HOUSING FOR HEALTH PARTNERSHIP-BEHAVIORAL HEALTH BRIDGE HOUSING PROGRAM
SANTA CRUZ COUNTY PARTICIPANT ASSISTANCE FUND POLICIES
June 2024

1. INTRODUCTION AND OVERVIEW

1.1 Introduction

The Participant Assistance Fund, managed by the County of Santa Cruz' Housing for Health (H4H) Division for the Behavioral Health Bridge Housing (BHBH) Program, in partnership with the Community Action Board of Santa Cruz County (CAB), was created to provide a flexible source of funding to help eligible participants and their families obtain and maintain long-term, stable housing of their choice. The funds come from a BHBH grant program, which allows for flexibility tailored to the unique needs of each household experiencing a housing crisis. Funds must be used to remove barriers that prevent an individual from identifying or moving into bridge or permanent housing.

Per state requirements, this new program will prioritize access for individuals linked with CARE Court when the Court is operational. Secondary priority will go to individuals with histories of frequent utilization of crisis and inpatient behavioral health services with long histories of homelessness also participating in the local Continuum of Care (CoC) coordinated entry system.

1.2 Using Participant Assistance Fund

The Participant Assistance Fund is one of the tools that can be used along with housing problem solving conversations and outreach to resolve a housing crisis. Housing problem solving is a strategy that assists individuals to identify opportunities to resolve their housing crisis without becoming homeless or if they do become homeless, quickly diverting them to a stable housing situation.

Many housing crises are solved without the use of financial assistance. The provider requesting funds, along with County Behavioral Health staff, will thoroughly explore all alternatives before requesting financial assistance. The requesting provider and the BHBH Program behavioral health support team will work with participants to support solving the immediate housing crisis and planning for long-term housing stability including undertaking the steps of the Coordinated Entry process such as completing a Housing Needs Assessment and developing a Housing Action Plan, if appropriate. Approval for the Participant Assistance Fund will be based on eligibility and funding available. Applications for Participant Assistance are made through DocuSign, which is accessible from the Housing for Health Partnership [website](#).

2. AGENCY ROLES AND RESPONSIBILITIES

Participating agency roles are outlined below:

2.1 County of Santa Cruz H4H

H4H oversees the Participant Assistance Fund and approves all requests. H4H staff will process and approve requests for funds as described:

- Identify and secure funding

- Host application site on DocuSign.

- Coordinate with County Behavioral Health to determine participant eligibility (when necessary).
- Review and provide final approval for all funding requests.
- Monitor outcomes to continuously improve upon the Participant Assistance Fund and expand the availability of its resources.

2.2 The Community Action Board of Santa Cruz County (CAB)

The Community Action Board administers and disburses funds on behalf of the BHBH Participant Assistance Fund Program. In this role CAB will:

- Review all applications for completeness and accuracy.
- Issue checks or vouchers to eligible third parties.
- Document all transactions in the Homeless Management Information System (HMIS).
- Conduct follow-up surveys of fund beneficiaries at three- and six-months post assistance and enter the results of their follow-up into HMIS.
- Provide regular reporting to Santa Cruz County H4H.

2.3 Eligible Provider Agencies

Applications are prepared and submitted by County Behavioral Health providers as determined by the County Behavioral Health Division leadership. To be eligible to request Housing Assistance Fund on behalf of a participant, providers must agree to:

• Complete all required Housing Assistance Fund trainings.

• Document all transactions in HMIS or complete and submit all required HMIS paper forms for H4H to enter into HMIS.

• Respond to H4H and CAB with information when requested about specific fund requests.

• Respond to H4H and CAB regarding follow up about the participant's housing situation and stability for up to seven months after assistance is provided. Agencies wishing to become approved provider agencies should contact H4H at HousingforHealth@santacruzcounty.us.

3. PARTICIPANT ELIGIBILITY

Only individuals eligible for the BHBH program can access BHBH participant assistance funds. To qualify for BHBH programs, individuals must have a serious behavioral health issue and be experiencing homelessness as defined below.

