attachments



Community Action Board - 2023 CoC Notification Letter.pdf
185.1kB



2023 CoC Project Rank Order.pdf
50.2kB



H4H Appeals Policy.pdf
1.3MB

September 13, 2023

Re: CAB, Inc. – Notification of 2023 CoC Project Priority Listing

Dear CAB, Inc.:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 funding in Tier 1.

Please let us know if you have any questions.

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

Sincerely,



Robert Ratner
Housing for Health Division Director
County of Santa Cruz Human Services Department

Cc: Tony Gardner

Attachments

Covenant House - 2023 CoC Notification Letter

From: Robert Ratner (robert.ratner@santacruzcountyca.gov)
To: aramaglia@covca.org; arowland@covca.org; hflynn@covca.org
Cc: sheryl.norteye@santacruzcountyca.gov; tonygardnerconsulting@yahoo.com
Date: Wednesday, September 13, 2023 at 03:39 PM PDT

September 13, 2023

Re: Covenant House – Notification of 2023 CoC Project Priority Listing

Dear Covenant House:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 funding, and your **Youth RRH renewal project** was also approved for funding, both in Tier 1.

Please let us know if you have any questions.

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

Sincerely,

Robert Ratner, MPH, MD
County of Santa Cruz
Director, Housing for Health Division, Human Services Department
(831) 454-4925; robert.ratner@santacruzcountyca.gov

Cc: Tony Gardner

Attachments



Covenant House - 2023 CoC Notification Letter.pdf
185.1kB



2023 CoC Project Rank Order.pdf
50.2kB



H4H Appeals Policy.pdf
1.3MB

September 13, 2023

Re: Covenant House – Notification of 2023 CoC Project Priority Listing

Dear **Covenant House**:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 funding, and your **Youth RRH renewal project** was also approved for funding, both in Tier 1.

Please let us know if you have any questions.

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

Sincerely,



Robert Ratner
Housing for Health Division Director
County of Santa Cruz Human Services Department

Cc: Tony Gardner

Attachments

Families In Transition - 2023 CoC Notification Letter

From: Robert Ratner (robert.ratner@santacruzcountyca.gov)
To: melisa@fitsantacruz.org; cyndi@fitsantacruz.org; erika@fitsantacruz.org
Cc: sheryl.norteye@santacruzcountyca.gov; tonygardnerconsulting@yahoo.com
Date: Wednesday, September 13, 2023 at 03:41 PM PDT

September 13, 2023

Re: FIT – Notification of 2023 CoC Project Priority Listing

Dear Families in Transition:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 Joint TH-RRH project** and **Youth Homelessness Demonstration Program (YHDP) Y.A.A.S. Joint TH-RRH project** were both approved for funding in Tier 1.

Please let us know if you have any questions.

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

Sincerely,

Robert Ratner, MPH, MD
County of Santa Cruz
Director, Housing for Health Division, Human Services Department
(831) 454-4925; robert.ratner@santacruzcountyca.gov

Cc: Tony Gardner

Attachments



Families In Transition - 2023 CoC Notification Letter.pdf
186.2kB



2023 CoC Project Rank Order.pdf
50.2kB



H4H Appeals Policy.pdf
1.3MB

September 13, 2023

Re: FIT – Notification of 2023 CoC Project Priority Listing

Dear Families in Transition:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 Joint TH-RRH project** and **Youth Homelessness Demonstration Program (YHDP) Y.A.A.S. Joint TH-RRH project** were both approved for funding in Tier 1.

Please let us know if you have any questions.

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

Sincerely,



Robert Ratner
Housing for Health Division Director
County of Santa Cruz Human Services Department

Cc: Tony Gardner

Attachments

Front Street - 2023 CoC Notification Letter

From: Robert Ratner (robert.ratner@santacruzcountyca.gov)
To: rzigrang@frontst.com; slaberg@sbcglobal.net
Cc: tonygardnerconsulting@yahoo.com; sheryl.norteye@santacruzcountyca.gov
Date: Wednesday, September 13, 2023 at 03:42 PM PDT

September 13, 2023

Re: Front Street – Notification of 2023 CoC Project Priority Listing

Dear Front Street:

Thank you for participating in the 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) Rating and Ranking Committee-approved CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Freedom Cottages PSH new project** was approved for a reduced amount of \$80,000 in CoC Bonus and Reallocation funding in Tier 2, and your **Anderson House PSH new project** was also approved, for its full request, in CoC Bonus and Reallocation funding in Tier 2.

Because of the Tier 2 ranking and reduced funding 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 Friday, September 15, 2023.**
- **Appeals will be considered by the Appeal Panel by Friday, September 22, 2023.**

Please let us know if you have any questions.

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

Sincerely,

Robert Ratner, MPH, MD
County of Santa Cruz
Director, Housing for Health Division, Human Services Department
(831) 454-4925; robert.ratner@santacruzcountyca.gov

Cc: Tony Gardner

Attachments



Front Street - 2023 CoC Notification Letter.pdf
213.5kB





H4H Appeals Policy.pdf

1.3MB



2023 CoC Project Rank Order.pdf

50.2kB

September 13, 2023

Re: Front Street – Notification of 2023 CoC Project Priority Listing

Dear **Front Street**:

Thank you for participating in the 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) Rating and Ranking Committee-approved CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Freedom Cottages PSH new project** was approved for a reduced amount of \$80,000 in CoC Bonus and Reallocation funding in Tier 2, and your **Anderson House PSH new project** was also approved, for its full request, in CoC Bonus and Reallocation funding in Tier 2.

Because of the Tier 2 ranking and reduced funding 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 Friday, September 15, 2023.**
- **Appeals will be considered by the Appeal Panel by Friday, September 22, 2023.**

Please let us know if you have any questions.

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

Sincerely,



Robert Ratner
Housing for Health Division Director
County of Santa Cruz Human Services Department

Cc: Tony Gardner

Attachments

Housing Authority - 2023 CoC Notification Letter

From: Robert Ratner (robert.ratner@santacruzcountyca.gov)
To: jennyp@hacosantacruz.org; raynep@hacosantacruz.org
Cc: tonygardnerconsulting@yahoo.com; sheryl.norteye@santacruzcountyca.gov
Date: Wednesday, September 13, 2023 at 03:45 PM PDT

September 13, 2023

Re: Santa Cruz County Housing Authority – Notification of 2023 CoC Project Priority Listing

Dear Housing Authority:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 approved for funding in Tier 1.

Please let us know if you have any questions.

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

Sincerely,

Robert Ratner, MPH, MD
County of Santa Cruz
Director, Housing for Health Division, Human Services Department
(831) 454-4925; robert.ratner@santacruzcountyca.gov

Cc: Tony Gardner

Attachments



Housing Authority - 2023 CoC Notification Letter.pdf
183.7kB



H4H Appeals Policy.pdf
1.3MB



2023 CoC Project Rank Order.pdf
50.2kB

September 13, 2023

Re: Santa Cruz County Housing Authority – Notification of 2023 CoC Project Priority Listing

Dear Housing Authority:

Thank you for participating in the 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.

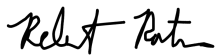
Attached please find the Housing for Health (CoC) Rating and Ranking Committee-approved CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

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

Please let us know if you have any questions.

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

Sincerely,



Robert Ratner
Housing for Health Division Director
County of Santa Cruz Human Services Department

Cc: Tony Gardner

Attachments

Housing Matters - 2023 CoC Notification Letter

From: Robert Ratner (robert.ratner@santacruzcountyca.gov)

To: tstag@housingmatterssc.org; pkramer@housingmatterssc.org; ocorcoles@housingmatterssc.org

Cc: tonygardnerconsulting@yahoo.com; sheryl.norteye@santacruzcountyca.gov

Date: Wednesday, September 13, 2023 at 03:47 PM PDT

September 13, 2023

Re: Housing Matters – Notification of 2023 CoC Project Priority Listing

Dear Housing Matters:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 approved for funding in Tier 1, and your **180 Together PSH new project** was approved for a reduced amount of \$300,000 in CoC Bonus and Reallocation funding in Tier 2.

Because of the Tier 2 ranking and reduced funding 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 Friday, September 15, 2023.**
- **Appeals will be considered by the Appeal Panel by Friday, September 22, 2023.**

Please let us know if you have any questions.

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

Sincerely,

Robert Ratner, MPH, MD
County of Santa Cruz
Director, Housing for Health Division, Human Services Department
(831) 454-4925; robert.ratner@santacruzcountyca.gov

Cc: Tony Gardner

Attachments



Housing Matters - 2023 CoC Notification Letter.pdf

213.9kB



2023 CoC Project Rank Order.pdf
50.2kB



H4H Appeals Policy.pdf
1.3MB

September 13, 2023

Re: Housing Matters – Notification of 2023 CoC Project Priority Listing

Dear **Housing Matters**:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 approved for funding in Tier 1, and your **180 Together PSH new project** was approved for a reduced amount of \$300,000 in CoC Bonus and Reallocation funding in Tier 2.

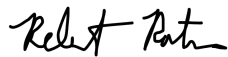
Because of the Tier 2 ranking and reduced funding you are eligible to appeal. The appeals process and grounds for appeal are included in the CoC Appeals Policy attached.

- **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 Friday, September 15, 2023.**
- **Appeals will be considered by the Appeal Panel by Friday, September 22, 2023.**

Please let us know if you have any questions.

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

Sincerely,



Robert Ratner
Housing for Health Division Director
County of Santa Cruz Human Services Department

Cc: Tony Gardner

Attachments

Monarch Services - 2023 CoC Notification Letter

From: Robert Ratner (robert.ratner@santacruzcountyca.gov)

To: cassandrag@monarchsc.org; jannar@monarchsc.org; kalynef@monarchsc.org; leeannl@monarchsc.org; cathrynm@monarchsc.org

Cc: tonygardnerconsulting@yahoo.com; sheryl.norteye@santacruzcountyca.gov

Date: Wednesday, September 13, 2023 at 03:48 PM PDT

September 13, 2023

Re: Monarch Services – Notification of 2023 CoC Project Priority Listing

Dear Monarch Services:

Thank you for participating in the 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) Rating and Ranking Committee-approved CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Monarch DV Bonus renewal project** was approved for funding in Tier 1.

Please let us know if you have any questions.

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

Sincerely,

Robert Ratner, MPH, MD
County of Santa Cruz
Director, Housing for Health Division, Human Services Department
(831) 454-4925; robert.ratner@santacruzcountyca.gov

Cc: Tony Gardner

Attachments



Monarch Services - 2023 CoC Notification Letter.pdf
184.2kB



2023 CoC Project Rank Order.pdf
50.2kB



H4H Appeals Policy.pdf
1.3MB

September 13, 2023

Re: Monarch Services – Notification of 2023 CoC Project Priority Listing

Dear **Monarch Services**:

Thank you for participating in the 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) Rating and Ranking Committee-approved CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Monarch DV Bonus renewal project** was approved for funding in Tier 1.

Please let us know if you have any questions.

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

Sincerely,



Robert Ratner
Housing for Health Division Director
County of Santa Cruz Human Services Department

Cc: Tony Gardner

Attachments

County of Santa Cruz Human Services Department - 2023 CoC Notification Letter

From: Robert Ratner (robert.ratner@santacruzcountyca.gov)

To: housingforhealthteam@santacruzcounty.us

Cc: tonygardnerconsulting@yahoo.com

Date: Wednesday, September 13, 2023 at 03:49 PM PDT

September 13, 2023

Re: Santa Cruz County HSD – Notification of 2023 CoC Project Priority Listing

Dear Santa Cruz County Human Services Department:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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**, your **Coordinated Entry Expansion renewal project**, and your **Youth Homelessness Demonstration Program (YHDP) Youth CES renewal project** were approved for funding in Tier 1, and your **CoC Planning Grant project** was approved.

Please let us know if you have any questions.

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

Sincerely,

Robert Ratner, MPH, MD
County of Santa Cruz
Director, Housing for Health Division, Human Services Department
(831) 454-4925; robert.ratner@santacruzcountyca.gov

Cc: Tony Gardner

Attachments



County of Santa Cruz Human Services Department - 2023 CoC Notification Letter.pdf
187.8kB



2023 CoC Project Rank Order.pdf
50.2kB



H4H Appeals Policy.pdf
1.3MB

September 13, 2023

Re: Santa Cruz County HSD – Notification of 2023 CoC Project Priority Listing

Dear Santa Cruz County Human Services Department:

Thank you for participating in the 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.

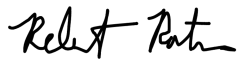
Attached please find the Housing for Health (CoC) Rating and Ranking Committee-approved CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

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

Please let us know if you have any questions.

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

Sincerely,



Robert Ratner
Housing for Health Division Director
County of Santa Cruz Human Services Department

Cc: Tony Gardner

Attachments

Siena House - 2023 CoC Notification Letter

From: Robert Ratner (robert.ratner@santacruzcountyca.gov)
To: devdirector@sienahouse.org; director@sienahouse.org
Cc: tonygardnerconsulting@yahoo.com; sheryl.norteye@santacruzcountyca.gov
Date: Wednesday, September 13, 2023 at 03:50 PM PDT

September 13, 2023

Re: Siena House – Notification of 2023 CoC Project Priority Listing

Dear Siena House:

Thank you for participating in the 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) Rating and Ranking Committee-approved CoC Priority Listing, which includes all projects, approvals, scores, ranking, tiering, and maximum budgets.

As noted in the listing, your **Housing and Family Stabilization RRH new project** was approved for a reduced amount of \$110,548 in CoC Bonus and Reallocation funding in Tier 2, and your **DV-Focused Housing and Family Stabilization RRH new project** was also approved for \$106,556 in Domestic Violence (DV) Bonus funds, which is the full amount of the DV Bonus.

Because of the Tier 2 ranking and reduced funding 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 Friday, September 15, 2023.**
- **Appeals will be considered by the Appeal Panel by Friday, September 22, 2023.**

Please let us know if you have any questions.

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

Sincerely,

Robert Ratner, MPH, MD
County of Santa Cruz
Director, Housing for Health Division, Human Services Department
(831) 454-4925; robert.ratner@santacruzcountyca.gov

Cc: Tony Gardner

Attachments



Siena House - 2023 CoC Notification Letter.pdf



215.7kB



2023 CoC Project Rank Order.pdf
50.2kB



H4H Appeals Policy.pdf
1.3MB

September 13, 2023

Re: Siena House – Notification of 2023 CoC Project Priority Listing

Dear **Siena House**:

Thank you for participating in the 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.

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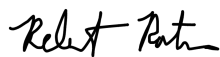
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- **Appeals will be considered by the Appeal Panel by Friday, September 22, 2023.**

Please let us know if you have any questions.

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

Sincerely,



Robert Ratner
Housing for Health Division Director
County of Santa Cruz Human Services Department

Cc: Tony Gardner

Attachments

2023 Santa Cruz County CoC Project Ranking								
Rank	Applicant Name	Project Name	New or Renewal	Project Component	Total HUD Budget	Running Total	Tier	Aggregate Score
Tier 1 - \$5,038,920 - Approved								
1	Monarch Services	Monarch DV Bonus	Renewal	PH	\$105,567	\$105,567.00	1	93
2	Families In Transition of Santa Cruz County, Inc.	Y.A.A.S. (Young Adults Achieving Success)	Renewal YHDP	PH	\$263,387	\$368,954.00	1	92
3	Housing Matters	801 River Street	Renewal	PH	\$222,875	\$591,829.00	1	90
4	Families In Transition of Santa Cruz County, Inc.	First Step-Scattered Site Housing for Families with Children	Renewal - Transitional	Joint TH & PH-RRH	\$560,228	\$1,152,057.00	1	88.5
5	Covenant House	YHDP New Roots RRH	Renewal YHDP	PH	\$197,505	\$1,349,562.00	1	87
6	Covenant House	Youth Rapid Rehousing	Renewal YHDP	PH	\$230,531	\$1,580,093.00	1	87
7	Bill Wilson Center	Santa Cruz County Shared Housing	Renewal YHDP	TH	\$137,767	\$1,717,860.00	1	87
8	Community Action Board of Santa Cruz County, Inc.	YHDP - Youth Homeless Response Team (YHRT)	Renewal YHDP	SSO	\$99,175	\$1,817,035.00	1	86
9	Walnut Avenue Family & Women's Center	Walnut Avenue Housing & Employment Program	Renewal	PH	\$530,372	\$2,347,407.00	1	85
10	Santa Cruz County HS A	MATCH	Renewal	PH	\$920,315	\$3,267,722.00	1	83.5
11	Housing Authority of the County of Santa Cruz	Shelter+Care Consolidate	Renewal	PH	\$1,342,434	\$4,610,156.00	1	80.5
12	Santa Cruz County HSD	County of Santa Cruz Homeless Management Information System	Renewal	HMIS	\$91,699	\$4,701,855.00	1	84
13	Santa Cruz County HSD	Coordinated Entry Expansion	Renewal	SSO	\$228,362	\$4,930,217.00	1	82
14	Santa Cruz County HSD	Youth CES	Renewal YHDP	SSO	\$60,000	\$4,990,217.00	1	80
15	Encompass Community Services	Drop-In Center	Renewal YHDP	SSO	\$48,703	\$5,038,920.00	1	80
Tier 2 - \$758,548 - Approved								
15	Encompass Community Services	Drop-In Center	Renewal YHDP	SSO	\$223,000	\$5,261,920.00	2	80
16	Housing Matters	180 Together	New - CoC Bonus & Realloc	PH	\$300,000	\$5,561,920.00	2	100
17	Siena House	Housing & Family Stabilization Project	New - CoC Bonus & Realloc	PH	\$110,548	\$5,672,468.00	2	90
18	Front Street Inc.	Freedom Cottages	New - CoC Bonus & Realloc	PH	\$80,000	\$5,752,468.00	2	92.5
19	Front Street Inc.	Anderson Housing	New - CoC Bonus & Realloc	PH	\$45,000	\$5,797,468.00	2	87
DV Bonus - \$106,566 - Approved								
20	Siena House	DV Focus Housing & Family Stabilization Project	New - DV Bonus	PH	\$106,566	\$5,904,034.00	Approve	90
Competitive New Project - \$273,782 - Declined								
N/A	Bill Wilson Center	RRH Youth	New - CoC Bonus & Realloc	PH	\$273,782	\$6,177,816.00	Decline	88.5
Non-Competitive Planning - \$270,910 - Approved								
N/A	Santa Cruz County HSD	2023 CoC Planning Grant	New - Non-Competitive		\$270,910	\$6,448,726.00	Approve	N/A

Total Funding Requested: **\$6,448,726**
 \$5,038,920 Tier 1 Line
 \$5,797,468 Tier 2 Line

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**

3A-1a HOUSING LEVERAGING COMMITMENTS



September 25, 2023

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-related services contribution to the 180 Together, New PSH CoC Project

To Whom it May Concern:

Housing Matters hereby commits to providing a \$75,000/year in healthcare-related services to the 180 Together new CoC PSH 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, including those who will be referred to the 180 Together project. The Alliance contract with Housing Matters stipulates payment rates of allowable costs as follows:

- \$386.00 per member per month for Housing Transition and Navigation Services
- \$444.00 per member per month for Tenancy Sustaining Services

Housing Matters anticipates revenue of \$75,000/year for 180 Together from the Alliance for the period January 1 – December 31, 2024. 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.

