



Mission: Build partnerships and promote strong collaborative action to ensure all residents within the County have stable, safe, and healthy places to live.

**Santa Cruz County
Housing for Health Partnership (H4HP) Policy Board
Regular Meeting Agenda - Virtual/Teleconference**

Zoom Link: <https://us06web.zoom.us/j/88600646472>

TELEPHONE: +1 669 900 6833

WEBINAR ID: 886 006 464 72

December 14, 2022; 4 pm – no later than 7 pm

Call to Order/Welcome

Non-Agenda Public Comment

Action Items (vote required):

1. Findings Authorizing Teleconference Meetings
2. Approval of Minutes: October 19, 2022, Regular Meeting
3. Approval of 2023 Co-Chair Nominees
4. Approval of 2023 Regular Meeting Schedule and Location
5. Approval of Housing for Health Partnership (H4HP) Operation Committee Coordinated Entry System Recommendations

Information Items (no vote required):

6. CalAIM Housing and Homeless Incentive Program (HHIP)
7. 2023 Point In Time (PIT) Count Community Planning and Volunteer Recruitment
8. City of Santa Cruz – Coral Street – Design Charette with Dahlin Group
9. Homeless Memorial
10. H4HP Policy Board replacement nominees

Report/Discussion Items (no vote required):

11. California Homeless Housing, Assistance and Prevention (HHAP) Round 3 and Round 4 Funding and Action Plan Update

Board Member Announcements

Adjournment

Next Meeting: TBD

The County of Santa Cruz does not discriminate based on disability, and no person shall, by reason of a disability, be denied the benefit of the services, programs, or activities. This meeting is in an accessible facility. If you are a person with a disability and require special assistance to participate in the meeting, please call (831) 763-8900 (TDD/TTY- 711) at least 72 hours in advance of the meeting in order to make arrangements. Persons with disabilities may request a copy of the agenda in an alternative format. As a courtesy to those affected, please attend the meeting smoke and scent free.

Santa Cruz County Housing for Health Partnership Policy Board Regular Meeting Agenda – December 14, 2022

Action Item 1: Findings Authorizing Teleconference Meetings

(Action required) – Robert Ratner

Recommendation

Adopt findings pursuant to Assembly Bill 361 authorizing teleconference meetings because of the continuing COVID-19 pandemic state of emergency and Health Officer recommendation for social distancing.

Background

New State law adopted by the Legislature and signed by Governor Newsom (AB 361) allows local agencies to continue to meet by teleconference and internet platform if a state of emergency exists and local or state authorities have recommended social distancing measures. In a related provision, the legislative body, by a majority vote, can take action to meet via teleconference to avoid meeting in person and therefore reduce imminent risks to the health and safety of members of the public. If a legislative body continues to meet via teleconference, it must take action to renew this declaration every 30 days.

Suggested Motion

I move to adopt findings pursuant to Assembly Bill 361 authorizing teleconference meetings because of the continuing COVID-19 pandemic State of Emergency and Health Officer recommendation for social distancing.



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SANTA CRUZ COUNTY HOUSING FOR HEALTH PARTNERSHIP POLICY BOARD

FINDINGS PURSUANT TO ASSEMBLY BILL 361 AUTHORIZING TELECONFERENCE MEETINGS AS A RESULT OF THE CONTINUING COVID-19 PANDEMIC STATE OF EMERGENCY AND HEALTH OFFICER RECOMMENDATION FOR SOCIAL DISTANCING

WHEREAS, the Santa Cruz County Housing for Health Partnership Policy Board is a legislative body under the Brown Act as defined under Cal. Gov. Code section 54952(b) and Santa Cruz County Code Section 2.38.110; and

WHEREAS, on September 16, 2021, Governor Newsom signed Assembly Bill 361 (“AB 361”), urgency legislation effective immediately, that amended Government Code section 54953 to permit legislative bodies subject to the Brown Act to continue to meet under modified teleconferencing rules provided that they comply with specific requirements set forth in the statute; and,

WHEREAS, pursuant to AB 361 and Cal. Gov. Code section 54953(e)(1)(A), a legislative body may meet under the modified teleconferencing rules during a proclaimed state of emergency, and where local officials have imposed or recommended measures to promote social distancing; and

WHEREAS, on March 4, 2020, Governor Newsom issued a Proclamation of State of Emergency in response to the COVID-19 pandemic, and which remains in effect; and

WHEREAS, on September 30, 2021, Santa Cruz County Public Health Officer Dr. Gail Newel strongly recommended that legislative bodies in Santa Cruz County continue to engage in physical/social distancing by meeting via teleconference as allowed by AB 361 and confirmed that she will regularly review and reconsider this recommendation and notify the public when it is no longer recommended; and

WHEREAS, pursuant to AB 361 and Cal. Gov. Code section 54953(e)(3), within 30 days of the date the legislative body first holding a teleconferenced meeting under the modified rules, and every 30 days thereafter, a legislative body can continue to hold such teleconference meetings provided it has reconsidered the circumstances of the state of emergency and determined either that the state of emergency continues to directly impact the ability of the members to meet safely in person or that local officials continue to recommend measures to promote social distancing; and

WHEREAS, on October 19, 2022, the Santa Cruz County Housing for Health Partnership Policy Board, held a teleconference meeting under AB361; and

WHEREAS, this Policy Board has reconsidered the circumstances of the current state of emergency and finds that the COVID-19 pandemic continues to directly impact the ability of members of the public to participate safely in person and further finds that the Santa Cruz County Public Health Officer continues to recommend measures to promote social distancing; and

WHEREAS, in the interest of public health and safety, and due to the emergency caused by the spread of COVID-19, the Santa Cruz County Housing for Health Partnership Policy Board deems it necessary to utilize the modified teleconferencing rules set forth in AB 361;

NOW, THEREFORE, the Santa Cruz County Housing for Health Partnership Policy Board makes the following findings by a majority vote:

Section 1. The foregoing recitals are true and correct, and adopted as findings of the Santa Cruz County Housing for Health Partnership Policy Board.

Section 2. Effective immediately, and for the next 30 days, the Santa Cruz County Housing for Health Partnership Policy Board will meet via teleconference as authorized under AB 361 and Government Code section 54953(e)(3).

Section 3. No later than thirty (30) days from making today’s findings, or at the next scheduled meeting, the Policy Board will reconsider the circumstances of the COVID-19 state of emergency and, if necessary, adopt subsequent findings to continue holding teleconference meetings in accordance with Government Code section 54953(e)(3).

PASSED AND ADOPTED by the Santa Cruz County Housing for Health Partnership Policy Board in Santa Cruz, State of California, this 14th day of December 2022, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST: _____

Department Staff

Approved as to Form:

Office of the County Counsel

Action Item 2: Approval of Meeting Minutes

(Action required) – Robert Ratner

Recommendation

Approve the October 19, 2022 Housing for Health Partnership Policy Board Regular Meeting minutes.

Suggested Motion

I move to approve the October 19, 2022 Housing for Health Partnership Policy Board Regular Meeting minutes.



**Housing for Health Partnership Policy Board
Regular Meeting Minutes
October 19, 2022**

Call to Order/Welcome

Present: Heather Rogers, JP Butler, Jamie Goldstein, Judy Hutchison, Larry Imwalle, Manu Koenig, Martine Watkins, Ryan Coonerty, Stephanie Sonnenshine, Susan True, Suzi Merriam, Tamara Vides, Tiffany Cantrell-Warren

Absent: Mariah Lyons

Additions and Deletions to the Agenda: None

Non-Agenda Public Comment

No public comment received.

Action Items (vote required):

1. Findings Authorizing Teleconference Meetings

*Motion to Approve: Jamie Goldstein
Motion Seconded: Manu Koenig
Abstentions: None
Board Action: All in favor, motion passed.*

2. Approval of Minutes: August 17, 2022 Regular Meeting

*Motion to Approve: Heather Rogers
Motion Seconded: Martine Watkins
Abstentions: None
Board Action: All in favor, motion passed.*

3. Approval of Minutes: September 14, 2022, Special Meeting.

*Motion to Approve: Tamara Vides
Motion Seconded: Judy Hutchison
Abstentions: Manu Koenig, Heather Rogers, Martine Watkins, Suzi Merriam
Board Action: JP Butler, Jamie Goldstein, Judy Hutchison, Larry Imwalle, Ryan Coonerty, Stephanie Sonnenshine, Susan True, Tamara Vides, Tiffany Cantrell-Warren in favor, motion passed*

4. Adoption of Updated HMIS Policies, Procedures, and Forms

Discussion: Robert Ratner showed a slide to describe the need for an HMIS policy update. HMIS policies were last updated in 2009 and need to be updated to meet current federal and state regulations and expectations. Historically, agencies using HMIS needed to pay a fee to access the system. Housing for Health staff have made changes to overall CoC financing strategies to eliminate the need for this structure. However, since the current HMIS vendor

fee structure is partially based on the number of users, there are still budgetary limits on system access.

Questions were raised if there is currently available data to determine if the HMIS policy changes result in improvements in data quality and system performance. Board members inquired about a policy that allows volunteers HMIS system access but not subcontractors. Board members inquired about removing references to the HMIS vendor in the policy document.

Questions were raised on if data on last permanent residence is collected in the system and if this data could be reviewed as part of a data quality monitoring process. Staff indicated they would investigate the possibility of making these questions a required data field. Robert Ratner noted that a new H4H analyst will be responsible for coordinating the implementation of the new policies and data quality improvement efforts.

Public comment – No public comment received.

Motion –adopt the updated HMIS policies, procedures, and forms and direct Housing for Health Division staff to develop and execute an implementation plan based on the new policies, procedures, and forms. Update the document to allow for subcontractor access under specific circumstances. Remove references to the vendor in the final document. Edit the final document to include a table of contents and increase readability. Direct staff to find ways to improve the data quality of the previous residence question in the system.

*Motion to Approve: Manu Koenig
Motion Seconded: Ryan Coonerty
Abstentions: None
Board Action: All in favor, motion passed*

5. Adoption of Low-Barrier Navigation Center Standards

Discussion – Board members represented on the H4HP Operations committee discussed the development of the standards for shelters, a CoC requirement. These CoC standards were last updated in 2017. The drafting process included a review of current local standards, other community standards, public funding expectations, and discussions within the CoC operations committee. Suggestions were made on the need to have a compliance officer to monitor these standards. Questions were raised about whether the standards were mandatory or aspirational. Concerns were raised that some agencies may find adhering to these standards a challenge. H4H staff noted the standards include a mix of federal and state legal mandates and aspirational standards associated with higher quality programs with better outcomes. Discussed suggestions to review the language specifically around adjudicated convictions as homeless populations are more subject to arrests at a far greater

rate than the rest of population. These touch on equity and should be looked at. Discussed amending language from criminal record to criminal conviction. H4H staff were asked to update the standards to distinguish between legal requirements, local required standards, and optional quality standards. H4H staff were asked to clarify how the standards will be used and monitored.

Public comment – No public comment received.

Motion – no action was taken. H4H staff to do more work and bring it back to Board as a future action item.