Serious Behavioral Health Issue

The individual must meet one of the following criteria:

1. The individual has one or more of the following:

a. Significant impairment, where "impairment" is defined as distress, disability, or dysfunction in social, occupational, or other important activities, including education and family relationships OR

b. A reasonable probability of significant deterioration in an important area of life functioning OR

c. A need for Specialty Mental Health Services, regardless of presence of impairment (for individuals under age 21)

AND

The individual's condition, as defined in a, b, and/or c, is due to either of the following:

a. A diagnosed mental and/or substance-related or addictive disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems (ICD)

b. A suspected mental and/or substance-related or addictive disorder that has not yet been diagnosed

OR

2. The individual has at least one of the following:

a. At least one diagnosis from the current edition of the DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders

b. At least one suspected diagnosis from the current edition of the DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders

OR

3. The individual is a CARE Program participant, regardless of whether they meet the criteria in paragraph (1) or (2), above.

Homelessness

An individual or family experiencing homelessness is defined as any of the following:

• An individual or family that lacks adequate nighttime residence

• An individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation

• An individual or family living in a shelter

• An individual exiting an institution (including incarceration) into homelessness

• An individual or family who will imminently lose housing in next 30 days

• Unaccompanied youth and homeless families and children and youth defined as homeless under other federal statutes

• Individuals fleeing intimate partner violence

Notes on this definition: This definition is based on the HUD definition of "homeless," with the following modifications:

• If exiting an institution, individuals are considered homeless if they were experiencing homelessness immediately prior to entering that institutional stay, regardless of the length of the institutionalization.

• The time frame for an individual or family that will imminently lose housing has been extended from 14 days (HUD definition) to 30 days

1. Per state requirements, the new BHBH Program will prioritize access for individuals linked with CARE Court when the Court is operational. Secondary priority will go to individuals with histories of frequent utilization of crisis and inpatient behavioral health services with long histories of homelessness also participating in the local Continuum of Care (CoC) coordinated entry system. This Participant Assistance Fund, through the BHBH Program is a new fund, and does not supplant funding for any existing Housing Assistance or other program managed by Housing for Health.

4. ALLOWABLE EXPENSES AND ASSISTANCE LIMITS

4.1 Allowable expenses

The Participant Assistance Fund can pay for a variety of needs. Funds are intended to be used to secure items that are not available through other sources and are essential for preventing or ending homelessness for the participant. General eligible expense categories are listed below when funds are available. A current list of eligible expenses will be revised as necessary and can be found on the Housing for Health BHBH website.

4.1.1 Move-in assistance

- Security deposit

- First month's rent (tenant portion)
- Pet supports, providing that meeting pet needs is required for accessing housing
- Utility costs including startup costs or one month of past due payment, if this unpaid cost impacts a participant's ability to secure utilities in a new location.
- Reasonable housing application and holding fees
- Credit reports, access to other vital documents such as birth certificate, court or filling fees to apply to expunge criminal records that prevent access to housing or employment, access to identification or other vital documents
- Essential home furnishings (see Attachment: Previously Approved Essential Items for details)
- Non-emergency, non-medical transportation (describe purpose)
- Storage unit for up to 90 days, provided that the need for storage is a significant barrier to accessing housing.

4.1.2 Pre-eviction

- Up to one-month rental arrears with written notice from the landlord that participant is in arrears and may be required to pay or quit and an agreement from the landlord they will permit tenant to stay once month of arrears is paid.