Housing Matters also has a contract with the Housing Authority of the County of Santa Cruz (Housing Authority) to administer a waiting list preference for households experiencing chronic homelessness, the Disabled and Medically Vulnerable (DMV) voucher. A minimum of 3 DMV housing choice vouchers will be committed to the 180 Together project.

As part of the FY 2023 HUD CoC NOFO, the CoC and Housing Matters will be submitting a request for \$300,000/year in permanent supportive housing rental assistance for the new project. The anticipated Alliance revenue represents 25% of the annual funding request submitted through this NOFO. The 3 DMV housing choice vouchers from the Housing Authority represent 33% of the permanent supportive housing units that will be funded through this project.

Sincerely,

Tom Stagg
Chief Initiatives Officer

Attachments (2): Housing Matters CS Contract and DMV MOU

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



Memorandum of Understanding Regarding Limited Waiting List Preference for Disabled and Medically Vulnerable Homeless Persons

This Memorandum of Understanding (MOU) is executed between the Housing Authority of the County of Santa Cruz (the Housing Authority) and the Homeless Services Center (HSC). The term of this MOU commences January 1, 2018, and shall be in effect until the Housing Authority or HSC terminates the MOU.

Purpose/Background: On October 24, 2012, the Housing Authority implemented a limited waiting list preference for Disabled and Medically Vulnerable (DMV) homeless persons. Federal regulations governing the Housing and Urban Development (HUD) Housing Choice Voucher (HCV) program allow housing authorities to establish a system of local preferences for the selection of families admitted to the program. Local preferences have the effect of changing an applicant's position on the waiting list only. Local preferences do not change any eligibility criteria for program participation. Information regarding the maximum number of DMV vouchers available can be found in the Administrative Plan posted on the Housing Authority website.

This MOU describes the roles and responsibilities of both the Housing Authority and the Homeless Services Center (HSC) in implementation of the DMV preference.

Goals of the Waiting List Preference: The Housing Authority and HSC have agreed to the following goals of the limited waiting list preference for disabled and medically vulnerable homeless persons:

- To increase access to HCV for disabled and medically vulnerable homeless persons.
- To ensure that DMV persons who receive access to the HCV program receive the services they need to be successful in the application process, searching for rental housing, and maintaining rental housing.

Partnership with Homeless Services Center (HSC)

The Housing Authority has entered an MOU with HSC regarding the administration of this waiting list preference. With the implementation of the Smart Path to Housing and Health, the countywide homeless coordinated entry system, (Smart Path/CES), in early 2018, many roles and responsibilities are evolving. Both the Housing Authority and HSC are core members of CES with signed agreements to use the Smart Path system for assessment, case management linkage, and referrals for housing. CES will automate and centralize the assessment process for people experiencing homelessness. There will be over a dozen access points where a homeless person

can have an abbreviated VI-SPDAT, and staff at these access points will enter the vulnerability score in Clarity's Bitfocus software to interface with Homeless Management Information System (HMIS). The Smart Path CES will be the centralized data storage and retrieval for all the assessments, and CES will prioritize persons for housing based on the assessment scores.

Smart Path CES takes on primary responsibility of initial eligibility of vulnerability, initial collection of data and consent forms, and in some cases, initial linkage to case management for supportive services.

HSC is responsible for many aspects of the preference administration, including fair housing marketing and outreach, determining preference eligibility, ensuring there are signed consent forms, reviewing the applicant's linkage to case management services, and providing referrals to the Housing Authority. HSC and the Housing Authority are also working closely with many local homeless service providers to carry out the activities described in the MOU.

Determining Preference Eligibility

With the implementation of Smart Path CES, HSC's role evolves to confirming the information in the system fulfills the DMV requirements for both the client's eligibility and the agency's case management. Preference eligibility requirements are outlined in the Housing Authority Administrative Plan. HSC will review preference eligibility in Smart Path CES and confirm that the referrals contain a certification from the case manager of a local service provider agency that all preference eligibility criteria have been met. HSC also will secure the case manager's certification that there is a case management plan in place. The Housing Authority may conduct an annual review of a sample of participants in Smart Path CES to confirm homelessness, medical vulnerability, and disability has been documented. The Housing Authority will maintain documentation of the case manager's certifications and client's consent.

Data Management

With the implementation of Smart Path CES, HSC's role evolves to ensure a consent form in which clients allow their information to be shared between the Housing Authority and HSC is in CES. HSC will ensure complete, accurate and current information is included on the consent form(s) with the inclusion of A, B, C, D. for any and all addresses associated with the 115 Coral Street address, or other complete addresses, as well as phone numbers for the "Authorized Person/Agencies" especially case managers. As needed, HSC will obtain any additional required surveys and consent forms. HSC and HA will ensure the secure use, storage, and exchange of personally identifiable information. HSC will track and update consent form review, case plan review and case management linkage for each DMV client in a master spreadsheet; HSC and the participant will inform the Housing Authority in writing when another address or case manager is authorized.

Required Support Services: With the implementation of Smart Path CES, HSC's role evolves with local service providers. CES will link potentially DMV eligible applicants with appropriate case management agencies. HSC will verify the case manager's certification on the HSC form that there is a case management plan in place that meets the services listed below and that each client has an established relationship with a support services provider 180/2020 will ensure that

the case management agency is authorized and qualified to provide case management services to disabled, medically vulnerable homeless persons. These case management services should be in line with national Permanent Supportive Housing Best Practices. The housing stability service plan should incorporate an appropriate mix of supports, services and actions determined to be essential for and to promote behavior that will lead to success and housing stability in the HCV program. Service plans should include:

- Individualized assessment of support, care and treatment needed for housing success
- An individualized plan for access to needed or desired care and services. Referrals to resources appropriate to the clients' needs: medical care, mental health and substance abuse treatment, benefit assistance, employment assistance, money management services, life skills support, and social integration
- A plan for regular contact and communication between the support service provider and their client
- Personally-identified priorities and goals
- Active case management for at least one (1) year following initial lease-up to help the tenant maintain their housing

The case management provider will also provide the following housing navigation and support:

- Assist the applicant complete the initial application process and collect the required Housing Authority verifications
- Attend all required Housing Authority appointments (including eligibility interviews and briefing) with the applicant
- Help the applicant with the housing search
- Help the applicant with the landlord and the Housing Authority during the inspection and lease up process including submitting the Request for Tenancy Approval (RTA)
- Help the applicant/participant maintain their housing, including active case management for at least one (1) year following the initial lease up
- Communicate with the Housing Authority if an issue arises with the participant or the landlord when the issue is within the domain of voucher program participation
- Assist the applicant/participant complete the required annual re-examination documents for at least the first annual review following initial lease-up.

HSC will verify that each applicant who may be eligible for the DMV preference has a written case management plan on file with an appropriate service provider in the community prior to making the referral to the Housing Authority. The Housing Authority may conduct annual site visits to service provider agencies to monitor and ensure case management plans are on file. If at any time the individual refuses services, the service provider or a selected alternative must continue to offer services and ensure that services are available for at least one year after the initial lease up. Additionally, in cases where the individual refuses services, the service provider must continue to communicate and coordinate with the Housing Authority and the landlord for the first year. DMV voucher holders may be eligible to port. However, preference eligibility is partially based on access to case management services. Therefore, for the first year of participation in the program, DMV clients must lease a unit in the service area of the agency responsible for case management. Participating agencies must provide services at least throughout Santa Cruz County, but may provide services outside the County as well.

Referrals: With the implementation of Smart Path CES, HSC's role evolves. Smart Path CES has a Referral Specialist who will review the entries and for potential DMV applicants, make connections with a case manager first. The case manager will reach out to HSC. HSC will ensure that the following four forms are complete: the Housing Authority consent form, the Disability Verification form, the HSC Case Plan form, and the HSC DMV Referral form. HSC will provide referrals to the Housing Authority in accordance with the Administrative Plan, based on level of vulnerability, and access to case management. HSC will provide the Housing Authority with a DMV preference voucher referral sheet (complete with an application packet, certifications, and consent forms).

Data/ Monitoring Outcomes

Monthly the Housing Authority will provide HSC with lists of DMV participants who are leased-up, searching, expired, and graduated into HCVs for every participant who has signed a consent form with HSC or 180/2020. The lists will include names, voucher issuance dates, projected voucher expiration dates, aging days, lease-up dates, and days to lease (depending on which report: housed, searching or expired). The data will be used to monitor progress toward outcomes, to encourage timely extension requests, and celebrate successful housing and services assistance.

Annually the Housing Authority will provide a summary report of DMV participants by aggregate number for the total DMV population. This data will be used to monitor outcomes. Outcomes may include of number and percentage leased-up, length of time stably housed, number and percentage searching and length of time searching, length of time of voucher extensions, percentage and number expired, number of households graduating into regular HCV program, and number of households terminated from the program.

The Housing Authority Processes Referrals, Determines Eligibility, and Issues Vouchers:

Once a client has been referred to the Housing Authority for a DMV voucher, the Housing Authority staff will determine eligibility for the HCV program in accordance with HUD regulations and the Housing Authority policy and procedures. Eligibility determinations for DMV homeless persons will be expedited to the extent possible. Typically the Housing Authority will be able to determine eligibility within 30 days of the receipt of all required application documents. If the applicant is determined eligible, the intake unit will schedule an initial interview for the earliest available time. From this point forward, the applicant process is the same as any other HCV applicant process. HSC will remind case managers to submit extension requests before the period of search time expires. The Housing Authority may communicate with HSC on extension requests. If a participant leases-up and then loses housing, they may be eligible to get a transfer voucher. The Housing Authority may communicate with HSC on transfers.

Affirmatively Furthering Fair Housing: With the implementation of Smart Path CES, HSC's role evolves to working in coalition with community partner agencies to affirmatively furthering fair housing through the administration of this preference. The Homeless Action Partnership (HAP) is the governing entity for CES in Santa Cruz County. CES will affirmatively market CES's system-wide access for housing assistance and case management to persons least likely to apply or groups at risk of being under-represented as stated in the CES Policy and Procedure

Manual approved Dec 13, 2017:

"The HAP will affirmatively market housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach, including those who may not realize they are eligible to participate, have recently become homeless, are resistant to receiving services, youth and young adults, location-bound due to physical disabilities, and monolingual Spanish-speaking participants."

(page 10)

"The HAP does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, national origin, sex, age, familial status, disability, sexual orientation, gender identity, or marital status) during any phase of the Smart Path process. All agencies participating in Smart Path must comply with applicable equal access and nondiscrimination provisions of federal and state civil rights laws." (page 11)


HSC will outreach to all supportive service agencies involved in CES at least annually and inform the staff of the DMV opportunity. HSC will provide a demographic report to the Housing Authority at least annually, including which case management agencies made referrals to be considered for DMV. HSC will proactively reach out to new support service agencies that become a CES access point and inform them of the DMV program opportunity and responsibilities.

Evaluation: At least annually, the Housing Authority and HSC will evaluate the success of this waiting list preference. Together, the Housing Authority and HSC will consider the extent to which each party fulfills their roles and responsibilities as described in this MOU, including the success of eligible applicants in finding and maintaining housing, any potential impact to the Housing Authority's existing applicants and other relevant factors.


Termination

The parties agree that either party may terminate the relationship at any time, for any reason, upon 60 days written notice. A written termination notice triggers completion of in-process data sharing and referrals, as well as final reports and evaluation.

Signatures



Housing Authority of the County of Santa Cruz
Jennifer Panetta, Executive Director



Homeless Services Center
Phil Kramer, Executive Director

5/14/18

Date

Date

3A-2a HEALTHCARE FORMAL AGREEMENTS



September 25, 2023

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-related services** contribution to the 180 Together, New PSH CoC Project

To Whom it May Concern:

Housing Matters hereby commits to providing a **\$75,000/year** in **healthcare-related services** to the 180 Together new CoC PSH 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, including those who will be referred to the 180 Together project. The Alliance contract with Housing Matters stipulates payment rates of allowable costs as follows:

- \$386.00 per member per month for Housing Transition and Navigation Services
- \$444.00 per member per month for Tenancy Sustaining Services

Housing Matters anticipates revenue of **\$75,000/year** for **180 Together from the Alliance** for the period **January 1 – December 31, 2024**. 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.

Housing Matters also has a contract with the Housing Authority of the County of Santa Cruz (Housing Authority) to administer a waiting list preference for households experiencing chronic homelessness, the Disabled and Medically Vulnerable (DMV) voucher. A minimum of 3 DMV housing choice vouchers will be committed to the 180 Together project.

As part of the FY 2023 HUD CoC NOFO, the CoC and Housing Matters will be submitting a request for \$300,000/year in permanent supportive housing rental assistance for the new project. The anticipated **Alliance revenue represents 25%** of the annual funding request submitted through this NOFO. The 3 DMV housing choice vouchers from the Housing Authority represent 33% of the permanent supportive housing units that will be funded through this project.

Sincerely,

Tom Stagg
Chief Initiatives Officer

Attachments (2): Housing Matters CS Contract and DMV MOU

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 1st day of July 2022 (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

Print Name: Phil Kramer

Title: Chief Executive Officer

Date Signed: June 10, 2022

By: 

Print Name: Stephanie Sonnenshine

Title: CEO

Date Signed: 06/30/2022

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 1(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-contractor 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.

3C-2 PROJECT LIST FOR OTHER FEDERAL STATUTES

N/A – CoC does not have projects that propose to serve persons defined as experiencing homelessness under other federal statutes.

1E-2 LOCAL COMPETITION SCORING TOOL

Santa Cruz County 2023 CoC Renewal Project Scoring Tool

Reviewer: _____ Check that not conflicted per CoC policy ____

Agency/Project: _____

No.	Scoring Criteria	Points Possible	Points
1	<p>Housing/Project Type</p> <p>Points will be awarded based upon local priority for the following housing/project types:</p> <p>10 points for:</p> <p>(a) Renewal projects of the following types:</p> <p>9 points for:</p> <ol style="list-style-type: none"> PSH serving 100% chronically homeless persons with emphasis on the longest histories of homelessness and most severe needs PSH serving 100% DedicatedPLUS project type with emphasis on the longest histories of homelessness and most severe <p>1 point for:</p> <p>Renewal PSH projects serving CH or DedicatedPLUS populations that specifically identify immigrants and/or persons with justice system involvement as an allowable client subpopulation</p> <p>10 points for:</p> <ol style="list-style-type: none"> RRH for homeless individuals or families, including unaccompanied youth Joint TH and RRH projects CE projects HMIS projects YHDP projects. <p>5 points for:</p> <p>(a) Renewal projects of the following types:</p> <ol style="list-style-type: none"> PSH projects <u>not</u> dedicated 100% to chronically homeless or DedicatedPLUS populations. <p>0 points for: – All other projects.</p>	<p>10 POINTS POSSIBLE</p> <p>9 points:</p> <ul style="list-style-type: none"> PSH – 100% CH PSH – 100% Ded.+ <p>1 point:</p> <ul style="list-style-type: none"> PSH immigrants or justice involved allowable <p>10 points:</p> <ul style="list-style-type: none"> RRH TH-RRH CE HMIS YHDP <p>5 points:</p> <ul style="list-style-type: none"> PSH – <100% CH or Ded.+ <p>0 points:</p> <ul style="list-style-type: none"> All other projects 	
2	<p>Priority Population Served - Addresses Chronic Homeless, Youth, or DV Population(s)</p> <p>Projects will receive points based on the percentage of clients served in the application who are experiencing chronic homelessness, are youth experiencing homelessness, or are survivors or domestic violence.</p>	<p>10 POINTS POSSIBLE</p> <p>CH population:</p> <ul style="list-style-type: none"> 10 points – 100% CH 7.5 points – 70-99% 5 points – 50-69% 2.5 points – 25-49% 1 point – 1-24% 0 points – 0%. <p>OR</p>	

		DV population: <ul style="list-style-type: none"> • 10 points – 100% DV dedicated • 0 points – <100%. OR YHDP projects: <ul style="list-style-type: none"> • 10 points (CES & HMIS projects will receive 10 points)	
3	PERFORMANCE MEASURES	20 POINTS POSSIBLE CES, HMIS, and first-year projects without a full year of HMIS data will receive 15 points). YHDP renewal projects will receive 16 points if they completely answer the YHDP.	
3A	CoC RENEWAL HOUSING PROJECTS ONLY:	20 POINTS POSSIBLE	
3A 1	Housing Stability: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 7 points – 90% or more • 3½ points – 80%-89% • 0 points - <80% 	
3A 2	Income: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 2½ points – 75% or more • 1½ points – 65%-74% • 0 points - <65% Employment Income <ul style="list-style-type: none"> • 2½ points – 25% or more • 1½ points – 15%-24% • 0 points - <15% 	
3A 3	Non-Cash Mainstream Benefits: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 2 points – 50% or more • 1 point – 40%-49% • 0 points - <40% 	
3A	Program Occupancy (bed utilization):	2 Points Available	