Information Items (no vote required):

6. Santa Cruz and Monterey County CoC – CalAIM Update Community Meeting - October 26, 2022, 2-3:30 pm.
7. Recovery Café San Jose Informational Tour – November 9, 2022, 3-4 pm.
8. 2023 Point In Time (PIT) Count Initial Community Planning Meeting – October 27, 11am-12pm
9. Youth Advisory Board and Lived Experience Advisory Board Planning
10. No Place Like Home (\$18,174,282 + \$4,097,054) and State Budget Awards \$8M for Supportive Housing.
If Harvey West Studios receives an additional California HCD grant award, construction on the supportive housing project would start in the spring of 2023.
11. City of Santa Cruz – Coral Street – Design Charette with Dahlin Group.
City of Santa Cruz is sponsoring a series of meetings to solicit community feedback to establish a design framework for housing, facilities, and services in and around the Housing Matters Coral St. campus. At least one public meeting will be held in December 2022 or January 2023.

Report/Discussion Items (no vote required):

12. Housing for Health Partnership Policy Board Meeting Scheduling and Co-Chair Discussion
Policy board co-chairs are needed for 2023. Discussed desire to move toward in-person meetings in 2023 with meetings to be held in the central part of the county in an accessible location. Proposed actions to be brought to the Board at the next meeting.

Board Member Announcements

- AFC is having a 10-year celebration. Location of the event will be at St John episcopal on November 27 at 5pm.



- There will be Freedom Rotary fund raiser for Pajaro Valley. Funds raised will towards playground equipment Pajaro Valley. Ticket and event details can be found at <https://www.eventbrite.com/e/uncork-corrallitos-tickets-411617036637>

Adjournment

Next Meeting

Housing for Health Partnership Policy Board December 14, 2022 @ 4 pm

DRAFT

Action Item 3: Approval of 2023 Co-Chair Nominees

(Action required) – Robert Ratner

Recommendation

Approve Tiffany Cantrell-Warren, Santa Cruz County Health Services Agency, Assistant director to a two-year term as a Housing for Health Partnership Policy Board co-chair beginning January 1, 2023 and ending December 31, 2024. Approve Tamara Vides, City of Watsonville, Assistant City Manager to a one-year term as a Housing for Health Partnership Policy Board co-chair beginning January 1, 2023 and ending December 31, 2023.

Background

The current Continuum of Care (CoC) governance charter for the Housing for Health Partnership adopted on June 18, 2021 calls for the Policy Board to elect two co-chairs. The co-chairs are responsible for working with staff to develop meeting agendas and to chair Board meetings. Staff will assist with meeting facilitation and the presentation of agenda items. The governance charter calls for two-year co-chair terms with staggering of the terms. The first selection of co-chairs requires one of the first two co-chair terms to be for a special one-year term. For calendar year 2023 meetings, staff recommend that Tamara Vides serve as the primary meeting chair with support from Tiffany as needed.

Members of the Policy Board serve two-year terms. There are no current governance charter limits on the length of co-chair terms. Co-chairs are selected by members of the Policy Board by majority vote. Appointing bodies have the authority to determine if term limits are set for appointments. All current Board members have terms ending December 31, 2023.

Suggested Motion

I move to approve Tiffany Cantrell-Warren to a two-year Policy Board co-chair role and Tamara Vides to a one-year Policy Board co-chair role.

Action Item 4: Approval of 2023 Regular Meeting Schedule and Location

(Action required) – Robert Ratner

Recommendations

Approve staff recommendation to hold 2023 Housing for Health Partnership Policy Board meetings in-person on Wednesdays on the following dates: February 15, April 19, June 21, August 16, October 18, and December 13. Select a regular meeting start time at either 12:30 pm or 3 pm on these dates. Approve staff recommendation to host meetings at the City of Capitola administrative building pending confirmation of room availability or another accessible central county location that can manage teleconferencing. Staff do not recommend hosting hybrid in-person and virtual meetings.

Background

The current Continuum of Care (CoC) governance charter for the Housing for Health Partnership, adopted on June 18, 2021, calls for the Policy Board to meet at least six times per year every other month. Due to the COVID-19 pandemic, all 2022 Policy Board meetings were held virtually. Statewide laws and regulations that allow for virtual public meetings are likely to expire in February 2023. 2023 meeting dates, times, and locations need to be determined to maximize the participation of staff, Board members, and members of the public.

Suggested Motion

I move to approve the recommended 2023 Housing for Health Partnership Policy Board meeting dates at <preferred start time of either 12:30 or 3:30 pm> and staff recommended location parameters.

Action Item 5: Approval of Housing for Health Partnership (H4HP) Operations Committee Coordinated Entry System Recommendations

(Action required) – Monica Lippi/CoC Operations Committee

Recommendation

Approve three action steps approved by the Operations Committee at their November 17, 2022, meeting, to allow H4HP to progress towards the Coordinated Entry Redesign anticipated to be launched on April 1, 2023.

1. The current coordinated entry assessment tool, the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) will no longer be used as an assessment after December 31, 2022.
2. Specific supportive services staff from several organizations may voluntarily engage in early phase implementation testing of housing problem solving using paper versions of a new coordinated entry assessment, the Housing Needs Assessment, and a Housing Action Plan from January 2023 through March 2023.
3. Active participants on the current coordinated entry community queue as of December 31, 2022, will continue to be prioritized, matched, and referred to available housing and supportive services resources based on VI-SPDAT scores through March 2023.

Background

The U.S. Department of Housing and Urban Development (HUD) requires Continuums of Care (CoCs) to establish and operate a “centralized or coordinated assessment system” (referred to as “coordinated entry” or “coordinated entry process”) with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources. Both the CoC and ESG Program interim rules require use of the CoC’s coordinated entry process if it meets HUD requirements. Coordinated entry processes are intended to help communities prioritize people who are most in need of assistance. They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources.

Housing for Health Division (H4H) staff, working with Bitfocus and Focus Strategies, has developed a proposed redesign of the coordinated entry process for the CoC. H4H staff has involved community members and people with lived experience of homelessness in the development of the proposed redesign. The proposed redesign uses a problem-solving approach to work with people experiencing homelessness in moving towards stable housing; staff providing this service are referred to as Connectors. The approach is intended to facilitate frequent and useful engagement with people experiencing homelessness, as well as more transparency for participants and service providers about who will be referred to housing programs and the probability of a referral within a given timeframe. The new proposed coordinated entry process seeks to acknowledge system resource limitations and offer individuals seeking assistance with a minimum level of services and resources that may assist them on a pathway back to stable housing.

Two foundational tools are proposed to be used for problem solving: the Housing Needs Assessment (HNA) and the Housing Action Plan (HAP). The Housing Needs Assessment (HNA) is designed to fulfill two primary purposes -- to provide Connectors and participants with the information needed to create and act together on an individualized Housing Action Plan, and to provide information for H4H coordinated entry staff to determine which participants are eligible and prioritized for H4HP-supported housing and services. Most of

the HNA questions are self-reported by a participant. The questions are intended to be asked in a conversational way and Connectors will be trained to use the HNA to help meet immediate needs as well as identify longer-term strategies to assist participants. A few questions at the end are for the Connector to answer based on their interactions with the participant. The Housing Action Plan (HAP) provides the Connector and participant with a tool to identify specific goals that will increase the likelihood of the participant finding a permanent home. Information included in the HAP consists of specific goals identified through the HNA, participant strengths, resources needed to achieve the goal, actions the participant and Connector will take, and the target date for achieving the goal.

H4H staff has been reviewing the proposed redesign with CoC Operational Committee members. The goal is to implement the redesign in April 2023. To achieve that goal, H4H staff and CoC Operational Committee members are requesting three initial steps be approved by the Policy Board. These steps fit within a timeline for and staging of future discussions and actions with the Operations Committee and Policy Board through April 2023.

H4H and BitFocus, the H4HP Homeless Management Information System (HMIS) vendor, staff anticipate full implementation of the proposed changes will likely take at least the first six months of 2023.

Suggested Motion

I move to approve three action steps supported by the Operations Committee at their November 17, 2022, to allow H4HP to progress towards the Coordinated Entry Redesign anticipated to be launched on April 1, 2023. These three action steps include:

1. The current coordinated entry assessment tool, the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) will no longer be used as an assessment after December 31, 2022.
2. Specific supportive services staff from several organizations may voluntarily engage in early phase implementation testing of housing problem solving using paper versions of a new coordinated entry assessment, the Housing Needs Assessment, and a Housing Action Plan from January 2023 through March 2023.
3. Active participants on the current coordinated entry community queue as of December 31, 2022, will continue to be prioritized, matched, and referred to available housing and supportive services resources based on VI-SPDAT scores through March 2023.

Information Item 6: CalAIM Housing and Homeless Incentive Program (HHIP)

Background

The Housing and Homelessness Incentive Program (HHIP) is a Medi-Cal Managed Care Plan (MCP) incentive program through which MCPs may earn incentive funds for improving health outcomes and access to whole person care services by addressing homelessness and housing insecurity as social drivers of health and health disparities. The HHIP rewards MCPs for developing the necessary capacity and partnerships to connect their members to needed housing services and taking active steps to reduce and prevent homelessness.

The California Department of Health Care Services (DHCS) created an Investment Plan (IP) Template as a required submission for MCPs seeking to participate in the HHIP. The primary goal of the IP is for MCPs participating in the HHIP to demonstrate to DHCS that they have a clear plan for achieving measures and targets across the course of the program, in collaboration with their local partners, through targeted investments in activities and efforts that align with program measures and goals and support the MCP's performance strategies. MCPs will be eligible to earn incentive payments for successful completion and submission of the IP, subject to acceptance of the IP by DHCS. The IP is worth up to 10% of each MCP's allocated earnable funds for HHIP overall. DHCS will evaluate the IP based on the MCP's demonstration of a meaningful investment strategy, including how adequately stated needs are addressed and how effectively funding is targeted, to support the achievement of program measures and goals.

Participating MCPs will be eligible to earn HHIP payments for the successful completion or achievement of HHIP program milestones and measures. Such payments do not constitute pre-funding or reimbursement for investments made using MCP funds in pursuit of program milestones and measures. Once the HHIP payments are earned by the MCP, DHCS does not direct or restrict the MCP's use of the earned incentive funds.

Each MCP must collaborate with the local Continuum(s) of Care (CoCs) to complete one IP per county in which they are participating in HHIP. Investment plans were due to DHCS by September 30, 2022. The Central California Alliance for Health submitted a HHIP investment plan for Santa Cruz County. Up to \$14.6M of one-time funding is available to be earned through the HHIP. Funds cannot be used for permanent housing projects or room and board per federal regulations.

Key elements of the Santa Cruz County HHIP IP include:

- *Property owner engagement and incentives*
- *Expanding street outreach and engagement*
- *Engaging people with lived experience of homelessness in program/policy design and evaluation*
- *Adding health risk factors to the coordinated entry assessment and prioritization process*
- *Support for creating additional low-barrier housing navigation center capacity*
- *Supporting cross-system data sharing and integration*
- *Increasing provider capacity to coordinated care and share data*
- *Support for action plans to reduce racial and ethnic and other disparities in preventing and ending homelessness*
- *Develop systems for tracking and managing referrals to community support housing services*

Pending DHCS approval, H4H and Alliance staff are planning to launch implementation of some of the activities outlined above in early 2023.

Information Item 7: 2023 Point In Time (PIT) Count Community Planning and Volunteer Recruitment



Sign up to Volunteer for the 2023 PIT Count!