4.1.3 Other
- Bus passes (up to three months for specific needs related to housing goals)

- Essential health care items when not covered by medical plan (i.e., eyeglasses, co-pays, medical equipment within allowable amount.
- Up to 90-day temporary stays in interim housing options such as hotels or recovery residences (note: prospective payments cannot exceed two weeks per request. Requests for extended stays must be made every two weeks).
- Outreach survival supplies to include one-time payments of up to $150 per participant (no more than once per quarter) who is engaging in outreach with County Behavioral Health Staff or CAB staff for transportation, food, recovery wellness, pet needs, or other problem-solving resources, via voucher, cash, or gift card, signed for by participant, and accounted for to prevent fraud or misuse of funds.
- Food, hygiene and cleaning supplies if no other resources are available and the participant is in the BHBH program.
- Other items not readily available through other sources essential for obtaining or maintaining housing.
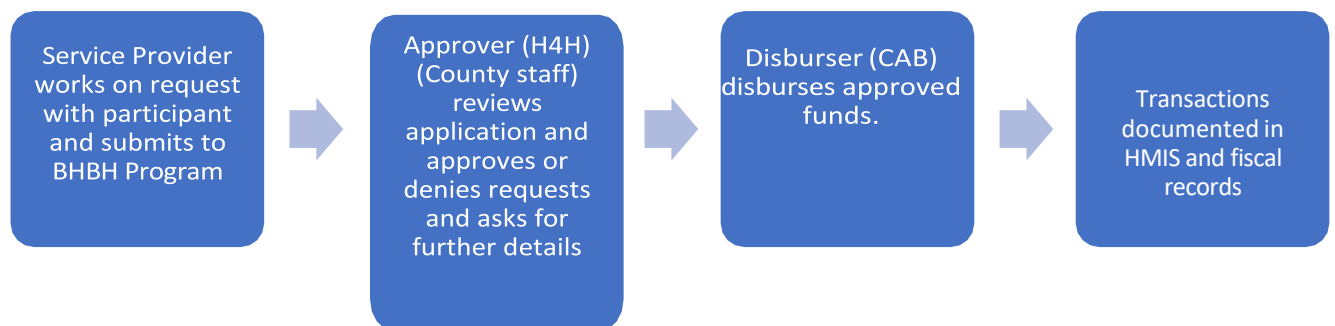
4.2 Rental payment guidelines

Requests for rental assistance for rents that exceed 150% of the Fair Market Rent (FMR) must have an accompanying justification for the rent amount, both in terms of it being reasonable for the unit and for the likely sustainability of the situation for the participant.

4.3 Assistance limits

Participant Assistance Funds may be distributed on one or more occasions; however, there is a maximum allowance of $5,000 per participant plus $500 per additional adult household member. H4H may request that AHP/DHCS make an exception to provide more than $5,000 for an individual participant. To request an exception, H4H will provide a summary of the request, including total funds requested, attempts to secure funds from other sources, and an explanation of why these funds are needed to remove a barrier to housing.

5. APPLICATION PROCESS

All applications must be prepared with the participant in collaboration BHBH staff and submitted through DocuSign. A link to the application is available at:_ website

| Service Provider works on request with participant and submits to BHBH Program | Approver (H4H) (County staff) reviews application and approves or denies requests and asks for further details | Disburser (CAB) disburses approved funds. | Transactions documented in HMIS and fiscal records |

5.1 Accessing and submitting application

To access an application, the referring service provider agency, must input the following information onto the initial DocuSign page:

- Name and email of person requesting funds (the Participant). Participants may not begin the request for funds on their own behalf.

5.2 Application submission

5.2.1 Application details

Once the Participant information has been submitted via DocuSign, the rest of the application will become immediately available to complete. Completed applications must include the following information:

- Date of Request
- Participant Information including
  - Name
  - Date of birth
  - Participant HMIS #
  - Documentation of BHBH program eligibility
- Program Information including:
  - Name of requester
  - Name of requesting Service Provider Agency
  - Name of program
- Service Provider Staff Requester's phone number
- Service Provider Staff Requester email address
- Relationship of Requester to participant (case manager, housing navigator, etc.)
- Case manager name if different from Requester
- Payment request information including:
  - Amount requested
  - Category of assistance within eligible expenses (move-in assistance, housing maintenance, pre-eviction, other)
  - From and To service dates
  - Current Behavioral Health programs participant is enrolled in at the of time of request
  - Special needs (ex. expedited payment)
- Payment request details including- Detailed request documenting reason for request, and participant need.
- Payment information including:
  - Name of Payee
  - Payment process (voucher, check)
  - Mailing address or name of person picking up payment (must be the participant's case manager or other designated support worker)
- Incomplete applications will be denied.
- All funds must be paid to an eligible third party on the participant's behalf.

