



Policy Board Orientation and Training Manual

March 2022

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County of Santa Cruz



HUMAN SERVICES DEPARTMENT

Housing for Health Division

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March 2022

Dear Housing for Health Partnership Policy Board Members:

Thank you for committing to collaborative work focused on preventing and ending homelessness in Santa Cruz County. Many people and stakeholders contributed to the creation of our Housing for Health Division in November 2020. The Division supports our HUD-designated Continuum of Care (CoC) and the implementation of the [Housing for a Healthy Santa Cruz Framework](#), adopted by the County Board of Supervisors on March 9, 2021. The Framework calls for “strong collaborative action to ensure all residents within the County have stable, safe, and healthy places to live.”

To receive federal and state support to address homelessness, communities must create and maintain a regional body of stakeholders known as a Continuum of Care (CoC). The CoC must have a Board designated to make decisions on behalf of the CoC and its members. Historically, the Homeless Action Partnership (HAP) served as the CoC and CoC Board for the County. In June of 2021, the HAP Board adopted a new CoC governance charter establishing a new name for the CoC, Housing for Health Partnership, along with a new structure.

As an inaugural member of the Housing for Health Partnership Policy Board, you will help set the tone and direction for a results-oriented and collaborative community development effort with an equity and inclusion lens. This orientation and training manual should serve as a resource and reference for you as new CoC Board members. Our Policy Board includes several members with experience serving on the HAP Board as well as new members with no prior CoC experience.

I’m old enough to remember when “modern homelessness” in the US was seen as a short-term, solvable problem. More than four decades later, many have lost hope in this dream. As new members of the Board, I ask that we all recommit ourselves to belief in this possibility. We can look to colleagues around the globe, in the United States, and California for guideposts for success. For example, the Bakersfield/Kern County CoC worked with a national nonprofit known as [Community Solutions](#) to build a system where people with disabilities were never homeless for more than one year, that is, functionally end “chronic homelessness.” Other communities have achieved similar results with other populations. What do these communities have in common? A unified regional team or “command center” around a shared aim of achieving functional zero, the use of real-time person-specific data, and using data to improve local responses and strategically target resources. We can make similar progress in Santa Cruz County. Thank you for joining the effort!

Sincerely,

Robert Ratner
Housing for Health Division Director

About the Housing for Health Partnership Policy Board

What is the Policy Board?

The Santa Cruz County **Housing for Health Partnership** (the H4H Partnership) works to align and develop the array of resources, stakeholders, and collective wisdom across the greater Santa Cruz community to promote public health and make significant impacts on the crisis of homelessness, benefitting all residents, particularly those without homes. The Partnership serves as the community's designated Housing and Urban Development (HUD) Continuum of Care (CoC) in compliance with the requirements of federal regulations governing receipt of CoC funding.

The H4H Partnership **Policy Board** (Board) is the lead body holding authority and accountability for the regional homelessness response. The Board is responsible for **high level planning and decision-making**. The Board sets **overall policy direction** and provides **system oversight**. The Board delegates more detailed implementation, operational, and planning responsibilities to specific Operational Committees and Working Groups.

As the HUD-required Governing Board for the CoC, the Board creates and tracks progress on community-level plans (i.e., **Housing for a Healthy Santa Cruz - Three-Year Strategic Framework**) and six-month implementation plans; sets funding priorities and approves funding recommendations; designates a **non-conflicted review and ranking committee** and approves applications for HUD CoC, **Emergency Solutions Grant** (ESG), and State of California funding; designates the **Collaborative Applicant** for CoC funding and the Administrative Entity for State of California funding; designates the management entities for and provides oversight of the **Coordinated Entry System** (CES – known locally as Smart Path to Housing and Health) and the homeless management information system (HMIS); approves the results of the annual **Point-in-Time (PIT) count**; updates the **CoC Governance Charter** and **CoC and CES standards, policies, and procedures**; conducts high-level **system evaluation** and makes recommendations for improvement; and provides **direction to H4H staff** related to high-level communications and **reports to stakeholders** on results of investments and operations of the system.

What else you will see in this section:

- **Listing of Board Members.** *This is a current listing of the Board members, including categories, names, titles, and organizations.*
- **Organizational Mission and Principles.** *This is an easy-to-read graphic of the organizational mission and principles.*
- **Committee Structure.** *This is an easy-to-read graphic of the Partnership committee structure and a brief overview of each committee and working group.*
- **Santa Cruz County Homelessness – A Brief History.** *This is a one-page, bulleted history of homelessness planning efforts in Santa Cruz County since the 1980s.*
- **Governance Accomplishments and Challenges.** *This is a one-page, bulleted listing of some recent accomplishments and key challenges that face the new Policy Board.*
- **Board Member Qualifications, Responsibilities, and Expectations.** *This is a brief overview of some of the basic qualifications, responsibilities, and expectations applicable to each member.*
- **Conflict of Interest and Recusal Procedures.** *This is a disclosure form that each member must complete and description of basic conflict of interest and recusal requirements.*
- **About the H4H Governance Charter.** *This is an overview of our HUD-required document identifying the purpose, responsibilities, and governance of the Santa Cruz County CoC.*

Listing of Board Members

Jurisdictional Representatives – 9 seats

Cities of Capitola & Scotts Valley – 1 (alternating):

- Jamie Goldstein, City of Capitola, City Manager

City of Santa Cruz Representatives -2:

- Lee Butler, City of Santa Cruz, Director of Planning & Community Development
- Martine Watkins, City of Santa Cruz, Vice Mayor

City of Watsonville Representatives - 2:

- Suzi Merriam, City of Watsonville, Community Development Director
- Tamara Vides, City of Watsonville, City Manager Pro Tempore

County of Santa Cruz – 4:

- Manu Koenig, County of Santa Cruz, Board of Supervisors, 1st District Supervisor
- Ryan Coonerty, County of Santa Cruz, Board of Supervisors, 3rd District Supervisor
- Tiffany Cantrell-Warren, County of Santa Cruz, Health Services Agency, Assistant Director
- Heather Rogers, County of Santa Cruz, Public Defender

Operational Committee/Working Group Representatives (at least one lived experience) – 3 seats

- *To be selected from System Operations, Data and Evaluation Committee in March 2022*
- *To be selected from System Operations, Data and Evaluation Committee in March 2022*
- *To be selected from System Operations, Data and Evaluation Committee in March 2022*

Partner System Representatives – 3 seats

Education Sector – 1:

- Mariah Lyons, UCSC, Assistant Dean of Students, Student Support Programs, Director of Slug Support

Health Sector – 1:

- Stephanie Sonnenshine, Central California Alliance for Health, Chief Executive Officer

Workforce/Business/Foundation Sector – 1:

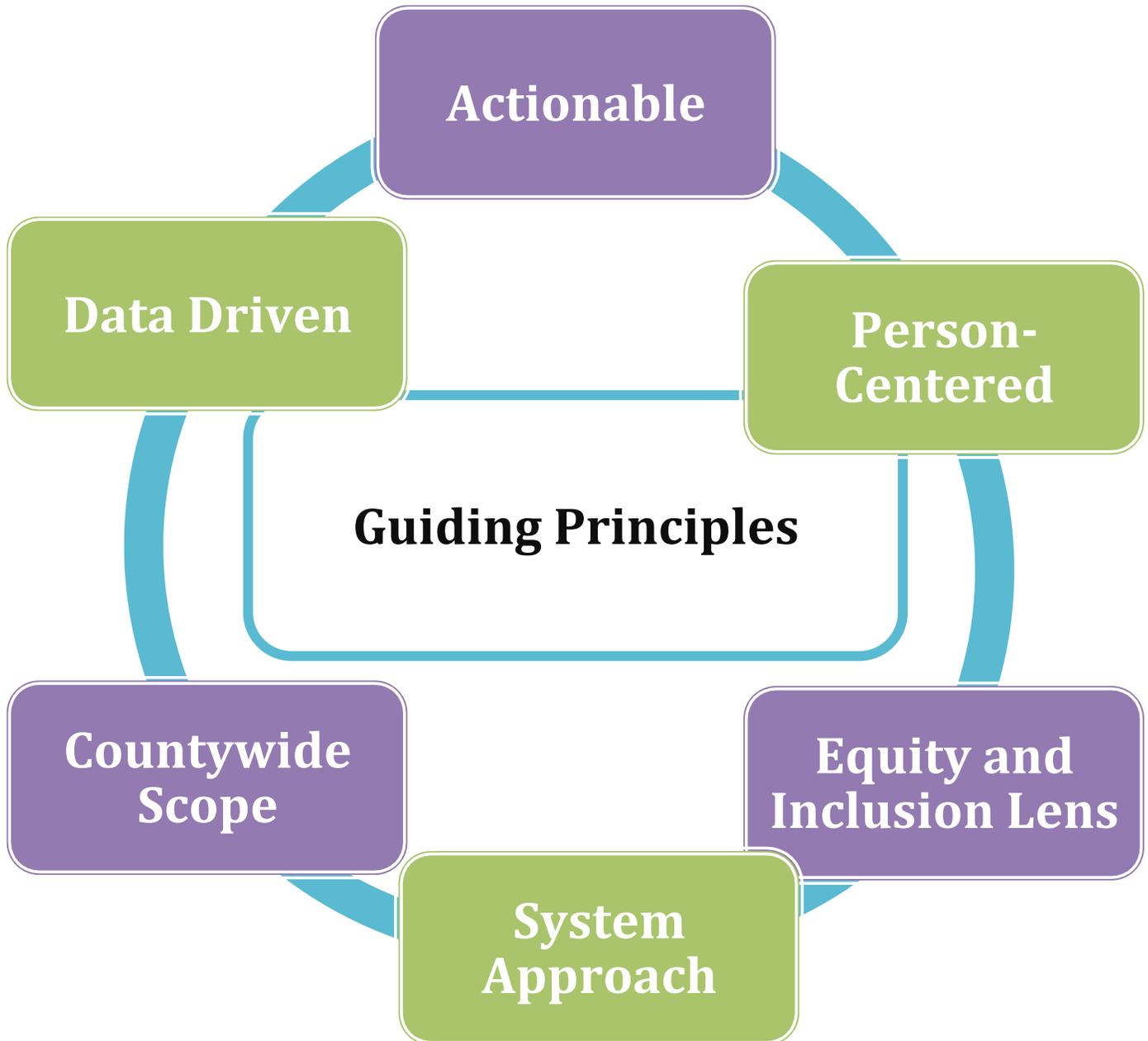
- Susan True, Community Foundation of Santa Cruz, Chief Executive Officer

Organizational Mission and Principles

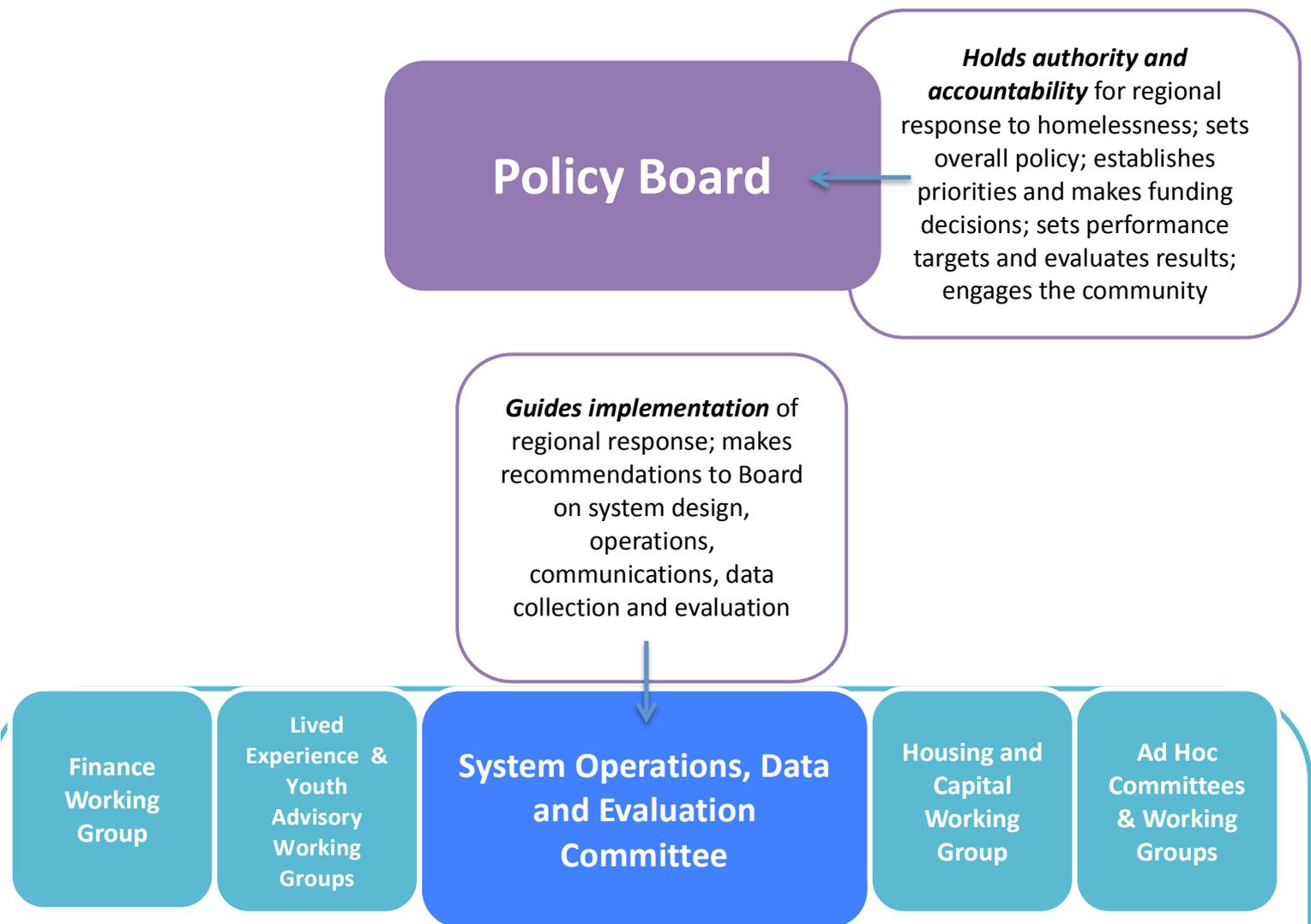
Mission

Strong collaborative action to ensure all residents within Santa Cruz County have stable, safe, and healthy places to live.

Principles



Committee Structure



Housing for Housing for Health Partnership General Membership (Convene twice annually)

Nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.

**Robust County Staffing and Support
in Coordination with Staff from Cities**

Housing for Health Partnership Committee and Working Group Summary

Housing for Health (H4H) Partnership Policy Board – Meets at least six times per year

Oversees and acts on behalf of the full H4H Partnership membership; creates and adopts standards, policies and procedures, equity goals and community-level plans for addressing homelessness; reviews and approves six-month work plans; approves applications for CoC, Emergency Solutions Grant (ESG), and other designated funding; designates the CoC Collaborative Applicant/State Administrative Entity, Homeless Management Information System (HMIS) lead, and Coordinated Entry System (CES) lead; designates project review and ranking committees; ensures coordination with ESG recipients and Consolidated Plan jurisdictions.

Systems Operations, Data and Evaluation Committee – Meets monthly

Carries out overall systems operational planning and makes recommendations to the H4H Policy Board; develops standards, policies and procedures, and HUD compliance for CES, HMIS, and key program components of the CoC system; oversees and evaluates the CES; establishes performance measures and evaluates system and program performance; develops HMIS privacy, security, and data quality plans; ensures consistent participation in HMIS; conducts the annual PIT count and housing inventory; and produces regular reports for leaders, funders, and community.

Cross Jurisdictional Finance Working Group – Meets at least quarterly

Identifies and coordinates funding and policy responses among county departments, cities, and private funders; assists the H4H Policy Board in creating review and ranking committees; coordinates with and advises the H4H Policy Board on other funding sources; supports coordination with partner systems of care; and seeks funding and resources for addressing homelessness.

Lived Experience and Youth Advisory Working Groups – Meet at least six times per year

Each working group provides recommendations and advice to the H4H Policy Board and Operational Committees on system operations, data, evaluation, and any other topics relevant to improvement of the community's response to homelessness. The Youth Advisory group serves as the YHDP-required youth advisory board.

Housing and Capital Working Group – Meets at least quarterly

Provides recommendations and advice to the Policy Board and Operational Committees on the development of housing and other capital infrastructure (e.g., emergency shelters), including seeking resources, legislative advocacy, housing pipeline meetings, siting and development, tenant protections, federal housing subsidies, land use and housing elements.

Ad Hoc Committees or Working Groups

Formed as needed to address emerging or new issues. Ad Hoc Committees shall have decision-making authority and Working Groups will serve an advisory function.

Housing for Health Partnership Membership – Meets at least twice per year

Serves as a CoC-wide common forum with responsibility for providing stakeholder input to the H4H Policy Board on key items as requested; selects designated Operational Committee seats on the H4H Policy Board; conducts an annual feedback survey on efforts of the H4H Partnership; supports community education and outreach on the causes of and solutions to homelessness; and identifies volunteers for the annual PIT count and other data gathering.

Role of the Housing for Health Division

The H4H Division was created in November 2020 within the County of Santa Cruz Human Services Department to support the implementation of the new three-year strategic framework (and six-month work plans) by bringing together a coalition of partners and resources to prevent and end homelessness within our County. It centralizes and provides a “home” for **countywide coordination** efforts.

Key roles of the H4H division include **engaging a broad range of stakeholders** around priorities and solutions, **convening and staffing** the Partnership Policy Board and committees; **coordinating** the efforts of County departments, Cities, the Housing Authority, and a range of community based organizations collaborating to address homelessness; accessing a range of federal and state competitive and formula **funding sources and issuing requests for proposals** for prioritized projects; **monitoring** projects and preparing funder reports; preparing key **policy and procedures** documents in collaboration with the Policy Board and operational committees, and carrying out a range tasks relating to **data collection and evaluation, communication and community education**, and information sharing.

H4H has **multiple roles** it plays within the CoC structure. The chart below lists each of these roles and describes the responsibilities associated with each role:

Role	Responsibilities
CoC Lead Agency	H4H is the CoC lead agency responsible for working with the Policy Board, providers, and stakeholders to ensure the CoC system is effectively preventing and ending homelessness. H4H staff the Board and Committees, maintain agendas, materials, and minutes, and regularly report to and communicate with the Board of Supervisors and Cities.
CoC Collaborative Applicant and State Funding Administrative Entity	H4H is the Board-designated Collaborative Applicant responsible for preparing and submitting the annual consolidated application for HUD CoC funds, as well as the designated Administrative Entity responsible for applying for and administering State homelessness funds.
HMIS Lead Agency	H4H is the HMIS lead agency, managing and working with the contracted HMIS service provider, BitFocus; H4H also works with the HSD Planning and Evaluation Division on data analysis and reporting.
CES Lead Agency	H4H is the Smart Path Coordinated Entry System lead agency, responsible for central staffing, project management, and data management. HUD defines centralized or coordinated assessment as <i>“a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool..”</i>

Santa Cruz County Response to Homelessness – A Brief History

1980s

- 1980s – Shelter, food and service programs begun
- October 17, 1989 - Loma Prieta strikes, destroying/damaging 7% of housing

1990s

- January 1990 - Housing Recovery Task Force & Short Housing Coalition established
- 1994 - County submits its first CoC application
- 1995 – **Countywide CoC Coordinating Group** formed

2000s

- 2000 – First Applied Survey Research (ASR) homeless PIT count reveals 3,353 homeless
- 2000 – County strengthens CoC process - \$2.5 million HUD funds secured
- 2003 - CoC develops *10-Year Strategic Plan on Homelessness*
- 2004 – **Homeless Action Partnership (HAP)** replaces CoC Coordinating Group
- 2004 – Jurisdictional Executive Committee formed
- 2004 –HAP funds/launches HMIS system
- 2009 – Santa Cruz HPRP collaborative secures \$4 million in Recovery Act funds
- 2009 - CoC Governance Charter approved

2010s

- 2012 – Santa Cruz joins 100,000 Homes Campaign with Project 180/180
- 2012 – Smart Solutions to Homelessness launched with 250 person Homeless Summit
- 2012 - 2013 – HAP forms SSVF collaboration, \$4 million VA funds secured
- 2015 – *All In Strategic Homelessness Plan* developed and approved
- 2016 – YHDP Initiative launched - \$2.2 HUD fund million secured
- 2017 - Smart Path Coordinated Entry System launched
- 2018 - Increase in unsheltered homelessness/encampments evident
- 2018 – Comprehensive stakeholder priorities refresh process
- 2019 - \$10.5 million in State HEAP and CESH funds secured – focused on emergency responses

2020s

- 2020 - County HSD Housing for Health Division established and assumes CoC lead
- 2020 - COVID-19 response – Expanded shelters, NCS, health, hygiene, and outreach
- 2020 – *Housing for a Healthy Santa Cruz -Three-Year Strategic Framework* completed
- 2020 – Expanded State funding – HHAP, coronavirus, Project Roomkey & Homekey
- 2020 - 21 – Expanded Federal funding FEMA, ESG-CV, & HOME ARP
- 2021 – New Housing for Health Partnership Governance Charter approved
- 2021 – Annual CoC funding reaches \$5 million
- 2022 – **Housing for Health Partnership Policy Board** replaces HAP

Governance Accomplishments and Challenges

Accomplishments

- Formed the Housing for Health division with new leadership and staffing in the Human Services Department.
- Established a strong and collegial regional planning group through the Homeless Action Partnership (HAP) Board and Executive Committee.
- Completed the Focus Strategies-supported framework for building a system approach to addressing homelessness.
- Carried out extensive stakeholder outreach to inform the framework and funding priorities.
- Secured unprecedented levels of federal and state funding for homelessness and set funding priorities to address pressing needs.
- Began using data for tracking progress and informing continuous improvement.
- Created a new website and started distributing newsletters as to improve communications.
- Demonstrated resilience by responding quickly and effectively to the impact of COVID-19 on persons experiencing homelessness.

Challenges

- Standing up the new governance structure, including committees and working groups.
- Leading successful implementation of the new Three-Year Strategic Framework.
- Balancing the immediate needs for shelter and services to address unsheltered homelessness with proactive strategies to end homelessness, e.g., prevention and diversion, housing case management, and permanent housing.
- Engaging new Board members as effective team members and building their knowledge and capacity.
- Ensuring sufficient Housing for Health division staffing and capacity to succeed.
- Involving persons with lived experience in system design and oversight.
- Centering the voices of racially diverse groups in system design and oversight.
- Committing to a fully data-informed decision process.
- Setting communications and public education tone and expectations.

Board Member Qualifications, Responsibilities, and Expectations

The Policy Board seeks qualified members who (1) are interested in and knowledgeable about the Board's mission and goals for addressing regional homelessness; (2) are representative of their appointing jurisdictions, populations, or sectors; and (3) have leadership skills or experience (including lived experience) that will contribute to the Board's success.

Following are the basic responsibilities and expectations for all Board members:

- Attend all regular meetings and actively participate in all decision-making.
- Read all meeting materials in advance of the meeting.
- Serve the full two-year term.
- Maintain and develop a sufficient knowledge issues and programs to participate effectively in Board decisions.
- Represent their appointing jurisdictions, populations, or sectors, while also maintaining a regional perspective on homelessness and solutions.
- Be willing to volunteer and chair an operational committee or working group and take on other necessary tasks if needed, e.g., participate in the PIT count.
- Sign and comply with a set of written commitments, including:
 - Code of conduct
 - Conflict of interest disclosure and recusal process
 - Board standards on attendance and meeting preparation.