As the County of Santa Cruz transitions to conducting the PIT Count annually, continued community support will be key to collecting accurate and timely data on homelessness. The 2023 PIT count will take place on Thursday, Jan. 26, 2023 using an app-based data collection tool, and will cover the entire county in one morning. [Sign up to volunteer here.](#)

Volunteers are an integral part of the PIT Count effort; they help support a robust and accurate collection of data on our neighbors experiencing homelessness. Volunteers will work in groups on Jan. 26 from 5:00 a.m. to 10:00 a.m., meeting their team members either at a central deployment center location or a convenient location before walking/driving their assigned routes and aiding with data collection. Volunteers are asked to bring their vehicles to use in the count if they are able.

Questions? Contact Alex Werner at alex@appliedsurveyresearch.org.

Reminder: The Housing for Health Partnership and Applied Survey Research will be hosting community meetings to gather input and volunteers for the January 2023 PIT count of persons experiencing homelessness in Santa Cruz County. Mark your calendar for upcoming meeting dates below.

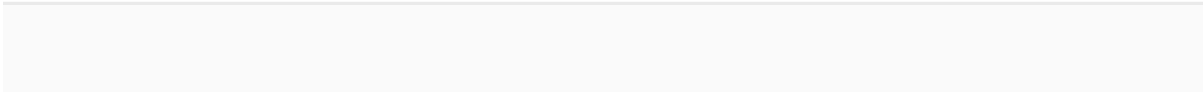
Friday, Dec. 16, 2022, from 11:00 a.m. to 12:00 p.m.

Thursday, Jan. 12, 2022, in person. More information coming soon.

[RSVP here.](#)

If you have questions about the community meetings, please contact:

john@appliedsurveyresearch.org or info@housingforhealthpartnership.org.



Help Shape the Future of Coral Street

The City of Santa Cruz invites all Santa Cruz Community members to a planning and design exercise to help shape the future of the Coral Street area. Join us at the Coral Street Design Forum on **Dec. 12 from 5:00 p.m. - 7:00 p.m. at London Nelson Community Center, 301 Center St., Santa Cruz.** This meeting offers an opportunity to share input and ideas to synthesize a community-wide vision for housing, shelter services and personal and medical care with the intention of creating a vibrant, supportive, inclusive and accessible neighborhood.



JOIN US Coral Street Design Forum

London Nelson Community Center
301 Center Street, Santa Cruz
December 12th | 5pm-7pm

Creating a community-wide vision for housing, shelter services, personal and medical care, and amenities that will create a vibrant, supportive, inclusive, and accessible neighborhood.





Homeless Memorial

Wednesday, December 21, 2022 at 10am

**Santa Cruz County Veterans Memorial Building
846 Front St, Santa Cruz**

On or about the longest night of the year – the Winter Solstice – communities across the country gather to remember neighbors who have died unhoused in the past year. This year marks the 24th year for the remembrance gathering in Santa Cruz County.

All are welcome.

**For more information, please contact:
Joey Crottogini at Homeless Persons Health Project (HHP) (831) 454-2080
Tom Stagg at Housing Matters (831) 458-6020**

Information Item 10: H4HP Policy Board Replacement Nominees

Background

The Housing for Health Partnership Governance charter stipulates that if any Policy Board member is unable to serve their full two-year term on the Board that the appointing body for the individual member may appoint a replacement for the duration of their term. Several current Policy Board members will be unable to serve their full two-year term on the Board. H4H staff have reached out to the designated appointing entities for these slots to request alternative appointments to serve on the Board in 2023. H4H staff hoped to have replacements identified prior to the February 2023 meeting. Some proposed replacements may require Policy Board approval at the February 2023 meeting.

Report/Discussion Item 11: California Homeless Housing, Assistance and Prevention (HHAP) Round 3 and Round 4 Funding and Action Plan Update

Background

On November 3, 2022, Governor Newsom rejected every local California jurisdiction's HHAP funding request because *"Californians demand accountability and results, not selling for the status quo. As a state, we are failing to meet the urgency of this moment. Collectively, these plans set a goal to reduce street homelessness 2% statewide by 2024. At this pace, it would take decades to significantly curb homelessness in California – this approach is simply unacceptable. Everyone has to do better – cities, counties, and the state included. We are all in this together."*

The Governor's actions resulted in a temporary freeze on over \$4.7 million in HHAP-3 funding approvals for Santa Cruz County. The Housing for Health Policy Board approved of our local HHAP-3 action plan at the June 8, 2022, meeting of the Board. On November 18, 2022, the Governor convened local leaders in Sacramento to discuss their local action plans and "set a path forward for applicants to receive their HHAP round three funding, with grants being released as early as next week – provided that local governments agree to more ambitious reductions in unsheltered homelessness."

Since the Governor's action, H4H staff have agreed to meet state requirements for securing HHAP Round 3 and Round 4 funding. This includes establishing more ambitious goals in our Round 4 funding application and agreeing to implement state identified best practices. A copy of the required "HHAP-4 Guidance" document is included with this Board packet. The Housing for Health Division Director signed the required document given that Santa Cruz County is already implementing most of the identified best practices and shares a commitment to reducing unsheltered or street homelessness.

In addition to submitting this document to the California Interagency Council on Homelessness (CalICH), H4H staff and consultants prepared a HHAP-4 application for submission to the state in the absence of a known funding allocation for this round of funding. HHAP-4 funding allocation decisions are awaiting final HUD publication of 2022 Point-In-Time (PIT) counts in California to adjust local allocations based on the results of these counts. The Board packet includes a table comparing HHAP-3 and HHAP-4 application outcome goals submitted to Cal ICH and a copy of the HHAP-4 application submitted to the state. The HHAP-4 application submitted to the state used the same proposed budget percentage breakdown approved by the Policy Board for the HHAP-3 application.



HHAP-4 GUIDANCE

Thank you for your partnership in the development of the Homeless Housing, Assistance and Prevention Round 4 (HHAP-4) applications. Supporting robust goals that propose to reduce the number of people experiencing unsheltered homelessness and increase the number of people placed in permanent housing is a top priority for the state. We must also ensure that HHAP resources and solutions are advancing equity by reaching organizations, neighborhoods, and communities that have been marginalized and under-resourced.

Commitment

In the spirit of partnership, your HHAP-4 plan will be objectively conditioned upon committing to further your HHAP-3 outcome goals by pursuing the following:

1. Establish outcome goals for 1B that result in a reduction in unsheltered homelessness and agree to adjust your existing HHAP-3 outcome goal for 1B to achieve a reduction in unsheltered homelessness pursuant to Health and Safety Code §50220.7. Additional technical assistance will be provided to help you establish these outcome goals during the HHAP-4 consultation and review process.
2. Implement as many of the best practices listed below as possible.

Best Practices

- 1) Enter into regional Memoranda of Understanding (MOUs) with detailed commitments that focus on coordinating and integrating interim and permanent housing resources (both capital and rental subsidies), supportive services, and outreach and engagement strategies.
- 2) Streamline Coordinated Entry System processes to ensure that housing resources are being effectively matched to people based on need so that the right housing interventions are being targeted to the right people at the right time.
- 3) Utilize available land slated for supportive housing development for interim housing solutions during the entitlement process, where feasible.
- 4) Streamline multifamily affordable housing development, specifically housing Extremely Low and Very Low-Income housing, and further efforts to remove local barriers to development and accelerate the implementation of state laws that provide for streamlined approval of affordable housing.
- 5) Develop and strengthen relationships with local Public Housing Authorities (PHA) to increase voucher utilization and success rates, implement strategies



to maximize emergency vouchers for households experiencing homelessness or at imminent risk of homelessness; explore prioritization for special populations; work with landlords to increase participation; and pair PHA resources, including vouchers, with services and housing units to create permanent supportive housing opportunities.

- 6) Leverage funding sources, including, but not limited to, CalAIM, Housing and Homelessness Incentive Program, Behavioral Health Bridge Housing, Homekey, Mental Health Services Act, Emergency Solutions Grants or other locally funded rental assistance opportunities.
- 7) Establish cross-system partnerships to enhance person-centered and effective homelessness response system outcomes. Examples include partnerships with local jails and/or sheriff departments, child welfare agencies, and/or institutions of higher education.

During the HHAP-4 review process, you will be asked to provide a written narrative that describes which of the best practices above will be implemented or are already being implemented. If a specified best practice is not within your authority, or you are otherwise limited in implementing a specific best practice, you will be asked to specify that limitation during the HHAP-4 review process.

Cal ICH requests that a program designee attest to the foregoing commitment and transmit a signed copy to Cal ICH at HHAP@bcsh.ca.gov as soon as possible, but no later than November 29, 2022.

Santa Cruz County

Authorized Signatory: *Robert Ratner*

[Robert Ratner, Director, Housing for Health Division, County of Santa Cruz Human Services Department](#)

SIDE BY SIDE COMPARISON OF HHAP 3 AND HHAP 4 Outcome Goals

Outcome Goal #1a: Reducing the number of persons experiencing homelessness (# of people accessing services who are experiencing homelessness).

	Baseline Data:	Decrease/Increase in # of People	Decrease/Increase as % Change from Baseline	HHAP-3 vs. HHAP-4 Change +/-
HHAP 3 (CY2020)	2,629	263	Increase of 10%	No change
HHAP 4 (CY2021)	2,612	261	Increase of 10%	

Outcome Goal #1b: Reducing the number of persons experiencing homelessness on a daily basis (PIT count of unsheltered people)

	Baseline Data:	Reduction in # of People	Reduction as % Change from Baseline	HHAP-3 vs. HHAP-4 Change +/-
HHAP 3 (CY2020)	1,700	0	0%	From 0% to 20% reduction
HHAP 4 (CY2021)	1,774	-354	-20%	

Outcome Goal #2: Reducing the number of persons who become homeless for the first time (no entries in prior 24 mos.)

	Baseline Data:	Reduction in # of People	Reduction as % Change from Baseline	HHAP-3 vs. HHAP-4 Change +/-
HHAP 3 (CY2020)	1,229	-25	-2%	From 2% to 10% reduction
HHAP 4 (CY2021)	1,062	-106	-10%	

Outcome Goal #3: Increasing the number of people exiting homelessness into permanent housing (last 12 months).

	Baseline Data:	Increase in # of People	Increase as % Change from Baseline	HHAP-3 vs. HHAP-4 Change +/-
HHAP 3 (CY2020)	558	56	10%	From 10% to 15% increase
HHAP 4 (CY2021)	641	96	15%	

Outcome Goal #4: Reducing the length of time (in days) persons remain homeless.

	Baseline Data:	Decrease in Average # of Days	Decrease as % Change from Baseline	HHAP-3 vs. HHAP-4 Change +/-
HHAP 3 (CY2020)	152	0	0%	From 0% to 15% reduction
HHAP 4 (CY2021)	175	-26	-15%	

Outcome Goal #5: Reducing the number of persons who return to homelessness (within 6 months) after exiting homelessness to permanent housing.

	Baseline Data:	Decrease in % of People who return to Homelessness	Decrease as % Change from Baseline	HHAP-3 vs. HHAP-4 Change +/-
HHAP 3 (CY2020)	6%	0%	0%	No change
HHAP 4 (CY2021)	4%	0	0%	

Outcome Goal #6: Increasing successful exits to temporary or permanent housing from street outreach.