5.2.2 Required documentation

All payment requests must include the following documentation uploaded as an attachment to the application, when applicable:

- BHBH Participant Information Document, signed by the participant.

- Rental assistance payments that exceed $600 must include a W-9 form completed by the property owner. While not required, it is recommended that a W-9 form be included for all rental assistance payments.
- Assistance in the rental assistance category must include a signed lease. Rental agreements must reflect current laws and policies related to rentals and the landlord must have the legal right to rent the property.
- Rental assistance requests must include documentation of how rent costs will be sustainable for the participant. (Written documentation of conversation is sufficient)
- Pre-eviction assistance requests must include a pay or quit notice
- Vendor payment requests must include itemized receipts for all purchases.
- Requests for utility payments must include a copy of the bill including account information. A copy of the tenant's lease must also be included and show utilities are the tenant's responsibility.
- Requests for moving assistance must include a quote from the moving service.
- Requests for safety and accessibility items must be accompanied by written verification of need and proof that insurance will not cover the expense.

5.2.3 Purchasing home furnishings and household items

Amazon is the preferred vendor for purchasing moderate home furnishings and household items as it offers flexibility for the participant to review and select items that fit their home. To request household items through Amazon:

- Using the attached "Examples of Previously Approved Home Furnishings and Household Items" Form, review and select items the participant needs to purchase within the $5,000 per participant limit. (Necessary household items not included on the form may also be requested).
- Review items on the Amazon website and allow participants to choose their preferred color and style for requested items.
- Create an Amazon Wishlist for selected items.
- Submit Amazon Wishlist link, screenshots of items is recommended with application request via DocuSign.

5.3 Application review process

All applications will be reviewed by Housing for Health Division staff in a timely manner. Applications submitted prior to 2:00 p.m. will be reviewed on the same business day. Applications received after 2:00pm may not be reviewed until the next business day.

- Approval will be via DocuSign

- If an application is denied, the referring service provider agency will receive notification via DocuSign of denial and reason for denial. Housing for Health Division staff may request additional information or backup documentation.

    There is a limited amount of funding available. Even when all eligibility criteria are met, requests may not be approved.

5.4 Payment disbursement

Once the application is approved, payment will be disbursed by CAB (the Disburser) within 2 business days. Expedited payment can be requested via DocuSign to disburse funds the same day. Payments can be made online directly to the vendor, sent in the mail, or picked up at the CAB office. Payment method should be specified in the payment request via DocuSign.

5.5 HMIS tracking requirements

CAB must complete an HMIS service transaction including the amount of funding issued for all funds disbursed.

5.5.2 Behavioral Health providers may enter transactions in HMIS or collect necessary HMIS data in one of the following ways:

> • If the provider is a HMIS licensed user, they must enroll the participant in CAB's BHBH Housing Assistance Fund program. Access to this HMIS program must be pre-approved and set-up prior to submitting Participant Assistance Fund application.

- If the provider does not have access to HMIS, they must complete the following paper version forms and submit with their request (available on the Bitfocus website under Forms)

    - **Consumer Information Sharing Authorization Form**

    - **HoH & Adult Client Profile**

    - **Client Contacts**

    - **Adult Program Enrollment**

    - **Adult Current Living Situation**

5.6   Timeline for requesting funds

Rental assistance requests for newly obtained units should be submitted prior to or at move in and must be completed within 30 days of move in.

6. FOLLOW UP

CAB will follow up with the referring service provider agency at regular intervals to determine the participant's housing situation and stability for up to seven months after assistance is provided.

_____

[1] Landlord approval for modifications is needed.