4	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 2 points – 90% or more 1 point – 80%-89% 0 points - <80% 	
3A 5	<p>Returns to Homelessness:</p> <ul style="list-style-type: none"> 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% 	<p>2 Points Available</p> <ul style="list-style-type: none"> 2 points – 20% or less 1 point – 21%-30% 0 points - >30% 	
3A 6	<p>Length of Stay:</p> <ul style="list-style-type: none"> 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> the annual average LOS in TH or RRH for leavers? – lower LOS average than previous APR year 	<p>2 Points Available</p> <p>PSH:</p> <ul style="list-style-type: none"> 2 points – higher LOS than previous year 0 points – lower LOS than previous year <p>TH & RRH:</p> <ul style="list-style-type: none"> 2 points – lower LOS than previous year 0 points – higher LOS than previous year 	
3A 7	<p>Victim Service Providers only - Safety:</p> <ul style="list-style-type: none"> 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	
3B	YHDP RENEWAL PROJECTS ONLY:	16 POINTS POSSIBLE	
	<p>The application complete answers to the following questions: Please briefly describe:</p> <ol style="list-style-type: none"> The project you are operating. The needs identified in the Santa Cruz County YHDP Coordinated Community Plan that this project was designed to meet. The project's current level of success in meeting the needs identified in the Santa Cruz County YHDP Coordinated Community Plan. The <i>qualitative</i> outcomes of the project. The best practices (e.g., positive youth development) used by the project. Any challenges faced in maintaining the project. 	<p>16 Points Available</p> <p>Completely answered:</p> <ul style="list-style-type: none"> 16 points 	
4	PROGRAM EFFECTIVENESS	20 POINTS POSSIBLE (CES & HMIS projects will receive 15 points)	
4A	<p>Coordinated Entry Participation:</p> <p>The minimum percentage of new clients since 1/1/22 who came</p>	<p>10 Points Available</p> <ul style="list-style-type: none"> 10 points – 95% - 100% 	

	from Smart Path CES referral.	from CES referral <ul style="list-style-type: none"> • 8 points – 90% - 94% • 6 points – 85% - 89% • 4 points – 80% - 84% • 2 points – 75% - 79% • 1 point – 70% - 74% • 0 points – below 70%. 	
4B	<p>Housing First Fidelity Assessment: Serving People with the Highest Barriers to Housing: To what extent does your project embrace the following Housing First approaches?</p> <ol style="list-style-type: none"> 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? <p>Removing Barriers to Housing: To what extent does your project eliminate the following barriers to housing?</p> <ol style="list-style-type: none"> 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. 	<p>10 Points Available</p> <p>Housing First approaches:</p> <ul style="list-style-type: none"> • 1 point “yes” response • 0 points “no” response <p>Removing housing barriers:</p> <ul style="list-style-type: none"> • 1/2 point per “yes” response • 0 points per “no” response 	
5	FINANCIAL AND COST EFFECTIVENESS	10 POINTS POSSIBLE	
5A	<p>Housing vs. Service Funding: The percentage of <i>program</i> 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).</p>	<p>5 Available</p> <ul style="list-style-type: none"> • 5 points renewal – 90% - 100% housing activities • 4 points renewal – 80% - 89% • 3 points renewal – 70% - 79% 	

		<ul style="list-style-type: none"> • 2 points renewal – 60% - 69% • 1 point renewal – 50% - 99% • 0 points – below 50%. (CES, HMIS, and YHDP SSO projects will receive 4 points) 	
5B	Drawdown completeness: The percentage of overall HUD grant drawn down in the most recent completed program year recorded in the most recent APR.	5 Points Available <ul style="list-style-type: none"> • 5 points – 100% of budgeted funds successfully drawn • 4 points – 98% - 99% • 3 points – 96% - 97% • 2 points – 94% - 95% • 1 point – 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 <ul style="list-style-type: none"> • 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 (7/1/22-present): (1) the program a. had a CoC risk assessment, b. agency answered “no” to any risk indicator, and c. agency has not identified any actions taken to correct risk issue(s) identified, (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 <ul style="list-style-type: none"> • 3 points deduction – no action risk issues • 4 points deduction – unresolved findings • 3 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; <i>Employment Income</i> ; Welfare to Work Grant Programs and Veterans Health Care.	7 POINTS POSSIBLE <ul style="list-style-type: none"> • 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	10 POINTS POSSIBLE <ul style="list-style-type: none"> • 1 point per “yes” 	

	<p>it has implemented OR commits to implement within one year:</p> <p>Agency leadership, governance, and policies:</p> <ol style="list-style-type: none"> 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+. <p>Program participant outcomes:</p> <ol style="list-style-type: none"> 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. 	<p>response</p> <ul style="list-style-type: none"> • 0 points “no” response 	
9	<p>Community Collaboration and Participation (3 points possible)</p> <p>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 2023 Housing Inventory Chart (HIC)?</p> <p><i>Sub-scores will be determined by H4HP staff based upon appropriate H4HP and documentation for the period from July 1, 2022, to the present time.</i></p>	<p>3 POINTS POSSIBLE</p> <p>H4HP meeting participation:</p> <ul style="list-style-type: none"> • 2 points: Agency attends 75% to 100% • 1 point: Agency attends 51% to 74% • 0 points: Agency attends 0% to 50% <p>HMIS participation:</p> <ul style="list-style-type: none"> • 1 point: Has data for 100% HIC • 0 points: Has data for less than 100% HIC 	
	TOTAL	100 POINTS POSSIBLE	

Santa Cruz County 2023 CoC New Project Scoring Tool

Reviewer: _____ Check that not conflicted per CoC policy ____

Agency/Project: _____

No.	Scoring Criteria	Points Possible	Points
1	<p>Housing/Project Type</p> <p>Points will be awarded based upon local priority for the following housing/project types:</p> <p>10 points for:</p> <p>(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:</p> <p>9 points for:</p> <ol style="list-style-type: none"> PSH with rental assistance serving 100% chronically homeless persons with emphasis on the longest histories of homelessness and most severe needs PSH with rental assistance serving 100% DedicatedPLUS project type with emphasis on the longest histories of homelessness and most severe needs <p>1 point for:</p> <p>New PSH projects serving CH or DedicatedPLUS populations that specifically identify immigrants and/or persons with justice system involvement as an allowable client subpopulation</p> <p>10 points for:</p> <ol style="list-style-type: none"> Joint TH and RRH projects RRH for homeless individuals or families, including unaccompanied youth Expansion of CE or HMIS to the extent justified by unmet operational costs for these programs, or to improve program or administrative efficiency YHDP replacement projects. <p>10 points for:</p> <p>(b) New DV bonus projects of the following types:</p> <ol style="list-style-type: none"> RRH projects that must follow a Housing First approach Joint TH and RRH projects that must follow a Housing First approach CE project to meet the needs of DV survivors, demonstrating trauma-informed and victim-centered approach. <p>5 points for:</p> <p>(a) New projects of the following types proposing to use funds reallocated from renewals or CoC bonus funds:</p> <ol style="list-style-type: none"> PSH projects <u>not</u> dedicated 100% to chronically homeless DedicatedPLUS populations. 	<p>10 POINTS POSSIBLE</p> <p>9 points:</p> <p>New realloc or bonus:</p> <ul style="list-style-type: none"> PSH – 100% CH PSH – 100% Ded.+ <p>1 point:</p> <ul style="list-style-type: none"> PSH immigrants or justice involved allowable <p>10 points:</p> <ul style="list-style-type: none"> RRH TH-RRH CE HMIS YHDP replacement <p>New DV Bonus:</p> <ul style="list-style-type: none"> RRH - Housing 1st TH-RRH - Housing 1st CE – DV focused <p>5 points:</p> <p>New realloc or bonus:</p> <ul style="list-style-type: none"> PSH – <100% CH or Det.+ <p>0 points:</p> <ul style="list-style-type: none"> All other projects 	

	0 points for: – All other projects.		
2	Priority Population Served - Addresses Chronic Homeless, Youth, or DV Population(s) Projects will receive points based on the percentage of clients served in the application who are experiencing chronic homelessness, are youth experiencing homelessness, or are survivors or domestic violence.	10 POINTS POSSIBLE CH population: <ul style="list-style-type: none"> • 10 points – 100% CH • 7.5 points – 70-99% • 5 points – 50-69% • 2.5 points – 25-49% • 1 point – 1-24% • 0 points – 0%. OR DV population: <ul style="list-style-type: none"> • 10 points – 100% DV dedicated • 0 points – <100%. OR YHDP projects: <ul style="list-style-type: none"> • 10 points (CES & HMIS projects will receive 10 points)	
3A	NEW CoC 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: <ol style="list-style-type: none"> 1. Are the program annual measurable 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. <i>Victim Service Providers only</i> – Is the plan to increase the safety of project participants appropriate and feasible? 8. <i>Victim Service Providers only</i> – Does the application clearly describe a feasible plan to implement a Housing First strategy? 	Non-DV projects: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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: <ol style="list-style-type: none"> 1. The geographic accessibility of the proposed system for all 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. <i>Victim Service Providers only</i> – The strategy for implement a trauma-informed, client-centered approach. 	Non-DV CES projects: <ul style="list-style-type: none"> • 5 points – geographic access • 5 points - Advertising • 5 points – Standard assessment • 5 points – directing to housing & services DV CES projects: <ul style="list-style-type: none"> • 4 points – geographic access • 4 points - Advertising • 4 points – Standard assessment • 4 points – directing to housing & services • 4 points – trauma informed, client centered 	
3C	YHDP REPLACEMENT PROJECTS ONLY – PROGRAM DESIGN	16 POINTS POSSIBLE	
	The application complete answers to the following questions: Please briefly describe: <ol style="list-style-type: none"> 1. The scope of the project and how it differs from the previous YHDP project. 2. The NOFO exceptions the YHDP replacement project is requesting (e.g., housing change from RRH model to host homes). 3. The reason why the YHDP project is being replaced with a YHDP Replacement project. 4. The waivers/special activities, if any, you plan to include in the replacement project. 5. Best practices to be implemented (e.g., positive youth development or trauma-informed care). 6. The numerical client outcomes to be achieved. 7. How the project will meet the goals established in our YHDP Coordinated Community Plan. 	Completely answered: <ul style="list-style-type: none"> • 16 points 	
4	PROGRAM EFFECTIVENESS	20 POINTS POSSIBLE (CES & HMIS projects will receive 15 points)	
4A	Coordinated Entry Participation:	10 Points Available	

	The minimum percentage of new clients the program commits to taking from Smart Path CES referral.	<ul style="list-style-type: none"> • 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	<p>Housing First Fidelity Assessment: Serving People with the Highest Barriers to Housing: To what extent does your project embrace the following Housing First approaches?</p> <ol style="list-style-type: none"> 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? <p>Removing Barriers to Housing: To what extent does your project eliminate the following barriers to housing?</p> <ol style="list-style-type: none"> 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. 	<p>10 Points Available Housing First approaches:</p> <ul style="list-style-type: none"> • 1 point “yes” response • 0 points “no” response <p>Removing housing barriers:</p> <ul style="list-style-type: none"> • 1/2 point per “yes” response • 0 points per “no” response 	
5	FINANCIAL AND COST EFFECTIVENESS	10 POINTS POSSIBLE	
5A	Housing vs. Service Funding: The percentage of <i>program</i> 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).	<p>10 Points Available</p> <ul style="list-style-type: none"> • 10 points – 90% - 100% housing activities • 8 points – 80% - 89% • 6 points – 70% - 79% • 4 points – 60% - 69% • 2 points – 50% - 99% 	

		<ul style="list-style-type: none"> 0 points – below 50%. (CES, HMIS and YHDP SSO 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 <ul style="list-style-type: none"> 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 (7/1/22-present): (1) the program a. had a CoC risk assessment, b. agency answered “no” to any risk indicator, and c. agency has not identified any actions taken to correct risk issue(s) identified, (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 <ul style="list-style-type: none"> 3 points deduction – no action risk issues 4 points deduction – unresolved findings 3 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; <i>Employment Income</i> ; Welfare to Work Grant Programs; and, Veterans Health Care.	7 POINTS POSSIBLE <ul style="list-style-type: none"> 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: <ol style="list-style-type: none"> Agency has individuals representing BIPOC in managerial and leadership positions Agency has individuals representing LGBTQ+ in managerial and leadership positions Agency board of directors includes representation from more than one person with lived experience Agency has relational process for receiving and incorporating feedback from persons with lived experience 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. Agency has provided at least one staff training since 1/1/21 on 	10 POINTS POSSIBLE <ul style="list-style-type: none"> 1 point per “yes” response 0 points “no” response 	

	<p>enhancing equity for BIPOC and/or LGBTQ+.</p> <p>Program participant outcomes:</p> <ol style="list-style-type: none"> Agency has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age 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 Agency has identified programmatic changes needed to make program participant outcomes more equitable for LGBTQ+ persons and developed a plan to make those changes Agency is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age. 		
9	<p>Community Collaboration and Participation</p> <p>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 2023 Housing Inventory Chart (HIC)?</p> <p><i>Sub-scores will be determined by H4HP staff based upon appropriate H4HP and documentation for the period from July 1, 2022 to the present time.</i></p>	<p>3 POINTS POSSIBLE</p> <p>H4HP meeting participation:</p> <ul style="list-style-type: none"> 2 points: Agency attends 75% to 100% 1 point: Agency attends 51% to 74% 0 points: Agency attends 0% to 50% <p>HMIS participation:</p> <ul style="list-style-type: none"> 1 point: Has data for 100% HIC <p>0 points: Has data for less than 100% HIC</p>	
	TOTAL	100 POINTS POSSIBLE	

H4H 2023 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)	
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)	
h. Immigrant	
i. Justice involved	

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 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 that specifically identify immigrants and/or persons with justice system involvement as an allowable client subpopulation*, 10 pts
- ☐ PSH serving 100% CH or DedicatedPLUS with longest histories of homelessness and most severe barriers, 9 pts
- ☐ RRH, 10 pts ☐ joint TH-RRH, 10 pts ☐ Coordinated Entry, 10 pts ☐ HMIS, 10 pts ☐ All YHDP projects, 10 pts ☐ PSH not serving 100% CH or Dedicated PLUS with longest histories of homelessness and most severe barriers, 5 pts ☐ Other projects, 0 pts

2. Priority Population Served Addresses Chronic Homeless, Youth, or DV Population(s) (check only 1) (N/A for CES or HMIS) (10 points possible)

Please respond to either the chronic homeless, youth homeless, 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

OR

YHDP renewal & replacement projects, which serve 100% clients who are youth experiencing homelessness as defined by HUD.

- ☐ 100%, 10 pts

3. Performance Measures – Based HMIS (or Comparable Database for Victim Service Providers) or YHDP Accomplishments (20 points possible) (N/A for HMIS, CES, or first year projects without one year of data)

3A. CoC Housing Renewals only - 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 7/1/22 – 6/30/23.

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?

Was this figure higher than the previous program year?

____ Ave. # days
Yes ____ No ____

For TH and RRH only, what was the average length of stay in TH or RRH measured in days for leavers?

Was this figure lower than the previous program year?

____ Ave. # days
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:

3B. YHDP Renewal Projects Only: Please briefly describe:

3B1. The project you are operating

3B2. The needs identified in the Santa Cruz County YHDP Coordinated Community Plan that this project was designed to meet

3B3. The project's level of success in meeting the needs identified in the Santa Cruz County YHDP Coordinated Community Plan

3B4. The *qualitative* outcomes of the project

3B5. The best practices (e.g., positive youth development) used by the project

3B6. Any challenges faced in maintaining the project

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 CES referral.

<input type="checkbox"/> 95-100%, 10 pts	<input type="checkbox"/> 90-94%, 8 pts	<input type="checkbox"/> 85-89%, 6 pts	<input type="checkbox"/> 80-84%, 4 pts	<input type="checkbox"/> 75-79%, 2 pts	<input type="checkbox"/> 70-74%, 1 pt	<input type="checkbox"/> <70% 0 pts
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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, CES, or YHDP SSO projects):**

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).

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)
\$ <input type="text"/> Leasing		
\$ <input type="text"/> Rental Assistance		
\$ <input type="text"/> Housing Operations		
\$ <input type="text"/> TOTAL Housing Funds	\$ <input type="text"/> TOTAL Housing +Service Funds	<input type="text"/> % 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)
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	% <input type="text"/> Drawn Down

b. Answer the following for the percentage actually drawn down (4th column above):

<input type="checkbox"/> 100%, 5 pts	<input type="checkbox"/> 98-99%, 4 pts	<input type="checkbox"/> 96-97%, 3 pts	<input type="checkbox"/> 94-95%, 2 pts	<input type="checkbox"/> 92-93%, 1 pts	<input type="checkbox"/> <92% 0 pts
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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).

<input type="checkbox"/> 8+ years experience, 10 pts	<input type="checkbox"/> 5-7 years experience, 8 pts	<input type="checkbox"/> 4-6 years experience, 6 pts	<input type="checkbox"/> 2-3 years experience, 4 pts	<input type="checkbox"/> 1-2 years experience, 2 pts	<input type="checkbox"/> <1 year experience, 0 pts
--	--	--	--	--	--

6B Capacity Issues (answer all that apply):

Please answer the following questions based upon the past year from July 1, 2022 to the present date:

1. Are all of the following true? a. Agency had a CoC risk assessment, b. agency answered “no” to any risk indicator, and c. agency **has not identified** any actions taken to correct risk issue(s) identified? ☐ Yes ☐ No
If “yes,” briefly describe the actions your agency has taken to correct risk issue(s) identified:

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.