Conflict of Interest and Recusal Procedures

A conflict of interest arises when a Member of the Housing For Health (H4H) Policy Board (Policy Board), review and ranking committee, operational committee, or any decision-making body related to the H4H Partnership, or any person or organization connected to the Member (family, employer, etc.), may benefit financially from decisions of the decision-making body related to the awarding of a grant or the provision of financial benefits. A conflict of interest occurs when a Member works for, volunteers for, and/or serves on the Board of Directors of any of the organizations applying for a grant or financial benefits.

In such cases, the Member must disclose the conflict of interest and recuse himself /herself from any discussions, decisions, or votes relating to the person or organization's application(s) for a grant or financial benefits.

Conflict of Interest Disclosure:

I have no conflicts of interest to report.

I have the following conflict(s) or interest to report (please specify the name of the organization, your relationship to the organization (e.g. member of the board, employee or volunteer of the organization, related to a board member, employee of, or volunteer of the organization, etc.):

- 1.
- 2.
- 3.
- 4.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature:

Date:

About the H4H Governance Charter

The HUD CoC Interim Rule requires that all CoCs have a CoC Governance Charter. It is intended to formally document how all the core responsibilities of a CoC are assigned within the CoC, and the expectations associated with how the work will be conducted. It allows CoC members and the public to understand how the CoC is governed, structured, operated, and how decisions are made, thereby making the process transparent to anyone interested. Basic requirements for a CoC Governance Charter include:

- Must be developed by the CoC, HMIS Lead, and the Collaborative Applicant.
- Must include the policies and procedures required to carry out CoC responsibilities under the CoC Interim Rule.
- Must include a Code of Conduct and recusal process for the Board.
- Must be updated annually.
- Must be approved by the CoC.

The Homeless Action Partnership (HAP) Board approved the H4H Governance Charter on June 17, 2021. It replaced the prior HAP Governance Charter, built upon the work of the Governance Study Committee, and was developed in collaboration with Focus Strategies in order to reflect new governance and structural recommendations for making the CoC decision making process stronger and more transparent, with clear roles and processes for setting priorities and making funding decisions.

See Attachment B to read the full H4H Governance Charter.

About the Continuum of Care

What is a Continuum of Care?

A Continuum of Care (CoC) is a **system** designed to assist individuals and families experiencing homelessness by providing services that are needed to help these individuals and families **move into permanent housing**, with the goal of long-term stability. HUD also refers to the **group of community stakeholders** involved in decision-making processes as the “CoC”. As a system, the CoC is set up in a way that promotes community wide planning and strategic use of resources to address homelessness and improve coordination with mainstream resources and other programs targeted to people experiencing homelessness. This includes using coordinated entry and assessments for resources and a system wide **Homeless Management Information System (HMIS)**. Communities must have a CoC system and planning process as a requirement for receiving **HUD CoC and ESG funds**.

CoCs are codified into law by the federal **Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act** and regulated by the **CoC Interim Rule** and state and local laws and policies. The CoC Lead is responsible for planning in the CoC and overseeing the entire CoC. The CoC lead must also identify the lead entity or entities for overseeing the **coordinated entry system (CES)**, HMIS, and other projects considered a part of the system of care. These projects can be other service providers not CoC-funded or providers with services utilized by those in the community experiencing homelessness. Federal and State rules and policies guide the activities of the Santa Cruz County CoC, including the project and system functions and roles in preventing and addressing homelessness as part of a system of care.

What else you will see in this section:

- **How Does Our Continuum of Care Work?** *This is a description of how different parts of our system aim to work together toward reducing and ending homelessness.*
- **Graphic of Continuum System Approach.** *This is a graphic showing our CoC as a system.*
- **Key Components of the Continuum of Care.** *This is a summary of our CoC program components with a summary definition of each.*
- **Housing Inventory Chart.** *This is a summary of the HUD-required annual Housing Inventory Chart (HIC), detailing all emergency, transitional, and permanent homeless-targeted units and beds.*
- **Point-in-Time Count.** *This is a summary of the HUD-required annual Point-in-Time (PIT) Count, detailing the numbers and population characteristics of sheltered and unsheltered persons experiencing homelessness.*
- **Key Gaps and Needs.** *This is a summary of some important program gaps and needs.*
- **Three-Year Strategic Framework.** *This is a summary of this core CoC strategic plan document.*
- **Role of HUD CoC Funding.** *This is a summary of the role of HUD CoC funding, how it works, and annual amounts and programs funded.*
- **Graphic of Broader Funding Sources.** *This is a graphic displaying the different funding streams that support CoC programs.*
- **System Performance Measures and Results.** *This is a listing of our Three-Year Plan performance goals and of HUD’s system performance measures.*
- **About Our CoC and ESG Program Standards.** *This is an overview of our HUD-required program standards document applicable to all CoC and ESG-funded programs.*

How Does Our Continuum of Care Work?

As with most CoCs, we strive for an **integrated system of housing, healthcare, and supportive service interventions** aimed at moving people experiencing homelessness from the streets to permanent homes and enhanced well-being as quickly and efficiently as possible (see graphic). This constantly developing and improving system includes numerous public and community-based providers and programs. Independently operated and disconnected programs make the system less efficient and effective. With a systems approach, programs work collaboratively and more efficiently toward **common goals** of preventing and ending homelessness countywide.

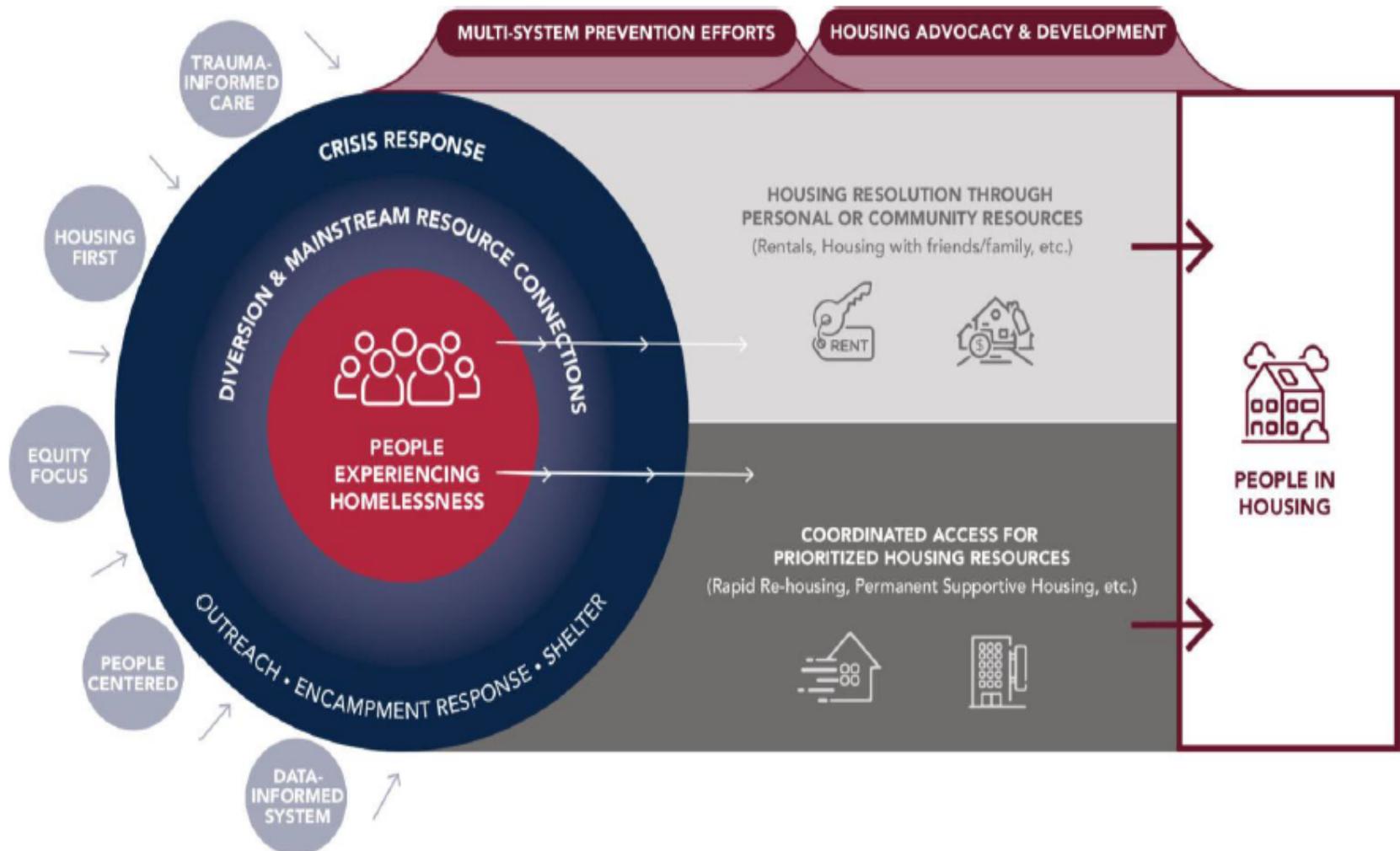
People experiencing homelessness are not monolithic. Data at the national, state, and local level illustrate people experiencing homelessness include a variety of **different populations and subpopulations**, each with different characteristics, needs, and strengths. A CoC system includes subsystems and programs uniquely tailored to the needs of different populations or subpopulations. HUD generally categorizes “populations” into four categories of households: adult only, adults with children under 18 years old (families), veterans, and youth between the ages of 18 and 24. Various funding programs and regulations utilize this same categorization. “Subpopulations” have more specific needs and HUD currently includes in this group: chronically homeless,¹ domestic violence (DV) survivors, persons living with mental illness, persons with substance use disorders, persons living with HIV/AIDS, persons with co-occurring conditions, and other.

HUD expects a CoC to establish a single, countywide system. However, HUD recognizes that both homelessness and housing and supportive services occur within the context of a more localized community. The Watsonville/Santa Cruz City & County CoC historically aimed to ensure appropriate geographic and local planning. In this way, we have looked at our CoC geography as a set of **regions** where homelessness exists that include North County, Mid-County, and South County.

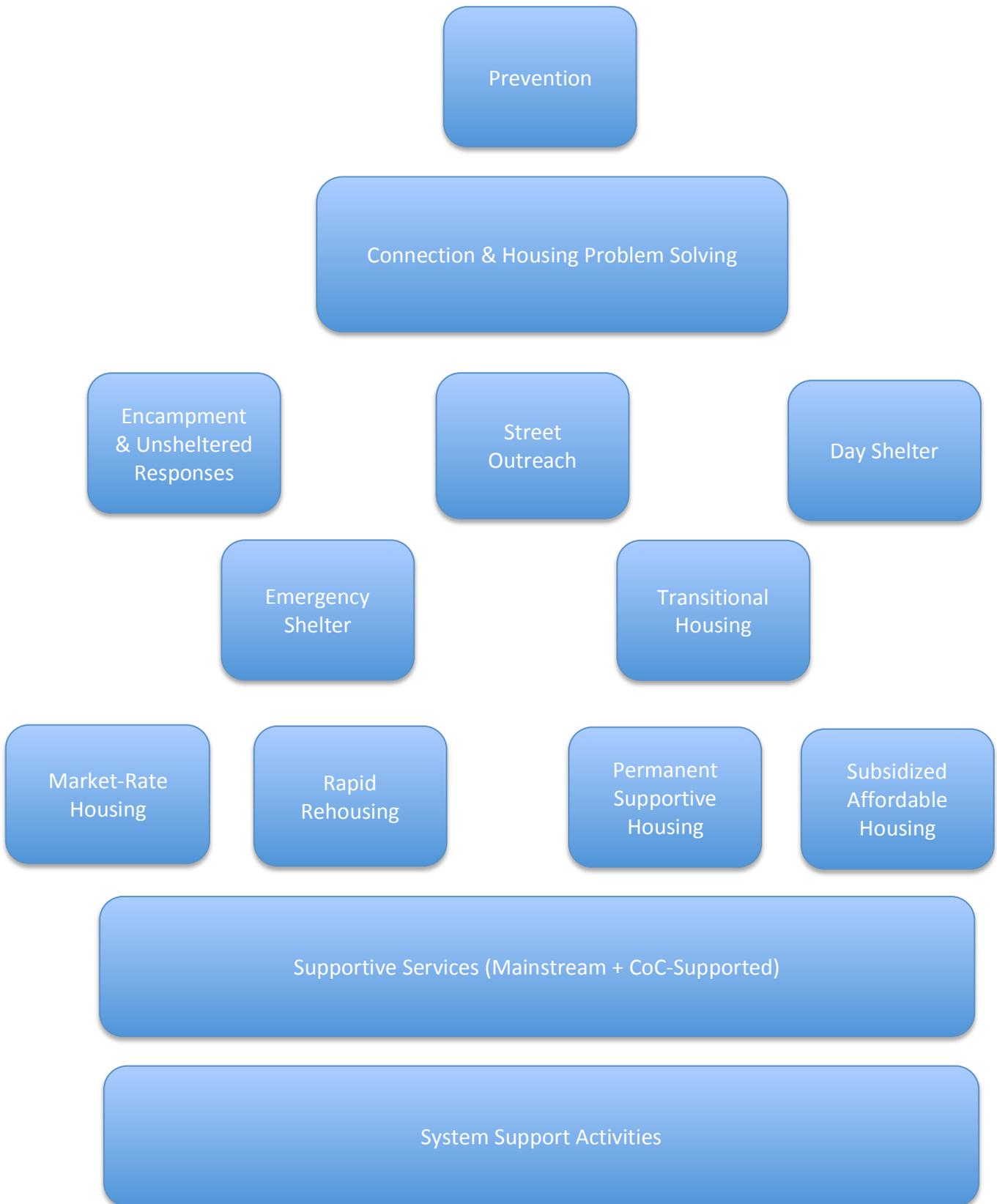
HUD CoC funding pays for direct programs and interventions, and provides resources for data, coordination, and planning. HUD CoC program “**components**” include Prevention, Street Outreach, Emergency Shelter, Transitional Housing, Day Shelter, Safe Haven, PH-Rapid Rehousing, PH-Permanent Supportive Housing (disability required), PH – Housing with Services (disability not required), PH-Housing Only, Coordinated Entry, and Services Only. **System activities** include the HMIS data system, Coordinated Entry or Assessment, and CoC governance and staffing. The scale and effectiveness of system activities largely depend on the availability of local funds and partnerships as HUD provides minimal funding support in this area. System resources support a centralized infrastructure for CoC meetings, research, planning, information sharing, communications, resource development, performance tracking, capacity building, training, and coordination with other **mainstream systems** that serve people experiencing homelessness. The creation of the Housing for Health Division in 2020 represents a significantly increased investment of County of Santa Cruz resources in system activities.

¹ “**Chronically homeless**” is defined by HUD as a homeless individual, or a family with an adult head of household (of if no adult, a minor head of household) with a disability who: (1) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND (2) has been homeless for at least 12 months OR on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months.

Graphic of Continuum System Approach



Key Continuum of Care Components



Housing Inventory Chart (HIC) – January 2021

Proj. Type	Organization Name	Project Name	Family Beds	Family Units	Single Beds	CH Beds	Year-Round Beds	Over-flow Beds	Total Beds
ES	Ass. of Faith Comm.	Rotating Shelter	20	20	20		40		40
ES	Encompass	River Street Shelter			27		27		27
ES	FEMA COVID-19	CV-19 Congregate Shelter VETS-SC						46	46
ES	FEMA COVID-19	CV-19 Congregate Shelter VETS-WAT						60	60
ES	FEMA COVID-19	CV-19 IQV Shelter COM						40	40
ES	FEMA COVID-19	CV-19 IQV Shelter FIR						24	24
ES	FEMA COVID-19	CV-19 IQV Shelter OCE						55	55
ES	FEMA COVID-19	CV-19 IQV Shelter PAC						34	34
ES	FEMA COVID-19	CV-19 IQV Shelter RDW - P1-P3						57	57
ES	FEMA COVID-19	CV-19 IQV Shelter SAL						27	27
ES	FEMA COVID-19	CV-19 TAY Shelter						23	23
ES	Front Street	Front St. - Paget Center (ES)			14		14		14
ES	Housing Matters	Paul Lee Loft (ES)			57		57		57
ES	Housing Matters	Rebele Family Shelter (ES)	90	28			90		90
ES	Housing Matters	Recuperative Care Center (ES)			12		12		12
ES	Housing Matters	RRH - SSVF EHA						3	3
ES	Pajaro Valley Shelter Services	PVSS-Emergency Shelter	30	5			30		30
ES	Salvation Army	Pavilion Shelter (ES)			38		38	8	46
ES	Salvation Army	Salvation Army Armory Shelter			60		60		60
ES	Salvation Army	Watsonville Shelter (ES)	3	1	18		21		21
ES	Siena House	Siena House	8	8			8		8
ES	St. Francis Catholic Kitchen	Jesus Mary Joseph	12	6			12		12
PSH	Santa Cruz County Housing Authority	DMV Vouchers			93		93		93
PSH	Housing Authority	New Roots [YHDP] (PSH)			5	0	5		5
PSH	County of Santa Cruz	Brommer Street (PSH)	18	6			18		18
PSH	Dept. Veterans Affairs	HUD VASH (PSH)	85	32	278	278	363		363
PSH	Encompass	Anderson (PSH)			5	2	5		5
PSH	Encompass	Freedom Cottages (PSH)			4	4	4		4
PSH	Encompass	Housing for Health 3 (PSH)			14	14	14		14
PSH	Homeless Persons Health Project	*HUD Bonus Program (PSH)	6	2	1	1	7		7
PSH	Homeless Persons Health Project	MATCH (PSH)			40	40	40		40
PSH	Homeless Persons Health Project	Nuevo Sol (HUD) (PSH)			11	11	11		11

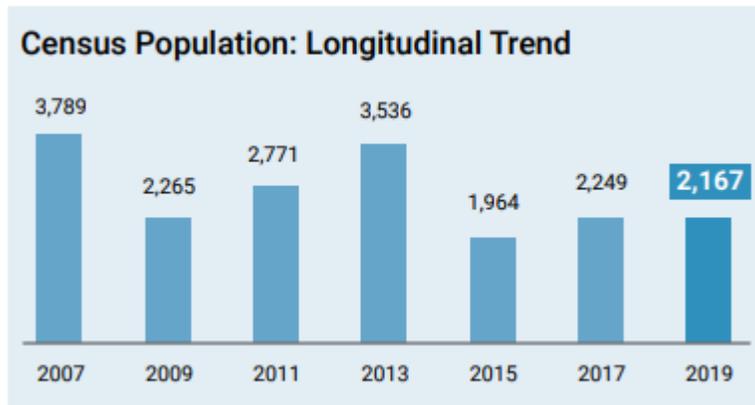
Proj. Type	Organization Name	Project Name	Family Beds	Family Units	Single Beds	CH Beds	Year-Round Beds	Over-flow Beds	Total Beds
PSH	Homeless Persons Health Project	S+C (PSH)	2	1	38	38	40		40
PSH	Housing Matters	180/2020 (PSH)			11	11	11		11
PSH	Pajaro Valley Shelter Services	PVSS-Housing for Families	26	6			26		26
RRH	Bill Wilson Center San Jose	[YHDP] Shared Housing for Youth (RRH)			1		1		1
RRH	Central Coast Center Independent Living (HSD)	Housing and Disability Advocacy Program (RRH)			19		19		19
RRH	Families in Transition	[YHDP] YAAS YHDP RRH (RRH)	15	5			15		15
RRH	Families in Transition	CORE F.I.T. RRH	11	3			11		11
RRH	Families in Transition	CORE South County (RRH)	4	1			4		4
RRH	Families in Transition	County Planning Department Grant	17	5	0		17		17
RRH	Families in Transition	ESG Rapid Re-Housing (RRH)	41	10	0		41		41
RRH	Families in Transition	HOME (RRH)	11	3			11		11
RRH	Families in Transition	HUD First Step Scattered Site for Families with Children (RRH)	41	12			41		41
RRH	Families in Transition	WTW/HSP Short Term (3528) (RRH)	85	30	0		85		85
RRH	Families in Transition	WTW/HSP Training (3531) (RRH)	17	6			17		17
RRH	Housing Matters	[YHDP] HSC - Youth Rapid Rehousing			1		1		1
RRH	Housing Matters	Bringing Families Home (RRH)	24	12			24		24
RRH	Housing Matters	HUD ESG 83 (S)			8		8		8
RRH	Housing Matters	Page Smith Community House - RRH			1		1		1
RRH	Housing Matters	RRH - SSVF			5		5		5
RRH	Nation's Finest	RRH SSVF -Santa Cruz Clients			15		15		15
RRH	Santa Cruz County Human Services Department- CHAMP	CHAMP FIT (RRH)	114	32			114		114
RRH	Santa Cruz HSD - CHAMP	CHAMP HSC (RRH)	88	23			88		88
RRH	Walnut Avenue Family & Women's Center?	Rapid Rehousing Program for Survivors of DV	4	2			4		4
TH	Families in Transition	Brommer (TH)	18	6			18		18
TH	Housing Matters	Page Smith Community House			40		40		40
TH	Pajaro Valley Shelter Services	PVSS - 1-Year Transitional Housing for Families	16	2			16		16
TH	Pajaro Valley Shelter Services	PVSS - 2-Year Transitional Housing for Families	64	13			64		64

Proj. Type	Organization Name	Project Name	Family Beds	Family Units	Single Beds	CH Beds	Year-Round Beds	Over-flow Beds	Total Beds
		Total	870	280	836	399	1706	377	2083

ES=Emergency Shelter, PSH=Permanent Supportive Housing, RRH= Rapid Rehousing, TH=Transitional Housing

Point-in-Time Count – January 2019

Much of what we know about people experiencing homelessness in the United States, California, and in Santa Cruz County comes from the **Point-in-Time (PIT)** count, which HUD requires biennially. Our CoC plans to conduct the count **annually** starting in 2022. This snapshot study typically occurs during the last 10 days of January per HUD requirements and includes a field-based count and survey coupled with an analysis of HMIS data to estimate the number and types of households and people experiencing homelessness in a single day. HMIS data from Santa Cruz County indicates that *at least* two to three times the number of people experiencing homelessness on a single day experience homelessness over the course of twelve months. The graphic below shows how the PIT count number of people experiencing homelessness in Santa Cruz County has changed over time:



PIT Count reports from 2011 to 2019 are available on the Santa Cruz County CoC [website](#). California now maintains statewide data on homelessness on their Homeless Data Integration System (HDIS) [website](#). HUD maintains national reports on their Annual Homeless Assessment Report [website](#).

The Business Analytics Division of the County of Santa Cruz Human Services Department along with our local HMIS vendor, BitFocus, help prepare reports for submission to state and federal government agencies. They also help prepare local data reports for our CoC.

Key Gaps and Needs

According to an analysis of 2019 PIT Count data from California, Santa Cruz County has the fourth highest rate of people experiencing homelessness at a point-in-time. The five highest rates in California, from highest to lowest, are Humboldt County, San Francisco County, Mendocino County, Santa Cruz County, and Imperial County. A [study](#) supported by Zillow Economic Research and academic institutions showed a strong correlation between the percentage of households paying more than 32% of their income on rent and rates of homelessness. The same research also noted that some communities appear to be outliers from these general trends with some communities having “protective” or “exacerbating” factors.