7. Attachments
7.1 At Risk of Losing Housing Verification Form

At Risk of Losing Housing Verification Form

The following household meets the definition at risk of homelessness due to the following circumstances:

Name of individual/head of household: _____

Upon program entry participant/participant household was (check one and attach documentation)
Housed and imminently at risk of losing housing

- ☐ Being evicted or required to leave (include copy of Notice to Pay or Quit)
- ☐ Written or verbal notification requiring participant to leave residence (include copy of written documentation or provide explanation below)

Documentation of verbal notification from service provider:
_____
_____

_____
Staff Signature

_____
Print Staff Name

_____
Organization

_____
Date

7.2 Examples of previously approved home furnishings and household Items

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

Santa Cruz Count H4H
Examples of Previously Approved home furnishings & Household Items

Costs must account for taxes and shipping. H4H will not be able to process requests that exceed the total approved amount with taxes and shipping added. Taxes may vary based on location of the vendor and where items are shipped. Total cost for all items cannot exceed the amount approved on the application and cannot exceed the overall limit per household or the limit for household items and furnishings for the applicant's household size.

Furniture	Expected Cost:
☐ Bed(s) –Max. of 1 per person	$ _____
☐ Dresser(s) –Max. of 1 per person	$ _____
☐ Nightstand(s) –Max. of 1 per person	$ _____
☐ Dining table and chairs	$ _____
☐ Couch or Armchair (Max. of 1)	$ _____
☐ Side table or coffee table	$ _____

Kitchen
☐ Pots and Pans	$ _____
☐ Pot holders /oven mitts	$ _____
☐ Baking pan	$ _____
☐ Dish towels	$ _____
☐ Cutlery/Silverware	$ _____
☐ Cutlery/Silverware tray	$ _____
☐ Measuring cups and spoons	$ _____
☐ Cooking utensils (spatula, tongs etc.)	$ _____
☐ Serving Spoons	$ _____
☐ Can opener	$ _____
☐ Cutting board	$ _____
☐ Plates	$ _____
☐ Bowls	$ _____
☐ Glasses/Cups	$ _____
☐ Rice Maker	$ _____
☐ Mugs	$ _____
☐ Vegetable peeler	$ _____
☐ Knife set	$ _____
☐ Cookie sheets	$ _____
☐ Mixing/serving bowls	$ _____
☐ Microwave	$ _____
☐ Trash and recycling bins	$ _____
☐ Ice trays	$ _____
☐ Dish Rack	$ _____
☐ Food storage containers	$ _____
☐ Toaster or toaster oven	$ _____
☐ Strainer/colander	$ _____
☐ Grater	$ _____
☐ Paper towel holder	$ _____

Bathroom
☐ Hand and bath towels	$ _____
☐ Washcloths	$ _____
☐ Shower curtain and liner	$ _____
☐ Bath mats	$ _____
☐ Trash bin	$ _____
☐ Shower caddy	$ _____
☐ Toilet seat	$ _____
☐ Toothbrush holder	$ _____

Living Room/Bedroom	Expected Cost:
☐ Lamp(s)	$ _____
☐ Mattress(es)/Box Spring	$ _____
☐ Mattress and pillow protectors	$ _____
☐ Beddings (sheets, pillowcases)	$ _____
☐ Blanket or Comforter	$ _____
☐ Pillows	$ _____
☐ Curtains	$ _____
☐ Hamper/Laundry Basket	$ _____
☐ Clock/Alarm clock	$ _____
☐ Iron & ironing board	$ _____
☐ Welcome mat	$ _____
☐ Mirror	$ _____
☐ Stepstool	$ _____
☐ Hangers	$ _____
☐ Bookshelf	$ _____
☐ Cooling fan	$ _____

Cleaning Supplies
☐ Vacuum cleaner	$ _____
☐ Broom and dustpan	$ _____
☐ Mop	$ _____
☐ Bucket	$ _____
☐ Laundry basket	$ _____
☐ Duster	$ _____
☐ Toilet brush	$ _____
☐ Toilet plunger	$ _____

Safety
☐ Flashlight	$ _____
☐ Batteries	$ _____
☐ First aid kit	$ _____
☐ Fire Extinguisher	$ _____
☐ Tool Kit	$ _____