	Baseline Data:	Increase in # of People Successfully Placed from Street Outreach	Increase as % of Baseline	HHAP-3 vs. HHAP-4 Change +/-
HHAP 3 (CY2020)	0	50	N/A	No change
HHAP 4 (CY2021)	0	50	100%	

3-year HHAP-3 performance period = July 1, 2021 - June 30, 2024 ("Graded" on FY23-24 annual period and unknown PIT count year)

3-year HHAP-4 performance period = July 1, 2022 - June 30, 2025 ("Graded" on FY24-25 annual period and assume 2024 PIT count)



California Interagency Council on Homelessness

Homeless Housing, Assistance and Prevention Round 4 Application

Application Information

Application Due Date: 11/29/2022

This Cognito platform is the submission portal for the Cal ICH HHAP-4 Application. You will be required to upload a full copy of the HHAP-4 Data Tables Template and enter information into the portal from specific parts of the HHAP-4 Local Homelessness Action Plan and Application Template as outlined below.

Please review the following HHAP-4 resources prior to beginning this application:

- [Homeless Housing, Assistance, and Prevention Program Statute](#)
- [HHAP-4 Local Homelessness Action Plan & Application Template](#) and
- [HHAP-4 Data Tables](#)

Application Submission for HHAP-4 Funding

Using the [HHAP-4 Local Homelessness Action Plan & Application Template](#) as a guide, applicants must provide the following information in the applicable form section (see below) to submit a complete application for HHAP-4 funding:

1. **Part I: Landscape Analysis of Needs, Demographics, And Funding:** the information required in this section will be provided in Tables 1, 2, and 3 of the HHAP-4 Data Tables file uploaded in the *Document Upload* section.
2. **Part II: Outcome Goals and Strategies for Achieving Those Goals:** the information required in this section will be provided in Tables 4 and 5 of the HHAP-4 Data Tables file uploaded in the *Document Upload* section, **AND** copy and pasted into the fields in the *Outcome Goals and Strategies* section of this application form.
3. **Part III: Narrative Responses:** the information required in this section will be provided by entering the responses to the narrative questions within the *Narrative Responses* section of this application form. Applicants are **NOT** required to upload a separate document with the responses to these narrative questions, though applicants may do so if they wish. The responses entered into this

Cognito form will be considered the official responses to the required narrative questions.

4. **Part IV: HHAP-4 Funding Plans and Strategic Intent Narrative:** the information required in this section will be provided in Tables 6 and 7 (as applicable), of the HHAP-4 Data Tables file uploaded in the *Document Upload* section, **AND** copy and pasted into the fields in the *Funding Plan Strategic Intent* section of this application form.
5. **Evidence of meeting the requirement to agendize the application at a meeting of the governing board** will be provided as a file upload in the *Document Upload* section.

How to Navigate this Form

This application form is divided into **seven sections**. The actions you must take within each section are described below.

- **Applicant Information:** In this section, indicate (1) whether you will be submitting an individual or joint application, (2) list the eligible applicant jurisdiction(s), and (3) provide information about the Administrative Entity.
- **Document Upload:** In this section, upload (1) the completed HHAP-4 Data Tables as an Excel file, (2) evidence of meeting the requirement to agendize the application at a regular meeting of the governing board where public comments may be received, and (3) any other supporting documentation you may wish to provide to support your application.
- **Part I. Landscape Analysis:** In this section, answer the questions confirming that Tables 1, 2, and 3 have been completed and included in the HHAP-4 Data Tables file uploaded in the previous section.
- **Part II. Outcome Goals and Strategies:** In this section, copy and paste your responses from Tables 4 and 5 of the completed HHAP-4 Data Tables.
- **Part III. Narrative:** In this section, enter your responses from Part III of the HHAP-4 Local Homelessness Action Plan & Application Template.
- **Part IV. HHAP-4 Funding Plan Strategic Intent Narrative:** In this section, enter your responses from Tables 6 and 7 of the completed HHAP-4 Data Tables file, and answer the narrative questions.
- **Certification:** In this section, certify that the information is accurate and submit the application.

Prior to the submission deadline, you can save your progress in this application and come back to it later by clicking the save button. This will provide you with a link to the saved application, and there will be an option to email that link to the email address(es) of your choosing.

After submitting the application, you will not be able to make changes to your responses unless directed by Cal ICH staff.

I have reviewed the HHAP-4 statute, FAQs, and application template documents

Yes

I am a representative from an eligible CoC, Large City, and/or County

Yes

Applicant Information

List the eligible applicant(s) submitting this application for HHAP-4 funding below and check the corresponding box to indicate whether the applicant(s) is/are applying individually or jointly.

Eligible Applicant(s) and Individual or Joint Designation

Joint

This application represents the joint application for HHAP-4 funding on behalf of the following eligible applicant jurisdictions:

Joint Applicants Selection

Eligible Jurisdiction 1

Eligible Applicant Name

Santa Cruz County

Eligible Jurisdiction 2

Eligible Applicant Name

CA-508 Watsonville/Santa Cruz City & County CoC

Click + Add Eligible Jurisdiction above to add additional joint applicants as needed.

Administrative Entity Information

Funds awarded based on this application will be administered by the following Administrative Entity:

Administrative Entity

Santa Cruz County

Contact Person

SHERYL NORTEYE

Title

Senior Human Services Analyst

Contact Person Phone Number

(831) 454-7329

Contact Person Email

sheryl.norteye@santacruzcounty.us

*Agreement to Participate in HDIS and HMIS

By submitting this application, we agree to participate in a statewide Homeless Data Integration System, and to enter individuals served by this funding into the local Homeless Management Information System, in accordance with local protocols.

Document Upload

Upload the completed [HHAP-4 Data Tables](#) (in .xlsx format), evidence of meeting the requirement to agendaize the application at a regular meeting of the governing body where public comments may be received (such as a Board agenda or meeting minutes), and any other supporting documentation.

HHAP-4 Data Tables

Santa Cruz County and CoC Data Tables HHAP-4.xlsx

Governing Body Meeting Agenda or Minutes

Housing for Health Partnership Policy Board Meeting Agenda December 14 2022.docx

Part I. Landscape Analysis of Needs, Demographics, and Funding

Table 1 is fully completed and included in the HHAP-4 Data Tables file uploaded in the previous section.

Yes

Table 2 is fully completed and included in the HHAP-4 Data Tables file uploaded in the previous section.

Yes

Table 3 is fully completed and included in the HHAP-4 Data Tables file uploaded in the previous section.

Yes

Part II. Outcome Goals and Strategies for Achieving Those Goals

Copy and paste your responses to Tables 4 and 5 from the [HHAP-4 Data Tables](#) into the form below. All outcome goals are for the period between July 1, 2022 and June 30, 2025.

Table 4: Outcome Goals

Name of CoC

CA-508 Watsonville/Santa Cruz City & County CoC

1a. Reducing the number of persons experiencing homelessness.

Goal Statement

By the end of the performance period, HDIS data for the CA-508 Watsonville/Santa Cruz City & County CoC will show 2873 total people accessing services who are experiencing homelessness annually, representing 261 more people and a 10% increase from the baseline.

Goal Narrative

Given increased street outreach capacity through one-time grants, an anticipated increase in the number of households losing housing due to pandemic-related impacts, and a continuing tight housing market, we anticipate an increase in the # of people served over the next three years.

Baseline Data	Change in # of People	Change as % of Baseline	Target Annual Estimate of # of people accessing services who are experiencing homelessness
2,612	261	10%	2,873

Decrease/Increase in # of People

Increase

Optional Comments

N/A

Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:

2022 PIT data shows an increase in the number of people experiencing homelessness among particular subgroups. These include veterans, individuals with behavioral health conditions, and individuals with HIV/AIDS. Given expansions in street outreach capacity, we anticipate more contact with unhoused veterans through outreach programs. We are working closely with our local Medi-Cal managed care plan, Central California Alliance for Health, to expand temporary housing capacity, housing navigation, and tenancy-sustaining services over the next three years for people experiencing homelessness with significant health conditions. We anticipate seeing an increase in documented program enrollments and services for these populations.

Describe the trackable data goal(s) related to this Outcome Goal:

Increase enrollments of those with health conditions in CalAIM temporary housing and community support services by 50 people to improve documented program enrollments and services for these underserved

populations.

1b. Reducing the number of persons experiencing homelessness on a daily basis

Goal Statement

By the end of the performance period, data for the CA-508 Watsonville/Santa Cruz City & County CoC will show 1420 total people experiencing unsheltered homelessness daily, representing 354 fewer people and a 20% reduction from the baseline.

Goal Narrative

Given the availability of one-time resources from CalAIM, HHAP, and other state sources, we anticipate an expansion in outreach and services capacity as well as movement toward year-round low-barrier navigation center programming. These increased efforts should contribute to reductions in unsheltered homelessness unless the number of individuals losing housing increases at a higher rate than prior trends

Baseline Data	Change in # of People	Change as % of Baseline	Target Daily Estimate of # of people experiencing unsheltered homelessness
1,774	-354	-20%	1,420

Decrease/Increase in # of People

Decrease

Optional Comments

N/A

Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:

2022 PIT count data for the County shows an estimated 65% increase from 2019 in the number of unsheltered Blacks/African Americans in the County. Other HMIS data sets also show lower levels of access to services and housing resources among this population. Over the next three years, the community should focus attention on ensuring equitable and culturally affirming access to services and housing resources for this population.

Describe the trackable data goal(s) related to this Outcome Goal:

Please note that we intend to follow the principle of “nothing for us without us” therefore we will in partnership with BIPOC people with lived experience of homelessness, develop a Lived Experience Advisory Board that will make governance, policy, funding, programmatic, and service delivery recommendations to eliminate homelessness system racial and social disparities. Our trackable data to ensure accountability to this goal includes the following outputs: 1. Standing up the Lived Experience Advisory Board 2. Recruitment of at least 5-7 members 3. The group develops strategies to reduce the number of African Americans experiencing homelessness.

2. Reducing the number of persons who become newly homeless.

2. Reducing the number of persons who become newly

homeless.

Goal Statement

By the end of the performance period, HDIS data for the CA-508 Watsonville/Santa Cruz City & County CoC will show 956 total people become newly homeless each year, representing 106 fewer people and a 10% reduction from the baseline.

Goal Narrative

The County will be investing nearly \$1M in homelessness and eviction prevention resources in FY22-23 with an intention of reducing the number of households losing housing and entering homelessness. The ending of COVID-related eviction protections in a county identified as "high-risk" for housing instability in a UC Berkeley Turner Center for Housing Innovation report raises concerns about higher rates of evictions, displacement, and homelessness. We're projecting a slight decrease in the # of new people becoming homeless for the first time due to these competing forces.

Baseline Data	Change in # of People	Change as % of Baseline	Target Annual Estimate of # of people who become newly homeless each year
1,062	-106	-10%	956

Decrease/Increase in # of People

Decrease

Optional Comments

N/A

Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:

Comparing data from the 2019 and 2022 count shows the greatest increase (more than 50%) in homelessness among certain subpopulations including those with behavioral health conditions, HIV/AIDS, and Black/African Americans. Further information is needed to understand ways in which the community could prevent these populations from becoming homeless. One area for focus is deepening collaborations with health and behavioral health system providers to ensure appropriate institutional discharges, follow-up services, and linkages with housing-focused supportive services. CalAIM partnerships over the next three years will be critical for improving prevention efforts among these populations.

Describe the trackable data goal(s) related to this Outcome Goal:

Develop local HMIS measures by disaggregating data of subpopulations including those with behavioral health conditions, HIV/AIDS, and Black/African Americans by race and health to track causes more closely on households experiencing homelessness for the first time. We are looking for a 2% decrease in the number of persons who become homeless for the first time.