Below are a few of the key gaps and needs identified by Focus Strategies in their assessment work that led to the creation of the *Housing for a Healthy Santa Cruz Framework*.

Lack of Affordable Housing

- Estimated gap of 8,660 units for extremely low-income households.
- Insufficient number of permanent supportive housing units.
- Need for more rental assistance.
- More and better landlord connections.
- Need to build more homeless-targeted affordable housing developments.
- Need for flexible financial assistance for applications, deposits, etc.

Gaps in the Response System

- Need to establish system-wide housing problem solving and connection practices.
- Insufficient shelter capacity to deliver housing-focused services and supports.
- Need to remove system barriers to service access, e.g., better information, transportation, etc.
- Develop geographically distributed low-barrier shelters and service access points (navigation centers).
- More behavioral health treatment and low-barrier crisis treatment resources for mental health and substance use conditions.
- Better alignment of existing street outreach programs.
- Better integration and coordination with mainstream systems.

Gaps in Infrastructure

- Need for stronger, more accountable leadership.
- Increased planning, policy, data, and evaluation capacity.
- Increased staff capacity.
- Need to provide more training across the board.

Three-Year Strategic Framework

Between 2019 and 2021, the County and CoC, supported by **Focus Strategies**, led a planning process to develop a **strategic framework** for collaborative action focused on significantly reducing homelessness over the course of three years. On March 9, 2021, the County Board of Supervisors unanimously approved the resulting strategic plan, entitled *Housing for a Healthy Santa Cruz - Three-Year Strategic Framework*. Following is a summary of the Framework. See Attachment C for a copy of the full Framework:

Overview of the Framework

The Framework, covering the period from **January 2021 to January 2024**, contains two overarching goals, two core goals, and four primary strategic areas.

Overarching Goals

1. The number of households experiencing unsheltered homelessness will decrease by **50%**.
2. The number of households experiencing homelessness will decrease by **30%**.

The overall goals of reductions in both overall and unsheltered homeless require specific system improvements and expansions, described in the Core Goals, below:

Core Goal #1: Improve the effectiveness of all programs in helping people secure housing:

- A. Reduce lengths of stay
- B. Increase rehousing rates
- C. Increase program entries from homelessness

Core Goal #2: Expand Capacity within the homelessness response system.

- A. Expand temporary housing capacity from 440 to 600 beds.
- B. Expand rapid rehousing program slots from 140 to 490 per year.
- C. Expand permanent supportive housing slots from 500 to 600.

To achieve the Framework goals, Housing for a Healthy Santa Cruz County sets out **four high-level strategic areas** and numerous specific objectives in each strategy area to transform current efforts to address homelessness. The objectives to support each strategy will span over multiple six-month action plan cycles. The January-June 2021 **Six-Month Work Plan** was developed and provided along with the final Framework adopted by the Board of Supervisors in March 2021.

Strategy 1: Enhance and Effectively Target Outreach, Engagement, and Temporary Shelter Resources

Strategy 2: Expand Permanent Housing Exit Resources and Pathways

Strategy 3: Implement Targeted Prevention, Diversion, and Housing Problem Solving Interventions

Strategy 4: Implement New Governance, Planning, Evaluation, Communication, and Collaborative Action Structures

Role of HUD CoC Funding

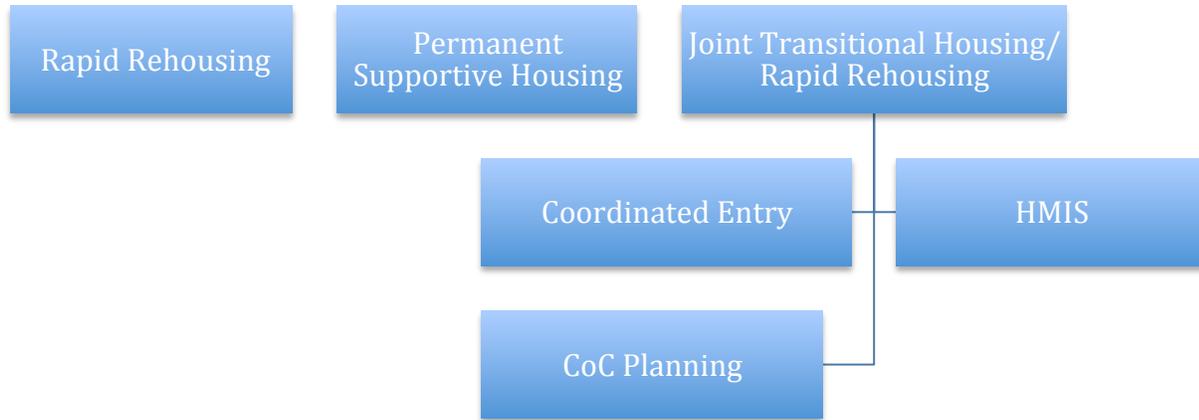
Overview

- Each year, at different times, HUD releases a **CoC Notice of Funding Opportunity (NOFO)**, that includes:
 - Funding for eligible housing and services
 - Funding for CoC planning, HMIS, and CES
- The Collaborative Applicant (H4H) submits the **CoC consolidated application**, including the CoC Application narrative, Project Priorities listing, and Project Applications.
- HUD uses the NOFO to advance its policy priorities, e.g., ending chronic homelessness, using HUD funding for housing rather than services, and others.

How it Works

- HUD provides a **Grant Inventory Worksheet (GIW)** of all existing grants eligible to be renewed
 - Total amount eligible renewal grants for one year = **Annual Renewal Demand (ARD)**
- The CoC (H4H Partnership) establishes a local competition for new and renewal projects
- Neutral **Review and Ranking Committee** accepts or rejects projects and ranks them according to local priorities
- The CoC can renew existing projects, reallocate existing funding to new projects, and/or apply for **“bonus” funding**
 - Each year, HUD defines and limits eligible new project opportunities
- HUD sets a specified percent of the ARD that is assured; projects ranked within this amount (called **Tier 1**) are automatically funded
- Projects ranked below this amount (called **Tier 2**) are funded on a nationally competitive basis based upon (1) CoC score, (2) meeting HUD priorities, e.g., Housing First, and (3) relative rank.
- To maximize funding, including bonus opportunities, the CoC seeks to **score as high as possible** on rating factors, worth **163 points** plus bonus points, that are summarized for the 2021 NOFO as follows:
 - CoC Coordination and Engagement factors – up to 96 points
 - Project Capacity, Review, and Ranking factors – up to 30 points
 - HMIS factors – up to 11 points
 - PIT Count factors – up to 3 points
 - System Performance factors – up to 23 points
 - Coordination With Housing Healthcare Bonus Points – up to 10 points

Eligible New Project Types in 2021



Summary of 2021 HUC CoC NOFO - Santa Cruz County Funding Possible

- **\$4,845,354** Annual Renewal Demand (ARD)
 - **\$242,268** CoC bonus for new projects
 - **\$149,015** Domestic Violence bonus for new projects
 - **\$145,361** CoC planning grant
- \$5,381,998** TOTAL POSSIBLE

Listing of 2021 Projects Approved for HUD Submission – 1 year of funding

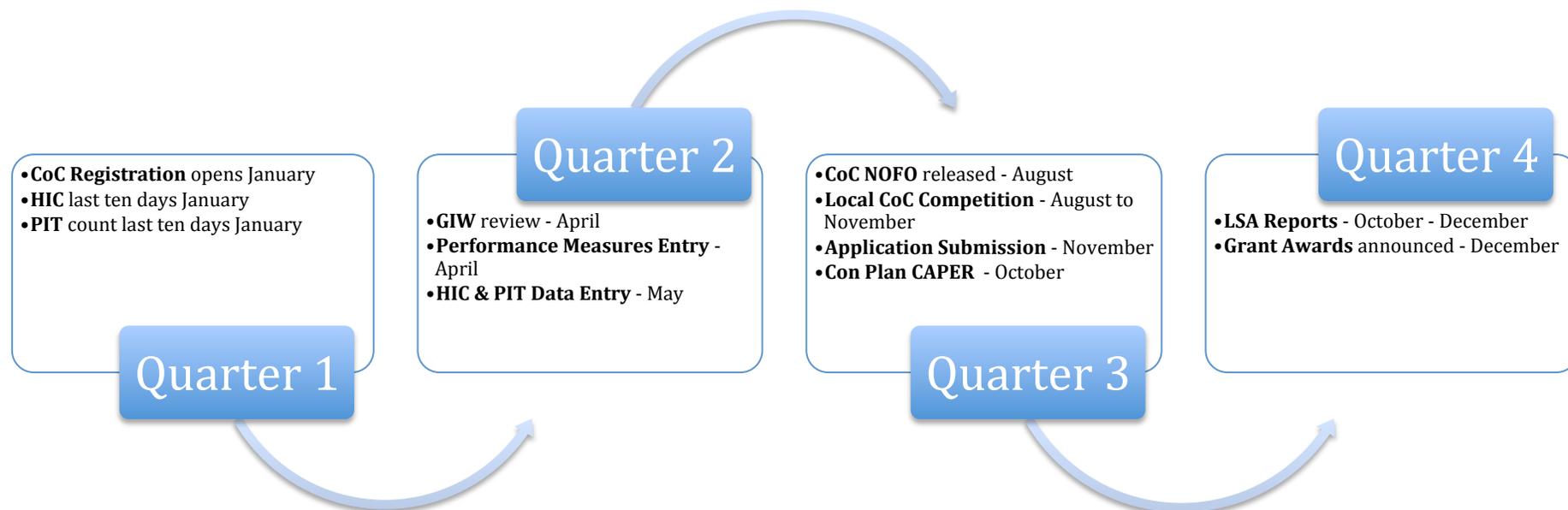
Rank	Tier	Score	Applicant Name	Project Name	New or Renewal	Project Type	Total HUD Budget
1	Tier 1	92	ECS	Freedom Cottages	Renewal	PSH	\$15,645
2	Tier 1	92	Walnut Avenue	Walnut Avenue Housing & Employment Program	Renewal	RRH	\$108,871
3	Tier 1	84.5	Housing Matters	801 River Street	New - realloc	PSH	\$154,343
4	Tier 1	82	County of Santa Cruz	CES Expansion	Renewal	CES	\$228,362
5	Tier 1	82	County HSD	County HMIS	Renewal	HMIS	\$91,699
6	Tier 1	81	Families In Transition	First Step-RRH	Renewal	RRH	\$547,580
7	Tier 1	85	County HSA	MATCH	Renewal	PSH	\$990,484
8	Tier 1	89	ECS	Housing for Health 3	Renewal	PSH	\$90,429
9	Tier 1	84.5	Housing Authority	Shelter+Care Consolidated	Renewal	PSH	\$1,141,378
10	Tier 1/2	97	Housing Authority	Shelter+Care Expansion	New bonus	PSH	\$299,335
11	Tier 2	86	County HSA	Bonus PSH	Renewal	PSH	\$150,308
12	Tier 2	93.5	Walnut Avenue	Walnut Avenue DV Bonus	New DV Bonus	RRH	\$149,015

Youth Projects (YHDP) Non-Competitive This Year							
N/A	N/A	N/A	Bill Wilson Center	Santa Cruz County Shared Housing	YHDP Replace	TH	\$135,319
N/A	N/A	N/A	Community Action Board	Youth Homeless Response Team (YHRT)	Renewal	SSO	\$99,175
N/A	N/A	N/A	County of Santa Cruz	Youth CES	Renewal	CES	\$60,000
N/A	N/A	N/A	ECS	Drop-In Center	Renewal	SSO	\$296,903
N/A	N/A	N/A	Families In Transition	YAAS RRH	YHDP Replace	RRH	\$258,971
N/A	N/A	N/A	Housing Authority	YHDP New Roots RRH	YHDP Replace	RRH	\$192,753
N/A	N/A	N/A	Housing Matters	Youth Rapid Rehousing	Renewal	RRH	\$226,067
CoC Planning Grant Non-Competitive							
N/A	N/A	N/A	County of Santa Cruz	CoC Planning Grant	New	PLN	\$145,361

Total Funding Requested: **\$5,381,998**

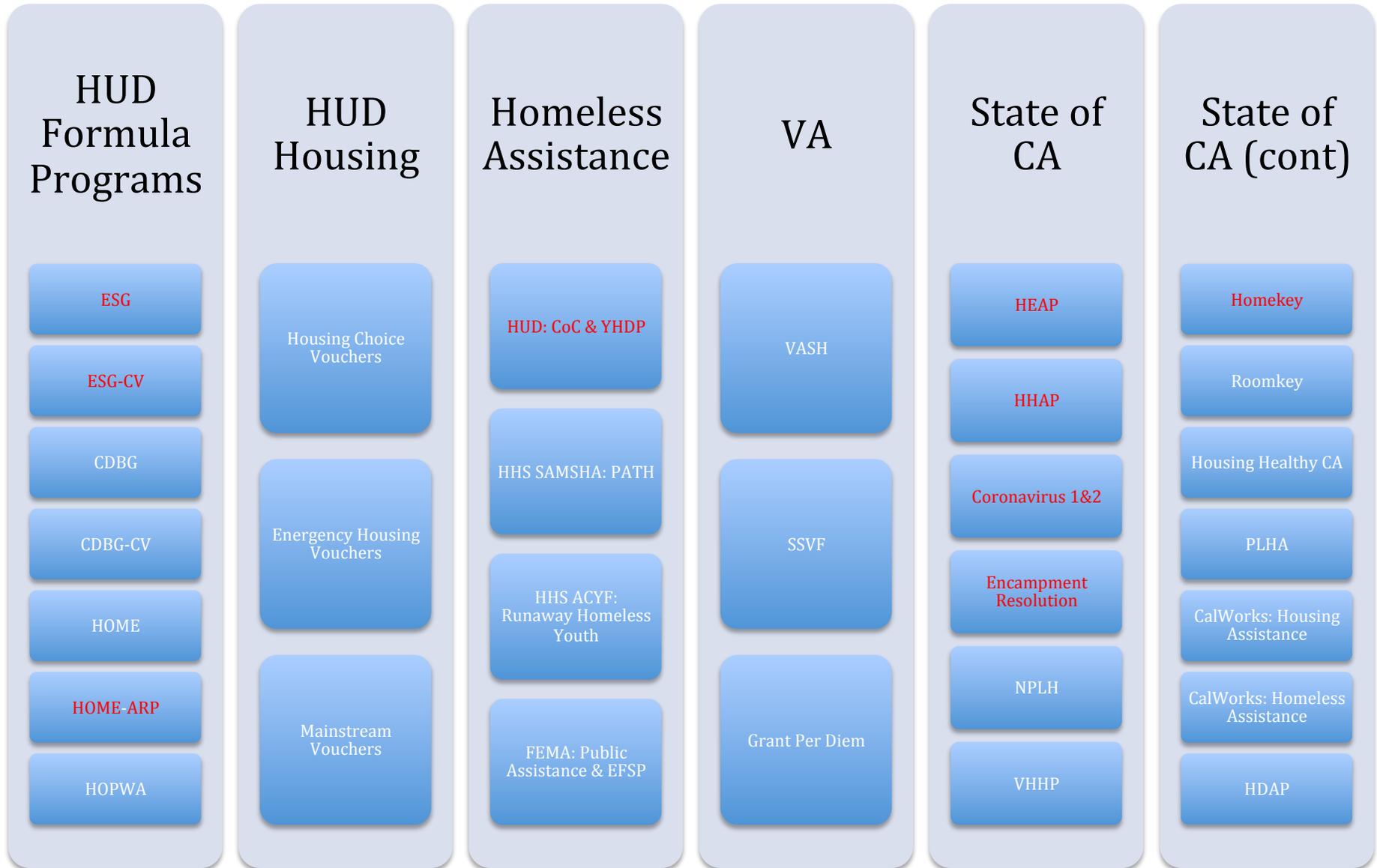
Annual CoC Cycle

In addition to the CoC consolidated application and regular meetings, the CoC process has a **HUD-directed annual cycle** that also includes the core activities below plus others not shown. The dates and activity timelines vary somewhat each year according to HUD. The diagram below represents a general time flow:



Graphic of Broader Funding Landscape (not comprehensive)

Note that the sources in red are controlled by or prioritized by the CoC. The ones in white are controlled by other parts of government.



System Performance Measures

Three-Year Plan Performance Measures

Reducing Homelessness

- Reduce the number of households experiencing homelessness at a point-in-time by just over **25%** and households living in unsheltered places by **50%** between January 2019 and January 2024.

2019	307 Sheltered Households	1,098 Unsheltered Households	1,405 Total Homeless Households
2024	485 Sheltered Households	549 Unsheltered Households	1,034 Total Homeless Households

Improving the Effectiveness of Programs and Interventions

- Achieve the following **system performance** results by 2024.

Measure	Emergency Shelter		Transitional Housing		Rapid Rehousing		PSH
	FROM	TO	FROM	TO	FROM	TO	
Reduce Length of Stay (in days)	76	60	413	250	281	180	N/A
Increase Rate of Rehousing	21%	40%	66%	80%	62%	85%	N/A

Expanding the Capacity of the Homelessness Response System

- Expand system beds and slots as follows by 2024.

Temporary Housing Beds (ES & TH)		Rapid Rehousing Slots		PSH Slots	
PRESENT	440	PRESENT	140	PRESENT	500
2024	600	2024	490	2024	600

Summary List of HUD HEARTH Act Performance Measures

<p>FEDERAL GOAL: Ensure that individuals and families who become homeless return to PH within 30 days.</p>
<p>PERFORMANCE MEASURES:</p> <ol style="list-style-type: none"> The length of time individuals and families remain homeless. The extent to which individuals and families who leave homelessness experience additional spells of homelessness. The thoroughness of grantees in the geographic area in reaching individuals and families experiencing homelessness. Overall reduction in the number of individuals and families experiencing homelessness. Jobs and income growth for individuals and families experiencing homelessness. Success reducing the number of individuals and families who become homeless for the first time.

About Our CoC and ESG Program Standards

Basic HUD Requirement

The **CoC Interim Rule** requires that CoCs, in consultation Emergency Solutions Grant (ESG) funding recipients, establish and follow **written standards** for providing **CoC** and **ESG** assistance. At minimum these standards must include policies and procedures for:

- Evaluating individuals' and families' **eligibility** for services
- Determining and prioritizing which individuals and families will receive **shelter and transitional housing**
- Determining and prioritizing which individuals and families will receive **rapid rehousing**
- Determining what **percentage or amount of rent** each participant must pay in rapid rehousing
- Determining and prioritizing which individuals and families will receive **permanent supportive housing**

Local CoC and ESG Program Standards

In 2013, the Santa Cruz County CoC, including our ESG-funded programs, engaged in a collaborative process to develop and implement written CoC and ESG program standards that were not only HUD CoC and State ESG Program compliant, but which also reflected standards and practices in existence **in our county** and known by **service providers** to be **effective**. Since then, the written standards have been **updated** to reflect new guidelines and expectations for CoC and ESG funded programs.

Today, our written standards require that programs align their own programs rules with the standards, and include the **18 separate standards** divided by seven categories listed below.

1. Evaluating and Documenting Eligibility for Assistance
2. Street Outreach
3. Emergency Shelter and Diversion
4. Prevention and Rapid Rehousing
5. Transitional Housing
6. Permanent Supportive Housing
7. Additional Standards Applicable to all Program Types:
 - Participation In HMIS.
 - Participation In Coordinated Entry.
 - Emphasis On Housing First.
 - Participation In The Hap And Coordination With Other Service Providers,
 - Educational Policies And Liaison.
 - Equal Access And Non-Discrimination.

Please see Attachment D for the complete CoC Written Standards document.

About the Coordinated Entry System

What is a Coordinated Entry System?

Required by the HEARTH Act and CoC Interim Rule, Coordinated Entry is an important process through which people experiencing or at risk of homelessness can **access** the crisis response system in a streamlined way, have their strengths and needs quickly **assessed**, and quickly be **referred** to appropriate, tailored housing and mainstream services within the community or CoC geography. **Standardized assessment tools** and practices used within local coordinated entry processes take into account the unique needs of adults, families and their children, veterans, and transition age youth (TAY). When possible, the assessment provides the ability for households to gain access to the **best options** to address their needs, incorporating **participants' choice**, rather than being evaluated for a single program within the system. The most intensive interventions are prioritized for those with the highest needs and greatest barriers to getting and keeping housing without assistance.

Coordinated entry is composed of four interrelated core elements as follows:

1. **Access**, the engagement point for persons experiencing a housing crisis, could look and function differently depending on the specific community. Persons (families, single adults, veterans, youth) might initially access the crisis response system by calling a crisis hotline or other information and referral resource, walking into an access point facility, or being engaged through outreach.
2. Upon initial access, CoC providers associated with coordinated entry likely will begin assessing the person's housing needs, preferences, and vulnerability. This coordinated entry element is referred to as **Assessment**. It is progressive; that is, potentially multiple layers of sequential information gathering occurring at various phases in the coordinated entry process, for different purposes, by one or more staff.
3. During assessment, the person's needs and level of vulnerability may be documented for purposes of determining **Prioritization**. Prioritization helps the CoC manage its inventory of community housing resources and services, ensuring that those persons with the greatest needs and barriers receive the supports needed to resolve their housing crisis.
4. The final element is **Referral**. Persons are referred to available CoC housing resources and services in accordance with the CoC's documented prioritization guidelines.

What else you will see in this section:

- **How Does Our Coordinated Entry System Work?** *This is a description of how the pre-pandemic Coordinated Entry System (CES) was structured and functioned to assess, prioritize, and refer people to appropriate housing and service interventions.*
- **Summary of Our Assessment Tool the VI-SPDAT** *This is a summary of the evidence-informed assessment tool used to prioritize persons for different housing interventions.*
- **About the Smart Path CES Policies and Procedures** *This is an overview of the local CoC, HUD-required CES policies and procedures document.*

How Does Our Coordinated Entry System Work?

Our CES is currently called **Smart Path to Housing and Health**. Smart Path is designed to streamline access to housing and services for all people experiencing homelessness. The **lead agency** for Smart Path is the Santa Cruz County Human Services Department, **H4H Division**. Homeless individuals and families receive **uniform assessments** at a variety of easy to **access locations**, and scarce housing resources are **prioritized** based on medical and social **vulnerability**. People are also linked to available non-housing resources, such as meals, showers, health care, and government benefits.



“No wrong door” approach

Smart Path uses a “**no wrong door**” approach to preventing, reducing and ending homelessness in Santa Cruz County. Previously, people experiencing homelessness in Santa Cruz County had to navigate a complex and ever-changing maze of services. They were often referred from one place to another, complicating the path to permanent housing. Smart Path **decreases barriers** and identifies those most in need of housing by utilizing a uniform assessment and a single HMIS-based data system.

Housing Program Referrals through HMIS

Traditionally, in Santa Cruz County, individuals and families experiencing homelessness accessed housing assistance based on a mixture of first-come first-served approaches, wait lists, individual advocacy, and sometimes the plain luck of being in the right place at the right time. Utilizing a standardized prioritization assessment tool, Smart Path seeks to **prioritize** referrals to subsidized housing programs based on medical and social **vulnerability**.