<input type="checkbox"/>	1. Project case managers systematically assist clients in completing applications for mainstream benefit programs.
<input type="checkbox"/>	2. Agency systematically analyzes its projects’ APR and other data to assess and improve access to mainstream programs.
<input type="checkbox"/>	3. Agency leadership meets at least three times a year to discuss and improve clients’ participation in mainstream programs.
<input type="checkbox"/>	4. Project staff are trained at least once per year on how to identify eligibility and mainstream program changes.
<input type="checkbox"/>	5. Project has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input type="checkbox"/>	6. Agency supplies transportation to clients to attend mainstream benefit appointments, employment training, or jobs.
<input type="checkbox"/>	7. Project staff systematically follow-up to ensure that mainstream benefits are received.
<input type="checkbox"/>	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:
<input type="checkbox"/>	1. Agency has individuals representing BIPOC in managerial and leadership positions
<input type="checkbox"/>	2. Agency has individuals representing LGBTQ+ in managerial and leadership positions
<input type="checkbox"/>	3. Agency board of directors includes representation from more than one person with lived experience
<input type="checkbox"/>	4. Agency has relational process for receiving and incorporating feedback from persons with lived experience
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	9. Agency has identified programmatic changes needed to make program participant outcomes more equitable for LGBTQ+ and developed a plan to make those changes
<input type="checkbox"/>	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) – CoC Housing Renewals Only, for the year from July 1, 2022 to June 30, 2023.

Please answer the following using and HMIS (or DV comparable database) APR generated for the year from **July 1, 2022 to June 30, 2023**. 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 adult’s 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 (Leaver's 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 (Leaver's 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.

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	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 ☐ YHDP Replacement

2B. Identify the types of projects (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
YHDP Replacement: ☐ PSH, 10 pts ☐ RRH, 10 pts ☐ joint TH-RRH, 10 pts ☐ TH or Crisis Residential TH, 10 pts, ☐ Host Homes or Kinship Care, 10 pts, ☐ Shared Housing, 10 pts, ☐ SSO-non-CES, 10 pts, ☐ Other Innovative, 10 pts,

2. Priority Population Served Addresses Chronic Homeless, Youth, or DV Population(s) (check only 1) (N/A for CES or HMIS) (10 points possible)

Please respond to either the chronic homeless, youth homeless, 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

OR

YHDP renewal & replacement projects, which serve 100% clients who are youth experiencing homelessness as defined by HUD.

☐ 100%, 10 pts

3. Program Design (up to 20 points possible) (Use only the space provided)

3A. Program Design – CoC 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 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:

3C. Program Design – New Coordinated Entry Projects Only:

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/services to fit their needs

3B5. The strategy for implement a trauma-informed, client-centered approach (victim service providers only)

3C. Program Design – YHDP Replacement Projects Only:

3C1. A brief description of the scope of the project and how it differs from the previous YHDP project

3C2. The NOFO exceptions the YHDP replacement project is requesting (e.g., housing change from RRH model to host homes)

3C3. The reason why the YHDP project is being replaced with a YHDP Replacement project

3C4. The waivers/special activities, if any, you plan to include in the replacement project

3C5. Best practices to be implemented (e.g., positive youth development or trauma-informed care)

3C6. Numerical client outcomes to be achieved

3C7. How the project will meet the goals established in our YHDP Coordinated Community Plan.

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.

<input type="checkbox"/> 95-100%, 10 pts	<input type="checkbox"/> 90-94%, 8 pts	<input type="checkbox"/> 85-89%, 6 pts	<input type="checkbox"/> 80-84%, 4 pts	<input type="checkbox"/> 75-79%, 2 pts	<input type="checkbox"/> 70-74%, 1 pt	<input type="checkbox"/> <70% 0 pts
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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, CES, or YHDP SSO projects):**

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).

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)
\$ <input type="text"/> Leasing		
\$ <input type="text"/> Rental Assistance		
\$ <input type="text"/> Housing Operations		
\$ <input type="text"/> TOTAL Housing Funds	\$ <input type="text"/> TOTAL Housing +Service Funds	<input type="text"/> % 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).

<input type="checkbox"/> 8+ years experience, 10 pts	<input type="checkbox"/> 5-7 years experience, 8 pts	<input type="checkbox"/> 4-6 years experience, 6 pts	<input type="checkbox"/> 2-3 years experience, 4 pts	<input type="checkbox"/> 1-2 years experience, 2 pts	<input type="checkbox"/> <1 year experience, 0 pts
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6B Capacity Issues (answer all that apply):

Please answer the following questions based upon the past year from July 1, 2022 to the present date:

- Are all the following true? a. Agency had a CoC risk assessment, b. agency answered “no” to any risk indicator, and c. agency **has not identified** any actions taken to correct risk issue(s) identified? ☐ Yes ☐ No
If “yes,” briefly describe the actions your agency has taken to correct risk issue(s) identified:

- Does the agency have unresolved HUD monitoring findings in CoC programs? ☐ Yes ☐ No
- 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.

<input type="checkbox"/>	1. Project case managers systematically assist clients in completing applications for mainstream benefit programs.
<input type="checkbox"/>	2. Agency systematically analyzes its projects’ APR and other data to assess and improve access to mainstream programs.
<input type="checkbox"/>	3. Agency leadership meets at least three times a year to discuss and improve clients’ participation in mainstream programs.
<input type="checkbox"/>	4. Project staff are trained at least once per year on how to identify eligibility and mainstream program changes.
<input type="checkbox"/>	5. Project has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input type="checkbox"/>	6. Agency supplies transportation to clients to attend mainstream benefit appointments, employment training, or jobs.
<input type="checkbox"/>	7. Project staff systematically follow-up to ensure that mainstream benefits are received.
<input type="checkbox"/>	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:	
<input type="checkbox"/>	1. Agency has individuals representing BIPOC in managerial and leadership positions
<input type="checkbox"/>	2. Agency has individuals representing LGBTQ+ in managerial and leadership positions
<input type="checkbox"/>	3. Agency board of directors includes representation from more than one person with lived experience
<input type="checkbox"/>	4. Agency has relational process for receiving and incorporating feedback from persons with lived experience
<input type="checkbox"/>	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
<input type="checkbox"/>	6. Agency has provided at least one staff training since 1/1/21 on enhancing equity for BIPOC and/or LGBTQ+
Program participant outcomes	
<input type="checkbox"/>	7. Agency has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age
<input type="checkbox"/>	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
<input type="checkbox"/>	9. Agency has identified programmatic changes needed to make program participant outcomes more equitable for LGBTQ+ and developed a plan to make those changes
<input type="checkbox"/>	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 2023 CoC NOFO*. They were developed by the H4HP for use by the H4HP Board in rating and ranking new and renewal proposals for CoC and YHDP 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 CoC bonus or DV 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 –

(a) Renewal projects of the following types:

9 points for:

- 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

1 point for:

Renewal PSH projects serving CH or DedicatedPLUS populations that specifically identify immigrants and/or persons with justice system involvement as an allowable client subpopulation

10 points for:

- c. RRH for homeless individuals or families, including unaccompanied youth
- d. Joint TH and RRH projects
- e. CE projects
- f. HMIS projects
- g. YHDP 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:

9 points for:

- a. PSH with rental assistance serving 100% chronically homeless persons with emphasis on the longest histories of homelessness and most severe needs
- b. PSH with rental assistance serving 100% DedicatedPLUS project type with emphasis on the longest histories of homelessness and most severe needs

1 point for:

New PSH projects serving CH or DedicatedPLUS populations that specifically identify immigrants and/or persons with justice system involvement as an allowable client subpopulation

10 points for:

- 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
- f. YHDP replacement projects.

10 points for:

- (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 not 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 not 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, Youth, or DV Population(s) (10 points possible)

All 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%.

Or

c. 10 points for all YHDP renewal and replacement projects which serve 100% clients who are youth experiencing homelessness under HUD's definition.

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.

YHDP renewal and replacement projects will receive 16 points if they completely answer the YHDP renewal or replacement questions as appropriate.

3A. For CoC Renewal Housing Projects Only: Please provide the performance metric information requested from HMIS-generated data for the year from *July 1, 2022, to June 30, 2023* (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.*

3B. For YHDP Renewal Projects Only: Please briefly describe:

3B1. The project you are operating;

3B2. The needs identified in the Santa Cruz County YHDP Coordinated Community Plan that this project was designed to meet;

3B3. The project's current level of success in meeting the needs identified in the Santa Cruz County YHDP Coordinated Community Plan;

3B4. The *qualitative* outcomes of the project;

3B5. The best practices (e.g., positive youth development) used by the project

3B6. Any challenges faced in maintaining the project.

3A. For New CoC 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.

3C. For YHDP Replacement Projects Only: Please briefly identify:

3C1. A brief description of the scope of the project and how it differs from the previous YHDP project

3C2. The NOFO exceptions the YHDP replacement project is requesting (e.g., housing change from RRH model to host homes)

3C3. The reason why the YHDP project is being replaced with a YHDP Replacement project

3C4. The waivers/special activities, if any, you plan to include in the replacement project

3C5. Best practices to be implemented (e.g., positive youth development or trauma-informed care)

3C6. Numerical client outcomes to be achieved

3C7. How the project will meet the goals established in our YHDP Coordinated Community Plan.

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 1/1/22 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 point – 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, CES, and YHDP SSO projects will automatically get 4 points (renewals) or 8 points (new or YHDP replacement).

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 point – 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 (7/1/22-present): (1) the program a. had a CoC risk assessment, b. agency answered “no” to any risk indicator, and c. agency has not identified any actions taken to correct risk issue(s) identified, (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)

- 3 points deduction – no action taken to correct risk issue(s)
- 4 points deduction – unresolved findings
- 3 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 7/1/22 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 July 1, 2022, 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 point possible
 - a. 0 point: Has data in HMIS for less than 100% of agency housing programs listed in the 2023 homeless housing inventory (HIC)
 - b. 1 point: Has data in HMIS for all (100%) of housing programs listed in the 2023 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 FORMS FOR ONE
PROJECT**

Santa Cruz County 2023 CoC Renewal Project Scoring Tool

Reviewer: Tony Gardner Check that not conflicted per CoC policy ☒

Agency/Project: County HSA - MATCH PSH

No.	Scoring Criteria	Points Possible	Points
1	<p>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: 9 points for: 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 1 point for: Renewal PSH projects serving CH or DedicatedPLUS populations that specifically identify immigrants and/or persons with justice system involvement as an allowable client subpopulation 10 points for: c. RRH for homeless individuals or families, including unaccompanied youth d. Joint TH and RRH projects e. CE projects f. HMIS projects g. YHDP 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.</p>	<p>10 POINTS POSSIBLE 9 points: • PSH – 100% CH • PSH – 100% Ded.+ 1 point: • PSH immigrants or justice involved allowable <u>YES</u> 10 points: • RRH • TH-RRH • CE • HMIS • YHDP 5 points: • PSH – <100% CH or Ded.+ 0 points: • All other projects</p>	10
2	<p>Priority Population Served - Addresses Chronic Homeless, Youth, or DV Population(s) Projects will receive points based on the percentage of clients served in the application who are experiencing chronic homelessness, are youth experiencing homelessness, or are survivors or domestic violence.</p>	<p>10 POINTS POSSIBLE CH population: • 10 points – 100% CH • 7.5 points – 70-99% • 5 points – 50-69% • 2.5 points – 25-49% • 1 point – 1-24% • 0 points – 0%. OR</p>	10

		DV population: <ul style="list-style-type: none"> • 10 points – 100% DV dedicated • 0 points – <100%. OR YHDP projects: <ul style="list-style-type: none"> • 10 points (CES & HMIS projects will receive 10 points) 	
3	PERFORMANCE MEASURES	20 POINTS POSSIBLE CES, HMIS, and first-year projects without a full year of HMIS data will receive 15 points). YHDP renewal projects will receive 16 points if they completely answer the YHDP.	8.5
3A	CoC RENEWAL HOUSING PROJECTS ONLY:	20 POINTS POSSIBLE	
3A 1	Housing Stability: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 7 points – 90% or more • 3½ points – 80%-89% • 0 points – <80% <i>only 1 b/b</i>	0
3A 2	Income: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 2½ points – 75% or more • 1½ points – 65%-74% • 0 points – <65% Employment Income <ul style="list-style-type: none"> • 2½ points – 25% or more • 1½ points – 15%-24% • 0 points – <15% 	2½
3A 3	Non-Cash Mainstream Benefits: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 2 points – 50% or more • 1 point – 40%-49% • 0 points – <40% 	2
3A	Program Occupancy (bed utilization):	2 Points Available	

Not goal

Not
Good

4	<ul style="list-style-type: none"> 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 <i>85%</i> 	<ul style="list-style-type: none"> 2 points – 90% or more 1 point – 80%-89% 0 points – <80% 	1
3A 5	<p>Returns to Homelessness:</p> <ul style="list-style-type: none"> 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% <i>28.5%</i> 	<p>2 Points Available</p> <ul style="list-style-type: none"> 2 points – 20% or less 1 point – 21%-30% 0 points – >30% 	1
3A 6	<p>Length of Stay:</p> <ul style="list-style-type: none"> 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> the annual average LOS in TH or RRH for leavers? – lower LOS average than previous APR year <p><i>2023 - 1,319 avg. 2022 - 1,222 avg.</i></p>	<p>2 Points Available</p> <p>PSH:</p> <ul style="list-style-type: none"> 2 points – higher LOS than previous year 0 points – lower LOS than previous year <p>TH & RRH:</p> <ul style="list-style-type: none"> 2 points – lower LOS than previous year 0 points – higher LOS than previous year 	2
3A 7	<p>Victim Service Providers only - Safety:</p> <ul style="list-style-type: none"> 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	/
3B	YHDP RENEWAL PROJECTS ONLY:	16 POINTS POSSIBLE	
	<p>The application complete answers to the following questions: Please briefly describe:</p> <ol style="list-style-type: none"> The project you are operating. The needs identified in the Santa Cruz County YHDP Coordinated Community Plan that this project was designed to meet. The project's current level of success in meeting the needs identified in the Santa Cruz County YHDP Coordinated Community Plan. The <i>qualitative</i> outcomes of the project. The best practices (e.g., positive youth development) used by the project. Any challenges faced in maintaining the project. 	<p>16 Points Available</p> <p>Completely answered:</p> <ul style="list-style-type: none"> 16 points 	N/A
4	PROGRAM EFFECTIVENESS	20 POINTS POSSIBLE (CES & HMIS projects will receive 15 points)	20
4A	<p>Coordinated Entry Participation:</p> <p>The minimum percentage of new clients since 1/1/22 who came</p>	<p>10 Points Available</p> <ul style="list-style-type: none"> 10 points – 95% - 100% 	10

	from Smart Path CES referral.	from CES referral <ul style="list-style-type: none"> • 8 points – 90% - 94% • 6 points – 85% - 89% • 4 points – 80% - 84% • 2 points – 75% - 79% • 1 point – 70% - 74% • 0 points – below 70%. 	
4B	<p>Housing First Fidelity Assessment:</p> <p>Serving People with the Highest Barriers to Housing:</p> <p>To what extent does your project embrace the following Housing First approaches?</p> <ol style="list-style-type: none"> 1. Does the project prioritize client selection based on duration of homelessness and vulnerability? <i>1</i> 2. Does the project accept all clients regardless of substance use history, or current use? <i>1</i> 3. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness? <i>1</i> 4. Does the project accept clients regardless of criminal history? <i>1</i> 5. Does the project accept clients regardless of income or financial resources? <i>1</i> 6. Does the project use a harm-reduction model for drugs and/or alcohol use? <i>1</i> <p>Removing Barriers to Housing:</p> <p>To what extent does your project eliminate the following barriers to housing?</p> <ol style="list-style-type: none"> 1. No minimum income <i>1/2</i> 2. No required current employment <i>1/2</i> 3. No required state issued photo id <i>1/2</i> 4. Need not show sobriety (drugs or alcohol) <i>1/2</i> 5. OK to have symptoms of mental illness <i>1/2</i> 6. Need not have transportation <i>1/2</i> 7. No required specific disabling condition (e.g., MH, SA, HIV/AIDS) <i>1/2</i> 8. Need not show use medication. <i>1/2</i> 	<p>10 Points Available</p> <p>Housing First approaches:</p> <ul style="list-style-type: none"> • 1 point "yes" response • 0 points "no" response <p>Removing housing barriers:</p> <ul style="list-style-type: none"> • 1/2 point per "yes" response <i>All</i> • 0 points per "no" response 	<i>10</i>
5	FINANCIAL AND COST EFFECTIVENESS	10 POINTS POSSIBLE	<i>5</i>
5A	<p>Housing vs. Service Funding: The percentage of <i>program</i> 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).</p> <p><i>100% in housing operation</i></p>	<p>5 Available</p> <ul style="list-style-type: none"> • 5 points renewal – 90% - 100% housing activities • 4 points renewal – 80% - 89% • 3 points renewal – 70% - 79% 	<i>5</i>

Big
problem

		<ul style="list-style-type: none"> • 2 points renewal – 60% - 69% • 1 point renewal – 50% - 99% • 0 points – below 50%. (CES, HMIS, and YHDP SSO projects will receive 4 points) 	
5B	Drawdown completeness: The percentage of overall HUD grant drawn down in the most recent completed program year recorded in the most recent APR. <i>only 7100 spent</i>	5 Points Available <ul style="list-style-type: none"> • 5 points – 100% of budgeted funds successfully drawn • 4 points – 98% - 99% • 3 points – 96% - 97% • 2 points – 94% - 95% • 1 point – 92% - 93% • 0 points – below 92%. 	0
6	AGENCY EXPERIENCE/CAPACITY	10 POINTS POSSIBLE	10
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 <ul style="list-style-type: none"> • 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 (7/1/22-present): (1) the program a. had a CoC risk assessment, b. agency answered “no” to any risk indicator, and c. agency has not identified any actions taken to correct risk issue(s) identified, (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 <ul style="list-style-type: none"> • 3 points deduction – no action risk issues • 4 points deduction – unresolved findings • 3 points deduction – late APR 	No deduction
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; <i>Employment Income</i> ; Welfare to Work Grant Programs and Veterans Health Care. <i>8 strategies used</i>	7 POINTS POSSIBLE <ul style="list-style-type: none"> • 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	10 POINTS POSSIBLE <ul style="list-style-type: none"> • 1 point per “yes” 	10