3. Increasing the number of people exiting homelessness into permanent housing.

3. Increasing the number of people exiting homelessness into permanent housing.

Goal Statement

By the end of the performance period, HDIS data for the CA-508 Watsonville/Santa Cruz City & County CoC will show 737 total people exiting homelessness into permanent housing annually, representing 96 more people and a 15% increase from the baseline

Goal Narrative

Expanded resources, planned permanent supportive housing projects through Project Homekey, and a systemwide focus on improved housing outcomes should result in increases in the number of people exiting homelessness to permanent housing. These efforts will be tempered by deepening affordability and rental vacancy challenges in the County as rental costs continue to increase with low rental unit supply.

Baseline Data	Change in # of People	Change as % of Baseline	Target Annual Estimate of # of people exiting homelessness into permanent housing
641	96	15%	737

Decrease/Increase in # of People
Increase

Optional Comments
N/A

Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:

According to HDIS data, exit percentages from homelessness to permanent housing are greater for white, Hispanic/latinx groups compared to other racial/ethnic groups. According to 2021 HDIS data, 38.3% of exits to permanent housing were among white, Hispanic/latinx groups and they represented 31.4% of those served. Whites, non-Hispanic/non-Latinx groups, represented 35.6% of exits to permanent housing and 44% of the population served. Blacks/American Americans and Multiple Race groups showed lower percentages of exits to permanent housing when compared to the % of the population served among these groups.

Describe the trackable data goal(s) related to this Outcome Goal:

Goal over the next 3 years will be to learn why returns to homelessness and Permanent Housing exits are better for White, Hispanic/Latinx and to make improvements with the white/non-Hispanic group. We aim to close this gap by at least 1% point for three groups: white, non-Hispanic; black/AA; multiple races.

4. Reducing the length of time persons remain homeless.

4. Reducing the length of time persons remain homeless.

Goal Statement

By the end of the performance period, HDIS data for the CA-508 Watsonville/Santa Cruz City & County CoC will show 149 days as the average length of time that persons are enrolled in street outreach, emergency shelter, transitional housing, Safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs annually, representing 26 fewer people and a 15% reduction from the baseline.

Goal Narrative

The prior three years of HDIS data indicate a gradual increase in the # of cumulative days homeless. We plan to work toward decreasing this trend through expanding outreach and incentives for private landlords to partner with existing RRH and PSH programs and by making changes to shelter standards and operational resources

Baseline Data	Change in # of Days	Change as % of Baseline	Target Average length of time (in # of days) persons enrolled in street outreach, emergency shelter, transitional housing, safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs
175	-26	-15%	149

Decrease/Increase in # of Days
Decrease

Optional Comments
N/A

Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:

According to the HDIS data, 10.5% of all people with a move-in to permanent housing from rapid rehousing were people of multiple races. It further showed Black/African Americans represented 2.6% of these move-ins from rapid rehousing. The data also shows the median number of days between enrollments in rapid rehousing and permanent supportive housing programs and time to move in among Black/African Americans and Multiple races is 36 days and 104 days respectively. Over the next three years, the community would like to see greater consistency among these lengths of time for move-in dates for people of multiple races and Black/African Americans.

Describe the trackable data goal(s) related to this Outcome Goal:

Reduce the percentage of Black/African Americans and people of multiple races who move in from Rapid Rehousing to Permanent housing by 5%.

5. Reducing the number of persons who return to homelessness within two years after exiting homelessness to permanent housing.

5. Reducing the number of persons who return to homelessness within two years after exiting homelessness to permanent housing.

Goal Statement

By the end of the performance period, HDIS data for the CA-508 Watsonville/Santa Cruz City & County

CoC will show 4% of people return to homelessness within 2 years after having exited homelessness to permanent housing, representing 0 fewer people and 0% reduction from the baseline.

Goal Narrative

Working over the next three years to provide housing/tenancy sustaining services for those exiting to permanent housing will be a priority over the next three years, particularly for those with behavioral health conditions.

Baseline Data	Change in % of People	Change as % of Baseline	Target % of people who return to homelessness within 2 years after having exited homelessness to permanent housing
4%	0%	0%	4%

Decrease/Increase in # of People

Decrease

Optional Comments

N/A

Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:

HDIS baseline data over the past three years shows a 25% higher rate of returns to homelessness among those with behavioral health conditions, particularly those with substance use disorders. Working toward reducing the risk of relapse and housing loss will be an important area of focus over the next three years.

Describe the trackable data goal(s) related to this Outcome Goal:

Reduce returns to homelessness among those with behavioral health conditions, particularly those with substance use disorders by 5%. The aim is to get to 20% or lower.

6. Increasing successful placements from street outreach.

6. Increasing successful placements from street outreach.

Goal Statement

By the end of the performance period, HDIS data for the CA-508 Watsonville/Santa Cruz City & County CoC will show 50 total people served in street outreach projects exit to emergency shelters, safe havens, transitional housing, or permanent housing destinations annually, representing 50 more people and a 100% increase from the baseline.

Goal Narrative

Historically, the community has not operated sustained street outreach projects that utilize HMIS data for tracking their efforts. One-time funding has been secured by the County Behavioral Health Department to expand street outreach for those struggling with behavioral health issues and the Housing for Health Division also secured one-time funding for outreach to unincorporated areas of the County. In addition, the County has invested in the development and utilization of an outreach module within its HMIS system over the next three years.

Baseline Data	Change in # of People	Change as % of Baseline	Target Annual # of people served in street outreach projects who exit to
---------------	-----------------------	-------------------------	--

0

50

100%

emergency shelter, safe haven,
transitional housing, or permanent
housing destinations.
50

Decrease/Increase in # of People

Increase

Optional Comments

N/A

Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:

2022 PIT count data indicate significant increases in the # of unsheltered individuals struggling with behavioral health conditions, HIV/AIDS, and veterans. Over the next three years, we hope to see increased street outreach enrollments among these groups and linkage of these groups to pathways to permanent housing.

Describe the trackable data goal(s) related to this Outcome Goal:

Program outreach enrollment among unsheltered priority groups via demographic data; see an increase of 50 people transitioning from street outreach to a housing pathway.

Table 5: Strategies to Achieve Outcome Goals

Strategy 1

Type of Strategy

Increasing investments into, or otherwise scaling up, specific interventions or program types

Description

Increased efforts in eviction and homelessness prevention investments

Timeframe

June 2022 - June 2025

Entities with Lead Responsibilities

Housing for Health Division; Emergency Rental Assistance Local Partner Network Providers

Measurable Targets

of households assisted to secure prevention funding; # that receive tenancy sustaining services; racial/ethnic groups receiving assistance

Performance Measure(s) to Be Impacted (Check all that apply)

1. Reducing the number of persons experiencing homelessness.
2. Reducing the number of persons who become homeless for the first time.
5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.
7. Focused on equity goals related to underserved populations and populations disproportionately

impacted by homelessness.

Strategy 2

Type of Strategy

Strategic uses of other sources of funding

Description

Permanent supportive housing expansions through Project Homekey applications and projects and real estate partnership incentives.

Timeframe

Present - June 2025

Entities with Lead Responsibilities

Housing for Health Division, Housing Authority

Measurable Targets

Increase # of build permanent supportive housing units (Homekey + other funding); increased utilization of dedicated Housing Authority vouchers in private market; access to PSH for those with behavioral health conditions, HIV/AIDS, and other chronic health conditions

Performance Measure(s) to Be Impacted (Check all that apply)

1. Reducing the number of persons experiencing homelessness.
3. Increasing the number of people exiting homelessness into permanent housing.
4. Reducing the length of time persons remain homeless.
7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

Strategy 3

Type of Strategy

Strengthening systemic efforts and processes, such as coordinated entry and assessment processes, landlord engagement efforts, housing navigation strategies, and other systemic improvements

Description

Low barrier housing navigation center program development and improvement countywide through the enhanced Coordinated Entry process, increased engagements with Landlords/Landlord incentive program, and other housing problem efforts.

Timeframe

Present - June 2025

Entities with Lead Responsibilities

Housing for Health Division, local/city partners, Central California Alliance for Health

Measurable Targets

Increase baseline capacity from pre-COVID period; improved income, benefit, and housing outcomes among programs; # of referrals of unsheltered to shelter; race/ethnicity review of access to and outcomes from programs; reduced lengths of stay

Performance Measure(s) to Be Impacted (Check all that apply)

1. Reducing the number of persons experiencing homelessness.
3. Increasing the number of people exiting homelessness into permanent housing.
4. Reducing the length of time persons remain homeless.
6. Increasing successful placements from street outreach
7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

Strategy 4

Type of Strategy

Reaching underserved and historically marginalized communities and populations

Description

Expanding and improving street outreach teams countywide and developing and implementing a communications strategy and tools for underserved communities. The Street outreach teams will provide culturally sensitive services to historically marginalized populations and communication tools will better reach those communities.

Timeframe

Present - June 2025

Entities with Lead Responsibilities

Housing for Health Division, Behavioral Health Department, city partners

Measurable Targets

enrolled in street outreach programs, exits from street outreach to housing programs, demographics of those contacted by street outreach programs

Performance Measure(s) to Be Impacted (Check all that apply)

1. Reducing the number of persons experiencing homelessness.
2. Reducing the number of persons who become homeless for the first time.
3. Increasing the number of people exiting homelessness into permanent housing.
4. Reducing the length of time persons remain homeless.
5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.
6. Increasing successful placements from street outreach
7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

Strategy 5

Type of Strategy

Building the capacity of homelessness response system to utilize resources, implement best practices, and/or achieve outcomes

Description

Centralized housing problem-solving and rehousing fund and making the Coordinated Entry system more housing focused.

Timeframe

July 2022 - June 2025

Entities with Lead Responsibilities

Housing for Health Division, CBO fund manager

Measurable Targets

served, # exiting to permanent housing, racial/ethnic data on access and outcomes; 3 and 6 months follow-up after assistance

Performance Measure(s) to Be Impacted (Check all that apply)

1. Reducing the number of persons experiencing homelessness.
3. Increasing the number of people exiting homelessness into permanent housing.
4. Reducing the length of time persons remain homeless.
7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

Click + Add Strategy above to add additional strategies as needed.

Part III. Narrative Responses

Copy and paste your responses to Part III. Narrative Responses from the [HHAP-4 Local Homelessness Action Plan & Application Template](#) into the form below.

Question 1

[50220.8(b)(3)(D)] My jurisdiction (e.g., City, County, CoC) collaborated with other overlapping jurisdictions to develop the strategies and goals related to HHAP-4

Q1

Yes

Question 2

[50220.8(b)(3)(D)] My jurisdiction (e.g., City, County, CoC) consulted with each of the following entities to determine how HHAP-4 funds would be used:

Public agencies (governmental entities)

Yes

Private sector partners (philanthropy, local businesses, CBOs, etc.)

Yes

Service providers (direct service providers, outreach, shelter providers, etc.)

Yes

Local governing boards

Yes

People with lived experience

Yes

Other

No

a. Please describe your most notable coordination and collaborative processes with these entities.

The Watsonville/Santa Cruz City & County CoC holds biannual CoC community meetings to solicit and consider opinions from 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. Additionally, the CoC requests for input and feedback are communicated via the Housing for Health Partnership website, 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. Key County staff are part of the CoC Board which is the center of coordination and collaboration between the County, Cities, and other stakeholders. Also, the CoC Board meetings are open to the public for comments under each agenda item which includes how HHAP 4 funds will be utilized. Regular updates are provided by CoC staff at meetings of the County Board of Supervisors and City Councils, during which the members of the public can comment on CoC items. Public input has positively impacted a broad array of issues, including CoC governance, Cares Act funding priorities, CoC rating criteria, CES redesign, and HMIS restructuring.