Information gathered during the assessment process is entered into the shared HMIS that has been custom designed for Santa Cruz County. Data are **protected** and **shared** only with permission from the participant. Assessments can be completed directly in HMIS using a smart phone, tablet, or computer. Referrals to housing programs are made based on the program type, eligibility criteria, and the participant’s vulnerability score.

Standardized Assessment & Prioritization

The **Vulnerability Index/Service Prioritization Decision Assistance Tool (VI-SPDAT)** allows trained service providers to assess an individual’s or family’s level of risk based upon health and social vulnerability factors. There are different versions of the VI-SPDAT for individuals, families, and youth. Smart Path uses the VI-SPDAT to prioritize people based upon vulnerability and level of need: **PSH** – must be “chronically homeless” and have the highest **VI-SPDAT scores in the range from 8-17 adults and TAY, and 9-22 families; RRH and TH** - based upon highest scores **in the range of 4-7 adults and TAY, and 4-8 families**. Beginning in 2020, the CoC adopted a temporary policy prioritizing persons who face **increased risk of mortality from COVID-19** for vacancies in participating PSH programs

How Smart Path Is Accessed by Person Experiencing Homelessness

Persons experiencing homelessness can complete the Smart Path assessment by calling **2-1-1** or visiting any of these “**Access Points**”: Santa Cruz area – Housing Matters, 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. In addition, the County contracts with nonprofits to provide assessment services at meal sites, shelters, encampments, outreach sites, or other locations. Due to **COVID-19**, many offices are closed; therefore **most assessments are by phone**.

Programs Receiving Coordinated Entry System Referrals

All CoC, ESG, and County-funded programs must participate in Smart Path. The CoC also encourages all other housing agencies with housing dedicated to people who are homeless to participate. Following is the current list of agencies and **housing programs receiving Smart Path referrals**

Agency	Program and Program Type
County Human Services Department	CalWORKs Housing Assistance Move-in Program (CHAMP) (RRH)
Encompass Community Services	Housing for Health 2 & 3 (PSH) Grace Commons (PSH) Freedom Cottages & Anderson House (PSH) Casa Linda (PSH) New Roots (PSH)
Families in Transition	ESG Rapid Rehousing (RRH) HOME (RRH) First Step (RRH) Young Adults Achieving Results (RRH)
County Health Services - Homeless Persons Health Project	Match (PSH) Nuevo Sol (PSH) Shelter Plus Care (PSH)
Housing Matters	Page Smith Community House (TH-RRH) Rapid Rehousing (RRH) PSH Bonus (PSH) PSH (180/2020) (PSH) SSVF (RRH)
Santa Cruz County Housing Authority	HUD-VASH (PSH)
Pajaro Valley Shelter Services	Transitional Housing for Families Annex (TH)
Veterans Resource Center	SSVF (RRH)

Summary of the Current Assessment Tool – the VI-SPDAT

An Evidence-Informed Tool for Assessment and Case Management

The **HEARTH Act** and federal regulations **require communities** to develop a mechanism **for common assessment and coordinated entry**. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others have simply made it up as they go along, using “gut instincts” in lieu of solid evidence. Communities needed a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. Many communities decided to use the evidence-informed VI-SPDAT for their coordinated assessments. The Housing for Health Partnership (CoC) is exploring the use of alternative assessment approaches in 2022.

About the VI-SPDAT

The VI-SPDAT combined two widely used assessment tools:

- The Vulnerability Index, developed by Community Solutions, is a street outreach tool currently in use in more than 100 communities. Rooted in leading medical research, the VI helps determine the **chronicity and medical vulnerability** of homeless individuals.
- The Service Prioritization Decision Assistance Tool, developed by OrgCode Consulting, is an **intake and case management tool** in use in more than 70 communities.

Why the VI-SPDAT

Prior to coordinated entry, the average community allocated housing resources on a first-come, first-served basis. Individuals and families took their place at the bottom of endless waiting lists, regardless of their chronicity, medical vulnerability, acuity, or ability to address their own housing instability. The result was often akin to an emergency room devoting its costliest resources to a common cold patient while leaving a late-arriving heart attack victim to fend for him or herself.

In theory, the VI-SPDAT allows communities to **assess clients’ various health and social needs** quickly and **match them to the most appropriate-- rather than the most intensive-- housing interventions** available. In some cases, the VI-SPDAT may help make the case for PSH. In other cases, it may encourage practitioners to choose RRH or even to do nothing when clients are statistically likely to escape homelessness on their own.

Concerns about the VI-SPDAT

Since the widespread adoption of the VI-SPDAT assessment tool by many CoCs, several academic articles have raised concerns about the instrument including its reliability and validity. Concerns have been raised about potential disparate racial and ethnic impacts from the use of the tool. Since the tool relies on self-report, it can lead to over and underreporting of housing needs, barriers, and health and safety risks. The tool itself does not address resource scarcity and has resulted in long “scored” waiting lists of many people that often lose connections with supportive providers waiting for referrals. CoC changes to coordinated assessment, matching, and prioritization are planned for 2022.

About the Smart Path CES Policies and Procedures

Basic HUD Requirement

The CoC Interim Rule requires that CoCs, in consultation ESG funding recipients, establish and operate a coordinated entry system (CES), and develop a specific policy to guide the operation of the system on how it will:

- Address the needs of individuals and families fleeing **domestic violence**
- Comply with any **CES requirements** established by HUD notice.

Local CoC and ESG Program Standards

In 2017, the local **Smart Path Steering Committee**, including our ESG-funded programs, engaged in a collaborative process to develop and implement written **CES policies and procedures** that were HUD CoC and State ESG Program compliant and that reflected policies and procedures in existence in **our county** and known by **local agencies** to be **effective**. Since then, the written policies and procedures have been **updated** to reflect new HUD-issued notices, guidelines, and expectations. Significant changes are planned for 2022.

Current CES policies and procedures require participating programs to align their own programs rules with the policies and procedures, and include the **13 separate topical sections** listed below:

- Background
- Smart Path Overview
- Administrative Structure
- Smart Path Access Points
- Outreach and Marketing
- Non-discrimination
- Assessments
- Participant List and Prioritization
- Referrals
- Confidential Process for Domestic Violence Survivors
- Other Special Populations
- Evaluation Process
- Definitions.

Please see Attachment E for the complete Smart Path CES Policies and Procedures.

About the Homeless Management Information System (HMIS)

What is a HMIS?

A Homeless Management Information System (HMIS) is a local information technology system used to collect **client-level data** and **data on the provision of housing and services** to homeless individuals and families and persons at risk of homelessness. Each CoC is responsible for selecting an **HMIS software solution** that complies with HUD's data collection, management, and reporting standards.

The HEARTH Act, HUD Regulations, HMIS Standards, and HMIS Notices put out by HUD encompass the legal and regulatory framework governing local HMIS implementation. The HEARTH Act requires all CoCs to have an HMIS with the capacity to collect **unduplicated counts of individuals and families experiencing homelessness**. Through their HMIS, a community should be able to collect information from projects serving homeless families and individuals to use as part of their needs analyses and to establish funding priorities. Also **HMIS participation** is a statutory **requirement** under HEARTH for recipients and sub-recipients of **CoC** and **ESG** funds. Other funding sources also require HMIS participation.

The CoC Interim Rule, which governs generally how CoCs operate, requires all CoCs to:

- Designate a **single HMIS system** to be used
- Identify the **HMIS lead agency**
- Review, revise, and approve a **privacy plan, security plan, and data quality plan**
- Ensure consistent **participation by CoC and ESG-funded agencies**
- Ensure HMIS is administered in **compliance with HUD requirements**.

HMIS Standards

HUD and other federal agencies that use HMIS establish **HMIS data standards** to allow for standardized data collection on homeless individuals and families across systems. The standards set forth the basic data elements that must be collected by different types of HMIS participating agencies. The data standards include subsections for:

- **Project Descriptor** Data Elements – e.g., organization name and number of beds/units
- **Universal Client Identifier** Elements – e.g., Name, SSN, and Race
- **Universal Project Stay** Elements – e.g., prior living situation and project start and end dates
- Common **Program Specific** Data Elements – e.g., income sources and disabilities
- **Federal Partner** Data Elements – e.g., specific elements for the HOPWA and VA programs
- **Metadata** Elements – e.g., user ID and date a record was created or updated.

In addition to data standards, there are **privacy and security standards** for HMIS to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data. These privacy and security standards are based on principles of fair information practices and on security standards recognized by the information privacy and technology communities. The standards were developed after careful review of the **Health Insurance Portability and Accountability Act** (HIPAA) standards for securing and protecting patient health information.

How Does Our HMIS Work?

The Santa Cruz County CoC HMIS system was originally established in 2004. Since 2017, the HMIS system has used the **Bitfocus's Clarity software**, which is a leading HMIS solution used by many CoCs in California and around the country. Since 2020, the **County HSD H4H Division** has served as the **HMIS lead agency, working closely with Bitfocus**, which provides contract-based systems administration, and with the HSD's business analytics section, which provides data analysis.

How the system works can be summarized as follows:

- Participating agencies collect and input **standardized client and program data**
- **Services and target achievements** are entered to capture client-level activities
- The data are compiled into reports that allow the CoC to understand the **demographic, service need and use, and program outcomes** of each program and the system as a whole.

Over the years, the system has grown rapidly so that there are now **25 agencies** using HMIS, encompassing a total of **142 discrete programs or projects**, including emergency shelters, homeless prevention, street outreach, supportive services, transitional housing, PSH, RRH, and CES. By 2021, there were a total of **14,778 client records** in the system, and a total of **126 end users** were licensed and trained to enter client information into Clarity HMIS for data collection. HSD and Bitfocus provide agencies and users with a broad range of support including **policy and documentation** development, HMIS and security **training, user licensing, help desk** and one-on-one technical assistance, **reporting support**, and **data quality troubleshooting**.

Clarity has the capacity to generate a wide variety of **standard and customized data reports**. Important reports that are periodically prepared include, for example:

System-wide Reports:

- Annual Longitudinal Systems Analysis (LSA) Reports
- Annual System Performance Reports
- Annual CoC Reports
- Annual PIT Sheltered Count
- Annual Housing Inventory Chart

Program-Specific Reports:

- Annual Performance Reports
- Annual ESG CAPER
- Program Roster Reports
- Client Demographic Reports
- Monthly Staff Reports
- Client Lists
- Service Summary Reports
- Potential Exist Reports
- Program Detail Reports
- Monthly HMIS Data Quality Reports.

About Our HMIS Policies and Procedures

Basic HUD Requirement

As mentioned above, the CoC Interim Rule requires not only that each CoC implement HMIS in compliance with **HUD requirements and standards**, but also that they approve each of the following:

- **HMIS charter**
- **Privacy plan**
- **Security plan**
- **Data quality plan.**

Local HMIS Policies and Procedures

In 2004, the Santa Cruz County CoC completed the first iteration of our HMIS policies and procedures document. Since then, the HMIS policies and procedures have been periodically updated to reflect changed standards, requirements, and the lead agency. Also important are a range of procedural forms, such as **data collection forms**, **client information releases**, and **privacy notices**.

Today, the HMIS policies and procedures are **out of date** and bringing them up to date is a key challenge that must be met to ensure HUD compliance, support data quality and security, and facilitate clarity for participating agencies.

The current document includes **numerous sections**, for example for:

- Roles and Responsibilities
- Operating Procedures
- Project Participation
- User Authorization and Password
- Collection and Entry of Client Data
- Quality Assurance
- Service Transactions Reporting
- Separate Records for Children
- Program Bed Coverage
- Anonymous Client Data Entry
- Release and Disclosure of Client Data
- System Security
- Training
- Compliance
- Technical Support

Please see Attachment E for the complete current HMIS policies and procedures manual that needs updating.

Resources and Additional Materials:

- A. Glossary: Key Homelessness Acronyms and Abbreviations
- B. H4H Governance Charter
- C. Three-Year Strategic Framework
- D. CoC and ESG Program Standards
- E. Smart Path CES Policies and Procedures
- F. HMIS Policies and Procedures
- G. Links for Important Resources

A. Glossary: Key Homelessness Acronyms and Terms

GLOSSARY

Key Homelessness Acronyms and Terms

Annual Homeless Assessment Report (AHAR)

Report to the U.S. Congress on the extent and nature of homelessness.

Area Median Income (AMI)

Midpoint in the family-income range for a metropolitan statistical area. In 2013, the AMI in Santa Cruz County for a family of four is \$87,000 and 30% of AMI (Extremely Low Income) was \$30,250.

Asset-Based Services:

An approach that values the capacity, skills, knowledge, connections, and potential in individuals and works to build upon people's assets in order to move toward self-sufficiency.

At Risk of Homelessness

An individual or family below 30% AMI (Extremely Low Income) with out resources or support networks to prevent moving to a shelter or the streets, who will be evicted within 21 days or has other evidence of current housing instability (e.g., living doubled up, in a motel, or moved often).

Case management:

Case managers work with clients and do some or all of the following:

- Assessment
- Plan development
- Connection with necessary services
- Coordination with all of the service providers
- Monitoring –
- Personal advocacy.

Centralized or Coordinated Assessment System

A centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Collaborative Applicant

The eligible applicant that has been designated by the CoC to apply for a grant for CoC planning funds under this part on behalf of the CoC. In the HAP case, this is the County of Santa Cruz Planning Department.

Continuum of Care (CoC)

A CoC is a regional or local planning body that coordinates housing and services funding for homeless families and individual. In Santa Cruz County this is the Homeless Action Partnership (HAP).

HAP - Homeless Action Partnership of Santa Cruz County

The Homeless Action Partnership (HAP) implements a Continuum of Care (CoC) strategy for resolving homelessness in Santa Cruz County. Its mission is to develop and implement a coordinated system of housing and services for preventing and ending homelessness. A CoC strategy organizes and delivers housing and services to meet the specific needs of homeless people as they move from the streets to stable housing. HAP activities include: prepare and administer annual HUD CoC application for federal funds, prepare 10-year plan to End Homelessness, carry out and publish bi-annual homeless census.

Emergency Shelter

Low-demand, site-based, short-term housing designed to remove individuals and families from the imminent danger of being on the street.

Harm Reduction

A range of policies and services designed to reduce the harmful consequences associated with drug use and other high-risk activities in order to maintain housing stability.

HEARTH Act - Homeless Emergency and Rapid Transition to Housing Act.

National legislation that authorizes Federal Government spending on homelessness, and specifies (Continuum of Care) CoC requirements and performance standards. The Santa Cruz County CoC receives approximately \$1.8 million annually in CoC funds, the largest single source for homeless program operations in the County.

“Homeless” (Federal HUD definition)

People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they are temporarily resided. This includes people who are losing their primary nighttime residence, which may include a motel or hotel or a double up situations such as “couch surfing”.

GLOSSARY

Key Homelessness Acronyms and Terms

- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state.
- People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support network to obtain other permanent supportive housing.

Chronically homeless (Federal HUD definition)

A chronically homeless individual is one who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and has a disability.

HMIS - Homeless Management Information System

HMIS is a computerized data collection tool specifically designed to capture client-level, system-wide information over time on the characteristics and service needs of men, women and children experiencing homelessness. It is required by all agencies who receive HUD funding through the HUD CoC program.

Homeless Prevention

Short-term (0-3 months) and medium-term (4-18 months) financial assistance and stabilization services to prevent shelter entrance and promote housing retention.

HPRP - Homeless Prevention and Rapid Re-Housing Program

HUD Recovery Act program (now defunct) that provided funds to prevent eviction for a household on the verge of homelessness or funds to get an individual or family that is has quite recently lost housing to get back into housing before a deeper array of re-housing challenges develop.

Housing Authority (or Public Housing Authority PHA) www.hacosantacruz.org

The Housing Authority of the County of Santa Cruz provides rental assistance for low and moderate-income residents and administers the federal rental assistance program known as the Section 8 Housing Choice Voucher program, the Veteran Assisted Supported Housing (VASH) program as well as the Low Income Public Housing program and the USDA Farm worker Housing Program. They also operate a security deposit program.

“Section 8 Vouchers” or Housing Choice Vouchers

The Section 8 voucher program is the federal government’s major program for assisting very low- income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Section 8 vouchers are administered locally by the Housing Authority. The Housing Authority receives federal funds from HUD to administer the voucher program. A housing subsidy is paid directly by the Housing Authority on behalf of the participating family. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program.

Housing Inventory Chart (HIC)

Annually-updated collection of the number of housing units and beds dedicated to serve individuals and families experiencing homelessness.

HUD (U.S. Department of Housing and Urban Development) www.hud.gov

HUD has a broad scope that includes many aspect of affordable housing. They administer rental subsidies for low-income and disabled individuals, including voucher-based housing programs and provide funding for a variety of homelessness projects and programs.

Interim Housing

Short-term housing program that provides housing-focused services aimed at quickly re-housing persons who are homeless into appropriate permanent housing.

Mainstream Resources

Services made available to the general population including mental health services, substance use treatment, income supports, health care, education, job training, and child care.

“Opening Doors”

Opening Doors is the title of the USICH’s 2010 Federal Strategic Plan to Prevent and End Homelessness.

GLOSSARY

Key Homelessness Acronyms and Terms

Permanent Housing with Short-Term Supports

Short-term housing subsidy (up to two years) with wraparound supportive services. At the end of the subsidy, client can transition to assume the lease.

Permanent Supportive Housing (PSH)

Long-term rental assistance with supportive services. Majority of programs serve people with disabilities, but requirements vary by subsidy source.

Point in Time Count (PIT)

A HUD-required count during the last 10 days in January of all individuals and families in shelter and on the streets.

Rapid Re-Housing (RRH)

Short-term housing subsidy and strategic case management provided to persons who are homeless in order to reduce the length of time households spend homeless and increase the rate at which households are placed into permanent housing.

Shelter Diversion

At the point of shelter entry, providing temporary alternative housing options when appropriate in order to divert households away from homelessness.

Systems Integration

A strategy to identify barriers to resources and then develop, coordinate, and improve the availability, quality, and comprehensiveness of resources. The goal is to improve consumer outcomes through greater access to resources within and across multiple service systems.

Transitional Housing- a program designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living within 18 to 24 months.

Trauma-Informed Care

An approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

VA – Veterans Administration (serving veterans retired from the armed forces)

VASH –Veteran Assisted Supported Housing

(sometimes HUD-VASH) It's a Section 8 voucher with case management and clinical supportive services provided by the Department of Veteran Affairs (VA) staff.

Victim Service Provider

A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

United States Interagency Council on Homelessness (USICH)

www.usich.gov
The mission of USICH is to coordinate the federal response to homelessness and to create a national partnership at every level of government and with the private sector to reduced and end homelessness in the private sector while maximizing the effectiveness of the Federal Government in contribution to the end of homelessness.

B. H4H Governance Charter

**SANTA CRUZ COUNTY HOUSING FOR HEALTH PARTNERSHIP
GOVERNANCE CHARTER
Adopted June 18, 2021**

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ARTICLE 1: PURPOSE AND AUTHORITY

The Santa Cruz County Housing for Health Partnership (the Partnership) aligns and develops resources, stakeholders, and collective wisdom across the greater Santa Cruz community to promote public health and work toward preventing and ending homelessness within the county.

The Partnership serves as the community's designated Housing and Urban Development (HUD) Continuum of Care (CoC) governance entity in compliance with the requirements of federal regulations governing receipt of CoC funding, 24 Code of Federal Regulations (CFR) Part 578. This charter was developed in partnership with the Homeless Management Information System (HMIS) lead agency, the CoC collaborative applicant, and the HUD Coordinated Entry implementation lead. Elements of this charter that reflect federal requirements are identified with a blue parenthetical note ([CoC Requirement](#)).

ARTICLE 2: STRUCTURE

The Partnership consists of:

1. A **Policy Board** responsible for high level planning and decision-making. The Board sets overall policy direction and provides system oversight. The Board delegates implementation, operational, and planning responsibilities to specific Operational Committees and Working Groups. See Article 3.
2. **Operational Committees and Working Groups** providing recommendations, input and guidance on key operational issues, resource needs, and areas for policy change and improvement. Operational Committees have decision-making authority as delegated by the Board. Operational Committees have formally established memberships with participation expectations. **Working Groups** form as needed and evolve over time based on evolving community needs, priorities, and opportunities. Working Groups bring together particular individuals with roles and responsibilities relevant to a specific focus area. Working groups coordinate local efforts and provide input and advice to the Policy Board or Operational Committees. See Article 4.
3. The **General Membership** consisting of any individual in the community interested in joining the collective effort to prevent and end homelessness in the community. Membership expectations are set by the Policy Board. The Policy Board may request formal input or votes from the General Membership on specific topics. The General Membership nominates and selects three people to sit on the Policy Board. See Article 5.
4. **Staffing** for the Partnership is provided by the Santa Cruz County Human Services Department, Housing for Health Division (H4H). See Article 6.

ARTICLE 3: POLICY BOARD

1. Responsibilities of the Board

The Policy Board has the following responsibilities:

- a. Create and/or adopt guiding principles, system objectives, equity goals and community-level plans for addressing homelessness, starting with the *Housing for a Healthy Santa Cruz Strategic Framework* and including revisions and updates.
- b. Review and approve six-month work plans to implement the *Housing for a Healthy Santa Cruz Framework and subsequent revisions to the Framework*.
- c. Review and approve funding recommendations developed by Operational Committees or other entities.
- d. Approve applications for HUD Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funding and any funds from the State of California or other sources that require CoC oversight, management, approval or coordination. (CoC Requirement).
 - i. Designate a Collaborative Applicant for CoC funding. The current Collaborative Applicant is H4H.(CoC Requirement).
 - ii. Designate a Committee composed of non-conflicted members to review, rate, and rank CoC applications and present a final Project Priority List to the Policy Board for approval (CoC Requirement).
- e. Review and approve operational standards, policies and high-level procedures for components of the housing crisis response system including, but not limited to, Coordinated Entry. (CoC Requirement).
 - i. Designate a Coordinated Entry Management Entity and an Evaluation Entity. (CoC Requirement).
- f. Conduct high level evaluation of the system and make high level recommendations for continuous improvement. (CoC Requirement).
 - i. Conduct high level tracking of progress towards goals and outcomes in *Housing for a Healthy Santa Cruz and subsequent Framework revisions* and related six-month work plans, as well as progress towards other emerging priorities and activities.
 - ii. Designate an entity to manage the HUD mandated Homeless Management Information System (HMIS) and provide oversight for HMIS. The current HMIS management entity is H4H (CoC Requirement).
 - iii. Approve the methodology and publication of the final results for the bi-annual Point in Time (PIT) Count. (CoC Requirement).
- g. Provide direction to staff related to high-level communications and reports to stakeholders on results of investments and operations of the system and progress on Framework goals.
- h. Review applications for membership to Operational Committees that have decision-making authority and make appointments to those Committees.

- i. Ensure appropriate consultation and coordination with CoC, HUD Emergency Solutions Grant (ESG), and other funding recipients when such efforts are required by HUD or other funding agencies.
- j. Provide guidance to staff on how to support local jurisdictions in their completion of HUD Consolidated Plans, Annual Plans, and Consolidated Annual Performance and Evaluation Reports (CAPER).