	<p>it has implemented OR commits to implement within one year: Agency leadership, governance, and policies:</p> <ol style="list-style-type: none"> 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+. ✓ <p>Program participant outcomes:</p> <ol style="list-style-type: none"> 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. ✓ 	<p>response</p> <ul style="list-style-type: none"> • 0 points "no" response <p>10 yes responses</p>	
9	<p>Community Collaboration and Participation (3 points possible)</p> <p>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 2023 Housing Inventory Chart (HIC)?</p> <p><i>Sub-scores will be determined by H4HP staff based upon appropriate H4HP and documentation for the period from July 1, 2022, to the present time.</i></p> <p><i>Attends all meetings</i> <i>100% HMIS for MATCH</i></p>	<p>3 POINTS POSSIBLE</p> <p>H4HP meeting participation:</p> <ul style="list-style-type: none"> • 2 points: Agency attends 75% to 100% • 1 point: Agency attends 51% to 74% • 0 points: Agency attends 0% to 50% <p>HMIS participation:</p> <ul style="list-style-type: none"> • 1 point: Has data for 100% HIC • 0 points: Has data for less than 100% HIC 	3
	TOTAL	100 POINTS POSSIBLE	83.5

H4H 2023 CoC RENEWAL APPLICATION (10-Point Font, New Times Roman only) **100 points possible**

a. Applicant Organization Name & Mission (25 words maximum): The mission of the Santa Cruz Homeless Persons' Health Project (HHPH) is to eliminate homelessness by ensuring accessible, comprehensive health care and secure housing for everyone.

b. Project Name and Service Site Address: MATCH – 115 A Coral Street, Santa Cruz, CA 95060

c. Brief Project Description, Including Housing and Services, Population Served, Clients Needs, Service Approach, Service Partnerships, Innovations, and Outcomes and Success The MATCH program provides PSH for 42 persons (in 41 units) who are CH and have a long-term substance use issues often accompanied by multiple co-occurring health and mental health conditions. For MATCH, HHPH contracts with Front St. Housing, Inc. (FHI), a nonprofit agency that provides property management services including housing search, master leasing, and monthly rent collections and payments to contracted landlords. HHPH and FHI, have successfully collaborated on MATCH since its inception in 2006. All residents are linked to a service team and an individual case manager who provide services tailored to each person's needs. Services may include health and behavioral health (mental health and substance use disorder services), dental care, benefits advocacy, case management, employment assistance, transportation, money management, and assistance with food and other necessities. While there is no requirement to accept services, at a minimum participant must meet and communicate regularly with their service coordinator and have a means of obtaining and responding to messages. HHPH has an after-hours housing on-call for residents, landlords and property managers. MATCH uses a housing first, harm reduction model; participants do not need to be clean and sober. However, service coordinators do encourage and support efforts to reduce substance use and coordinate access to treatment and sobriety support for many participants.

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	40
2. Total of disabled persons	40
b. Homeless Families	
1. Total of families	36
2. Total adults	3
3. Total children (under 18)	3
c. Total Homeless (a.1+b.2+b.3)	46

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	80%
c. Chronic Substance Abusers	80%
d. Veterans	0%
e. Persons with HIV/AIDS	0%
f. Victims of Domestic Violence	20%
g. Unaccompanied Youth (Under 18 years of age)	0%
h. Immigrant	0%
i. Justice involved	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. Case Management	Weekly	5. MediCal & SS Benefits	As needed
2. Health Care	As needed	6 Dental Care	As needed
3. Substance & Mental Health Svcs	As needed	7. Food and Transportation	As needed
4. Housing Support	Weekly	8. Money Management	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	794,783		
2. Rental Assistance (from chart below)			
3. Supportive Services	61,115		
4. Operations	38,090		
5. HMIS			

5. HMIS			
6. Admin (HUD Approved Amount)	51,327	38,869	

b. Rental Assistance 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 that specifically identify immigrants and/or persons with justice system involvement as an allowable client subpopulation*, 10 pts

☐ PSH serving 100% CH or DedicatedPLUS with longest histories of homelessness and most severe barriers, 9 pts

☐ RRH, 10 pts ☐ joint TH-RRH, 10 pts ☐ Coordinated Entry, 10 pts ☐ HMIS, 10 pts ☐ All YHDP projects, 10 pts ☐ PSH not serving 100% CH or Dedicated PLUS with longest histories of homelessness and most severe barriers, 5 pts ☐ Other projects, 0 pts

2. Priority Population Served Addresses Chronic Homeless, Youth, or DV Population(s) (check only 1) (N/A for CES or HMIS) (10 points possible)

Please respond to either the chronic homeless, youth homeless, 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

OR

YHDP renewal & replacement projects, which serve 100% clients who are youth experiencing homelessness as defined by HUD.

☐ 100%, 10 pts

3. Performance Measures – Based HMIS (or Comparable Database for Victim Service Providers) or YHDP Accomplishments (20 points possible) (N/A for HMIS, CES, or first year projects without one year of data)

3A. CoC Housing Renewals only - 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 7/1/22 – 6/30/23.

3A1. Housing Stability:

For PSH project only, what percentage of your leavers and stayers remained in permanent housing for at least 7 months? 71__%

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? 85__%

For all projects, what percentage of ADULT program leavers and stayers combined had earned income? 8.7__%

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? 63.4__%

3A4. Program Occupancy (bed utilization):

For all projects, what was the average bed utilization rate for the operating year? 85__%

3A5. Returns to Homelessness:

For all projects, what percentage of program leavers exited to non-permanent housing destinations? 28.5__%

3A6. Length of Stay (LOS):

For PSH only, what was the average length of stay in the permanent housing days for leavers?
 days

1,319 Ave. #

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?
 Was this figure lower than the previous program year?

____ Ave. # days

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:

3B. YHDP Renewal Projects Only: Please briefly describe:

3B1. The project you are operating

3B2. The needs identified in the Santa Cruz County YHDP Coordinated Community Plan that this project was designed to meet

3B3. The project's level of success in meeting the needs identified in the Santa Cruz County YHDP Coordinated Community Plan

3B4. The *qualitative* outcomes of the project

3B5. The best practices (e.g., positive youth development) used by the project

3B6. Any challenges faced in maintaining the project

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 CES referral.

<input checked="" type="checkbox"/> 95-100%, 10 pts	<input type="checkbox"/> 90-94%, 8 pts	<input type="checkbox"/> 85-89%, 6 pts	<input type="checkbox"/> 80-84%, 4 pts	<input type="checkbox"/> 75-79%, 2 pts	<input type="checkbox"/> 70-74%, 1 pt	<input type="checkbox"/> <70% 0 pts
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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:

- Does the project prioritize client selection based on duration of homelessness and vulnerability?
☒ Yes ☐ No
- Does the project accept all clients regardless of substance use history, or current use?
☒ Yes ☐ No
- Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?
☒ Yes ☐ No
- Does the project accept clients regardless of criminal history?
☒ Yes ☐ No
- Does the project accept clients regardless of income or financial resources?
☒ Yes ☐ No
- 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:

- 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): 2 # Yes

5. Financial and Cost Effectiveness (10 points possible)

5.A Housing vs. Service Funding (N/A for HMIS, CES, or YHDP SSO projects):

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).

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)
\$ 907225 Leasing		
\$ Rental Assistance		
\$38090 Housing Operations		
\$945315 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)
\$ 1,028,918	\$735,024.21	\$ 293,893.79	%71.4 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 July 1, 2022 to the present date:

1. Are all of the following true? a. Agency had a CoC risk assessment, b. agency answered "no" to any risk indicator, and c. agency **has not identified** any actions taken to correct risk issue(s) identified? ☐ Yes ☒ No
If 'yes,' briefly describe the actions your agency has taken to correct risk issue(s) identified:

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

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): 2 # Yes

5. Financial and Cost Effectiveness (10 points possible)

5.A Housing vs. Service Funding (N/A for HMIS, CES, or YHDP SSO projects):

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).

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)
\$ <input type="text"/> Leasing	893,988	
\$ <input type="text"/> Rental Assistance		
\$ <input type="text"/> Housing Operations	51,327	
\$ <input type="text"/> TOTAL Housing Funds	\$945,315TOTAL Housing +Service Funds	<input type="text"/> % 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)
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	% 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 July 1, 2022 to the present date:

1. Are all of the following true? a. Agency had a CoC risk assessment, b. agency answered “no” to any risk indicator, and c. agency **has not identified** any actions taken to correct risk issue(s) identified? ☐ Yes ☒ No
If ‘yes,’ briefly describe the actions your agency has taken to correct risk issue(s) identified:

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.

<input checked="" type="checkbox"/>	1. Project case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	2. Agency systematically analyzes its projects' APR and other data to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	3. Agency leadership meets at least three times a year to discuss and improve clients' participation in mainstream programs.
<input checked="" type="checkbox"/>	4. Project staff are trained at least once per year on how to identify eligibility and mainstream program changes.
<input checked="" type="checkbox"/>	5. Project has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	6. Agency supplies transportation to clients to attend mainstream benefit appointments, employment training, or jobs.
<input checked="" type="checkbox"/>	7. Project staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	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:
<input checked="" type="checkbox"/>	1. Agency has individuals representing BIPOC in managerial and leadership positions
<input checked="" type="checkbox"/>	2. Agency has individuals representing LGBTQ+ in managerial and leadership positions
<input checked="" type="checkbox"/>	3. Agency board of directors includes representation from more than one person with lived experience
<input checked="" type="checkbox"/>	4. Agency has relational process for receiving and incorporating feedback from persons with lived experience
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	6. Agency has provided at least one staff training since 1/1/21 on enhancing equity for BIPOC and/or LGBTQ+
	Program participant outcomes
<input checked="" type="checkbox"/>	7. Agency has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	9. Agency has identified programmatic changes needed to make program participant outcomes more equitable for LGBTQ+ and developed a plan to make those changes
<input checked="" type="checkbox"/>	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) – CoC Housing Renewals Only, for the year from July 1, 2022 to June 30, 2023.

Please answer the following using and HMIS (or DV comparable database) APR generated for the year from **July 1, 2022 to June 30, 2023**. 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): 46 Participants
- b. Enter total numbers of leavers and stayers combined who stayed 181 days or longer (APR Q22a1, Total column, rows 5 – 10): 41 > 181 Days
- c. **Percentage participants stayed 7 mos. (b/a x 100= %):** 89 %

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): 41 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): 29 Had Income
- c. **Percentage adults with income (b/a x 100= %):** 71 %

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)

41 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):

3 Had Earned Income

- c. Percentage adult's participants with earned income (b/a x 100= %): 7.3 %

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):

41 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):

33 1 or more Non-Cash Benefit

- c. Percentage participants one or more non-cash (b/a x 100= %): 80.5 %

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]:

85.36 %

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):

7 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):

3 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= %): 43 %

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 (Leaver's column, *Average Length* row):

Average length of stay: 1,319 days

- 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 (Leaver's 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 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 2023 CoC NOFO*. They were developed by the H4HP for use by the H4HP Board in rating and ranking new and renewal proposals for CoC and YHDP 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 CoC bonus or DV 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 –

(a) Renewal projects of the following types:

9 points for:

- 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

1 point for:

Renewal PSH projects serving CH or DedicatedPLUS populations that specifically identify immigrants and/or persons with justice system involvement as an allowable client subpopulation

10 points for:

- c. RRH for homeless individuals or families, including unaccompanied youth
- d. Joint TH and RRH projects
- e. CE projects
- f. HMIS projects
- g. YHDP 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:

9 points for:

- a. PSH with rental assistance serving 100% chronically homeless persons with emphasis on the longest histories of homelessness and most severe needs
- b. PSH with rental assistance serving 100% DedicatedPLUS project type with emphasis on the longest histories of homelessness and most severe needs

1 point for:

New PSH projects serving CH or DedicatedPLUS populations that specifically identify immigrants and/or persons with justice system involvement as an allowable client subpopulation

10 points for:

- 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
- f. YHDP replacement projects.

10 points for:

- (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 not 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 not 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, Youth, or DV Population(s) (10 points possible)

All 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%.

Or

c. 10 points for all YHDP renewal and replacement projects which serve 100% clients who are youth experiencing homelessness under HUD's definition.

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.

YHDP renewal and replacement projects will receive 16 points if they completely answer the YHDP renewal or replacement questions as appropriate.

3A. For CoC Renewal Housing Projects Only: Please provide the performance metric information requested from HMIS-generated data for the year from *July 1, 2022, to June 30, 2023* (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.*

3B. For YHDP Renewal Projects Only: Please briefly describe:

3B1. The project you are operating;

3B2. The needs identified in the Santa Cruz County YHDP Coordinated Community Plan that this project was designed to meet;

3B3. The project's current level of success in meeting the needs identified in the Santa Cruz County YHDP Coordinated Community Plan;

3B4. The *qualitative* outcomes of the project;

3B5. The best practices (e.g., positive youth development) used by the project

3B6. Any challenges faced in maintaining the project.

3A. For New CoC 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.

3C. For YHDP Replacement Projects Only: Please briefly identify:

3C1. A brief description of the scope of the project and how it differs from the previous YHDP project

3C2. The NOFO exceptions the YHDP replacement project is requesting (e.g., housing change from RRH model to host homes)

3C3. The reason why the YHDP project is being replaced with a YHDP Replacement project

3C4. The waivers/special activities, if any, you plan to include in the replacement project

3C5. Best practices to be implemented (e.g., positive youth development or trauma-informed care)

3C6. Numerical client outcomes to be achieved

3C7. How the project will meet the goals established in our YHDP Coordinated Community Plan.

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 1/1/22 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 point – 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, CES, and YHDP SSO projects will automatically get 4 points (renewals) or 8 points (new or YHDP replacement).

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 point – 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 (7/1/22-present): (1) the program a. had a CoC risk assessment, b. agency answered “no” to any risk indicator, and c. agency has not identified any actions taken to correct risk issue(s) identified, (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)

- 3 points deduction – no action taken to correct risk issue(s)
- 4 points deduction – unresolved findings
- 3 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 7/1/22 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 July 1, 2022, 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 point possible
 - a. 0 point: Has data in HMIS for less than 100% of agency housing programs listed in the 2023 homeless housing inventory (HIC)
 - b. 1 point: Has data in HMIS for all (100%) of housing programs listed in the 2023 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-5b LOCAL COMPETITION SELECTION RESULTS

CoC-Approved 2023 Santa Cruz County CoC Project Ranking									
Rank	Applicant Name	Project Name	New or Renewal	Project Component	Total HUD Budget	Running Total	Reallocations: Reduced, Eliminated & Amount	Tier	Aggregate Score
Tier 1 - \$5,038,920 - Approved									
1	Monarch Services	Monarch DV Bonus	Renewal	PH	\$105,567	\$105,567.00	No	1	93
2	Families In Transition of Santa Cruz County, Inc.	Y.A.A.S. (Young Adults Achieving Success)	Renewal YHDP	PH	\$263,387	\$368,954.00	No	1	92
3	Housing Matters	801 River Street	Renewal	PH	\$222,875	\$591,829.00	No	1	90
4	Families In Transition of Santa Cruz County, Inc.	First Step-Scattered Site Housing for Families with Children	Renewal - Transitional	Joint TH & PH-RRH	\$560,228	\$1,152,057.00	No	1	88.5
5	Covenant House	YHDP New Roots RRH	Renewal YHDP	PH	\$197,505	\$1,349,562.00	No	1	87
6	Covenant House	Youth Rapid Rehousing	Renewal YHDP	PH	\$230,531	\$1,580,093.00	No	1	87
7	Bill Wilson Center	Santa Cruz County Shared Housing	Renewal YHDP	TH	\$137,767	\$1,717,860.00	No	1	87
8	Community Action Board of Santa Cruz County, Inc.	YHDP - Youth Homeless Response Team (YHRT)	Renewal YHDP	SSO	\$99,175	\$1,817,035.00	No	1	86
9	Walnut Avenue Family & Women's Center	Walnut Avenue Housing & Employment Program	Renewal	PH	\$530,372	\$2,347,407.00	No	1	85
10	Santa Cruz County HS A	MATCH	Renewal	PH	\$945,315	\$3,292,722.00	No	1	83.5
11	Housing Authority of the County of Santa Cruz	Shelter+Care Consolidate	Renewal	PH	\$1,342,434	\$4,635,156.00	No	1	80.5
12	Santa Cruz County HSD	County of Santa Cruz Homeless Management Information System	Renewal	HMIS	\$66,782	\$4,701,938.00	Reduced \$24,917	1	84
13	Santa Cruz County HSD	Coordinated Entry Expansion	Renewal	SSO	\$228,362	\$4,930,300.00	No	1	82
14	Santa Cruz County HSD	Youth CES	Renewal YHDP	SSO	\$60,000	\$4,990,300.00	No	1	80
15	Encompass Community Services	Drop-In Center	Renewal YHDP	SSO	\$48,620	\$5,038,920.00		1	80
Tier 2 - \$758,548 - Approved									
15	Encompass Community Services	Drop-In Center	Renewal YHDP	SSO	\$223,283	\$5,262,203.00	Reduced \$25,000	2	80
16	Housing Matters	180 Together	New - CoC Bonus & Realloc	PH	\$300,000	\$5,562,203.00	N/A	2	100
17	Siena House	Housing & Family Stabilization Project	New - CoC Bonus & Realloc	PH	\$110,265	\$5,672,468.00	N/A	2	90
18	Front Street Inc.	Freedom Cottages	New - CoC Bonus & Realloc	PH	\$80,000	\$5,752,468.00	N/A	2	92.5
19	Front Street Inc.	Anderson Housing	New - CoC Bonus & Realloc	PH	\$45,000	\$5,797,468.00	N/A	2	87
DV Bonus - \$106,566 - Approved									
20	Siena House	DV Focus Housing & Family Stabilization Project	New - DV Bonus	PH	\$104,962	\$5,902,430.00	N/A	Approve	90
Renewals That Chose Not to Apply This Year - \$273,782 - Reallocated in Whole									
N/A	Encompass Community Services	Freedom Cottages	Renewal	PH	N/A	N/A	Eliminated \$15,545	N/A	N/A
N/A	Encompass Community Services	Housing for Health 3	Renewal	PH	N/A	N/A	Eliminated \$90,429	N/A	N/A
Competitive New Project - \$273,782 - Declined									
N/A	Bill Wilson Center	RRH Youth	New - CoC Bonus & Realloc	PH	\$273,782	\$6,176,212.00	N/A	Decline	88.5
Non-Competitive Planning - \$270,910 - Approved									
N/A	Santa Cruz County HSD	2023 CoC Planning Grant	New - Non-Competitive	Planning	\$270,910	\$6,447,122.00	N/A	Approve	N/A

\$5,038,920 Tier 1 Line
\$5,797,468 Tier 2 Line

Total Funding Requested: \$6,447,122
Total Reallocations: \$155,891.00

1E-5 NOTIFICATION OF PROJECTS RE- JECTED - REDUCED

Encompass Community Services

From: Robert Ratner (robert.ratner@santacruzcountyca.gov)
To: kristie.brenda@encompasscs.org; johanna.molnar@encompasscs.org
Cc: tonygardnerconsulting@yahoo.com; sheryl.norteye@santacruzcountyca.gov
Date: Wednesday, September 13, 2023 at 03:40 PM PDT

September 13, 2023

Re: ECS – Notification of 2023 CoC Project Priority Listing

Dear Encompass Community Services:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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) Drop-In Center renewal project** was approved for funding straddling Tier 1 and Tier 2. In addition, your decision not to apply for renewal of the **Freedom Cottages PSH** and **Housing for Health 3 PSH** projects was acknowledged, and the corresponding funds reallocated to new project applications.