Question 3

[50220.8(b)(3)(B) and 50220.8(b)(3)(E)] My jurisdiction (e.g., City, County, CoC) is partnering or plans to use any round of HHAP funding to increase partnership with:

People with lived experience

Yes

Is this partnership formal or informal?

Formal partnering

Is this partnership current or planned?

Planned

Do HHAP Funds Support This Partnership?

Yes

Social services (CalFresh, Medi-cal, CalWORKs, SSI, VA Benefits, etc.)

Yes

Is this partnership formal or informal?

Formal partnering

Is this partnership current or planned?

Current

Do HHAP Funds Support This Partnership?

No

Justice entities

Yes

Is this partnership formal or informal?

Formal partnering

Is this partnership current or planned?

Planned

Do HHAP Funds Support This Partnership?

No

Workforce system

Yes

Is this partnership formal or informal?

Formal partnering

Is this partnership current or planned?

Planned

Do HHAP Funds Support This Partnership?

No

Services for older adults

Yes

Is this partnership formal or informal?

Formal partnering

Is this partnership current or planned?

Current

Do HHAP Funds Support This Partnership?

No

Services for people with disabilities

Yes

Is this partnership formal or informal?

Formal partnering

Is this partnership current or planned?

Current

Do HHAP Funds Support This Partnership?

No

Child welfare system

Yes

Is this partnership formal or informal?

Formal partnering

Is this partnership current or planned?

Current

Do HHAP Funds Support This Partnership?

No

Education system

Yes

Is this partnership formal or informal?

Formal partnering

Is this partnership current or planned?

Current

Do HHAP Funds Support This Partnership?

No

Local Homeless Coordinated Entry System

Yes

Is this partnership formal or informal?

Formal partnering

Is this partnership current or planned?

Current

Do HHAP Funds Support This Partnership?

Yes

Other (please specify)

Yes

Is this partnership formal or informal?

Formal partnering

Is this partnership current or planned?

Current

Do HHAP Funds Support This Partnership?

Yes

Other response

Housing Authority partnership.

a. Please describe your most notable partnership with these groups (e.g. MOUs, shared funding, data sharing agreements, service coordination, etc.)

Two very notable formal partnerships that will receive HHAP-4 funding are those with the Smart Path to Housing and Health coordinated entry system (CES) and the Rehousing Wave.

Smart Path CES:

The Smart Path CES was authorized by the CoC and developed through the former Smart Path steering committee. This was a comprehensive planning process conducted through the collaborative effort of the County of Santa Cruz, the Homeless Action Partnership (predecessor to the Housing for Health Partnership), the Housing Authority of the County of Santa Cruz, Smart Solutions to Homelessness, Housing Matters, the United Way of Santa Cruz County, and multiple partner agencies. Financial sponsors include Dignity Health, the Central California Alliance for Health, the County Human Services Department (HSD), the federal Department of Housing and Urban Development (HUD), and the Packard Foundation. Launched in early 2018, Smart Path CES was formalized through an agreement between the partner agencies and written CES Policies and Procedures. The current lead agency is the Housing for Health (H4H) Division of HSD, our BitFocus Clarity HMIS provides the technology backbone, and most of our housing and services agencies are participating in Smart Path CES as agencies providing assessments and referrals and/or agencies receiving referrals for their housing programs.

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

H4H Housing Connectors to provide assessment services at meal sites, shelters, encampments, outreach sites, or wherever needed. Smart Path uses a standardized assessment process, currently being replaced in part to eliminate racial bias. Assessments are only conducted by staff who have completed the Smart Path training. Prior to completing the assessment, staff has discussions with the client regarding diversion/housing problem-solving opportunities. If no diversion opportunity is available, the client is invited to complete the assessment. In-person assessments must be in a private setting. Assessment information is entered into HMIS if the client agrees and signs the HMIS release of information. At the end of the assessment, staff provides the client with resource information and referrals to meet immediate needs, such as for emergency shelters.

The Housing for Health Partnership (H4HP) policy board and operations committee (successor to the Smart Path steering committee) are currently conducting a major transformation of the Smart Path CES to eliminate racial/ethnic biases inherent in the previous assessment tool (VI/SPDAT), to reduce the length of the housing queue and speed up immediate resources and support for clients, and to better link CES with our local managed care billing process. For more details, please see the response to question 7.v below.

Rehousing Wave:

The Rehousing Wave was developed to help people who have received shelter, food, and critical services during the pandemic through federal and state funding. It is a formal collaboration between the County's H4H Division, Housing Matters, Abode Services, the Community Action Board, the Santa Cruz County Veterans Memorial Building Board of Trustees, and the Housing Authority of the County of Santa Cruz. Community members, including local property owners and managers, have played vital roles in this effort. Key efforts of the Rehousing Wave have included:

- Housing for Health Navigation Teams - in which Abode Services, Housing Matters, and County H4H have provided case management plus rental assistance
- Real Estate Partnership Program – in which Abode Services has provided financial incentives for landlords and services for tenants
- Flexible Housing Problem Solving Fund – in which CAB Inc. has provided participants funds flexibly as needed to achieve housing
- Mainstream and Emergency Housing Vouchers – in which the Housing Authority has provided permanent rental subsidies
- Monetary and Item Donations – provided by the Vets Hall Board of Trustees to support people moving into housing.

Since launching program operations in May 2021, the three Rehousing Wave teams have served over 323 people and 145 have obtained permanent housing as of the end of June 2022. Nearly all active participants enrolled in these programs have secured housing subsidy vouchers. The lack of available private rental market owners and property managers willing to rent to participants remains the primary barrier to helping participants secure permanent homes within Santa Cruz County.

Question 4

[50220.8(b)(3)(B) and 50220.8(b)(3)(E)] My jurisdiction (e.g., City, County, CoC) is strengthening its partnership, strategies, and resources across:

Managed care plans and resources (such as the Housing and Homelessness Incentive Program [HHIP])

Yes

Physical and behavioral health care systems and resources

Yes

Public health system and resources

Yes

a. Please describe your most notable coordination, planning, and/or sharing of data/information that is occurring within these partnerships.

The CoC and agencies collaborate with County Health Services Agency (HSA) and Santa Cruz Community Health Centers to assist homeless people to access community health, mental health, and substance use services. HSA's Homeless Persons Health Project (HPHP) is a Healthcare for the Homeless-funded project providing mobile outreach, its own clinic on a homeless campus, medical care, behavioral care, and benefits advocacy. The Health Improvement Partnership includes CoC agencies in a range of care coordination (e.g., behavioral health network) and data projects (e.g., Datashare Santa Cruz). The CoC is working with Central California 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. By layering funding resources together, Central California Alliance for Health and the CoC hope to have a more significant and lasting impact on the community

Question 5

[50220.8(b)(3)(F)] Please select what actions your jurisdiction will take to ensure racial/ethnic/gender groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services:

[50220.8(b)(3)(F)] Please select what actions your jurisdiction will take to ensure racial/ethnic/gender groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services:

Disaggregating administrative data for use in decision making processes

Modifying procurement processes

Ensuring those with lived experience have a role in program design, strategy development, and oversight

Developing workgroups and hosting training related to advancing equity

a. Please describe the most notable specific actions the jurisdiction will take regarding equity for racial/ethnic/gender groups.

As the next step in our CoC restructuring process, the CoC is establishing a new Lived Experience Advisory Board (LEAB) and revitalizing the Youth Advisory Board (YAB) that was recommended in the governance portion of our three-year strategic plan and included in our updated CoC Governance Charter. The County Human Services Department in collaboration with the CoC is investing county general funds in a leadership development program for people with histories of homelessness. Housing Matters, a key CoC service provider, is coordinating this effort. Individuals trained and supported through this effort are likely contributors and participants in the CoC lived experience working groups. The CoC also will continue work with Applied Survey Research (ASR), the firm that supports the implementation of the local point-in-time (PIT) count. The PIT count includes recruiting and training people with lived experience to serve as temporary employees for the count. In upcoming years, the CoC plans to work with ASR to hire and train people with lived experience to support the evaluation of our local CES. These initiatives will ensure to lift the voices of underrepresented racial/ethnic/gender groups to contribute to programmatic and policy recommendations in the CoC process. It will also chart a process of transparency and equitable access to housing and housing services.

Question 6

[50220.8(b)(3)(G)] My jurisdiction (e.g., City, County, CoC) has specific strategies to prevent exits to

homelessness from **institutional settings** in partnership with the following mainstream systems:

Physical and behavioral health care systems and managed care plan organizations

Yes, formal partnering
Yes, leveraging funding

Public health system

Yes, formal partnering
Yes, leveraging funding

Criminal legal system and system for supporting re-entry from incarceration

Yes, informal partnering

Child welfare system

Yes, formal partnering
Yes, leveraging funding

Affordable housing funders and providers

Yes, formal partnering
Yes, leveraging funding

Income support programs

Yes, formal partnering
Yes, leveraging funding

Education system

Yes, formal partnering
Yes, leveraging funding

Workforce and employment systems

Yes, informal partnering

Other (please specify)

No

a. Please describe the most notable specific actions the jurisdiction will take to prevent exits to homelessness from institutional settings

Discharge planning is a key strategy for preventing homelessness by instigating changes within institutions that regularly discharge people directly to homelessness. The following summarizes notable examples in the areas of healthcare and foster care:

Healthcare: The County Homeless Persons' Health Project (HHP) leads the implementation of policies and protocols for homeless people leaving hospital care. Hospital discharge planners contact HHP when a homeless person is hospitalized. HHP nurses and caseworkers visit and coordinate with hospitals (and 6 community clinics) to ensure homeless people receive case management and housing resources upon discharge. For Medi-Cal individuals discharged from a hospital stay, the first step is often a recuperative care program referral to the 12-bed Coral St. recuperative care unit. HHP also works with the following providers, among others to help clients obtain permanent housing: Housing Authority, Encompass, South County Housing Collaborative, Santa Cruz AIDS Project, and Abode Services. The Central California Alliance for Health (Alliance) is an active partner with the County and CoC in supporting the implementation of CalAIM enhanced care management and community support programs. The Alliance is funding recuperative care and post-hospitalization temporary housing capacity to support safe discharges for individuals from emergency departments and inpatient units. The County is partnering with the Alliance

to support expanded temporary and permanent housing capacity for Alliance members, as well as helping the Alliance to expand enhanced care management and housing-related community supports within the County.