2. Board Membership

The Policy Board consists of 15 community leaders and stakeholders who represent different entities and constituencies with significant experience and/or resources to address the issue of homelessness. Slots on the Board fall into 3 categories: jurisdictional representatives, Operational Committee or Working Group representatives, and partner system representatives. At least one member of the Board must have had lived experience of homelessness at some point in their lives. The Policy Board nominating entities will strive to ensure two or more Policy Board members will have lived experience.

Stakeholder Group or Entity	Number of Seats	Eligible Representatives
A. Jurisdictional Representatives	9	May be filled by elected officials, government staff, or other citizens.
City of Santa Cruz	2	
City of Watsonville	2	
City of Scotts Valley/City of Capitola (alternating appointments)	1	
County of Santa Cruz	4	
B. Operational Committee or Working Group Representatives	3	At least 1 must be a person with lived experience.
C. Partner System Representatives	3	May come from non-profit, for-profit, public agencies or philanthropic entities.
Health Sector	1	
Workforce/Business/Foundation Sector	1	
Education Sector	1	

The CoC regulations require that the CoC Board must “be representative of the relevant organizations and of projects serving homeless subpopulations; and include at least one homeless or formerly homeless individual.” Board members will complete a brief checklist noting which organizations and groups they represent. Members may represent more than one stakeholder group.

3. Appointments to the Board

HUD CoC regulations require that the process for appointing Board members will be reviewed, updated, and approved at least once every five years. Members will be appointed by an existing or to-be-created entity or body that represents that sector, as follows:

- a. Jurisdictional Representatives will be appointed by the jurisdiction’s respective elected body (City Council or County Board of Supervisors). Jurisdictional representatives may be elected officials, staff of the jurisdiction, or community representatives determined by the appointing body to represent

the interests and concerns of the jurisdiction. For members appointed by the County, no more than two may be elected officials. City jurisdictions may appointment up to two elected officials.

- b. Operational Committee or Working Group Representatives will be appointed by the General Membership and must include at least one person with lived experience of homelessness.
- c. Partner System Representatives will be appointed by entities representing the work of the designated sector and will be recruiting and recommended by H4H staff. The existing Policy Board will confirm sector representatives to be added to the Board. Criteria for selection of representatives will include:
 - i. Organization brings funding or other policy/systems change levers to the table
 - ii. Organization or individual within organization is motivated and committed to taking action to address homelessness
 - iii. Nominees represent the interests and concerns of the appointing organization and of the field of interest.

4. Board Terms

Board Members will serve two-year terms. Each appointing body may determine if they will impose term limits on their representatives. If a member leaves before their two-year term is completed, their appointing body will appoint a replacement to serve out the remainder of their term.

5. Board Member Responsibilities

Each member will sign a written set of commitments for serving as a Board member, including:

- a. A code of conduct ([CoC Requirement](#)), including agreement to abide by HUD (Title 24 Code of Federal Regulations {CFR} part 578.5) and locally adopted conflict of interest regulations and recusal processes for the Board, its chair(s), and any person acting on behalf of the Board.
- b. Standards for Board service including expectations for attendance, preparation, and other responsibilities.
- c. Members of the Board cannot have alternates represent them at Policy Board meetings.

Board members who fail to uphold their responsibilities may be removed by an action of the Board.

6. Officers

The Board will elect two co-chairs. Co-chairs may represent any of the three categories of representation but may not both be representatives from the same category type.

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 co-chair terms will be two years. A co-chair may be appointed for a subsequent term at the discretion of the Board. The co-chair terms will be staggered so that they do not both change in the

same year. To provide for staggering, one of the first two co-chair terms under this Charter will be a special one-year term; thereafter, the term will revert to two years.

7. Meetings of the Board

a. Brown Act

The Policy Board is subject to the Brown Act and all meetings will be conducted in alignment with those requirements.

b. Frequency

The Board will meet at least every other month at a regularly scheduled time. Meetings may be held with more frequency in the first year of Board operations.

c. Decision-Making

Board decisions and actions are made through consensus. However, in cases where consensus cannot be reached, the decision will be subject to a simple majority vote.

d. Quorums

The Board must have a quorum to take any action, either by consensus or by vote. A quorum is defined as a majority of current members. When all 15 Board seats are filled, 8 members shall constitute a quorum.

e. Meeting Notification

A meeting notice and agenda shall be publicly posted at least 72 hours prior to each Board meeting.

f. Public Comment and Standing Agenda Items

Each Board meeting shall include opportunities for public comment, in accordance with the Brown Act. Operational Committee and Working Group reports shall be standing agenda items.

ARTICLE 4: OPERATIONAL COMMITTEES AND WORKING GROUPS

1. Authority

The Partnership Policy Board may create Operational Committees with decision-making authority as delegated by the Board or Working Groups advisory to the Policy Board and Operational Committees.

- a. **Decision-Making Operational Committees.** For Committees with decision-making authority, the Board shall appoint a Chair that is a member of the Policy Board. Seats on decision-making Committees must be filled by a process where members apply for Board approval and appointment. The Board will task decision-making Committees with a specific work plan detailing objectives, activities, and specific decisions to be made. Decision-making Committee members must sign the same Code of Conduct and responsibilities documents as Board Members. Committees make decisions following the same guidelines as the Policy Board and Committee meetings also follow Brown Act guidelines for public participation and comment opportunities.

- b. Working Groups. Working Groups are not required to have Board members as chairs and membership of these groups may be self-selecting or managed by H4H as staff.

Committees and Working Groups may be Standing (ongoing) or Ad Hoc (short term). This Charter describes an initial set of Standing Committees and Working Groups which may be modified by Board Action.

Any Committee may create working groups designated to work on specific tasks. Working groups do not require any approval by the Board.

All committee members may receive support and training to enable them to participate in the work of the Committee. Members who are not compensated through their employment may be compensated for their work by H4H through stipends, depending on the availability of funding.

2. System Operations, Data and Evaluation Committee

a. Responsibilities

The System Operations, Data and Evaluation Committee is a decision-making committee with authority delegated by the Board through an annual work plan. Given its expansive scope, this Committee may form work groups to carry out its work. At a minimum, this committee is required to consult with and include Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grant recipients related to the responsibilities outlined below.

System Policies and Standards

- i. Develop operational standards, policies and high-level procedures for components of the system, including how people access and are prioritized for each component (CoC Requirement):
 - a. Coordinated Entry (Smart Path)
 - b. Housing Problem Solving and Prevention
 - c. Outreach
 - d. Temporary shelter and transitional housing
 - e. Rapid rehousing and other time-limited subsidy program models (standards to include policies for determining what percentage or amount of rent each program participant must pay)
 - f. Permanent supportive housing and other housing dedicated for people experiencing homelessness
 - g. Supportive services dedicated to people experiencing homelessness

Standards must include required system policies such as those required under the Violence Against Women Act (VAWA). (CoC Requirement)

- ii. Oversight and evaluation of the HUD mandated Coordinated Entry System (CES). (CoC Requirement)

- iii. Establish a mechanism for client and community feedback and complaints to be handled at the system level and used to make system level improvements, when appropriate.

Data and Performance Measurement

- i. Building from HUD's required System Performance measures, establish performance measures and targets for the system and its component parts, as listed above. Targets to be brought to Policy Board for approval.
- ii. Evaluate the housing crisis response system and develop continuous strategies for improvement; implement Results-Based Accountability (RBA) across the system.
- iii. Develop and manage systems for collecting and managing data needed to track performance and evaluate the system, including:
 - a. Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS. (CoC Requirement)
 - b. Conduct the HUD required Point in Time Count (PIT), not less than every other year and with a goal of moving to annual. (CoC Requirement)
 - c. Conduct a regularly updated inventory of the system and map of the resources available to respond to homelessness, including maintaining and updating the HUD required Housing Inventory Count (HIC) (CoC Requirement)
 - d. Quantify system gaps and needs on a regular basis (CoC Requirement)
 - e. Produce regular reports to funders (including HUD), local leadership, community members and other stakeholders as needed to understand and assess the performance of the system. (CoC Requirement)
 - f. Coordinate with local jurisdictions to identify the information they need and facilitate needed data collection and sharing between organizations.
 - g. Maximize data transparency between County, cities, service providers and the general public.
 - h. Ensure compliance with HUD HMIS requirements.
 - i. Ensure consistent and active participation of agencies in HMIS including required and desired participating agencies.

b. Membership

The System Operations, Data and Evaluation Committee shall have 15 representatives. Membership must represent a cross-section of expertise in program types and subpopulations as well as geographical diversity. Membership must represent the relevant organizations and projects serving homeless populations, such as persons with substance use disorders, persons with HIV/AIDS, veterans, the chronically homeless, families with children, unaccompanied youth, the seriously mentally ill, and victims of domestic violence, dating violence, sexual assault and stalking. include representation in the areas identified below according to HUD guidelines.

System Operations, Data and Evaluation Committee members shall be appointed by the Policy Board and must include a chairperson who is a Board member and responsible for reporting to the Board on behalf of the Committee.

c. Meetings

The System Operations, Data and Evaluation Committee shall meet monthly.

3. Cross Jurisdictional Finance Working Group

a. Responsibilities

The Cross Jurisdictional Finance Working Group is an advisory group that holds responsibility for:

- i. Working toward aligning funding to support a Board-approved coordinated framework to address homelessness.
 - a. For funding sources for which the Partnership Board has approval authority (e.g., CoC funding, State HHAP funding), the Funding Work Group will assist the Board with creating local non-conflicted application review committees or panels as needed. ([CoC Requirement](#))
 - b. For funding sources for which the Partnership Board does not have approval authority, the Funding Committee will coordinate with, advise or provide guidance to share with the approving bodies for those sources, in alignment with the Partnership’s overall strategy (e.g., coordinating with the County Health Services Agency on use of Health Care for the Homeless funding, or providing recommendations to the City of Santa Cruz on use of Community Development Block Grant {CDBG} funds for homeless services).
- ii. Coordinate and advocate with partner systems of care (e.g., behavioral health, workforce development, others) to reduce barriers and facilitate access and quality support for people experiencing and at-risk of homelessness, align strategies and resources, and share data and information.
- iii. Seek resources to support increased household incomes and employment among people at-risk of or currently experiencing homelessness.

b. Cross Jurisdictional Finance Working Group Membership

Membership in this Working Group will change over time to include key representatives from public funding agencies and private philanthropic entities. The Policy Board will provide guidance to Housing for Health staff on key parties to include in Working Group conversations. The Working Group should strive for inclusion of key city, county, and private sector funding representation on an ongoing basis with additional participants as appropriate for particular topics.

c. Meetings

The Funding Committee shall meet at least quarterly.

4. Lived Experience Working Group

a. Responsibilities

The Lived Experience Working Group provides recommendations and advice to the Policy Board and Operational Committees on system operations, data, evaluation, and any other topics relevant to improvement of the community's response to homelessness.

b. Membership

The Lived Experience Working Group will consist of a minimum of 8 members but no more than 13 who are either currently experiencing homelessness or who have experienced homelessness. H4H will staff this Group and identify members through outreach to the community.

c. Meetings

Meetings will be coordinated by H4H staff and will be held at accessible and equitable locations. Meeting frequency will be at the discretion of the Working Group but will occur at least six times per year.

5. Youth Advisory Working Group

a. Responsibilities

The Youth Working Group provides recommendations and advice to the Policy Board and Operational Committees on system operations, data, evaluation for all elements of the system that impact transition age youth, and in particular for those components funded by the HUD Youth Homelessness Demonstration Program (YHDP). [\(CoC Requirement\)](#)

b. Membership

The Youth Advisory Board currently consists of 8 members with a plan to expand up to 13. The YAB is staffed by H4H and Encompass Community Services, who identify members through outreach to the community.

c. Meetings

Meetings are coordinated by H4H and Encompass Staff. Meeting frequency will be at the discretion of the Working Group but will occur at least six times per year.

6. Housing and Capital Working Group

a. Responsibilities

The Housing and Capital Working Group provides recommendations and advice to the Policy Board and Operational Committees on the development of housing and other capital infrastructure (e.g., emergency shelters) needed to meet the needs of people experiencing homelessness.

- i. Seek resources to expand affordable housing for extremely low-income households and advocate for the inclusion of people experiencing homelessness in new housing developments

- ii. Conduct legislative and policy advocacy to expand the supply of affordable housing
- iii. Manage a cross jurisdictional housing pipeline working group to plan for and track progress on the planning, siting, development, and service provision for housing designed or dedicated to serving people experiencing or previously homeless.
- iv. Advise on siting and development of shelters and other temporary programs
- v. Advise on tenant protection policies and practices
- vi. Advise on use of federal Housing Choice Vouchers and other Housing Authority programs to address needs of people experiencing homelessness
- vii. Advise on land use and other policies to increase the supply of affordable housing, including updating of Housing Elements

b. Membership

The Housing and Capital Working Group will initially include County staff from multiple departments and expand membership participation over time to work on specific project and areas of focus.

c. Meetings

This Working Group shall meet at least quarterly.

7. Ad Hoc Committees or Working Groups

The Board shall empanel Ad Hoc Committees or Working Groups as needed to address emerging or new issues. Ad Hoc Committees shall have decision-making authority and Working Groups will serve an advisory function.

ARTICLE 5: GENERAL MEMBERSHIP

The full membership of the Partnership is open to any interested individual who wishes to join with a personal commitment to contribute to the goal of preventing and ending homelessness within Santa Cruz County. Members join by submitting their name and contact information to the H4H staff and completing a membership participation agreement. The Partnership must issue a public invitation for new members at least once per year.

HUD regulations require that the CoC general membership is representative of a broad range of organizations, including: *“nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.”* Members will complete a brief questionnaire asking them to indicate which stakeholder groups they represent. A single member may represent multiple groups.

Members are encouraged to participate in committees, working groups, and to attend general membership meetings. Members who miss two general membership meetings may be removed from the membership.

Responsibilities of the General Membership include, but are not limited to:

- Identifying volunteers to support the annual Point in Time Count and other data gathering efforts
- Conducting an annual feedback survey on efforts of the Housing for Health Partnership
- Supporting community education and outreach efforts
- Voting or providing feedback on items as requested by the Policy Board

The full membership holds bi-annual meetings, with published agendas. ([CoC Requirement](#))

The full membership selects the three Operational Committee members to the seats on the Policy Board. Members submit applications to H4H which are then presented to the Membership at one of its bi-annual meetings. In the event there is more than 1 application for a given seat, the Membership shall conduct an election for the open seat.

ARTICLE 6: PARTNERSHIP STAFFING

The County of Santa Cruz Human Services Department (HSD) Housing for Health (H4H) Division will staff the Partnership. Staffing responsibilities include, but are not limited to:

- Implementation of the overall vision and direction set forth in the Strategic Framework, with oversight from the Policy Board, through:
 - Developing and presenting six-month work plans for approval by the Policy Board
 - Managing funding processes (developing recommendations, applying for funds, managing grants, issuing RFPs, managing contracts)
 - Setting performance measures and tracking progress
 - Gathering and analyzing data
 - Conducting ongoing housing crisis system and program evaluation and planning
 - Developing policies and standards for programs and components that are part of the response system
- Identifying and inviting participation from Partner System Representatives
- Staffing the meetings of the Policy Board, Operational Committees, and General Membership meetings, including developing agendas, drafting and presenting staff reports and other materials, taking and publishing meeting notes, and meeting logistics (scheduling, room reservations, meeting announcements, etc.)
- Providing training and technical assistance to any Operational Committee members who may need support to participate, including members of the Youth Advisory Board and Lived Experience Board.
- Providing compensation and other support to members per guidance from the Policy Board
- Coordinating and aligning the work of County and city staff working on homelessness
- Supporting training and capacity building throughout the system

- Maintaining an information clearinghouse on issues related to homelessness in Santa Cruz County.
- Reporting and communication with the public
- Responding to input and concerns from the public, including people with lived experience of homelessness

ARTICLE 7: CHARTER AMENDMENTS

On an annual basis, the Policy Board in conjunction with the HMIS lead, CoC collaborative applicant, and other stakeholders, shall review and update this Charter as needed. Amendment of the charter requires a majority vote if consensus cannot be reached.

C. Three-Year Strategic Framework

Housing for a Healthy Santa Cruz



A Strategic Framework for Addressing
Homelessness in Santa Cruz County

A decorative graphic at the bottom of the page. It features a horizontal line of yellow squares. Below this, a dark blue triangle points upwards from the bottom left. The background is split into teal and green sections. A large yellow semi-circle representing a sun is positioned behind three stylized houses: a white one, a pink one, and a red one, all with dark blue roofs and bases.

January 2021
to January 2024

Our Mission

Strong collaborative action to ensure all residents within the County have stable, safe, and healthy places to live.

Who We Are

The Housing for Health Division was created in November 2020 within the County of Santa Cruz Human Services Department to support the implementation of this Framework by bringing together a coalition of partners and resources to prevent and end homelessness within our County.



Overview

Homelessness severely impacts the health and quality of life of those living without homes and the entire community. The County of Santa Cruz, cities within the county, and community members recognize the need for strong collaborative action to ensure all county residents have stable, safe, and healthy places to live.

The County and its partners created the Housing for a Healthy Santa Cruz County Strategic “Framework” through a collaborative process that used the experience, knowledge and input of a broad set of community stakeholders including cities, non-profit organizations, County Departments, and people with lived experiences of homelessness. Work on it began in March 2019 with a review of current local efforts and data on homelessness, along with an evaluation and discussion of experiences in other communities.

The Framework outlines coalition action steps that can reduce unsheltered and overall homelessness countywide by January 2024. The County Human Services Department’s new Housing for Health (H4H) Division will provide leadership and the backbone administrative support for implementation of this Framework.

The Framework sets goals to reduce the number of households experiencing homelessness at a point-in-time by just over 25% between January 2019 and January 2024. It also calls for a 50% reduction in the number of households living “unsheltered” in places such as the streets, parks, cars, and unsafe structures.



Background

In 2019, California had the fourth highest rate of homelessness per 10,000 residents in the United States. Within California, Santa Cruz County has one of the highest rates of homelessness at 79.3 per 10,000 residents.

Every day, thousands of people in Santa Cruz County live without stable shelter or a home. The most recent annual Homeless Point-in-Time Count, conducted in January 2019, found 2,167 people experiencing homelessness on a single night, representing 1,440 distinct households experiencing homelessness. Nearly three-fourths of those households experiencing homelessness were housed within the County prior to becoming homeless.



Across the country and in Santa Cruz County, homelessness disproportionately impacts particular groups of individuals including specific racial and ethnic groups, youth exiting foster care, seniors and people with disabilities, individuals with behavioral health conditions, single parent households, veterans, people with criminal backgrounds, and individuals who identify as lesbian, gay, bisexual, transgender, queer or questioning and two-spirit (LGBTQ2S).

High rates of homelessness among subgroups of extremely low-income households reflect broad historical and present day social, economic, political, and cultural forces that contribute to these disparities. Approaches to addressing homelessness must understand and address some of the forces contributing to these disparate impacts.

What is Causing Homelessness in Our Community?



1

Housing affordability gap



2

Health issues

3

Lack of
supportive
connections

4

Loss of
hope and
sense of
purpose



5

1 Housing Affordability Gap Housing Costs Exceed Incomes

The larger the gap between incomes and housing costs in a region the greater the risk of homelessness and housing instability in a community. This is a major factor contributing to homelessness across the United States.

The California Housing Partnership estimates over 10,000 renter households in Santa Cruz County do not have access to an affordable home. Among these households living with the lowest incomes, three out of four (75%) pay more than 50% of their income toward housing. This group is the most likely to experience housing instability, overcrowded or unsafe living conditions, and homelessness. Within this group are people living on fixed incomes such as seniors and people with disabilities, as well as, unemployed, underemployed, and employed individuals that cannot afford local housing costs.

The 2019 Santa Cruz County Point-In-Time Count of persons experiencing homelessness found 31% reported being employed at the time of the survey. Employment itself cannot prevent homelessness when wages are not high enough to cover housing costs.

This Framework calls for implementing a range of strategies that support reducing housing costs and increasing household incomes.



2 Health Issues Impacting Living Situations

Some health conditions impact a person's ability to manage daily living tasks essential to keeping a home. For example, a person with dementia may struggle to remember to pay their rent. Health care systems, services, and associated policies influence levels of housing instability, institutionalization, and homelessness in a given community.

2 Health Issues Impacting Living Situations (cont.)

This Framework calls for implementing a range of policy and program changes to address the health care needs of people at-risk of or currently experiencing homelessness. This includes connecting people to holistic services, supports, and treatment that address both their health and daily living needs.

3 Lack of Supportive Connections Loss or Absence of Strengthening Relationships

The absence or loss of supportive relationships can contribute to housing instability and loss, particularly in areas with large housing affordability gaps. Histories of traumatic events and relationships, in both childhood and adulthood, are prevalent at far higher rates among people experiencing homelessness compared to the general population. The 2019, Santa Cruz County Point-In-Time count of homeless persons, found:

39% were living with friends or relatives before becoming homeless

10% reported family/domestic violence as a primary event leading to their homelessness

9% identified a divorce, separation, or breakup as a primary cause

This Framework calls for implementing a range of strategies that help grow long-term and broadly supportive relationships for those experiencing homelessness and those at risk of homelessness.

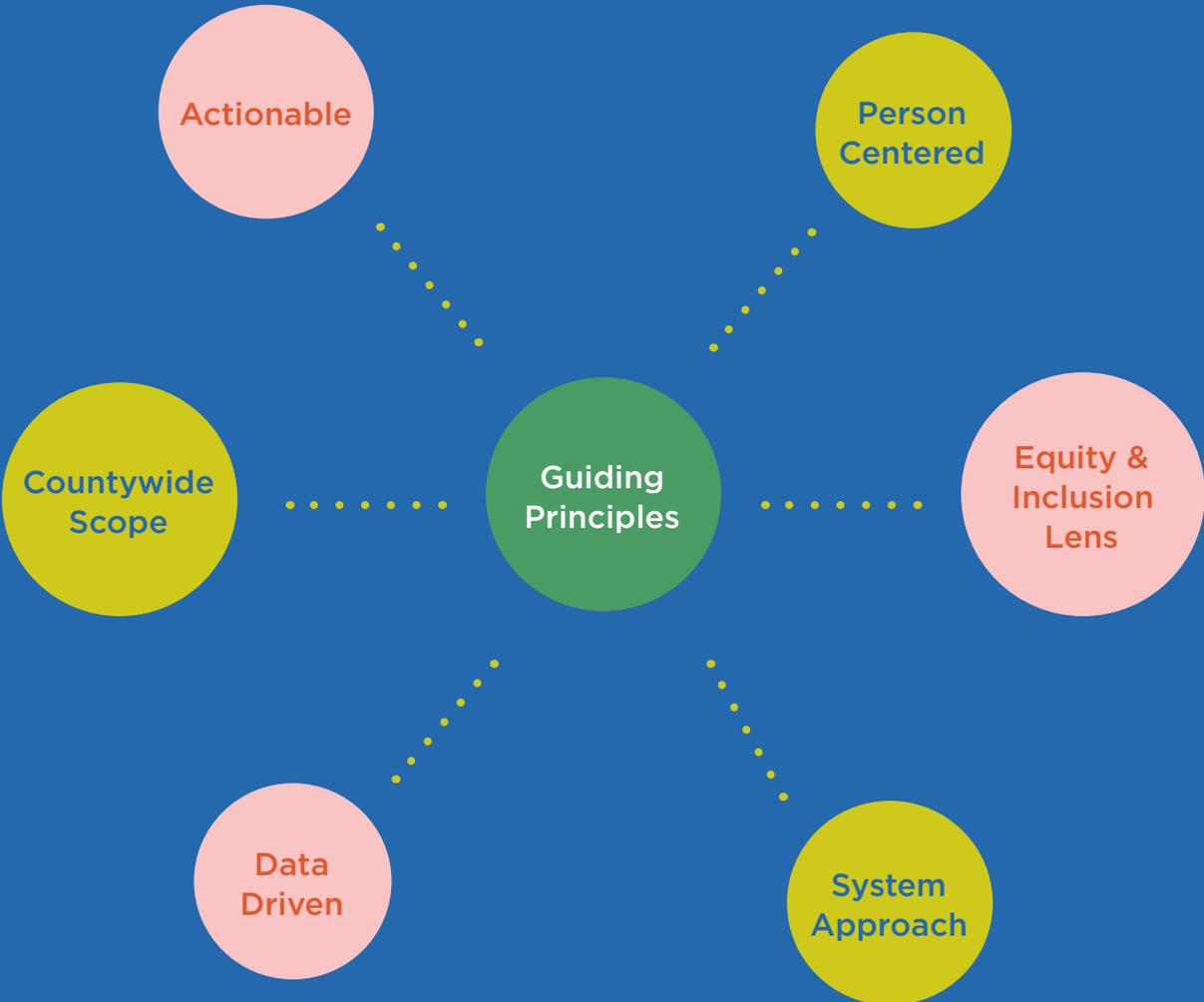
4 Loss of Hope and Sense of Purpose

A loss of hope and sense of purpose, at the community and individual level, can contribute to events that compromise a stable living situation and lead to prolonged episodes of homelessness. Living without a home can be a profoundly stigmatizing and isolating event.