Because of Tier 2 portion of funding, 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 Friday, September 15, 2023.**
- **Appeals will be considered by the Appeal Panel by Friday, September 22, 2023.**

Please let us know if you have any questions.

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

Sincerely,

Robert Ratner, MPH, MD
County of Santa Cruz
Director, Housing for Health Division, Human Services Department
(831) 454-4925; robert.ratner@santacruzcountyca.gov

Cc: Tony Gardner

Attachments



Encompass Community Services - 2023 CoC Notification Letter.pdf
213.6kB



2023 CoC Project Rank Order.pdf
50.2kB



H4H Appeals Policy.pdf
1.3MB

September 13, 2023

Re: ECS – Notification of 2023 CoC Project Priority Listing

Dear **Encompass Community Services**:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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) Drop-In Center renewal project** was approved for funding straddling Tier 1 and Tier 2. In addition, your decision not to apply for renewal of the **Freedom Cottages PSH** and **Housing for Health 3 PSH** projects was acknowledged, and the corresponding funds reallocated to new project applications.

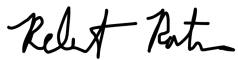
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- **Please note that if you intend to appeal you must submit your appeal to housingforhealth@santacruzcounty.us and tonygardnerconsulting@yahoo.com no later than NOON on Friday, September 15, 2023.**
- **Appeals will be considered by the Appeal Panel by Friday, September 22, 2023.**

Please let us know if you have any questions.

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

Sincerely,



Robert Ratner
Housing for Health Division Director
County of Santa Cruz Human Services Department

Cc: Tony Gardner

Attachments

Bill Wilson Center - 2023 CoC Notification Letter

From: Robert Ratner (robert.ratner@santacruzcountyca.gov)

To: pfurlong@bwcmail.org; sraghupathy@bwcmail.org; jdolezal@bwcmail.org; danielgutierrez@bwcmail.org; lfoster@bwcmail.org; varno@bwcmail.org

Cc: tonygardnerconsulting@yahoo.com; sheryl.norteye@santacruzcountyca.gov

Date: Wednesday, September 13, 2023 at 03:36 PM PDT

September 13, 2023

Re: Bill Wilson Center – Notification of 2023 CoC Project Priority Listing

Dear Bill Wilson Center:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 funding in Tier 1, and your **Youth Rapid Rehousing (RRH) new project** was not approved for CoC funding and therefore not ranked. 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.

Because your Youth RRH new 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 Friday, September 15, 2023.**
- **Appeals will be considered by the Appeal Panel by Friday, September 22, 2023.**

Please let us know if you have any questions.

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

Sincerely,

Robert Ratner, MPH, MD
County of Santa Cruz
Director, Housing for Health Division, Human Services Department
(831) 454-4925; robert.ratner@santacruzcountyca.gov

Cc: Tony Gardner
Attachments



Bill Wilson Center - 2023 CoC Notification Letter.pdf
147.6kB



2023 CoC Project Rank Order.pdf
50.2kB



H4H Appeals Policy.pdf
1.3MB

September 13, 2023

Re: Bill Wilson Center – Notification of 2023 CoC Project Priority Listing

Dear Bill Wilson Center:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 funding in Tier 1, and your **Youth Rapid Rehousing (RRH) new project** was not approved for CoC funding and therefore not ranked. 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.

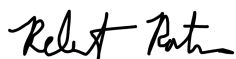
Because your Youth RRH new project was not approved, you are eligible to appeal. The appeals process and grounds for appeal are included in the CoC Appeals Policy attached.

- **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 Friday, September 15, 2023.**
- **Appeals will be considered by the Appeal Panel by Friday, September 22, 2023.**

Please let us know if you have any questions.

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

Sincerely,



Robert Ratner
Housing for Health Division Director
County of Santa Cruz Human Services Department

Cc: Tony Gardner
Attachments

County of Santa Cruz Health Services Agency - 2023 CoC Notification Letter

From: Robert Ratner (robert.ratner@santacruzcountyca.gov)

To: david.davis@santacruzcountyca.gov; joseph.crottogini@santacruzcountyca.gov

Cc: tonygardnerconsulting@yahoo.com; sheryl.norteye@santacruzcountyca.gov

Date: Wednesday, September 13, 2023 at 03:44 PM PDT

September 13, 2023

Re: County HSA – Notification of 2023 CoC Project Priority Listing

Dear County HSA:

Thank you for participating in the 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) Rating and Ranking Committee-approved 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 approved for funding in Tier 1, but its overall budget was reduced by \$25,000 to \$920,315 (due to significant under spending the previous year), and the remainder was reallocated to other projects. We anticipate some or all your reduction may be recouped if increased FMRs result in increased leasing and operating sub-budgets.

Because of the reduced funding 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 Friday, September 15, 2023.**
- **Appeals will be considered by the Appeal Panel by Friday, September 22, 2023.**

Please let us know if you have any questions.

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

Sincerely,

Robert Ratner, MPH, MD
County of Santa Cruz
Director, Housing for Health Division, Human Services Department
(831) 454-4925; robert.ratner@santacruzcountyca.gov

Cc: Tony Gardner

Attachments



County of Santa Cruz Health Services Agency - 2023 CoC Notification Letter.pdf
215.2kB



2023 CoC Project Rank Order.pdf
50.2kB



H4H Appeals Policy.pdf
1.3MB

September 13, 2023

Re: County HSA – Notification of 2023 CoC Project Priority Listing

Dear County HSA:

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

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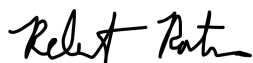
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Again, thank you very much for your participation in the CoC program competition, and for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,



Robert Ratner
Housing for Health Division Director
County of Santa Cruz Human Services Department

Cc: Tony Gardner

Attachments

2023 Santa Cruz County CoC Project Ranking								
Rank	Applicant Name	Project Name	New or Renewal	Project Component	Total HUD Budget	Running Total	Tier	Aggregate Score
Tier 1 - \$5,038,920 - Approved								
1	Monarch Services	Monarch DV Bonus	Renewal	PH	\$105,567	\$105,567.00	1	93
2	Families In Transition of Santa Cruz County, Inc.	Y.A.A.S. (Young Adults Achieving Success)	Renewal YHDP	PH	\$263,387	\$368,954.00	1	92
3	Housing Matters	801 River Street	Renewal	PH	\$222,875	\$591,829.00	1	90
4	Families In Transition of Santa Cruz County, Inc.	First Step-Scattered Site Housing for Families with Children	Renewal - Transitional	Joint TH & PH-RRH	\$560,228	\$1,152,057.00	1	88.5
5	Covenant House	YHDP New Roots RRH	Renewal YHDP	PH	\$197,505	\$1,349,562.00	1	87
6	Covenant House	Youth Rapid Rehousing	Renewal YHDP	PH	\$230,531	\$1,580,093.00	1	87
7	Bill Wilson Center	Santa Cruz County Shared Housing	Renewal YHDP	TH	\$137,767	\$1,717,860.00	1	87
8	Community Action Board of Santa Cruz County, Inc.	YHDP - Youth Homeless Response Team (YHRT)	Renewal YHDP	SSO	\$99,175	\$1,817,035.00	1	86
9	Walnut Avenue Family & Women's Center	Walnut Avenue Housing & Employment Program	Renewal	PH	\$530,372	\$2,347,407.00	1	85
10	Santa Cruz County HS A	MATCH	Renewal	PH	\$920,315	\$3,267,722.00	1	83.5
11	Housing Authority of the County of Santa Cruz	Shelter+Care Consolidate	Renewal	PH	\$1,342,434	\$4,610,156.00	1	80.5
12	Santa Cruz County HSD	County of Santa Cruz Homeless Management Information System	Renewal	HMIS	\$91,699	\$4,701,855.00	1	84
13	Santa Cruz County HSD	Coordinated Entry Expansion	Renewal	SSO	\$228,362	\$4,930,217.00	1	82
14	Santa Cruz County HSD	Youth CES	Renewal YHDP	SSO	\$60,000	\$4,990,217.00	1	80
15	Encompass Community Services	Drop-In Center	Renewal YHDP	SSO	\$48,703	\$5,038,920.00	1	80
Tier 2 - \$758,548 - Approved								
15	Encompass Community Services	Drop-In Center	Renewal YHDP	SSO	\$223,000	\$5,261,920.00	2	80
16	Housing Matters	180 Together	New - CoC Bonus & Realloc	PH	\$300,000	\$5,561,920.00	2	100
17	Siena House	Housing & Family Stabilization Project	New - CoC Bonus & Realloc	PH	\$110,548	\$5,672,468.00	2	90
18	Front Street Inc.	Freedom Cottages	New - CoC Bonus & Realloc	PH	\$80,000	\$5,752,468.00	2	92.5
19	Front Street Inc.	Anderson Housing	New - CoC Bonus & Realloc	PH	\$45,000	\$5,797,468.00	2	87
DV Bonus - \$106,566 - Approved								
20	Siena House	DV Focus Housing & Family Stabilization Project	New - DV Bonus	PH	\$106,566	\$5,904,034.00	Approve	90
Competitive New Project - \$273,782 - Declined								
N/A	Bill Wilson Center	RRH Youth	New - CoC Bonus & Realloc	PH	\$273,782	\$6,177,816.00	Decline	88.5
Non-Competitive Planning - \$270,910 - Approved								
N/A	Santa Cruz County HSD	2023 CoC Planning Grant	New - Non-Competitive		\$270,910	\$6,448,726.00	Approve	N/A

Total Funding Requested: \$6,448,726
 \$5,038,920 Tier 1 Line
 \$5,797,468 Tier 2 Line

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-5d NOTIFICATION OF CoC-APPROVED
CONSOLIDATED APPLICATION**

1D-2a HOUSING FIRST EVALUATION



April 5, 2023

Re: 2023 Project Evaluation Risk Assessment Results

Dear Families in Transition:

The Santa Cruz County Housing for Health (H4H) Division has established an annual process for evaluating Continuum of Care (CoC) and Youth Homelessness Demonstration (YHDP) projects. The process starts with risk assessments of all CoC and YHDP renewal projects (with the exception of projects that are new, have been transferred to a new agency, or have been discontinued). For each project, the assessor completes a nine-question risk assessment tool based upon a desk review of project documentation (e.g., annual performance reports [APRs], audits, spending reports, and HUD monitoring letters). Low risk projects (0-15% of responses are "no") do not receive further monitoring or evaluation, medium risk projects (16-40% of responses are "no") generally do not receive further monitoring and evaluation unless staff determine that additional review should occur, and high risk projects (41-100% of responses are "no") typically do receive further monitoring and evaluation subject to staff determination. A summary of the risk assessment process is attached.

We have conducted the attached risk assessment(s) of Families in Transition's (FIT) CoC/YHDP project(s). Following is a summary of the results:

1. Project: **First Step RRH**

Risk Level: Medium (22% "no")

Recommendation: No further monitoring or evaluation recommended

2. Project: **YAAS RRH**

Risk Level: Medium (22% "no")

Recommendation: No further monitoring or evaluation recommended.

Please use the attached completed risk assessment tools(s) to correct any risk issues. We are providing this information well ahead of the forthcoming local CoC funding competition. The local competition will include one or more questions asking you what steps have taken to correct identified risk issues.

Please let us know if you have any questions.

Thank you for your efforts on behalf of persons experiencing homelessness in Santa Cruz County.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Ratner".

Robert Ratner
Housing for Health Director

Cc: Tony Gardner

Attachments:

1. Overview of H4H risk assessment process
2. Completed risk assessment tool(s)

9. Families in Transition/First Step RRH

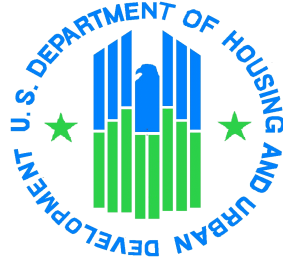
PROGRAM YEAR REVIEW: 12/1/21-11/30/22

ASSESSOR: Tony Gardner

DATE: 4/5/23

PURPOSE: The Risk Assessment process guides H4H in developing a monitoring process for the year. The answers to the questions provided below are the basis for developing an individual project monitoring strategy. This includes: identifying which agencies/projects will be monitored; establishing a monitoring schedule and timeframe; indicating a method of monitoring (on-site or desk); and describing the scope of monitoring (program, finance, both). This tool will be implemented each year prior to the opening of the CoC competition.

	Risk Indicator	Source	No	Yes	N/A	Reviewer Comments
1.	PERFORMANCE/REPORTING: The agency completed an accurate APR and submitted it in a timely manner? (Previous year)	APR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One day late
2.	FISCAL COMPLIANCE: The agency completed and submitted in a timely manner, an annual audit or A-133 (if applicable) with no major findings? (Previous year)	Annual audit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.	PERFORMANCE/REPORTING: The agency operates its project using Housing First Principles and Low Barrier approaches to engagement? (Previous year)	Local & E-snaps applications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.	PROGRAM: The agency has resolved all problems, findings and/or concerns identified by H4H or HUD? (Previous 2 years)	H4H or HUD findings letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.	PROGRAM: This agency has experienced a stable staffing pattern that ensures quality project continuity (Previous year)	Local & E-snaps applications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.	FISCAL: The agency submits timely quarterly financial drawdowns for payment? (Previous year)	Local & E-snaps applications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.	PROGRAM: This agency accepts 100% of new clients for its housing project through CES (Previous year)	Local & E-snaps applications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8.	DATA: This agency generally has good data quality as defined by the HMIS Policies and Procedures? (Previous year)	APR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Errors in the following: Social Security # (31%), Destination (39%), Income at Start (1%), Income Annual Assessment (100%), Income at Exit (14%), and timeliness problems
9.	FISCAL COMPLIANCE: This agency has expended 95% or more of its project award? (Previous 2 years)	APR & HUD Spending Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Total Questions			9			
Total "No" Responses			2			
Total "Yes" Responses			7			
Total "N/A" Responses			0			
Total "No" Percentage			22%			
Total "Yes" Percentage			78%			
Total "N/A" Percentage			0%			
Risk Level Based on "No" Percentage (Low, Medium, High)			Medium			
0% - 15%			Low		No monitoring this year	
16% - 40%			Medium		Possible monitoring this year - staff judgment	
41% - 100%			High		Monitoring this year - staff determination	



Housing First Standards Assessment Tool

Overview: This tool aims to assess and document how closely a housing and service provider adheres to the recommended best practice standards of the Housing First model, in the context of the broader work to implement a Housing First orientation at the system-level. This tool specifically evaluates project-level fidelity to Housing First, which directly impacts a system's fidelity to Housing First. In addition to the universal best practice standards identified in this tool, Continuums should also take into account their local community context and local written standards pertaining to Housing First when assessing projects. A Continuum of Care can use this tool to prompt discussion and to make recommendations for improvement to projects that identify themselves as meeting the Housing First requirements, and homeless service providers can use this tool as a self-

Provider Info tab: The Provider Information tab should be completed *prior* to beginning the assessment. Specifically, the ***Project Name, Project Type, Target Sub-Population served, and Date of Assessment*** fields need to be completed in order to populate the assessment standards and report summary with questions that are specific to the project type and population. Please complete this section prior to printing any standards for assessment.

Standards: The standards have been arranged into the following categories: *Access, Evaluation, Services, Housing, Leases, and Project-Specific*. The "Tab" chart at the bottom of this page describes each of the categories in more detail. Some of the categories are not applicable for all project types, and those standards do not need to be completed, (see "Project Type/Applicable standards" chart for the list of which standards need to be completed for each project type.) _

Project Type	Applicable Standards
Coordinated Entry	Access & Evaluation; Project-specific
Street Outreach	Access & Evaluation; Project-specific
Emergency Shelter	Access & Evaluation; Service & Housing; Project-specific
Transitional Housing	Access & Evaluation; Service & Housing; Leases; Project-specific
Rapid Rehousing	Access & Evaluation; Service & Housing; Leases; Project-specific
Permanent Supportive Housing	Access & Evaluation; Service & Housing; Leases; Project-specific

Safeguarding: Please keep in mind safeguarding concerns when assessing projects. In particular, we advise Continuums of Care to work with projects with victims of domestic violence to make sure that adequate safety and confidentiality policies and practices are in place before beginning assessments.