Foster Care: CoC members assisted the County of Santa Cruz Families and Children's Services to develop policies and protocols to prevent emancipated youth from becoming homeless. At 15, youth are eligible for a variety of transition age youth (TAY) programs operated under County contract by Encompass Community Services (ECS), a CoC agency. The Independent Living Program (ILP) assists current and former foster and probation placement youth aged 15-21 to develop independent living skills and achieve personal, educational, and vocational goals to successfully transition into adulthood. The TAY Drop-In Center assists current and former foster, probation placement, and homeless youth ages 15-24 in building the skills, self-esteem, and support system necessary to make a successful transition to independent living in the community. The Transitional Voucher Program (TVP) is a collaboration with the Santa Cruz Housing Authority, which provides Section 8 Housing Choice Vouchers to a small number of participants, ages 18-24, in ILP. The Section 8 Housing Choice Voucher allows ILP participants to secure private housing in the community and receive federal assistance in paying their rent for up to 36 months. Transitional Housing Plus (THP Plus) is a supportive housing program that serves former foster and probation youth between the ages of 18-24. The Housing Authority also makes available Family Unification Program (FUP) housing vouchers for eligible youth

Question 7

[50220.8(b)(3)(H)] Specific and quantifiable **systems improvements** that the applicant will take to improve the delivery of housing and services to people experiencing homelessness or at risk of homelessness, including, but not limited to, the following:

(I) Capacity building and workforce development for service providers within the jurisdiction, including removing barriers to contracting with culturally specific service providers and building the capacity of providers to administer culturally specific services.

The Housing for Health Division (H4H) of the County of Santa Cruz Human Services Department serves as the Continuum of Care (CoC) lead for our area. The Human Services Department also manages the local Workforce Development Board (WDB). H4H and WDB have several workforce development activities planned in the upcoming years. The WDB supports the Suenos Program collaborative with the Santa Cruz County Office of Education. The Program supports teenagers and young adults (ages 16 to 24) to develop workplace skills that will prepare them to enter and thrive in the labor market. H4H staff will help connect young people with lived experience of homelessness to opportunities provided through this program and help cultivate internship opportunities within H4H system service provider organizations. The Suenos program prioritizes outreach to communities of color and other underrepresented groups for program participation.

The WDB also is partnering with the Santa Cruz County Health Improvement Partnership (HIP) to cultivate workforce development pathways in the healthcare sector. This includes helping providers fill critical positions needed to support the implementation of California Advancing and Innovating Medi-Cal (CalAIM) housing-related community support services. Our local Medi-Cal managed care plan, the Central California Alliance for Health, participates in these efforts. These activities center around supporting local providers with diversifying their workforce and filling critical vacancies. State and federal funding available through CalAIM, including the Homeless Housing Incentive Program (HHIP), supports provider capacity development in culturally informed practices and workforce recruitment and retention.

The Human Services Department participates in an ongoing staff and leadership development effort focused on reducing racial, ethnic, and cultural disparities in our departmental efforts. This work focuses on the psychological, emotional, and relational barriers to creating more responsive and inclusive systems and programs. This work is complemented by a countywide effort with the Annie E. Casey Foundation to develop cross-departmental goals focused on reducing disparities in county-supported programs and

services. The Foundation's work focuses on developing results-based accountability goals and metrics related to reducing disparities. One example of this work was the creation of a Project Homekey metric focused on tracking the number of Hispanic/Latinx households that secured permanent housing.

H4H is supporting the implementation of strength-based care management, an evidenced-based practice, with key service providers within our region. H4H has a contract with the California Institute of Behavioral Health Solutions (CIBHS) to support this work over a three-year period. This consultation includes core practice training, ongoing provider coaching and consultation, practice fidelity reviews, and leadership planning sessions. A core tenet of this practice is providing services in alignment with a participant's cultural experiences, strengths, and community assets.

H4H plans to establish a Housing for Health vendor pool to streamline and simplify the process of contracting for services related to addressing homelessness. The vendor pool process establishes a low-barrier method for organizations to "pre-qualify" as a potential vendor for Housing for Health-funded services and consultation. When funds become available for contracting, H4H can solicit interest among pre-qualified vendors. This approach will allow H4H to diversify the range of providers eligible to receive H4H funding

(II) Strengthening the data quality of the recipient's Homeless Management Information System.

The local Housing for Health Partnership (H4HP) Continuum of Care operations committee has developed and the H4HP policy board has recently approved updated homeless management information system (HMIS) policies and procedures. These policies includes a heightened emphasis on data quality by focusing on improvements to the completeness of data for each participant, timeliness of the entry of data into HMIS after collection from the participant, and consistency and accuracy of the data entered into HMIS.

The standards and process for improving data quality are the subject of the new Data Quality Improvement and Process and Plan (Data Quality Plan). While the plan aims for 100% data completeness, the completeness standards are set at 0% for missing or null responses and no more than 5% "don't know," "refused," or "other" responses applicable to all required HMIS required universal and program-level data elements. The accuracy standards require that that all data recorded in HMIS matches information in the participant record, and that at least 5% of active participant records be audited monthly for accuracy. Consistency standards require that all data entry staff have the same understanding about what each data element means, and that training, materials, and definitions are available to all staff. Data entry timelessness standards for data entry for most program types are set at within two days of participant intake and exit, although exit timing can vary for programs without clear exit data.

The Data Quality Plan sets forth a continuous data quality monitoring process that improves the CoC's ability to have valid and accurate data, while setting expectations for all those involved in collecting and reviewing data. For example, agencies have the primary responsibility for entering data and using data quality reports for verifying, and correcting data. The CoC's HMIS Administrator, BitFocus, has the responsibility for supporting agencies in correctly entering data and addressing any issues by providing trainings, workflow documents, data quality reports with information on how to correct errors; and working with and providing technical assistance to agencies to identify and resolve specific data quality issues. The CoC, has the responsibility to review data quality dashboards with providers on a monthly basis during HMIS Provider Working Group meetings.

A critical role for the continuous data quality monitoring process is ensure that data is prepared, cleaned, and ready to produce accurate and complete reports for various funders and for CoC systems improvements. These include tend to follow and annual cycle that includes CoC APRs (annually), HUD annual competition reports (Fall), point-in-time (PIT) count (January), Housing Inventory Chart (January), System Performance Measures (February/March), LSA reports (October – December), and State of California annual funding reports.

(III) Increasing capacity for pooling and aligning housing and services funding from existing, mainstream, and new funding.

One of the core functions of the two-year old Housing for Health (H4H) Division is to help increase capacity for pooling and aligning housing and services funding from existing, mainstream, and new funding sources. H4H staff performs core functions of the CoC – HMIS lead, CoC collaborative applicant, and the coordinated entry lead entity. Having these core functions under one administrative body streamlines opportunities for pooling and aligning funding sources. For example, H4H coordinated the transfer of two existing HUD Youth Homelessness Demonstration Program (YHDP) grants to a new provider. The new provider will also be receiving Homeless, Housing Assistance and Prevention (HHAP) funding as part of a planned Project Homekey Round 3 application to create a new transitional housing program for youth.

H4H continues to partner with the Central California Alliance for Health (the Alliance) on efforts to implement housing-related components of CalAIM. H4H and the Alliance developed a collaborative Housing and Homelessness Incentive Program (HHIP) plan to strategically invest one-time funds in mutually agreed upon local priorities, including, supporting lived experienced advisory groups and processes. H4H and the Alliance continue to explore ways to support community service provider capacity development opportunities that bring housing providers into health care work and vice versa. H4H is helping current ESG-CV and HHAP funding recipients with the process of becoming CalAIM housing service providers.

As a Division within the County Human Services Department, H4H has additional opportunities for greater funding expansion and alignment. California Department of Social Services housing and homelessness funding sources are managed by H4H. These grants include the CalWorks Housing Support Program (HSP), Bringing Families Home (BFH), Transitional Housing Program (THP), Housing Disability Advocacy Program (HDAP), and Home Safe. Having these funding sources managed by H4H creates opportunities for greater funding alignment. For example, HDAP-targeted strategic investment funds will be utilized to support one or more Project Homekey Round 3 proposals. HDAP funding is being used to expand SSI advocacy capacity to those not already enrolled in General Assistance or CalWorks. HomeSafe funding is supporting the hiring of an H4H social worker and the braiding of centralized flexible housing assistance funding. BFH funding supports services and rehousing funding for families eligible for Family Unification Program (FUP) vouchers from the Housing Authority. Since H4H is embedded within a large, existing county department with funding leveraging capacity, H4H receives local government and matching funds that support staffing, administrative, and data management expenses for the Division.

H4H works closely with staff from the County Health Services Agency on a variety of projects. For example, H4H supported Behavioral Health Department funding proposals to expand street outreach to individuals struggling with behavioral health conditions. The work of these newly funded outreach teams is being paired with other H4H funding sources including Encampment Response Funds and HHAP dollars. H4H and Behavioral Health are also collaborating on funding No Place Like Home (NPLH) supportive housing developments.

The Housing Authority of the County of Santa Cruz is another key funding partner for H4H. H4H and Housing Authority staff meet monthly for planning and operational coordination of over 1100 project and tenant-based vouchers dedicated to households at-risk of or currently experiencing homelessness. The entities collaborated on the utilization of Emergency Housing Vouchers (EHVs) by braiding together ESG-CV, Project Roomkey, and HHAP funding to fund housing navigation and tenancy-sustaining services as well as landlord incentives. HHAP funding is being used to continue some of the successful landlord incentive efforts.

H4H also partners with all the cities in the County to braid together funding to support emergency shelter operations and other activities. The local jurisdictions plan to explore ways to increase their individual contributions to address gaps in countywide shelter capacity. The County has conceptually committed to matching increased contributions from the City jurisdictions. The City of Santa Cruz and H4H have worked

together to develop shared investment plans for a one-time \$14M city allocation of state funding to address homelessness. Some of these dollars are being used to develop long-term capital and facility plans for enhanced housing and supportive services programming.

H4H remains committed to securing, pooling, and aligning funding resources to build a more effective and systematic approach to preventing and ending homelessness within the County.

(IV) Improving homeless point-in-time counts.

The Santa Cruz County CoC has a very robust process for ensuring the most accurate possible point-in-time (PIT) count using HUD-recommended practices and definitions. This includes:

- General street/unsheltered “blitz” count
- General sheltered count
- Targeted youth and young adult unsheltered count
- Targeted County Office of Education count of students and their families
- In-person surveys of more than 300 unsheltered and sheltered persons (demographics, experiences, service needs, characteristics).

To improve the process, this past year the local Housing for Health Partnership (H4HP) policy board moved from a biennial to an annual PIT count. An annual PIT count will provide more accurate, timely, up-to-date information on the current homeless population and trends over time. In addition, in 2022 the CoC and its PIT count consultants, Applied Survey Research (ASR), made some methodological improvements to the blitz count and in-person surveys. Very significantly, a change was made in the use of GPS-enabled smartphones in data collection, using an ESRI Survey 123 application developed and customized by ASR to conform to HUD data collection requirements and as a tool to verify the compliance with the COVID-19 safety precautions established by the planning team. Also, improvements were made in pre-planning efforts to deploy count teams virtually, wherever possible, thereby avoiding the need for centralized deployment centers where COVID-19 transmission risks would be greater.

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

As for the 2022 youth and young adult count, involvement of youth and young adults experiencing homelessness as guides paid \$20 per hour was a key to success since they had specialized knowledge about when and where homeless youth congregate.

Finally, the sheltered count benefited from increasingly close cooperation between ASR and BitFocus, the HMIS Administrator. Most sheltered (emergency shelter and transitional housing) data came directly from HMIS data for these programs, while a web-based system was used for the few shelter programs that do not enter participant data into HMIS.

Based upon our long experience with the above process and improvements made every year, we are confident that PIT count is and will remain an accurate representation of homelessness in Santa Cruz County.

(V) Improving coordinated entry systems to strengthen coordinated entry systems to eliminate racial bias, to create a youth-specific coordinated entry system or youth-specific coordinated entry access points, or to improve the coordinated entry assessment tool to ensure that it contemplates the specific needs of youth experiencing homelessness.