This Framework calls for implementing a range of strategies that enhance feelings of hope and meaning among community members, people experiencing homelessness, and those working to make a difference in their lives.

Our Vision

To align and develop the array of resources, stakeholders, and collective wisdom across the greater Santa Cruz community to promote public health and make significant impacts on the crisis of homelessness, benefiting all residents, particularly those without homes.





People experiencing homelessness are experts about their own goals, priorities, and support needs. Housing and services coordinated by the housing crisis response system must center around the self-identified needs and goals of people seeking support.



Certain subgroups of people experience higher rates of homelessness. Efforts undertaken through this Framework will work to eliminate disparities in access and outcomes within the housing crisis response system.



A coordinated system approach that streamlines access to housing and services will maximize efforts to address homelessness.



Decisions about programs, resources, and approaches must be informed by high quality, well-understood qualitative and quantitative data about the system and its outcomes for the people it serves, including measures of disparities and inequity.



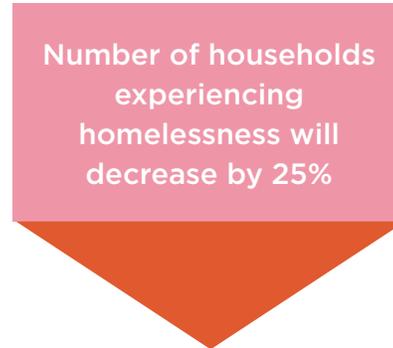
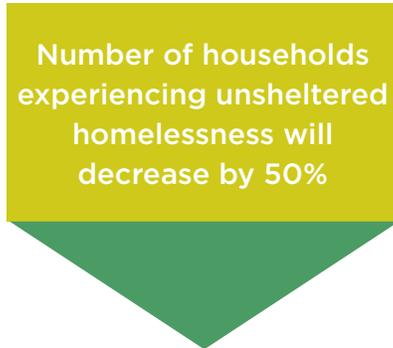
Homelessness occurs in all parts of Santa Cruz County, whether urban, suburban, agricultural, or rural. Implementation of this Framework will address each area of the community and develop appropriate solutions to homelessness. Geographic equity must be at the center of this framework.



This Framework must result in actionable steps. It must be understood, implemented, and evaluated with the resources available and with clear responsibilities and accountability. System leaders and stakeholders will regularly review progress and update plans to ensure continued progress towards meeting goals and targets.

Our Goals

Substantially reduce the number of people experiencing homelessness.¹



Core Goal #1 Improve the effectiveness of all programs in helping people secure housing

The new Housing for Health (H4H) Division and its partners will oversee a robust effort to improve the effectiveness of all programs and interventions for people experiencing homelessness. This includes shortening the time people remain unhoused or in programs prior to securing housing, increasing the rate at which people find housing, and decreasing the number of people that become homeless. Interim benchmarks for these focus areas have been established for each year and progress will be regularly assessed. Adjustments will be made as needed to maximize results. By the end of 2023, the following system performance measurement improvements will be achieved:

Measure	Emergency Shelter		Transitional Housing		Rapid Rehousing*		Permanent Supportive Housing**	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO
Reduce Length of Stay (in days)	76	60	413	250	281	180	N/A	
Increase Rehousing Rate	21%	40%	66%	80%	62%	85%	N/A	

¹ Goals are based on the Focus Strategies Santa Cruz County Predictive Modeling Summary Report 10.23.2020.

***Rapid Rehousing**

Providing services and time-limited rental support to assist a homeless individual or family to move as quickly as possible into permanent housing and achieve stability in housing.

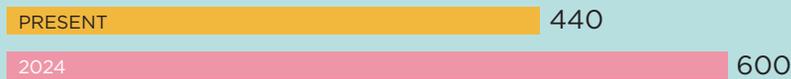
****Permanent Supportive Housing**

Combines permanent affordable housing with ongoing integrated health and human services for people with disabilities, including people with long histories of homelessness.

Core Goal #2
Expand capacity within the homelessness response system

Improvements in performance alone will not result in significant reductions in homelessness. During the three-year period of this Framework, community leadership, funders, and key stakeholders will work collaboratively to implement targeted expansions in resources and permanent housing pathways.

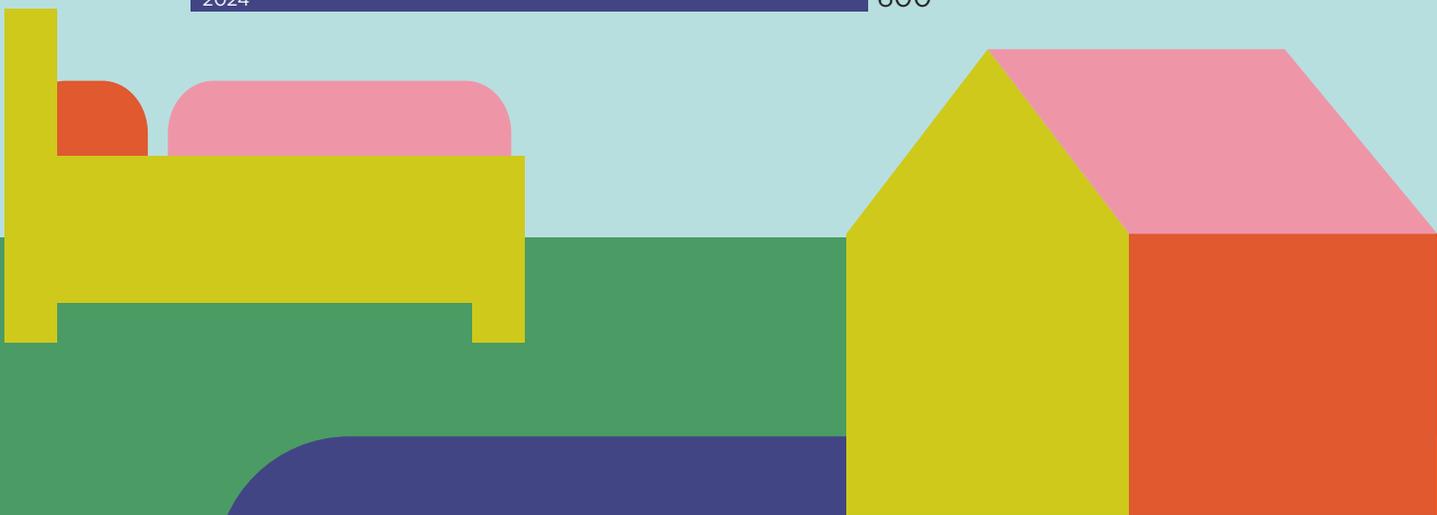
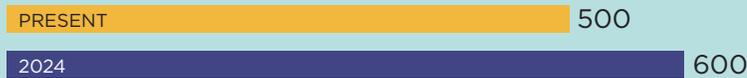
Temporary Housing Beds



Rapid Rehousing Slots



Permanent Supportive Housing Slots



Strategies and Key Objectives

The Framework promotes aligned and coordinated efforts among housing crisis response system stakeholders. Individual programs or initiatives may yield results with a specific subpopulation or group but making progress on the overall size of the homeless population requires a systematic approach.

Housing for a Healthy Santa Cruz County sets out four high-level strategic areas and numerous specific objectives to transform current efforts to address homelessness. The objectives listed below will span over multiple six-month action plan cycles.

How Change Will Happen

1

Build a Coalition

Develop a strong and informed action-oriented partnership with leaders and stakeholders within the community.

2

Prevent Homelessness

Use targeted prevention and early intervention housing problem solving to help people and families keep or return to housing as quickly as possible.

3

Increase Connections

Expand and improve “Front Door” programs and services including outreach, temporary housing and supportive services.

4

Expand Permanent Housing

Increase permanent housing and income growth resources and opportunities to become housed.

1 Build a Coalition

What We Are Doing

Design, launch, and operate a new regional coalition, anchored by a leadership and accountability structure.

Authentically and meaningfully involve people with lived experience of homelessness in system design and oversight.

Establish the Housing for Health (H4H) division within the Human Services Department and provide enough resources to support implementation (including six-month work plans), ongoing data and evaluation, community education, information sharing, and administrative support of the new regional coalition.

Develop and maintain commitment to become fully data-informed at all levels of the housing crisis response system.

Develop collaborative work teams to achieve previously established goals of “functional zero” homelessness among families and veterans.



2 Prevent Homelessness

What We Are Doing

Implement Housing Problem Solving systemwide by integrating this practice into the countywide Smart Path-Coordinated Entry process, which streamlines access to housing assistance and services.

Coordinate with other local entities to provide targeted prevention assistance; prioritize prevention assistance for those at most severe risk of homelessness.

3 Increase Connections

What We Are Doing

Continue to ensure shelters are safe and supportive environments that protect the health of their residents.

Reduce eligibility barriers to shelters, particularly for people with disabling conditions and/or those with a history of not participating in the existing shelter system.

Ensure shelter residents are provided care management, housing navigation and financial supports that help them secure housing, making shelter stays a brief stop on the pathway to housing. Include rapid housing problem-solving practices in all shelters.

Develop capacity for health- and housing-focused street outreach to connect all people experiencing unsheltered homelessness with crisis support services, while helping them develop a health and housing plan and secure permanent housing.

3 Increase Connections

What We Are Doing (cont.)

Expand and improve health and human service care management and housing navigation programs for people at-risk of or currently experiencing homelessness.

Work together with city jurisdictions and other County departments to identify and implement best practices for collaborative responses to unmanaged homeless encampments and community health and safety issues that arise from people living without shelter in public places.

4 Expand Permanent Housing

What We Are Doing

Work with local jurisdictions to reach a countywide Regional Housing Needs Allocation (RHNA) goal of at least 734 new housing units affordable to people with very low incomes by December 2023.

Develop or purchase housing units specifically targeted to people experiencing homelessness.

Expand and improve the effectiveness of rapid rehousing rental assistance programs to quickly return people to housing.

Develop and execute an engagement strategy for property owner/manager recruitment.

Implement changes to the local Coordinated Entry system to support faster access to housing assistance and services and better housing outcomes.



Acknowledgments

Community Stakeholders

The Homeless Action Partnership, City of Santa Cruz Community Advisory Committee on Homelessness and all the many individuals and organizations that contributed to the development of this Framework.

All persons with lived experience of homelessness, especially those who responded to surveys and participated in focus groups as part of the system assessment and redesign work.

Project Advisory Group

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City of Santa Cruz

City of Scotts Valley

City of Watsonville

Health Services Agency, County of Santa Cruz

Human Services Department, County of Santa Cruz

Planning Department, County of Santa Cruz



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Housing for a Healthy Santa Cruz County calls for the entire community to join in being part of the solution to homelessness.

No single individual, organization, city, or County Department can do this alone. This strategic Framework is one that all stakeholders can use to align, coordinate, and collaborate to accomplish the shared goal of helping unhoused residents in Santa Cruz County secure housing. In a community with a severely limited affordable housing supply and homelessness at a crisis level, it is necessary to invest in and support practices that help the most people get and keep permanent housing. By involving those with histories of homelessness and housing instability in our efforts, setting measurable goals, working collaboratively across sectors on proven strategies, using data to assess progress, and continually improving and refining the work, Santa Cruz County can and will ensure all its residents have a healthy and safe place to call home.



D. CoC and ESG Program Standards

SANTA CRUZ COUNTY HOMELESS ACTION PARTNERSHIP

Local Continuum of Care Written Standards

For CA-508 Watsonville/Santa Cruz City and County Continuum of Care

The Homeless Action Partnership (HAP) has developed the following standards for the Santa Cruz County Continuum of Care (CoC). They are intended to govern the provision of assistance for individuals and families. All programs receiving Emergency Solutions Grant (ESG) or Continuum of Care (CoC) funds are required to comply with these standards. Each project may have its own program rules or focus, but they must all align with these standards.

EVALUATING AND DOCUMENTING ELIGIBILITY FOR ASSISTANCE

1. Standard policies and procedures for evaluating individuals' and families' eligibility for assistance consistent with the recording keeping requirements and definitions for "homeless" and "at-risk of homelessness."

The Santa Cruz County Continuum of Care provides funding for the following types of programs: Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), Emergency Shelter (ES), Street Outreach (SO), Supportive Services Only (including Coordinated Entry), and Planning. As set forth in the HEARTH Act, there are four categories of participant eligibility for CoC funds: 1) Literally Homeless, 2) Imminent Risk of Homelessness, 3) Homeless Under Other Federal Statutes (subject to cap), and (4) Fleeing/Attempting to Flee Domestic Violence.

Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows:

1. Literally Homeless
 - a. Eligibility should be documented in the following manner (in order of preference):
 - i. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
 - ii. Written observation by an outreach worker; or
 - iii. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter.
 - b. If the provider is using anything other than a Third Party Verification, the case file must include documentation of due diligence to obtain third party verification.
2. Imminent Risk of Homelessness
 - a. Eligibility should be documented in the following manner (in order of preference):
 - i. A court order resulting from an eviction action notifying the individual or family that they must leave within 14 days; or
 - ii. For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
 - iii. A documented and verified written or oral statement that the individual or family will be literally homeless within 14 days; and
 - iv. Certification that no subsequent residence has been identified; and
 - v. Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.
3. Homeless Under Other Federal Statute (Not typically used in the Santa Cruz County CoC)
4. Fleeing/Attempting To Flee Domestic Violence (DV)
 - a. Eligibility should be documented in the following manner (in order of preference):
 - i. For victim service providers:
 - ii. An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.
 - iii. For non-victim service providers:
 - iv. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and

- v. Certification by the individual or head of household that no subsequent residence has been identified;
- vi. Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Additional Eligibility Requirements for the ESG Program Only:

Agencies receiving ESG funds, may, depending upon program type, serve individuals and families who are "homeless" or "at-risk of homelessness." All agencies receiving ESG funds will follow state and federal documentation guidelines to demonstrate homelessness, at-risk status, and income eligibility. Agencies will either develop internal documentation forms, or utilize ESG mandated forms as available and appropriate. Agencies will ensure that participant documentation of eligibility is recorded and maintained in accordance with state and federal guidelines.

The applicable standards for the definition of "homeless" in ESG programs are the same as above. The applicable standards for the definition of "at-risk of homelessness" are as follows:

AT RISK OF HOMELESSNESS means:

- A. An individual or family who:
 - 1. Has an annual income below 30 percent of median family income for the area, as determined by HUD;
 - 2. Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or literal homelessness situation; and
 - 3. Meets one of the following conditions:
 - a. Has moved because of economic reasons two or more times during the 60 days immediately preceding the Application for homelessness prevention assistance;
 - b. Is living in the home of another because of economic hardship;
 - c. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of Application for assistance;
 - d. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or general purpose local government programs for low-income individuals;
 - e. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
 - a. Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - b. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.
- B. A child or youth who does not qualify as homeless under this Section, but qualifies as homeless under Section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), Section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), Section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), Section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), Section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or Section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or
- C. A child or youth who does not qualify under this section, but qualifies as homeless under Section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) of that child or youth if living with her or him.

ESG INCOME

Only at risk households who have an income below 30% of area median income will be eligible for services under ESG funding. (This ESG income standard does not apply to CoC or other funding.) Income eligibility will be documented through the collection of pay stubs, benefit statements and third party statements whenever possible. All agencies will follow guidance from federal and state regulations in the development, implementation and monitoring of ESG income eligibility documentation requirements. Agencies will utilize internal, state and/or federal forms for record keeping as available and appropriate.

STREET OUTREACH

2. Standards for targeting and providing essential services related to street outreach.

Providers of street outreach services must target unsheltered homeless individuals and families, meaning those with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for

human beings, including a car, park, abandoned building, bus or train station airport or camping ground. Providers may target unique groups within the overall unsheltered homeless population as follows.

Any agency seeking ESG or CoC funds for outreach will be asked to develop detailed written standard for the HAP's review. The agency must design an outreach plan that contains targeting strategies built around both a general outreach plan and one targeted to the unique niches that the partners fill. This plan will include:

1. A listing of the target groups.
2. How you have determined that this target group contains eligible participants.
3. How you will outreach to this target group.
4. What are the challenges of reaching each target group.
5. What minimal information that will be provided including information and referral for housing related needs.

EMERGENCY SHELTER AND DIVERSION

3. Standards for admission, diversion, referral, and discharge by emergency shelters, including standards regarding length of stay, and safeguards to meet the safety and shelter needs of special populations and persons with the highest barriers to housing.

Admission to emergency shelter facilities will be limited to those who meet the definition of "homeless" described above. Additional eligibility requirements (e.g., serving youth or families) may be created at the program level. Any length of stay limitations shall be determined by the individual service provider's policies and clearly communicated to program participants.

Upon initial contact with the point-of-entry, homeless persons will be screened by intake staff to determine appropriate diversion tactics. Diversion tactics may range from immediate case management assistance in determining available and unutilized resources, to referrals for existing homelessness prevention and/or rapid re-housing programs.

If diversion is not possible, the homeless person may be admitted to emergency shelter. The maximum length of stay will be determined by agency policy. No person or persons who are facing or suspect they may face a threat of violence will be discharged into an unsafe condition. Emergency shelter workers will work in collaboration with functional needs support service providers to arrange safe accommodations for those who are or may be facing a threat of violence. Those who are in danger of a violent crime, or feel they may be, will be entered into a secure database system that is comparable to HMIS. All other emergency shelter admissions will be entered into HMIS.

All persons discharged from emergency shelters will have their exit status entered into either HMIS or a comparable database, and will be provided discharge paperwork as applicable or upon request.

Under the coordinated entry process, homeless persons who are determined through assessment to have the highest barriers to housing – due to a myriad of factors including tri-morbidity, history of chronic homelessness, etc. – will be prioritized for existing housing resources and paired with existing supportive services to increase the likelihood of staying successfully housed.

Per federal requirements, the age and gender of a child under 18 cannot be used as a basis for denying any family's admission to a shelter.

4. Standards for assessing, prioritizing, and reassessing needs for essential services related to emergency shelter.

Under the CoC's coordinated entry system, the VI-SPDAT is the standardized assessment tool that will be used by all ES programs to assess, prioritize, and reassess participants needs for essential services related to ES, as well as for referral to the most appropriate housing and service interventions. The first tier of assessment occurs as they access our area's 2-1-1 program, where qualified advocates will assist those seeking services. In keeping with federal guidelines, our CoC is committed to prioritizing those who are experiencing chronic homelessness, homeless veterans, and families with children who are experiencing a homeless condition.

Upon determination of the appropriate program for referral, the next tier of assessment will involve more complex case management services to be performed by representatives of the program to which the persons were referred.

Under coordinated entry, VI-SPDAT re-assessment will be at least once per year for participants who remain homeless that long. In addition, program participants will meet with case managers throughout their participation in the program, and will have regular progress assessments or evaluations. Participants will also be given the opportunity to provide assessment and feedback of programs as well. Each ES provider ESG funding will be required to have a provable system of program evaluation. Additionally, participating ES providers in our CoC will share their experiences providing clients services, and refine service delivery based on feedback from service providers as well as participants.

PREVENTION AND RAPID REHOUSING

5. Standards for determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive rapid re-housing assistance.

Households that are assessed to be homeless, and that meet the income standards (where applicable), are eligible for RRH services. Prioritization for RRH referral is based upon the prioritization criteria outlined in the *Smart Path to Housing and Health: Coordinated Assessment and Referral System Policies & Procedures Manual*.

Households that are assessed to be at risk of homelessness, and that meet the income standards (if applicable), are eligible for homelessness prevention services. Additional risk factors for prioritizing limited assistance include: Seniors, families with dependent children, former foster youth, chronically homeless, veterans, victims of domestic violence, and medically vulnerable individuals.

Each prevention or RRH provider will be responsible for serving potential participants that are referred through the coordinated entry system in order of referral, with provisions for priority service for eligible households prioritized through coordinated entry by the CoC.

RRH households will be re-certified at least annually; prevention households will be re-certified at least quarterly.

6. Standards for determining what percentage or amount, of rent and utilities costs each program participant must pay while receiving homelessness prevention or rapid re-housing assistance.

Each ESG or CoC-funded agency will be responsible for determining income as a basis of eligibility for or determining the amount or type of services. (Note: There are no firm income limitations for RRH or prevention programs except for those that may be required by a funding source.) As part of this income determination the relevant staff person will ascertain the amount that the household is able to contribute towards rental payments. Factors to consider may include: Potential upcoming income increases / decreases, family size, availability of other resources to meet costs and other factors as determined by the agency staff in consultation with the household.

Due to the great variety of circumstances among homeless and at risk families and individuals in Santa Cruz County, the CoC has determined that each individual prevention or RRH program may (within CoC, ESG, or other funder requirements) decide internally if they will charge participants a set percentage of income, a set percentage of actual rent, or a set dollar amount while receiving RRH or prevention services, or if they will provide a phased payment plan dependent on individual household circumstances. Individual agencies may also decide to not have participants pay any rental costs while receiving services. Each program should use a progressive engagement and assistance approach.

Each participant and landlord will receive written verification of the amount and duration of assistance provided by the agency and rent to be paid by the participant. Income to be calculated includes: wages of adults in household, cash benefits, child support and self-employment income. Employment income of children, non-cash benefits and sporadic gifts will not be counted as available income in determining rental payments.

As the overall goal of the CoC is to ensure that households are able to maintain housing independently, it is important that each agency properly assess potential households to ensure that they are a good match for the program, and to refer them to more extensive supports as available if the household is not likely to be able to maintain housing costs independently.

7. Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time, lease requirements, and participant re-evaluations.