Scoring: For each standard, there are three scoring criteria: "Say It", "Document It", and "Do It" (as explained further below). To show that a project is in full compliance with each standard, the assessor should mark "Always" for each scoring criteria. Use the drop down in the three columns to the right to select "Always" or "Somewhat" or "Not at all". Once an answer is chosen, the Report Summary tab will automatically update to reflect the answers.

- "*Say It*" means that project and agency staff can describe verbally what they do concerning each standard. The assessor should be able to identify that the organizational culture supports the standard by how staff talks about what is done.
- "*Document It*" means that there is written documentation that supports the project's compliance with each standard. Written documentation could include Policies and Procedures, Personnel Handbooks, Professional Development Plans, Project Rules, etc.
- "*Do It*" means that the assessor was able to find evidence that supports the project's compliance with each standard. Evidence could include information contained in client or other administrative files, client acknowledgement that something is being done, staff can point to documentation that supports implementation of the standard, etc.

Assessor Notes: A cell below each individual standard allows the assessor to add optional notes about the information collected for that particular standard. The notes can include where information was found, what questions were asked, who answered the questions, what additional information is needed to be able to mark that standard as "Always", "Sometimes," or "Not at all".

Tab	Description	Purpose
-----	-------------	---------

Instructions	Tool overview and aim	Offers instruction to users on the assessment tool
Provider Info	Input provider, project and general assessment information	Determines project-specific standards for consideration
Standards - Access & Evaluation	Input compliance with standards concerning participant access to the project and input, project evaluation and performance management	Assesses whether access and evaluation are compliant with Housing First principles
Standards - Leases	Input compliance with standards concerning the lease and occupancy agreements, where applicable	Assesses whether leases and occupancy agreements are compliant with Housing First principles
Standards - Services & Housing	Input compliance with standards concerning the service and housing models and structure, where applicable	Assesses whether services and housing are compliant with Housing First principles
Standards – Project-Specific	Prompts assessment standards based on project type and targeted sub-populations served by the project, where applicable	Assesses whether specific project standards are compliant with Housing First principles
Report Summary	Displays assessment scores and conclusions, and highlights non-compliant standards	Printable summary of the assessment



Provider Information

Please complete the information below on the organization being assessed.

Provider Information	
Provider's Legal Name	Families in Transition Santa Cruz County, Inc.
Acronym (If Applicable)	FIT
Year Incorporated	1992
EIN	77-0327992
Street Address	406 Main St. #326
Zip Code	95076

Project Information	
Project Name	First Step-Scattered Site Housing for Families with Children
Project Budget	560,228
Grant Number	CA1475L9T082201
Name of Project Director	Melisa Vierra
Project Director Email Address	melisa@fitsantacruz.org
Project Director Phone Number	(831)728-2548
Which best describes the project *	Rapid Rehousing
<i>If project is a Safe Haven, please choose project type that it most operates like, e.g. shelter, transitional housing, or permanent housing</i>	
Are your services targeted to any of the following populations specifically? Please select one if so, as this impacts your assessment questions.	
None of the above	

*Please note that when you select a project type, particular standards may not be relevant.

Management Information	
Name of CEO	Melisa Vierra
CEO Email Address	melisa@fitsantacruz.org
CEO Phone Number	(831)728-2548
Name of Staff Member Guiding Assessment	Cyndi Valdez
Staff Email Address	cyndi@fitsantacruz.org
Staff Phone Number	(831)740-2947

Assessment Information	
Name of Assessor	Cyndi Valdez
Organizational Affiliation of Assessor	HMIS/Data Manager
Assessor Email Address	cyndi@fitsantacruz.org
Assessor Phone Number	(831)740-2947
Date of Assessment	Sep 01 2023



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or "Always". Marking "Always" signifies full compliance for the standard.

No.	Standard	Access Definition / Evidence	Say It	Document it	Do it
Access 1	Projects are low-barrier	Admission to projects is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, participation in services, “housing readiness,” history or occurrence of victimization, survivor of sexual assault or an affiliated person of such a survivor or other unnecessary conditions unless required by law or funding source. <i>Optional notes here</i>	Always	Always	Always
Access 2	Projects do not deny assistance for unnecessary reasons	Procedures and oversight demonstrate that staff do everything possible to avoid denying assistance or rejecting an individual or family for the reasons listed in Access Standard #1. <i>Optional notes here</i>	Always	Always	Always
Access 3	Access regardless of sexual orientation, gender identity, or marital status	Equal access is provided in accordance with the 2012 and 2016 Equal Access Rules, meaning that any project funded by HUD must ensure equal access for persons regardless of one’s sexual orientation or marital status, and in accordance with one’s gender identity. Adult only households, regardless of marital status, should have equal access to projects (if these project types are not available within a CoC, the CoC should conduct an assessment to determine if these project types are needed and work with providers to accommodate the need). Please see Equal Access Rules here: https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/ <i>Optional notes here</i>	Always	Always	Always
Access 4	Admission process is expedited with speed and efficiency	Projects have expedited admission processes, to the greatest extent possible, including helping participants obtain documentation required by funding sources, as well as processes to admit participants regardless of the status of their eligibility documentation whenever applicable. <i>Optional notes here</i>	Always	Always	Always
Access 5	Intake processes are person-centered and flexible	Intake and assessment procedures are focused on the individual’s or family’s strengths, needs, and preferences. Projects do not require specific appointment times, but have flexible intake schedules that ensure access to all households. Assessments are focused on identifying household strengths, resources, as well as identifying barriers to housing that can inform the basis of a housing plan as soon as a person is enrolled in the project.	Always	Always	Always

Optional notes here					
Access 6	The provider/project accepts and makes referrals directly through Coordinated Entry	Projects actively participate in the CoC-designated Coordinated Entry processes as part of streamlined community-wide system access and triage. If these processes are not yet implemented, projects follow communities’ existing referral processes. Referrals from Coordinated Entry are rarely rejected, and only if there is a history of violence, the participant does not want to be in the project, there are legally valid grounds (such as restrictions regarding sex offenders) or some other exceptional circumstance that is well documented.	Always	Always	Always
Optional notes here					
Access 7	Exits to homelessness are avoided	Projects that can no longer serve particular households utilize the coordinated entry process, or the communities’ existing referral processes if coordinated entry processes are not yet implemented, to ensure that those individuals and families have access to other housing and services as desired, and do not become disconnected from services and housing. Households encounter these exits under certain circumstances, such as if they demonstrate violent or harassing behaviors, which are described within agencies’ regulation-adherent policies.	Always	Always	Always
Optional notes here					
Name		Participant Input Definition / Evidence	Say It	Document it	Do it
Participant Input 1	Participant education is ongoing	Project participants receive ongoing education on Housing First principles as well as other service models employed in the project. In the beginning of and throughout tenancy, participants are informed about their full rights and responsibilities as lease holders, including the potential causes for eviction.	Always	Always	Always
Optional notes here					
Participant Input 2	Projects create regular, formal opportunities for participants to offer input	Input is welcomed regarding the project’s policies, processes, procedures, and practices. Opportunities include involvement in: quality assurance and evaluation processes, a participant leadership/advisory board, processes to formally communicate with landlords, the design of and participation in surveys and focus groups, planning social gatherings, integrating peer specialists and peer-facilitated support groups to compliment professional services.	Always	Always	Always
Optional notes here					



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or "Always". Marking "Always" signifies full compliance for the standard.

Standard		Lease and Occupancy Definition / Evidence	Say It	Document It	Do It
Leases 1	Housing is considered permanent (not applicable for Transitional Housing)	Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party. <i>Optional notes here</i>	Always	Always	Always
Leases 2	Participant choice is fundamental	A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project-based settings, participants should be offered choice of units within a particular building, or within the portfolio of single site properties. In projects that use shared housing, i.e. housing with unrelated roommates, participants should be offered choice of roommates, as available and as practical. Additionally, as applicable, participants are able to choose their roommates when sharing a room or unit. <i>Optional notes here</i>	Always	Always	Always
Leases 3	Leases are the same for participants as for other tenants	Leases do not have any provisions that would not be found in leases held by any other tenant in the property or building and is renewable per the participants’ and owner’s choice. People experiencing homelessness who receive help moving into permanent housing should have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. For transitional housing, there may be limitations on length of stay, but a lease/occupancy agreement should look like a lease that a person would have in the normal rental market. <i>Optional notes here</i>	Always	Always	Always
Leases 4	Participants receive education about their lease or occupancy agreement terms	Participants are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities. <i>Optional notes here</i>	Always	Always	Always
Leases 5	Measures are used to prevent eviction	Property or building management, with services support, incorporates a culture of eviction avoidance, reinforced through practices and policies that prevent lease violations and evictions among participants, and evict participants only when they are a threat to self or others. Clear eviction appeal processes and due process is provided for all participants. Lease bifurcation is allowed so that a tenant or lawful occupant who is a victim of a criminal act of physical violence committed against them by another tenant or lawful occupant is not evicted, removed or penalized if the other is evicted. <i>Optional notes here</i>	Always	Always	Always
Leases 6	Providing stable housing is a priority	Providers engage in a continued effort to hold housing for participants, even if they leave their housing for short periods due to treatment, illness, or any other temporary stay outside of the unit. <i>Optional notes here</i>	Always	Always	Always
Leases 7	Rent payment policies respond to tenants’ needs (as applicable)	While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements. <i>Optional notes here</i>	Always	Always	Always



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or "Always". Marking "Always" signifies full compliance for the standard.

Standard	Services Definition / Evidence	Say it	Document it	Do it
Services 1	<p>Projects promote participant choice in services</p> <p>Participants are able to choose from an array of services. Services offered are housing focused and include the following areas of support: employment and income, childhood and education, community connection, and stabilization to maintain housing. These should be provided by linking to community-based services.</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Services 2	<p>Person Centered Planning is a guiding principle of the service planning process</p> <p>Person-centered Planning is a guiding principle of the service planning process</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Services 3	<p>Service support is as permanent as the housing</p> <p>Service connections are permanently available and accessible for participants in Permanent Supportive Housing. Rapid Re-Housing projects should, at a minimum, be prepared to offer services for up to 6 months after the rental assistance ends. In emergency shelter and transitional housing, services are available as long as the participant resides in the unit or bed – and up to 6 months following exit from transitional housing.</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Services 4	<p>Services are continued despite change in housing status or placement</p> <p>Wherever possible, participants continue to be offered services even if they lose their housing unit or bed (for congregate projects), or if they are placed in a short-term inpatient treatment. Ideally, the service relationship should continue, despite a service hiatus during some institutional stays.</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Services 5	<p>Participant engagement is a core component of service delivery</p> <p>Staff provide effective services by developing relationships with participants that provide immediate needs and safety, develop trust and common ground, making warm hand-offs to other mainstream service providers, and clearly explain staff roles. Engagement is regular and relationships are developed over time.</p>	Always	Always	Always

Optional notes here					
Services 6	Services are culturally appropriate with translation services available, as needed	Project staff are sensitive to and support the cultural aspects of diverse households. Wherever possible, staff demographics reflect the participant population they serve in order to provide appropriate, culturally-specific services. Translation services are provided when needed to ensure full comprehension of the project. Projects that serve families with children should have family-friendly rules that allow for different schedules based on work and school hours and have services that allow parents to participate in activities without having to constantly supervise their children themselves (i.e. can use the bathroom or take a shower without their children being in the bathroom with them).	Always	Always	Always
Optional notes here					
Services 7	Staff are trained in clinical and non-clinical strategies (including harm reduction, motivational interviewing, trauma-informed approaches, strength-based)	Services support a participant’s ability to obtain and retain housing regardless of changes in behavior. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and addiction are a part of some participants' lives. Participants are engaged in non-judgmental communication regarding their behavior and are offered education regarding how to avoid risky behaviors and engage in safer practices.	Always	Always	Always
Optional notes here					
Standard		Housing Definition / Evidence	Say It	Document It	Do It
Housing 1	Housing is not dependent on participation in services	Participation in permanent and temporary housing settings, as well as crisis settings such as emergency shelter, is not contingent on participating in supportive services or demonstration of progress made on a service plan. Services must be offered by staff, but are voluntary for participants.	Always	Always	Always
Optional notes here					
Housing 2	Substance use is not a reason for termination	Participants are only terminated from the project for violations in the lease or occupancy agreements, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around substance use or participation in services. If the project is a recovery housing model focused on people who are in early recovery from drugs or alcohol (as outlined in HUD’s Recovery Housing Brief), different standards related to use and subsequent offer of treatment may apply. See HUD's Recovery Housing brief here: https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/	Always	Always	Always
Optional notes here					
Housing 3	The rules and regulations of the project are centered on participants’ rights	Project staff have realistic expectations and policies. Rules and regulations are designed to support safe and stable communities and should never interfere with a life in the community. Participants have access to the project at all hours (except for nightly in and out shelter) and accommodation is made for pets.	Always	Always	Always
Optional notes here					
Housing 4	Participants have the option to transfer to another project	Transfers should be accommodated for tenants who reasonably believe that they are threatened with imminent harm from further violence if the tenant remains in the same unit. Whenever possible, transfers occur before a participant experiences homelessness.	Always	Always	Always
Optional notes here					



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or "Always". Marking "Always" signifies full compliance for the standard.

Standard		Project -Specific Standards	Say It	Document it	Do it
Project 1	Quick access to RRH assistance	A Rapid Re-housing project ensures quick linkage to rapid re-housing assistance, based on participant choice.	Always	Always	Always
		Optional notes here			
Project 2	RRH services support people in maintaining their housing	Participants and staff understand that a primary goal of rapid re-housing is to end homelessness and move participants to permanent housing as quickly as possible, regardless of perceived barriers.	Always	Always	Always
		Optional notes here			
Project 3	Providers continuously assess a participant’s need for assistance	On an ongoing basis, providers assess a participant’s needs for continued assistance and provide tailored assistance based on those assessments.	Always	Always	Always
		Optional notes here			
		No additional standards			
		Optional notes here			
		No additional standards			

Optional notes here

No additional standards

Optional notes here

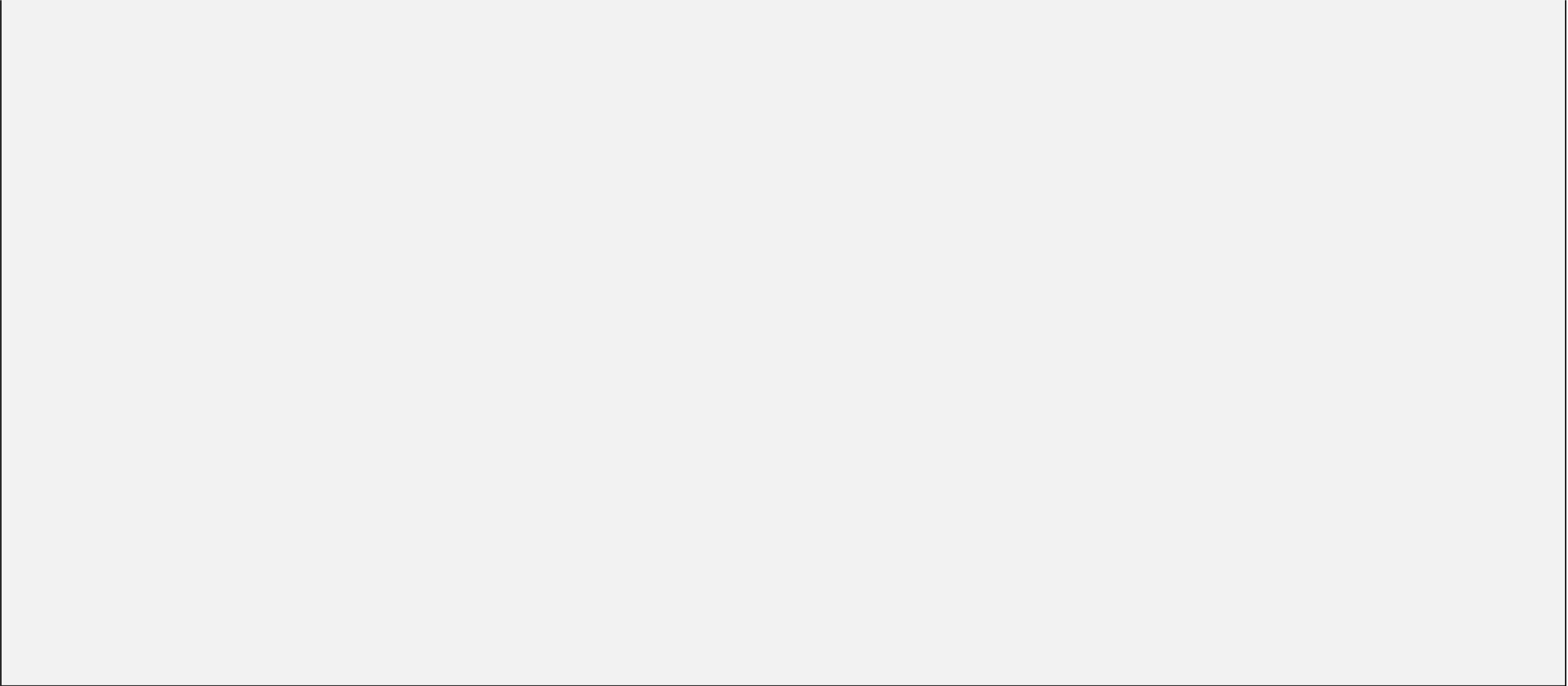
No additional standards

Optional notes here

No additional standards

Optional notes here

Section is not applicable. Please see following section.