The local Housing for Health Partnership (H4HP) Continuum of Care operations committee and policy board are currently working on a major transformation of the existing coordinated entry system. The

current system, known as Smart Path, utilizes the VI-SPDAT as its assessment tool. Several research papers have highlighted the disparate racial impacts associated with using this tool. The tool and Smart Path process also created a local culture that emphasized completing assessments for “scoring and waiting” rather than providing immediate resources and support to people experiencing homelessness. The Smart Path community queue contains a long list of households that have completed a VI-SPDAT but have no ongoing connection with a designated provider. As a result, when housing opportunities arise in the coordinated entry system, it’s often difficult to find and connect with individuals in the community queue.

The proposed new coordinated entry process includes changes to address some of the issues with the current Smart Path design. A local Housing Needs Assessment (HNA) was developed to replace the VI-SPDAT as our coordinated entry assessment tool. The HNA is designed to collect housing needs, barriers, and asset information over a series of conversations with households experiencing homelessness. The HNA was designed in collaboration with our local managed care plan to capture the housing-related information necessary to bill for CalAIM housing-related services. Youth service providers were included in the design and review process of the HNA. Nearly all the information gathered can be used to develop actionable plans to reduce barriers and increase assets in support of securing permanent housing. Data collected in the HNA will inform the development of Housing Action Plans (HAP). The HNA and HAP are being incorporated into our local HMIS system.

Once an HNA is completed in HMIS, the data system will score the assessment based on a locally developed scoring approach that can be adjusted over time if data indicates the current scoring methodology contributes to systematic disparities. In the new proposed coordinated entry process, only a subset of individuals that complete the HNA will be added to the community queue based on the availability of resources for a given population. The intention is to size the community queue so that at least half of the households in the queue are likely to receive a referral to a permanent housing resource within the next 12 months. The size of the queue and score cutoffs will be adjusted over time to reflect the availability of resources and system flow data.

Specifically designated community connectors will receive training in the coordinated entry process, HNA, HAP, and housing problem-solving. Organizations and staff serving in community connector roles will need to meet certain minimum standards established by the CoC. Some community connectors will be directly funded by H4H. For example, H4H funding will support some youth-specific connectors. Other community connectors will be funded from other sources and will be selected based on their capacity and commitment to follow up with households experiencing homelessness. Community connectors will have access to a countywide flexible housing problem-solving fund to help households secure housing if viable options can be identified. For example, a household might need travel funding to return to housing with family or friends or funding for a security deposit.

Community Connectors will participate in regular monthly training, support, and networking meetings that will include resource sharing, care coordination planning, and ongoing training. H4H staff will seek out opportunities to partner with specific community partners to monitor for equitable access to the coordinated entry process and resources. H4H anticipates finalization and implementation of the proposed new coordinated entry process in the late spring of 2023.

Question 8

***Responses to these questions are for informational purposes only.**

What **information, guidance, technical assistance, training, and/or alignment of resources and programs** should Cal ICH and other State Agencies prioritize to support jurisdictions in progressing towards their Outcome Goals, Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness, and/or would otherwise help strengthen local partnerships, coordination,

planning, and progress toward preventing and ending homelessness?

Information, Guidance, and Technical Assistance

Technical assistance related to goal setting (generally)

Technical assistance related to goal setting in underserved/disproportionately impacted populations

Technical assistance related to achieving outcome goals

Trainings on topics of equity

Alignment of Resources and Programs

In the space below, please describe what Cal ICH and other State Agencies should prioritize related to alignment of resources and programs, strengthening partnerships and collaborations, or any other ways that State can support communities' progress:

Untitled

We appreciate the development of Cal ICH and its expanding role in coordinating efforts across state agencies and with local cities, counties, CoCs, and tribal groups. Some ideas for consideration include:

- (1) Greater stability and consistency in state funding coming from fewer state agencies could reduce administrative burdens and improve outcomes statewide.
- (2) Focusing efforts on creating a statewide medium- or long-term rental assistance program that builds off the documented successes of the LA county flexible housing subsidy pool.
- (3) Establishing greater transparency and consistency statewide on the cost of particular interventions in order to help set realistic expectations based on the resources provided, e.g., how much does it cost to operate one shelter bed per year?
- (4) Expanding the number of users that can access the HDIS data repository would help more staff engage in outcome-focused program and contract efforts.
- (5) Using HDIS data to identify programs statewide achieving positive "outlier" outcomes and sharing learnings from these efforts with other jurisdictions.
- (6) Creating formal statewide policy documents or guidance on the key roles that cities, counties, CoCs, and tribal groups should play in addressing homelessness. The federal government relies on the CoC to be the primary coordinating body for most federal funding tied to addressing homelessness. The state approach is not currently aligned with the federal government.
- (7) Healthcare services and resources are being divided between county entities and managed care plans that create additional challenges in coordinating care and resources for people experiencing or at risk of homelessness. Consolidating and clarifying responsibilities would be helpful and including county leaders in statewide meetings on CalAIM implementation.
- (8) Supporting in-person and virtual statewide conferences and convenings among key staff and partners working to address homelessness in California.

Part IV. Funding Plan Strategic Intent Narrative

Question 1

Eligible Use 1

Eligible Use Category Intended to be Supported with HHAP-4

2. Operating subsidies

Approximate % of TOTAL HHAP-4 ALLOCATION to be used on this Eligible Use(%)

70.00%

Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)

27.00%

Activities to be Supported with HHAP-4

Funding to support low-barrier housing navigation center operations + youth transitional housing

How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?

The County of Santa Cruz established a goal of 600 temporary housing (shelter and transitional housing) units in its "Housing for a Healthy Santa Cruz" framework for addressing homelessness. During the pandemic, the County had over 1,000 beds available. This number has fallen below 400 due to losses in state and federal funding, lower levels of private donations, and the loss of some shelter locations. This funding is critical to helping our community move closer to its temporary housing capacity goals.

How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?

Very few other federal, state, and local funding sources provide enough funding to cover the operational costs associated with temporary housing. Local jurisdictions (city and county) also contribute to covering some of these costs. Additional dollars are needed to achieve local capacity goals.

Eligible Use 2

Eligible Use Category Intended to be Supported with HHAP-4

3. Street outreach

Approximate % of TOTAL HHAP-4 ALLOCATION to be used on this Eligible Use(%)

4.00%

Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)

0.00%

Activities to be Supported with HHAP-4

Funds to sustain outreach efforts in unincorporated areas

How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?

The County has established goals for the creation of geographically-based proactive street outreach teams. There is currently some capacity within the cities of Santa Cruz and Watsonville but no capacity for covering unincorporated areas of the County. These funds help close the funding gap for these outreach services.

How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?

The County has secured one-time CDBG funding from the state for outreach services in unincorporated areas of the County and is actively pursuing funding for these services through CalAIM HHIP resource in partnership with our local Medi-Cal managed care plan

Eligible Use 3

Eligible Use Category Intended to be Supported with HHAP-4

5. Systems support

Approximate % of TOTAL HHAP-4 ALLOCATION to be used on this Eligible Use(%)

13.00%

Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)

0.00%

Activities to be Supported with HHAP-4

Real estate partnership contract and incentives for private landlord participation in permanent supportive housing projects

How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?

These funds are needed to continue a landlord incentive and partnership program started with one-time pandemic-related funding. These incentives and supports have helped our providers secure rental units in one of the tightest and most expensive rental markets in the country. The County Housing Authority is in the top 10 housing authorities statewide in our utilization of Emergency Housing Vouchers (EHVs) in part because of these resources. Sustaining these efforts is critical for maintaining trusted partnerships with the Housing Authority and rental property owners and managers.

How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?

The County is using some local general funds and potentially CalAIM HHIP funds to also support these activities.

Eligible Use 4

Eligible Use Category Intended to be Supported with HHAP-4

7. Prevention and diversion

Approximate % of TOTAL HHAP-4 ALLOCATION to be used on this Eligible Use(%)

9.00%

Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)

0.00%

Activities to be Supported with HHAP-4

Flexible, centralized rehousing/housing problem solving fund for community

How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?

Centralized, flexible one-time funding to meet housing-related needs is a critical resource identified in our community. Sustaining and expanding the amount of funding in this category can help our community prevent homelessness and support housing problem-solving/diversion work as part of our updated coordinated entry system.

How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?

The County is using multiple funding sources to support the centralized flexible housing assistance fund including local general funds, Home Safe, HUD CoC, and other dollars.

Eligible Use 5

Eligible Use Category Intended to be Supported with HHAP-4

9. Shelter improvements to lower barriers and increase privacy

Approximate % of TOTAL HHAP-4 ALLOCATION to be used on this Eligible Use(%)

4.00%

Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)

2.00%

Activities to be Supported with HHAP-4

Funding to support low-barrier housing navigation center operations

How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?

Funding is needed to support shelter improvements that reduce barriers to entry. Several existing shelter locations in the County need funding to increase privacy and reduce barriers to partners, pets, and possessions entering shelter spaces. The County is also pursuing new potential locations for shelter given the shortage of capacity compared with the need and targeted number of beds

How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?

The County will be using a mix of general funds, whole-person care housing funds, and CalAIM HHIP funds to reduce shelter barriers.

Table 7. Demonstrated Need

Question 2

Please describe how the planned investments of HHAP-4 resources and implementation of the activities to be supported will:

Help drive progress toward achievement of the Outcome Goals and Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness (as identified in Part II above):

We are strengthening case management and services to get more people housed including populations disproportionately impacted by homelessness. We are adding new resources including real estate incentives, adding housing problem-solving to our Coordinated Entry System which further improves housing outcomes. and we are strengthening the connection between street outreach and CoC programs

and underserved communities. we are achieving youth outcomes by adding critically needed transitional housing programs. we are making some needed facilities improvements to low-barrier transitional housing shelters that will make the programs more effective.

Help address racial inequities and other inequities in the jurisdiction’s homelessness response system:

We will fund stipends for members of the Lived Experience Advisory Board (LEAB) and other related costs. The LEAB will be providing the CoC and County with programmatic and policy recommendations on how best to channel HHAP 4 funds to address the racial/gender/ethnic inequities that exist in our homelessness response system.

Be aligned with health and behavioral health care strategies and resources, including resources of local Medi-Cal managed care plans:

Housing for Health (H4H) Division of the County of Santa Cruz Human Services Department serves as the Continuum of Care (CoC) lead for our area and continues to partner with the Central California Alliance for Health (the Alliance) on efforts to implement housing-related components of CalAIM. H4H and the Alliance developed a collaborative Housing and Homelessness Incentive Program (HHIP) plan to strategically invest one-time funds in mutually agreed upon local priorities, including, supporting lived experienced advisory groups and processes. H4H is helping current ESG-CV and HHAP funding recipients with the process of becoming CalAIM housing service providers. H4H and the Alliance continue to explore ways to support community service provider capacity development opportunities that bring housing providers into health care work and vice versa.

Support increased exits to permanent housing among people experiencing homelessness:

Case managers and housing navigators in low-barrier interim shelters will help clients develop and carry out housing plans. The landlord partnership will help increase the number of permanent housing units to be immediately available for persons experiencing homelessness. The housing problem-solving fund will remove individualized barriers to housing access, e.g., providing flexible funding to an individual who needs to pay a security deposit to get housing.

Certification

I certify that all information included in this Application is true and accurate to the best of my knowledge.

Yes