Again, due to the great variety of circumstances among homeless and at risk families and individuals in Santa Cruz County, the CoC has determined that each individual prevention or RRH program may set a maximum number of months that a program participant may receive rental assistance, or a maximum number of times that a Program participant may receive rental assistance. The total period for which any participant may receive services must not exceed 24 months in three years. However, no individual or family may receive more than a cumulative total of eighteen months of rental assistance, including any rental assistance paid in arrears.

Each agency will perform initial screening to determine the number of months that a client will initially receive a commitment of rent assistance, including payments in arrears. This initial commitment will be in writing and verified by the agency representative and the participant. Factors to take into consideration during the initial commitment are the participant's ability to pay rent in the immediate month and subsequent months such as anticipated change in income, time necessary to recover from unexpected expenses, etc. Short-term rental assistance may begin as soon as an applicant and a unit have been approved.

As the program participant is nearing the end of their initial commitment of assistance, the caseworker will contact the household to assess their need for continued assistance. After a review of the participant's continued eligibility, the caseworker will make a recommendation regarding the receipt of additional rental assistance, and this recommendation will be forwarded to the supervisor for review and approval. In addition to this analysis of additional assistance requirements, each participant will need to recertify each three month period providing the required, completed sections of the application forms and back-up verification documents.

Over the course of program participation, the caseworker will continue to meet with the household on an as needed basis, and will re-determine the eligibility of the household at least every three months. In the event that a program participant reaches 12 months of rental assistance, their unit will be re-inspected for continued compliance with rent reasonableness and habitability standards.

Rent may be paid in arrears as long as it allows the client to remain in their unit or move to another unit. Rental months paid in arrears are included in the maximum number of assistance months.

8. Standards for determining the type, amount, and duration of housing stabilization and/or relation services to provide to a program participant, including the limits, on the homelessness prevention or rapid rehousing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant receive assistance; or the maximum number of times the program participant may receive assistance.

Each agency will perform initial screening to determine the number of months that a client may initially receive a commitment of stabilization services. This initial commitment will be in writing and verified by the agency representative and the participant.

Consistent with funding source limits, prevention or RRH programs may determine the type, maximum amount and duration of housing stabilization and relocation services for individuals and families who are in need of homelessness prevention or rapid rehousing assistance through the initial evaluation, re-evaluation and ongoing case management processes

Additional requirements:

1. Program participants must meet with a case manager at least once a month for the duration of assistance, except where prohibited by requirements under Violence Against Women Act (VAWA) or Family Violence Prevention and Services Act (FVSP).
2. Program participants must be assisted, as needed, in obtaining appropriate supportive services, like mediation or mental health treatment or services essential for independent living; and mainstream benefits like Medicaid, SSI, or TANF.
3. Except for housing stability case management, the total period for which any program participant may receive service costs must not exceed 24 months during any three-year period. The limits on the assistance under this section apply to the total assistance an individual receives, either as an individual or as part of a family.
4. Security Deposits: ESG or CoC funds may pay for a security deposit that is equal to no more than two months' rent.
5. Last Month's Rent: If necessary to obtain housing for a program participant, the last month's rent may be paid from ESG or CoC funds to the owner of that housing at the time the owner is paid the security deposit and the first month's rent. This assistance must not exceed one month's rent and must be included in calculating the program participant's total rental assistance, which cannot exceed 24 months during any three-year period.

6. Utility Payments: ESG or CoC funds may pay for up to 24 months of utility payments per program participant, per service, including up to six months of utility payments in arrears, per service. A partial payment of a utility bill counts as one month. This assistance may only be provided if the program participant or a member of the same household has an account in his or her name with a utility company or proof of responsibility to make utility payments. Eligible utility services are gas, electric, water, and sewage. No program participant shall receive more than 24 months of utility assistance within any three-year period.
7. Housing Stability Case Management: ESG or CoC funds may be used to pay cost of assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for a program participant who resides in permanent housing or to assist a program participant in overcoming immediate barriers to obtaining housing. This assistance cannot exceed thirty days during the period the program participant is seeking permanent housing and cannot exceed 24 months during the period the program participant is living in permanent housing.
8. Maximum Amounts and Periods of Assistance: Prevention and RRH providers may set a maximum dollar amount that a program participant may receive for each type of financial assistance. Each provider may also set a maximum period for which a program participant may receive any of the types of assistance or services under this section. However, except for housing stability case management, the total period for which any program participant may receive the services under paragraph (b) of this section must not exceed 24 months during any three-year period. The limits on the assistance under this section apply to the total assistance an individual receives, either as an individual or as part of a family. The agency may set a maximum number of months that a program participant may receive rental assistance, or a maximum number of times that a program participant may receive rental assistance. The total period for which any participant may receive services must not exceed 24 months in three years. However, no family may receive more than a cumulative total of eighteen months of rental assistance, including any rental assistance paid in arrears.
9. Short-term and medium-term rental assistance must follow applicable HUD definitions and requirements.
10. Compliance with Fair Market Rent (FMR) Limits and Rent Reasonableness: Rental assistance is prohibited from being provided for a housing unit, unless the total rent for the unit does not exceed the fair market rent established by HUD.
11. Compliance with Minimum Habitability Standards: The revised habitability standards (shelter and housing standards) incorporate lead-based paint remediation and disclosure requirements. If ESG funds are used to help a Program Participant remain in or move into permanent housing, that housing must meet habitability standards.
12. Rental Assistance Agreement and Lease Standards: The rental assistance agreement must set forth the terms under which rental assistance will be provided.
13. Each program participant receiving rental assistance must have a legally binding, written lease between program participant and the owner) for the rental unit, unless the assistance is solely for rental arrears. Project-based rental assistance leases must have an initial term of one year.
14. No rental assistance can be provided to a household receiving rental assistance from another public source for same time period (except 6 months of arrears).

TRANSITIONAL HOUSING

Transitional Housing (TH) is designed to provide homeless individuals and families with interim stability and support to successfully move to and maintain permanent housing.

9. Standards regarding eligibility criteria and targeting for transitional housing.

Households are eligible for TH if they meet the following eligibility standards:

- Must meet the HUD definition of homeless.
- Must meet any additional eligibility criteria set forth in the NOFA through which a project was funded and the grant agreement (e.g. households fleeing domestic violence).
- Programs may establish additional eligibility requirements (e.g., serving youth or families) beyond those specified here in line with applicable legal requirements.

All referrals to TH and assessment for type and level of services must come through the coordinated entry system. Prioritization for TH referral is based upon the prioritization criteria outlined in the *Smart Path to Housing and Health: Coordinated Assessment and Referral System Policies & Procedures Manual*.

Chronically homeless households being referred to TH must be informed that by entering a TH project, they may lose eligibility for PSH project dedicated to serving chronically homeless households.

10. Standards regarding length of stay, supportive services, and assistance for transitional housing.

The following minimum standards will be applied to all TH programs:

- Maximum length of stay cannot exceed 24 months.
- Assistance in transitioning to permanent housing must be provided.
- Supportive services must be provided throughout the duration of stay in TH.
- Program participants in transitional housing must enter into a lease, sublease or occupancy agreement for a term of at least one month. The lease, sublease or occupancy agreement must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.

PERMANENT SUPPORTIVE HOUSING

Permanent Supportive Housing (PSH) for persons with disabilities is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

11. Standards regarding eligibility criteria, prioritizing, and targeting for permanent supportive housing.

Households are eligible for PSH if they meet the following eligibility standards:

- Households must meet the HUD definition of homelessness.
- One adult or child member of the household must have a disability.
- Must follow any additional eligibility criteria set forth in the NOFA through which a project was funded and the grant agreement (e.g. Projects originally funded under the Samaritan Housing Initiative must continue to serve chronically homeless individuals and families; projects funded under the Permanent Supportive Housing Bonus must continue to serve the homeless population outlined in the NOFA under which the project was originally awarded).
- Programs may establish additional eligibility requirements (e.g., serving youth or families) beyond those specified here in line with applicable legal requirements.

All referrals to PSH and assessment for type and level of services must come through the coordinated entry system. Prioritization for TH referral is based upon the prioritization criteria outlined in the *Smart Path to Housing and Health: Coordinated Assessment and Referral System Policies & Procedures Manual*.

Adoption of HUD Notice CPD-16-11:

The CoC has adopted the orders of priority for CoC-funded PSH as established in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. As such, all PSH eligible households will be prioritized in the following order of priority:

1. Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
2. Chronically Homeless Individuals and Families with the Longest History of Homelessness.
3. Chronically Homeless Individuals and Families with the Most Severe Service Needs.
4. Other Chronically Homeless Individuals and Families.

The Smart Path/CES Steering Committee will develop appropriate prioritization policies for youth-only housing projects.

12. Standards regarding length of stay, supportive services, and assistance in permanent supportive housing.

- There can be no predetermined length of stay in PSH.
- Supportive services designed to meet the needs of the project participants must be made available to the project participants throughout the duration of stay in PSH.
- Project participants in PSH must enter into a lease (or sublease) agreement for an initial term of at least one year that is renewable and is terminable only for cause. Leases (or subleases) must be renewable for a minimum term of one month.

ADDITIONAL STANDARDS APPLICABLE TO ALL PROGRAM TYPES

13. Participation in HMIS.

All ESG and CoC funded programs must participate in the Santa Cruz County Homeless Management Information System (HMIS) by collecting and entering required data on all participants served. Each agency receiving ESG or CoC funds will ensure that data on all persons served and all activities assisted are entered into the Santa Cruz County HMIS, in accordance with HUD's standards on participation, data collection, and reporting, and in accordance with locally approved HMIS policies and procedures. Such agencies must also participate in CoC HMIS Technology Committee meetings.

If the ESG or CoC funding recipient is a domestic violence agency, or other Victim Services Provider as defined in VAWA and related federal law, the recipient is prohibiting from entering client data into HMIS, but must instead entered such data into a comparable data system as defined in applicable HUD guidance.

The HAP actively encourages non-ESG or CoC-funded programs to participate in the Santa Cruz County HMIS.

14. Participation in Coordinated Entry.

All ESG and CoC funded programs are required to participate in the CoC's coordinated entry system and comply with all federal CoC and ESG coordinated entry requirements. In addition, all ESG-funded programs are required to comply with state ESG coordinated entry requirements.

Participation on coordinated entry requires using the applicable VI-SPDAT assessment tool, and following established policies procedures outlined in *Smart Path to Housing and Health: Coordinated Assessment and Referral System Policies & Procedures Manual*. It also requires attendance at Smart Path/Coordinated Entry System Steering Committee meetings.

15. Emphasis on Housing First.

All ESG or CoC funded programs must use Housing First (and progressive engagement practices), including the following:

- Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues;
- Helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
- Seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
- Allowing participants to choose the services and housing that meets their need, as practical;
- Connecting participants to services available in the community that foster long-term housing stability;
- Offering financial assistance and supportive services in a manner that offers a minimum amount of assistance initially, adding more assistance over time if needed to quickly resolve the housing crisis. The type, duration, and amount of assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis.

16. Participation in the HAP and coordination with other service providers,

All CoC and ESG funded providers are expected to participate in our area's CoC, known as the Homeless Action Partnership (HAP), and will work collaboratively to coordinate funding that addresses the needs of the entire CoC. To meet these goals, the CoC requires that all ESG and CoC funded providers not only participate in HMIS and coordinated entry, but also

- Attend HAP meetings and work groups.
- Ensure that staff members coordinate as needed regarding referrals and service delivery with staff members from other CoC agencies in order to ensure that services are not duplicated and clients can easily and efficiency access the services they need.
- Ensure that staff members participate in any CoC trainings related to improving coordination among HAP members.

17. Educational policies and liaison.

All programs that serve households with children or unaccompanied youth, must:

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

18. Equal Access and non-discrimination.

General HAP Anti-Discrimination Policy

The HAP does not tolerate discrimination on the basis of any protected class, including actual or perceived race, color, religion, national origin, sex, age, familial status, disability, sexual orientation, gender identity, or marital status. All CoC programs must comply with applicable equal access and nondiscrimination provisions of federal and state civil rights laws. Any programs that are required by a funding source to limit participants (e.g., HOPWA agencies may only serve persons living with HIV/AIDS) will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

Program Requirements Regarding Equal Access and Non-Discrimination

- Providers must have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system.
- Providers must comply with all federal statutes and rules including the Fair Housing Act, the Americans with Disabilities Act, and Equal Access to Housing Final Rule.
- The people who present together for assistance, regardless of age or relationship, are considered a household and are eligible for assistance as a household.
- Projects that serve families with children must serve all types of families with children; if a project targets a specific population (e.g., women with children), these projects must serve all families with children that are otherwise eligible for assistance, including families with children that are headed by a single adult or consist of multiple adults that reside together.
- The age and gender of a child under 18 must not be used as a basis for denying any family's admission to a project.
- Providers must abide by the *Equal Access to Housing in HUD Programs – Regardless of Sexual Orientation or Gender Identity* Final Rule published in 2012 and the subsequent Final Rule under 24 CFR 5 General HUD Program Requirements; Waivers, September 2016.
- The HAP encourages providers to practice a person-centered model that strongly incorporates participant choice and inclusion of subpopulations present in the Santa Cruz County service area, including homeless veterans, youth, families with children, and victims of domestic violence.

E. Smart Path CES Policies and Procedures

Santa Cruz County Continuum of Care

Smart Path to Housing and Health: *Coordinated Assessment and Referral System*

Policies & Procedures Manual Original Document Approved on December 13, 2017

Revision History

Date	Author	Description
9/19/2018	Habiba Rotter – Smart Path Referral Specialist	Approved: P. 9, 3. a) System Oversight and Roles Transition from HSC to HSD and new staffing structure reflected.
7/12/2018	Habiba Rotter – Smart Path Referral Specialist	Approved: P. 16, 7.e) Updates to Assessments Change in reassessment period from 1 year to 3 months.
8/15/2018	Habiba Rotter – Smart Path Referral Specialist	Approved: P. 16, 8. a) Smart Path Participant List Change in active period from 9 months to 90 days.
9/4/2019	Jessica Scheiner, Senior Analyst, County of Santa Cruz Human Services Department	Approved: P 15 Smart Path Check-in Policy Approved: P. 16 Rapid Re-Housing Programs will take clients with higher VI-SPDAT scores. Approved: P. 18 Referrals of couples or households Approved: P. 20 Dual enrollment in transitional housing and the community queue
9/6/2019	Monica Lippi, Senior Analyst (Smart Path Referral Specialist), County of Santa Cruz Human Services Department	Assessment workflow updates: P.41-42
11/1/2019	Monica Lippi, Senior Analyst (Smart Path Referral Specialist), County of Santa Cruz Human Services Department	Updated: Grievance Procedure timeline: P. 9 Non-Discrimination language: P. 12 Conducting the Assessment: P.15 Updates to Assessment: P.15 Referrals: P. 17 Receiving Agency Responsibilities: P. 18 Declining Referral P. 19 Appendix A: Grievance Form Appendix D: Release of Information New: Approved: Pregnant and Dependents 0-24 months Policy: P. 22 Approved: Process for Policy Changes - Appendix H, P. 50

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1. Background

a) What is a Coordinated Entry System?

A coordinated entry system, also known as coordinated assessment, is an emerging best practice for conducting assessments and referrals that provides a “no wrong door” approach to addressing homelessness. This community-wide system seeks to effectively and efficiently match people experiencing homelessness to available housing and services that best fit their specific needs and situation. In a coordinated entry system, individuals and families (referred to hereafter as “participants”) who experience homelessness are assessed with the same tool regardless of where the assessment occurs. Assessment results are used to prioritize participants for scarce resources based on vulnerability and need. Participating projects agree to accept referrals from the system when they have project vacancies, reducing the need for participants to traverse the county seeking assistance from each agency separately. A countywide list of participants experiencing homelessness is retained and prioritized by need and vulnerability for quick referral when agencies have project vacancies.

In Santa Cruz County, the local coordinated entry system, Smart Path to Housing and Health: Coordinated Assessment and Referral System (referred to hereafter as Smart Path), is the responsibility of the Homeless Action Partnership (HAP), which serves as the countywide Continuum of Care (CoC).

b) Federal Department of Housing and Urban Development Requirement

Under the [U.S. Department of Housing and Urban Development’s \(HUD\) interim rule](#)¹ 24 CFR 578.7(a)(8), each CoC must establish and operate a centralized or coordinated assessment system. HUD defines a centralized or coordinated assessment system as “a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool” (24 CFR 578.3).

To be eligible for HUD CoC and Emergency Solutions Grant (ESG) funds, communities must participate in a coordinated entry system.

In addition, developing a robust coordinated entry system is one of the primary recommendations of the countywide plan to address homelessness, [All In-Toward a Home for Every County Resident](#)².

¹ https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

² <http://smartsolutionstohomelessness.org/wp-content/uploads/2012/08/HSP-FullReport-FINAL-Small.pdf>

c) Community Vision

The Santa Cruz County community holds firmly to the vision that everyone should have access to stable housing. The vision is to move beyond a fragmented approach to serving persons experiencing or at-risk of homelessness to one that effectively prevents people from becoming homeless and quickly stabilizes people who are already experiencing homelessness.

d) Guiding Principles

Underlying Santa Cruz County's Coordinated Entry System is the conviction that homelessness is preventable and solvable. The system is guided by the following principles:

- Equitable access: Coordinated entry access will be available to all people in all areas of the county.
- Compassionate, caring service: All people will be treated with dignity and respect throughout the process.
- Cultural responsiveness: Coordinated entry will provide services that are linguistically and culturally appropriate throughout the process.
- Trauma-informed services: Coordinated entry will utilize trauma-informed practices while engaging, assessing, and referring participants.
- [Housing First](#)³: Coordinated entry will provide permanent housing as quickly as possible with low to no barriers.

e) System Goals

The goals of Santa Cruz County's Coordinated Entry System include:

- Create an organized system to improve access to all housing and service types to ensure the experience of homelessness is rare, brief, and nonrecurring.
- Improve and streamline the referral process.
- Create better linkages across projects, including but not limited to establishing warm hand-off referrals to non-housing services and developing coordinated entry committees to regularly discuss strengths and challenges of the project.

³ See Section 13. Definitions, "Housing First"

- Improve the experience for people to easily and quickly get the assistance they need without having to contact each agency separately.
- Prioritize projects and services for participants who are most in need, utilizing a common assessment tool and community prioritization plan.
- Quickly assess a household's needs and most appropriate intervention, including tailored resources that provide the level of support needed to attain and retain housing.
- Ensure that all people who complete an initial screening are referred to appropriate available resources for immediate needs.
- Diverting those whose housing crisis can be resolved with relatively minimal resources so that they do not require the homeless services system.
- Coordinate outreach countywide to ensure everyone has the same opportunities to receive housing and services regardless of their location.
- Better coordinate emergency shelter referral and placement and connect participants in shelters to permanent housing opportunities.
- Incorporate data-driven metrics to evaluate and strategically develop homeless services and housing resources.
- Develop and implement improved, consistent, and shared training for service agencies in evidence-based practices, for example Trauma-Informed Care and Housing First.

f) Benefits of Coordinated Entry

Benefits of Coordinated Entry to Santa Cruz County include:

- Effective targeting of existing resources by connecting the most vulnerable people to the available housing and resources that best fit their situation.
- Streamlined assessment and application process for all participants, ensuring everyone who completes a Smart Path assessment is included in the pool of participants considered for openings at participating agencies.
- Development of comprehensive data on the number of participants experiencing homelessness and their needs. This data will inform programmatic and policy decisions and support advocacy efforts to leverage additional resources.

2. Smart Path Overview

Ultimately, Smart Path will assist anyone with a housing crisis, including those who are [literally homeless](#)⁴, at imminent risk of losing housing, or lack adequate or stable housing. Once fully implemented, using a decentralized structure, Smart Path will include all agencies and projects that provide assistance, services, and housing to participants who are homeless or at risk of homelessness. Completed Smart Path Assessments will be used to develop a pool of prioritized participants from which participating projects will fill their vacancies. Participating agencies will accept referrals from Smart Path to fill all project vacancies from the pool of eligible participants who completed a Smart Path Assessment. Referrals will be prioritized based on the household's VI-SPDAT score, length of homelessness, and date of assessment, with participants with the highest VI-SPDAT score (i.e., the greatest vulnerability) receiving priority.

Participants will be able to access the following resources through Smart Path:

- Phase 1: Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, Specialized Housing Choice Vouchers that include case management (e.g., Disabled Medically Vulnerable (DMV) Vouchers), and shelter diversion projects.
- Phase 2: Shelter beds and eviction prevention (rental assistance) projects, in addition to the above.

Once fully implemented, Smart Path will be able to provide immediate information and connections to the following agencies and services:

- Services unrelated to housing or shelter, such as food and showers
- Health care agencies
- Government services such as mainstream benefits programs
- School-based programs such as those funded through the McKinney-Vento Homeless Assistance Act
- Faith-based programs

3. Administrative Structure

a) System Oversight and Roles

Oversight of the coordinated entry system, including implementation of the Assessment, Participant List, prioritization and referral matching processes, is provided by the Homeless Action Partnership (HAP). The HAP serves as the Santa Cruz County CoC's collaborative applicant. The CoC Board delegated authority to the HAP, as the collaborative applicant, to approve and implement

⁴ See Section 13. Definitions, "Literally Homeless"

operational policies for coordinated assessment (See Delegation of Authority Table approved in April 2015). The Smart Path/Coordinated Entry Steering Committee, a committee of the HAP, leads implementation of coordinated entry and reports back on progress to the HAP.

The Coordinated Entry and Housing Work Group (Housing Workgroup) supports the implementation of Smart Path in a variety of capacities including providing recommendations on policies and procedures, sharing the status and location of referred participants, case conferencing, and identifying other issues that are impacting agencies' ability to effectively serve persons experiencing homelessness. The Housing Work Group meets twice monthly and is comprised of representatives from Smart Path participating agencies and other agencies that serve persons experiencing homelessness.

The Homeless Services Center (HSC) served as the Coordinated Entry Lead Agency from March, 2016 until September, 2018. HSC oversaw the first phase of coordinated entry including planning, launch, and implementation.

The Santa Cruz County Human Services Department (HSD) Community Relations Division began serving as the Coordinated Entry Lead Agency on October 1, 2018. As the Lead Agency, the County Human Services Department is responsible for supervising Smart Path staff, interns, and volunteers including ensuring appropriate performance and addressing issues as needed. A Senior Health Services Manager and two Senior Human Services Analysts staff Smart Path.

b) Grievance Procedures

Any person participating in the coordinated entry process has the right to file a grievance. Resolution of grievances related to a particular service agency (for example, a grievance related to how an assessment was conducted at a particular agency) should be attempted first through that agency's grievance procedure. Grievances specific to the coordinated entry system (for example, a grievance related to the match making process), should be forwarded to the Smart Path Referral Specialist using the Smart Path Grievance Form (see [Appendix A](#)). Within five business days, the Referral Specialist will draft an initial recommendation on how to address the grievance, which will be forwarded to the Human Services Department Deputy Director for review and a final determination. The decision will be communicated to the participant within two weeks. Should the participant seek a different resolution, they may appeal the decision by contacting the HAP staff, who will respond within an additional two weeks.

c) Revisions to Policies and Procedures

The Policies and Procedures Manual will be reviewed and, if necessary, updated at least annually by the Smart Path/Coordinated Entry Steering Committee and HAP staff. Operational changes may be

approved by the Smart Path/Coordinated Entry Steering Committee, and any significant policy changes must be approved by the HAP⁵.

d) Participating Agencies:

All CoC and ESG funded housing programs must participate in the Coordinated Entry System. The CoC strongly encourages all other housing agencies with housing dedicated to people who are homeless to participate, as well.