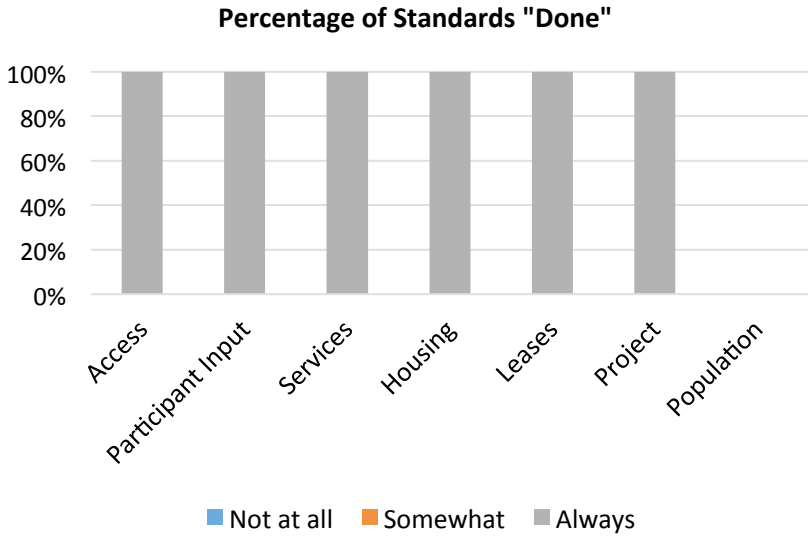
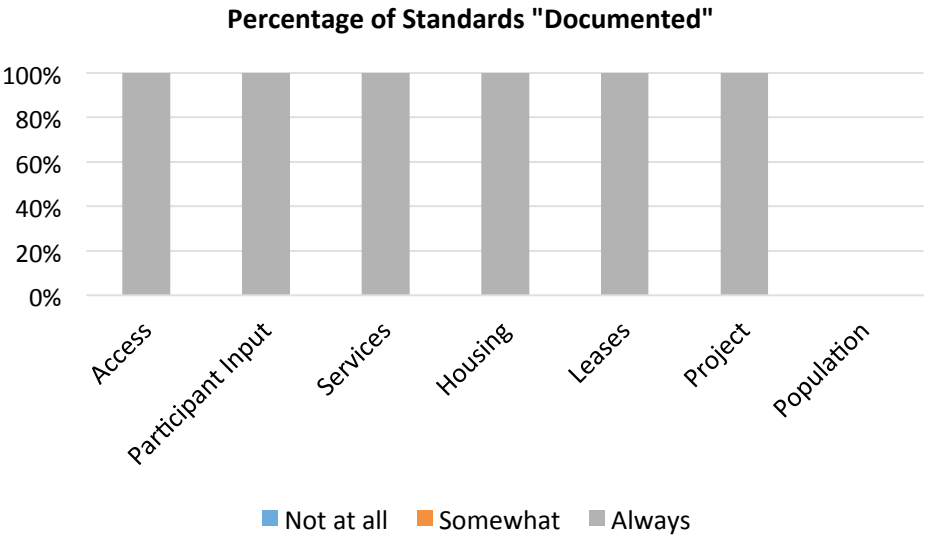
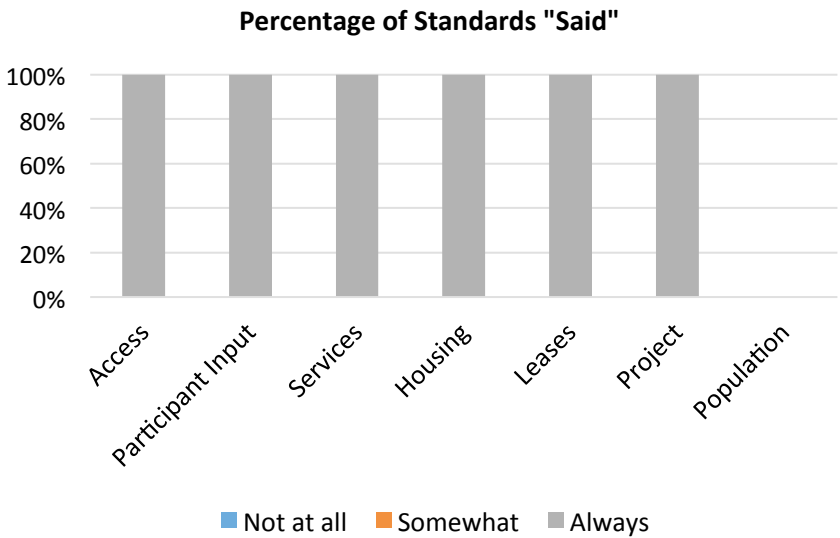
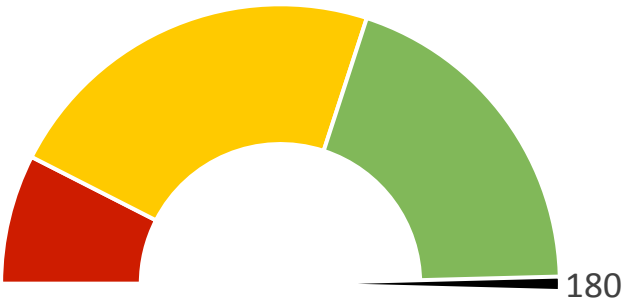
Housing First Standards: Assessment Summary

Families in Transition Santa Cruz County, Inc.
1-Sep-23

Some standards have not been evaluated. Please return and complete all standards before finalizing report.

Your score: 180
Max potential score: 180

Score is calculated by awarding 1 point for standards answered 'sometimes' and 2 points for standards answered 'always'. Categories that are not applicable for your project are not included in the maximum potential score.



1D-11a LETTER SIGNED BY WORKING GROUP

Not Currently Available. CoC is in the process of forming a Lived Experience Expertise Board (LEAB).

1E-1 WEB POSTING OF LOCAL COMPE- TITION DEADLINE

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Funding Opportunities

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Last Updated: 7/13/2023

State & Federal

Notice of Funding Opportunity for the 2023 CoC Program Competition and the Renewal and Replacement of YHDP Grants

The U.S. Department of Housing and Urban Development's (HUD) Notice of Funding Opportunity (NOFO) for the 2023 Continuum of Care (CoC) Program Competition and the Renewal and Replacement of Youth Homelessness Demonstration Program (YHDP) Grants was released on July 5, 2023. [The NOFO can be found here.](#)

Interested applicants for the CoC/YHDP NOFO funds are invited and strongly encouraged to attend an Applicant Orientation Session to be held on the following date, time, and location:

Location - 1400 Emeline Avenue, Building K, Santa Cruz, CA 95060 Room 206 & 207

Date & Time - July 27, 2023 10:30am – 12:00pm

The agenda for the Applicant Orientation Session will include:

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

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

- Current CoC grantee
- Current YHDP grantee
- Non-CoC funded agency interested in applying for CoC/YHD 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.

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 YHDP 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 YHDP 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 **\$6,173,945**, which includes the following:

- **\$5,418,194** for one-year renewal of existing CoC projects, renewal of existing YHDP projects or replacement of the projects by their existing grantees, or reallocation of CoC or YHDP funds to the following allowable new project types: permanent supportive housing, rapid rehousing, joint transitional housing and rapid rehousing, HMIS, and/or coordinated entry system.
- **\$379,274** for one or more new CoC bonus projects of the following allowable types: permanent supportive housing, rapid rehousing, joint transitional housing and rapid rehousing, HMIS, and/or coordinated entry system.
- **\$105,567 (estimated)** 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.
- **\$270,910** for one 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 subject to change. However, HUD deadlines remain fixed.

- **7/27/23** – Applicant Orientation Session.
- **8/29/23** – Local CoC deadline for proposals (local applications AND Esnap applications).
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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 tonygardnerconsulting@yahoo.com if you have any questions.

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 Funding Opportunities

quake

Options

- Current YHDP grantee
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H4HP Media Contact

Jason Hoppin
Communications Manager, Santa Cruz County

phone: 831-454-3401

email: Jason.Hoppin@santacruzcounty.us



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2023 ^

July 12, 2023

Newsletter: Notice of Funding Opportunity for the 2023 CoC Program Competition and the Renewal and Replacement of YHDP Grants

June 28, 2023

Newsletter: Recent findings on homelessness, Casa Azul opening and Housing Element

June 15, 2023

Newsletter: What is “affordable” housing? Housing Element and Measure J Lottery

May 25, 2023

Newsletter: Affordable Housing Discussion, Jessie St. Terrace Groundbreaking and more!

May 10, 2023

Newsletter: Don't miss out – important H4HP Meetings!

May 5, 2023

Newsletter: Housing Santa Cruz County hosts solution-oriented community conversations during Affordable Housing Month

May 2, 2023

Newsletter: Join us in celebrating Affordable Housing Month!

April 21, 2023

Newsletter: \$6.63M Funding Awarded, MidPen Housing Applications, New Coordinated Entry, Affordable Housing Month and more

April 19, 2023

Press Release: \$6.63M in Federal Funding and Housing Vouchers Awarded to Homeless Services Projects in Santa Cruz County

March 23, 2023

Newsletter: Housing Element Community Panel, AT HOME Plan, HOME Resource Center RFP

March 16, 2023

Newsletter: Disaster Resources and Information, Thank you PIT Count Volunteers

March 6, 2023

Newsletter: Countywide Effort Secures Houses, Coordinated Entry Update, Funding Opportunities

February 27, 2023

Press Release: Key Success Achieved: Countywide Rehousing Effort Secured Housing for 295 Formerly Homeless Households

February 8, 2023

Newsletter: PIT Count Training Session, Public Comment on California HOME-ARP

February 3, 2023

Press Release: Point-in-Time Count Set for February 23

January 27, 2023

Newsletter: County Disaster Recovery Centers, Habitat for Humanity Applications Open, Workforce Survey

January 20, 2023

Newsletter: PIT Count Set for February, Youth Open House, Webinar and Survey

January 4, 2023

Newsletter: Storm & Emergency Information for People Needing Shelter

2022

2021

2020

2019

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Santa Cruz 2023 CoC Renewal & YHDP Replacement NOFO Process Timeline

Each year, the Housing for Health Partnership (H4HP) administers the Program Competition for HUD Continuum of Care and YHDP Renewal and Replacement funds. This calendar serves as a guide for applicants who are considering applying for new or renewal funds from HUD through the Continuum of Care and YHDP Renewal and Replacement Notice of Funding Opportunity (CoC NOFO). 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 2023 CoC NOFO	July 5, 2023
H4H issues initial <i>local</i> notice of CoC NOFO to agencies	July 7, 2023
H4H releases local Public Solicitation of Applications for CoC & YHDP funds & invitation to Applicant Orientation Session	July 13, 2023
Applicant Orientation Session (recorded)	July 27, 2023, 10:30-12:00
H4H Policy Board meeting , includes confirming Rating and Ranking Subcommittee & process and other key CoC competition planning as needed	August 16, 2023, 3:00-6:00
Local deadline CoC and YHDP application materials (via e-mail) and HUD applications (via e-snaps) (at least 30 days before HUD deadline)	August 29, 2023 5:00
H4H Rating and Ranking Committee meeting to orient members and begin reviewing and rating project applications and developing project approvals/rejections, ranking/tiering	September 6, 2023
H4H Rating and Ranking Committee meeting to complete reviewing and rating project applications and confirming project approvals/rejections, ranking/tiering	September 12, 2023
Written decisions sent to applicants (at least 15 days before HUD deadline)	September 13, 2023
E-snaps Project Application Technical Review and coordination with applicants to make revisions; appeals period	September 13 – September 22, 2023
Web posting of CoC Application and Project Priorities (at least 2 days before HUD deadline)	September 26, 2023
HUD deadline CoC Application & Project Priorities	September 28, 2023, 5:00 PST

2A-6 HUD'S HOMELESS DATA EXCHANGE (HDX) COMPETITION REPORT

2023 HDX Competition Report

PIT Count Data for CA-508 - Watsonville/Santa Cruz City & County CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	2256	2500	2299	1804
Emergency Shelter Total	403	716	451	321
Safe Haven Total	0	0	0	0
Transitional Housing Total	153	84	74	57
Total Sheltered Count	556	800	525	378
Total Unsheltered Count	1700	1700	1774	1426

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	445	556	921	573
Sheltered Count of Chronically Homeless Persons	165	276	203	153
Unsheltered Count of Chronically Homeless Persons	280	280	718	420

2023 HDX Competition Report

PIT Count Data for CA-508 - Watsonville/Santa Cruz City & County CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	124	120	50	76
Sheltered Count of Homeless Households with Children	65	61	45	51
Unsheltered Count of Homeless Households with Children	59	59	5	25

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	276	159	163	332	159
Sheltered Count of Homeless Veterans	31	31	35	22	20
Unsheltered Count of Homeless Veterans	245	128	128	310	139

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for CA-508 - Watsonville/Santa Cruz City & County CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	381	282	360	78.33%	21	21	100.00%	303	79.53%
SH Beds	0	0	0	NA	0	0	NA	0	NA
TH Beds	73	73	73	100.00%	0	0	NA	73	100.00%
RRH Beds	400	392	392	100.00%	0	8	0.00%	392	98.00%
PSH Beds	746	144	746	19.30%	0	0	NA	144	19.30%
OPH Beds	804	0	426	0.00%	0	0	NA	0	0.00%
Total Beds	2,404	891	1,997	44.62%	21	29	72.41%	912	37.94%

2023 HDX Competition Report

HIC Data for CA-508 - Watsonville/Santa Cruz City & County CoC

2023 HDX Competition Report

HIC Data for CA-508 - Watsonville/Santa Cruz City & County CoC

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.

**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.

In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	618	508	596	717

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	118	144	104	76

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	420	522	442	400

2023 HDX Competition Report

HIC Data for CA-508 - Watsonville/Santa Cruz City & County CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for CA-508 - Watsonville/Santa Cruz City & County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Revised FY 2021	FY 2022	Submitted FY 2021	Revised FY 2021	FY 2022	Difference	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	1532	995	196	196	272	76	143	144	194	50
1.2 Persons in ES, SH, and TH	1643	1095	221	221	295	74	161	162	223	61

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Revised FY 2021	FY 2022	Submitted FY 2021	Revised FY 2021	FY 2022	Difference	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1717	1238	1121	1112	1077	-35	599	593	481	-112
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1839	1331	1145	1135	1106	-29	639	629	533	-96

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2021	FY 2022	Revised FY 2021	FY 2022	% of Returns	Revised FY 2021	FY 2022	% of Returns	Revised FY 2021	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	1	4	0	0	0%	1	0	0%	0	0	0%	0	0%
Exit was from ES	185	261	19	22	8%	4	6	2%	19	12	5%	40	15%
Exit was from TH	70	55	0	0	0%	1	1	2%	5	1	2%	2	4%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	235	226	9	5	2%	7	11	5%	6	5	2%	21	9%
TOTAL Returns to Homelessness	491	546	28	27	5%	13	18	3%	30	18	3%	63	12%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		2299	
Emergency Shelter Total	716	451	-265
Safe Haven Total	0	0	0
Transitional Housing Total	84	74	-10
Total Sheltered Count	800	525	-275
Unsheltered Count		1774	

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	1659	1671	1113	-558
Emergency Shelter Total	1539	1551	1013	-538
Safe Haven Total	0	0	0	0
Transitional Housing Total	151	151	142	-9

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Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	133	131	125	-6
Number of adults with increased earned income	10	10	7	-3
Percentage of adults who increased earned income	8%	8%	6%	-2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	133	131	125	-6
Number of adults with increased non-employment cash income	54	50	41	-9
Percentage of adults who increased non-employment cash income	41%	38%	33%	-5%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	133	131	125	-6
Number of adults with increased total income	59	56	44	-12
Percentage of adults who increased total income	44%	43%	35%	-8%

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Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	64	80	57	-23
Number of adults who exited with increased earned income	16	19	15	-4
Percentage of adults who increased earned income	25%	24%	26%	2%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	64	80	57	-23
Number of adults who exited with increased non-employment cash income	14	20	14	-6
Percentage of adults who increased non-employment cash income	22%	25%	25%	0%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	64	80	57	-23
Number of adults who exited with increased total income	25	33	24	-9
Percentage of adults who increased total income	39%	41%	42%	1%

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Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1202	1205	690	-515
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	401	401	324	-77
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	801	804	366	-438

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1545	1562	1031	-531
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	552	558	410	-148
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	993	1004	621	-383

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FY2022 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	97	97	23	-74
Of persons above, those who exited to temporary & some institutional destinations	6	6	0	-6
Of the persons above, those who exited to permanent housing destinations	8	8	2	-6
% Successful exits	14%	14%	9%	-5%

Metric 7b.1 – Change in exits to permanent housing destinations

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FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1195	1236	837	-399
Of the persons above, those who exited to permanent housing destinations	491	520	441	-79
% Successful exits	41%	42%	53%	11%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	197	183	168	-15
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	192	178	159	-19
% Successful exits/retention	97%	97%	95%	-2%

2023 HDX Competition Report FY2022 - SysPM Data Quality

CA-508 - Watsonville/Santa Cruz City & County CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	428	409	445	182	138	120	658	637	1292	420	518	435			
2. Number of HMIS Beds	406	389	350	138	138	120	287	181	175	420	518	435			
3. HMIS Participation Rate from HIC (%)	94.86	95.11	78.65	75.82	100.00	100.00	43.62	28.41	13.54	100.00	100.00	100.00			
4. Unduplicated Persons Served (HMIS)	1488	1552	1013	186	151	142	221	206	193	1001	1238	1190	194	189	150
5. Total Leavers (HMIS)	960	1016	774	89	85	81	23	26	24	329	483	409	108	98	23
6. Destination of Don't Know, Refused, or Missing (HMIS)	159	107	44	10	0	0	0	3	0	30	24	27	80	69	14
7. Destination Error Rate (%)	16.56	10.53	5.68	11.24	0.00	0.00	0.00	11.54	0.00	9.12	4.97	6.60	74.07	70.41	60.87

2023 HDX Competition Report
FY2022 - SysPM Data Quality

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Submission and Count Dates for CA-508 - Watsonville/Santa Cruz City & County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	2/23/2023	Yes

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/25/2023	Yes
2023 HIC Count Submittal Date	4/25/2023	Yes
2022 System PM Submittal Date	2/24/2023	Yes

OTHER

N/A – CoC does not have any other attachments.