4. Smart Path Access Points

Smart Path Access Points refer to any location where participants experiencing or at imminent risk of homelessness (pending) can complete the Smart Path Assessment, as described further below. Initial Access Points will include all HMIS partner agencies, with the goal of incorporating additional projects in the future from throughout the County as appropriate and available. Specific Access Point locations and operating hours will be posted and regularly updated on the Smart Path website at www.SmartPathSCC.org.

To the extent possible, Access Points are located at convenient locations throughout the county and are accessible by public transportation. Access Points are required to be accessible to individuals with disabilities, and participants with a mobility impairment may request a reasonable accommodation in order to complete the Smart Path Assessment at a different location.

Once fully implemented, the following types of locations will either serve as Smart Path Access Points or be able to assist persons in immediately connecting to Access Points:

- Street outreach: mobile case managers/outreach workers
- Homeless service locations: shelters, homeless service and housing agencies, day services projects (such as meals and showers)
- Institutions: schools, hospitals, jails (pending full implementation)
- Public service agencies: clinics, government service agencies, libraries
- Emergency and crisis support agencies: 911, police, first responders, mental health agencies, projects that serve survivors of domestic violence (pending full implementation)
- Events: such as Santa Cruz Connect and Watsonville Connect, the local Project Homeless Connect events

⁵ Additional detail on what is considered a “significant policy change” is pending.

- Virtual locations/phone lines such as 211
- Faith-based organizations (pending full implementation)

5. Outreach and Marketing

Outreach and marketing practices ensure that persons throughout Santa Cruz County who are either experiencing or at risk of homelessness (pending) are aware of and able to access Smart Path. Initial targets for distributing information about Smart Path include the Access Points described above, as well as:

- Public websites: such as County and City websites
- Informational flyers at public locations, such as bus stops, laundromats
- Information to the general public, such as public service announcements on the radio and in the newspaper

Smart Path outreach materials will be available in English and Spanish throughout the county, and Access Points with Spanish-speaking Assessment Specialists will be indicated on all Access Point lists. For participants who need additional language translation services, including sign language, interpreters can be made available in-person or via telephone with at least a one-day advance request.

The HAP will affirmatively market housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach, including those who may not realize they are eligible to participate, have recently become homeless, are resistant to receiving services, youth and young adults, location-bound due to physical disabilities, and monolingual Spanish-speaking participants. The outreach methods described above are used to connect people unlikely to access Smart Path on their own.

The marketing campaign will be designed to ensure that people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, survivors of domestic violence, and any other protected classes under federal and state law, have fair and equal access to Smart Path.

Similarly, the marketing campaign will be designed to ensure that the Smart Path process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.

To the extent possible, Access Points will be accessible to individuals with disabilities, including participants who use wheelchairs. Because they can be completed on mobile devices or on paper, Smart Path Assessments can be conducted in locations that are accessible and comfortable to participants. In addition, Access Points must ensure effective communication with participants, including providing appropriate auxiliary aids and other services necessary to ensure effective communication. Marketing materials will clearly convey that the access sites are accessible to all sub-populations.

6. Non-Discrimination

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

Housing programs may have specific eligibility requirements based on their funding sources and/or state or federal law. These programs will be restricted to who they can serve based on their funding requirements. For example, a project funded through the federal Housing Opportunities for Persons With AIDS (HOPWA) may be restricted to only serving persons with HIV/AIDS.

All aspects of the Coordinated Entry System will comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be “steered” toward any particular housing facility or neighborhood because of race, color, national origin, ancestry, religion, sex, age, familial status, presence of children, disability, actual or perceived sexual orientation, gender identity or expression, marital status, source of income, genetic information, or other arbitrary reasons.

All Smart Path Public Access Points will include signs or brochures displayed in prominent locations informing participants of their right to file a non-discrimination complaint and containing the contact information needed to file a non-discrimination complaint. The requirements associated with filing a non-discrimination complaint, if any, will be included on the signs or brochures.

See [Appendix F](#) for the CoC Written Standards, which includes the Non-Discrimination Policy.

7. Assessments

a) The Smart Path Assessment

Smart Path prohibits screening participants out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of

disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

Prior to conducting Smart Path Assessments, Assessment Specialists will have discussions with persons experiencing or at-risk of homelessness regarding diversion opportunities such as natural supports and potential housing options. If no diversion opportunities are identified, the participant will be invited to complete the common assessment which identifies immediate health and safety needs, potential project eligibility, medical vulnerability, and housing assistance needs. The current Smart Path Assessment utilizes the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) and additional questions to determine participants' immediate needs and project eligibility. Disclosure of specific disabilities or diagnoses is not required to receive assistance or participate in Coordinated Entry. However, specific diagnosis or disability information may be requested for the purposes of determining program eligibility to make appropriate referrals.

Based on demographic information, one of three population-specific VI-SPDAT tools will be used:

- "Single VI-SPDAT" for single adults 25 years old and over and for each individual adult in a couple without minor children
- "Family VI-SPDAT" for one or two adults 18 years old and over with minor children in custody
- "TAY VI-SPDAT" for transition-age youth and young adults (18-24 years old).

See [Appendix B](#) for the current Smart Path Assessment tools.

b) Training and Authorization for Conducting the Smart Path Assessment

The Smart Path Assessment can only be conducted by persons who have successfully completed a Smart Path Assessment training. The training will be offered at least twice annually and will provide information on conducting the Assessment including the VI-SPDATs, explaining to others about how the coordinated entry system works, assessing diversion opportunities, and assisting people in crisis. Assessment protocols will be updated and distributed to participating agencies annually or more often as needed, clearly describing the methods by which assessments are to be conducted in adherence to these policies and procedures.

The HAP and Smart Path staff will monitor the quality and consistency of completed Assessments and provide training and adjustments to policies and procedures as necessary. The HAP may revoke the right of any individual or agency to complete Smart Path Assessments if they violate the signed Memorandum of Understanding (MOU) or the policies and procedures described in this document. Please see [Appendix C](#) for the current MOU agreement.

c) Confidentiality and Release of Information

The HAP, Smart Path, and its partner agencies recognize the importance of client confidentiality and will inform participants about how, with whom, and for what period of time their information will be shared. Multiple security protections are used to ensure confidentiality of information. The HAP extends the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards with respect to Smart Path Assessments and the Participant List, including maintaining a local HMIS security plan. A participant's refusal to consent to share their information does not disqualify the participant for assistance or participation in Smart Path.

All aspects of the Smart Path Assessment are covered under the standard HMIS Release of Information (ROI). The ROI authorizes Smart Path partner agencies to conduct the Smart Path Assessment, enter the information in HMIS, and share participants' information with other participating agencies in order to facilitate the provision of housing and services. The ROI must be completed and uploaded into HMIS before any other participant information can be entered into HMIS. Please see [Appendix D](#) for the current Release of Information agreement.

If a participant declines to sign the ROI, the first course of action is to seek to understand the participant's concerns and further explain the purpose of the data sharing. If the participant continues to decline, the trained Assessor may ask the participant to provide an alias of their choice and enter the participant's non-identifying information into HMIS (omitting their Social Security number and date of birth). The Assessor may also enter the participant by "Adding Anonymous Client". The Assessor's agency must keep a record of the participant's alias or anonymous HMIS ID number on file and provide it to the Smart Path Referral Specialist.

If a participant declines to sign the ROI and does not consent to having their information entered into HMIS, the Assessor will ask the participant if they are willing to complete the Smart Path Assessment on paper which will be shared with the Referral Specialist. The Referral Specialist will maintain a separate Participant List outside of HMIS for these participants. No participant data will be entered into HMIS, in order to maintain confidentiality and adhere to the participant's request. When there is an opening in a Permanent Supportive Housing, Rapid Rehousing, or Transitional Housing project, the Referral Specialist will reference both the HMIS Participant List and Participant List outside of HMIS to determine the most highly prioritized eligible participant. Please see Section 10 for information on the confidential process for serving survivors of domestic violence.

d) Conducting the Smart Path Assessment

The Smart Path Assessment may be directly entered into HMIS or completed on paper and then entered into HMIS by an authorized user.

The Assessment should be conducted in a setting that promotes privacy and confidentiality. The Assessment must be completed in accordance with the Smart Path guidelines. See [Appendix E](#) for the Smart Path Assessment Process Guide.

The Assessment must be conducted in person and the completed Release of Information entered into HMIS.

Participants may decide what information they provide during the Assessment process, decline to answer Assessment questions, or decline housing and service options without retribution or limiting their access to other forms of assistance. Projects may require participants to provide information necessary to determine project eligibility as required by applicable project regulations.

After completing the Assessment, the Assessor must provide the participant with resource information and assist in direct service connections to meet immediate needs, including emergency shelter, as outlined in the Smart Path Assessment Process Guide (Appendix E.)

e) Updates to Assessments

Participants must complete an Assessment annually to continue being considered active in Smart Path. Participants *may* complete an Assessment after three months since their last Assessment if they have had any changes in their situation. Participants or their designee should contact the Referral Specialist to update the participant's contact or household information when changes occur. HMIS users have the ability to update participants' contact and household information. If participants wish to be reassessed less than 3 months after their previous assessment because they have had significant changes in their circumstance, they or their representative may contact the Referral Specialist to determine whether a new Assessment is warranted. The Referral Specialist may determine that a new Assessment should take place based on the likeliness of the participant's score to change.

8. Participant List and Prioritization

a) Smart Path Participant List

Smart Path will maintain a comprehensive list in HMIS of all participants who have completed an Assessment. VI-SPDAT assessments that were completed prior to Smart Path implementation were transferred into the Smart Path Participant List (Participant List). Participants whom are considered "active" will be included in the Participant List and considered for available housing openings based on program eligibility and the prioritization policies described below. Participants who have not completed an Assessment with a year will not be considered active.

b) Resource Prioritization

In Santa Cruz County there is a significant gap between the availability of housing and the need. Smart Path uses the VI-SPDAT to help prioritize and determine the type of assistance that best meets the needs of each participant. See [Appendix F](#) for the HAP Local CoC/ESG Written Standards.

Prioritization Criteria for Referral to [Permanent Supportive Housing](#)⁶:

Smart Path will prioritize active participants who meet the HUD definition of chronically homeless and have the highest VI-SPDAT score for referral to available Permanent Supportive Housing (PSH) program openings. The score range for consideration for a PSH referral for participants who completed a Single or Transition-Aged-Youth (TAY) VI-SPDAT, is 8-17 and 9-22 for participants who completed the Family VI-SPDAT

If multiple participants who are eligible for the same program have the same VI-SPDAT score, the participant with the longest history of homelessness will be prioritized for referral to PSH project openings. Participants who have the same score and length of homelessness, will be prioritized based on the order they completed the Assessment, with participants completing the assessment first receiving priority.

Prioritization Criteria for Referral to [Rapid Rehousing Programs](#)⁷:

Rapid Rehousing (RRH) programs provide temporary housing and services to individuals and families to facilitate their ability to end their homelessness. Smart Path prioritize participants with the highest VI-SPDAT score within the following ranges for RRH program openings: 4-7 for participants who completed a Single or Transition-Aged-Youth (TAY) VI-SPDAT, and 4-8 for participants who completed the Family VI-SPDAT.

Participants with the same rapid rehousing score will be prioritized based on their length of time homeless, with participants experiencing homelessness the longest receiving priority. Participants who have the same score and length of homelessness, will be prioritized based on the order they completed the Assessment, with participants completing the assessment first receiving priority.

Please note: on 8/28/19, the HAP voted to increase the VI-SPDAT scores of persons referred to RRH programs through Smart Path. The above prioritization process will continue to be used to prioritize referrals for RRH programs until the new processes and policies have been finalized.

Prioritization Criteria for Referral to [Transitional Housing](#)⁸:

Transitional Housing (TH) projects typically serve individuals and families who are anticipated to need only short-term support in order to end their homelessness. Smart Path will prioritize participants with the highest VI-SPDAT score within the following ranges: 4-7 for participants who

⁶ See Section 13. Definitions, "Permanent Supportive Housing"

⁷ See Section 13. Definitions, "Rapid Rehousing"

⁸ See Section 13. Definitions, "Transitional Housing"

⁹ See Section 13. Definitions, "Transitional Housing"

completed a Single or Transition-Aged-Youth (TAY) VI-SPDAT, and 4-8 for participants who completed the Family VI-SPDAT.

Participants with the same VI-SPDAT score will be prioritized based on their length of time homeless, with participants experiencing homelessness the longest receiving priority. Participants who have the same score and length of homelessness, will be prioritized based on the order they completed the Assessment, with participants completing the assessment first receiving priority.

Other Assistance:

Participants who have a VI-SPDAT scores of 0-3 are not prioritized for housing referrals through Smart Path. Assessors will conduct homeless diversion practices with participants who score in this range and connect them to applicable services such as deposit assistance, and mainstream benefits. Eviction prevention services and emergency shelter services will be included in future phases of Smart Path's implementation.

9. Referrals

a) Matches to Housing Opportunities

Currently, Smart Path provides referrals for Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), and Transitional Housing (TH) programs. Participating agencies provide the eligibility criteria to Smart Path for participating housing programs. The eligibility criteria is used by Smart Path to pre-screen participants on the Participant List for potential project participation. Agencies will update availability of agency-operated housing units and openings in case management/housing navigation projects into HMIS as soon as they become aware of new capacity. When a participating program has a vacancy, the Smart Path Referral Specialist uses the HMIS housing match feature, along with non-HMIS participant lists, to prioritize participants from for referral to the project by:

1. Filtering the Participant List based on the appropriate VI-SPDAT scores for the program type as described above;
2. Filtering the Participant List based on the specific eligibility criteria of the available housing project; and
3. Prioritizing the Participant List based on the prioritization methodology for the applicable housing type as described above.

Based on the results of the housing match, the Referral Specialist will make referrals in HMIS to the designated housing project staff.

The Housing Workgroup can be utilized to help housing programs locate referred participants. Smart Path will provide the Housing Workgroup with information on participants who are anticipated to be referred to a housing program to enable Workgroup members can share their knowledge of the future participants' housing and program status and how they might be contacted.

Referrals of couples or households to programs:

Upon request, the second member of a couple or two-person adult household (termed a household for the purposes of the policy revision) can be referred and enrolled into a program when their partner is enrolled, regardless of the second person's assessment score and date, and length of time homeless, conditionally on program eligibility and capacity. The couple or household is defined by the person being referred. In order to prevent abuse of the policy and to ensure that both partners want to be a part of the couple or household, the agency will do individual interviews of each person in the household.

b) Receiving Agency Responsibilities

The following steps will be taken when an agency receives a Smart Path referral:

- 1. Contact the participant(s) being referred for assistance:** The agency must make an initial attempt to contact the participant(s) within three business days and a total of 3-5 separate attempts within five business days to find the participant(s) using all of the contact information provided in HMIS, contacting other service agencies that the participant(s) work with, consulting with Housing Workgroup members, and visiting locations that the participant(s) are known to frequent. All attempts to find the participant(s) must be documented in HMIS. Status updates must be provided to the Referral Specialist within two weeks of initial referral and are expected at least once every two weeks while the agency continues to make engagement.
- 2. Verify eligibility:** In order to confirm project eligibility, agencies will complete the project's regular eligibility and intake process.
- 3. Accept Referral:** If it has been determined that the referred participant(s) are eligible to participate in the project, the agency will accept the referral and complete a program entry for the participant in HMIS.
- 4. Decline Referral:** If the referred participant(s) are **not** eligible to participate in the project, the agency will decline the referral in HMIS following the guidelines below. If the agency met with the participant(s) to determine eligibility, the participant must be notified of the decision.

Smart Path participating programs may decline referrals for the following reasons:

- Participating projects may decline Smart Path referrals for the following reasons: The participant does not meet the project's eligibility requirements per the project's funding source or written eligibility requirements;
- Participant(s) cannot be located. capacity to take additional referrals
- The referral includes too many or few people than the project vacancy is designed for
- The agency provides documentation that it lacks the resources needed to effectively or safely serve and support the referred individual or family
- Transitional Housing projects only: participant graduated from a Transitional Housing project within the previous two years
- The participant(s) miss two or more mutually agreed upon initial eligibility intake appointments after the agency has provided all reasonable supports, such as transportation, reminders, and flexible scheduling, to overcome barriers to attend the appointment. Before the agency can decline a referral for this reason, the Referral Specialist would bring the case to the Coordinated Entry and Housing Work Group for case conferencing. The goal of case conferencing is to have a problem solving discussion and develop alternative solutions, if denying the referral is found necessary.
- The agency provides documentation that enrolling a referred participant would create a conflict of interest, as defined in writing by the receiving agency.
- The agency provides documentation that the referred participant has been banned indefinitely from the project per written agency policies. Before the agency can formally decline the referral, the Referral Specialist would need to discuss the reason for the ban with the agency.
- There are significant safety concerns with enrolling the referred participant such as a past history of domestic violence with another participant or agency staff.

Participant(s) may decline a referral to a Smart Path participating program for any reason.

- If the participant(s) are determined eligible for the referred project but declines assistance, their information will be added back to the Participant List according to their current Assessment score and the Referral Specialist will initiate a new match for the vacancy.
- If the participant(s) have expressed a preference not to receive services through particular agencies or projects, the Referral Specialist will contact the participant prior to referring them to those projects.
- There is no limit to the number of resources participants can refuse. Participants may continue to be contacted when a resource they are likely eligible for is available; if they refuse the resource, the Referral Specialist will seek to understand why they are refusing the resource and ensure that the participant(s) are eligible for other resources that they may be more interested in. If the participant(s) are not interested in resources available through Smart Path they may ask to be inactive.

Agencies must get permission from the Smart Path Coordinated Entry Steering Committee to decline a referral for any reason not listed in this document. Agencies may not decline referrals for the following reasons:

- Participants with psychiatric disabilities refuse to participate in mental health services
- Participants with substance use disorder refuse to participate in substance use treatment services

Agencies must specify in HMIS the reason a participant was declined. If the reason for the denial is not included in the drop-down options in HMIS, the agency must provide a narrative explanation in the allotted space.

The HAP and Smart Path staff will monitor the quality and appropriateness of housing match referrals as outlined in the signed Memorandum of Understanding (MOU) and the policies and procedures described in this document. The HAP and Smart Path staff may provide additional training to participating agencies and adjustments to policies and procedures as necessary.

Please note: if a participant is not enrolled in a program for which they were referred, the Referral Specialist will return the participant to the Community Queue to be considered for future referrals.

Participants who are accepted into a transitional housing shall remain on the community queue and therefore be referred to permanent housing programs.

10. Confidential Process for Domestic Violence Survivors

Smart Path has a separate, confidential process for individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking who are receiving services from designated domestic violence service agencies. This process provides for the confidentiality and safety of participants, while ensuring they receive the same opportunities for accessing housing opportunities as other Smart Path participants.

a) Assessment

When a participating domestic violence agency is working with clients who are experiencing homelessness or are at risk of homelessness, the agency will provide information on Smart Path and ask the client if they would like to complete the Assessment.

If appropriate and available, a trained Assessor will meet with the project client to complete the Assessment. If the participants elects to not have their identifying information included in HMIS, the Assessor will include the participant as an "Anonymous Client". The Assessor will provide the participant's HMIS ID number to the Referral Specialist to keep on file..

If the participant chooses not to have their information entered into HMIS, the participating domestic violence agency will conduct a modified Smart Path Assessment in hard copy format, per regulations that prohibit domestic violence service agencies from entering information on survivors of domestic violence into HMIS. The modified Assessment will include the minimum information necessary to determine eligibility and prioritization for referrals and will specifically exclude personal identifying information, including name, date of birth, Social Security number, and last permanent address.

The domestic violence service agency will include on the modified Assessment the name of the agency, two staff contacts, and an internally generated identification number to be used for all communications regarding the participant. The domestic violence service agency will submit the completed modified assessment to the Smart Path Referral Specialist. All communication related to the participant's Smart Path assessment and referrals will be conducted through the domestic violence service agency using the agency generated identification number.

b) Participant List

The Referral Specialist will maintain a separate DV Participant List outside of HMIS for survivors referred by domestic violence agencies using the modified Assessment form. No client data will be entered into HMIS in order to maintain confidentiality and safety for survivors and compliance with federal law. The Referral Specialist will use both the Smart Path Participant List in HMIS and the DV Participant List maintained outside of HMIS to prioritize participants for program openings.

c) Housing Support Project Referrals

If the most highly prioritized eligible participant is from the DV Participant List, then the Referral Specialist will provide the referral to the receiving agency via email or phone by providing the participant's identification number and the DV agency's contact information. Smart Path participating agencies that receive referrals for participants with identification numbers will contact the appropriate domestic violence service agency. The domestic violence service agency will be expected to contact the participant and connect them with the applicable project.

11. Other Special Populations

a) Unaccompanied Youth

Santa Cruz County is one of ten communities in 2017 to be awarded funding under HUD's inaugural Youth Homelessness Demonstration Program (YHDP). Smart Path is working closely with the YHDP Youth Advisory Board (YAB) to develop a youth coordinated entry system. This includes developing Access Points to increase easy access for unaccompanied youth and young adults, such as secondary schools, colleges, as well as developing a street outreach team to connect with youth frequenting downtown corridors, parks, libraries, and other locations as applicable.

Santa Cruz County currently lacks youth-specific housing resources for persons without a history or current involvement in the Foster Care System. However, youth and young adults will be considered for all available housing support programs utilizing the same eligibility criteria and prioritization policies as all populations, which includes vulnerability as indicated by the VI-SPDAT, and in this case the TAY-VI- SPDAT. As youth-specific housing resources are created, the YAB will assist with the development of any specific prioritization policies, taking into account HUD prioritization guidance as well as data gathered from the first phase of coordinated entry.

If an unaccompanied minor is identified through Smart Path, the Assessment Specialist will explain to the minor that they are a mandated reporter and will call the Santa Cruz County Family and Children's Services (CPS) to place a report and receive resources. Unaccompanied minors are not able to complete an Assessment.

b) Veterans

Participants who are currently or at-risk of becoming homeless who have served in the military will be able to access Smart Path through any Access Point. Veteran services agencies also serve as Access Points for all populations. All participants completing an Assessment will be asked if they have served in the military. Persons who have served in the military will be connected to veteran services agencies to ensure they are connected with all assistance for which they are eligible.

c) Pregnant women and households with dependents aged 0-24 months

As of 10/16/2019, the Homeless Action Partnership approved a policy revision to prioritize for referral to a housing program for which they are eligible, all households that have either a pregnant woman or a dependent child aged 0-24 months. This population will now be prioritized for referral above all other single/TAY persons or families.

12. Evaluation Process

The Metrics and Improvement Work Group, a work group of the Smart Path/Coordinated Entry Steering Committee, and the HAP are responsible for oversight of the coordinated entry system evaluation.

A Participant Survey was conducted countywide in May 2017 to gain an understanding of participants' experience with the homeless services system prior to implementation of the Coordinated Entry System (see [Appendix G](#)). The survey focused on ease of access to project locations, feelings of safety and respect at project locations, understanding of application processes, and linkages to community resources. The results of the pre-implementation survey indicate areas for improvement and have informed the planning of Access Points, resource linkage, and other Smart Path policies and procedures.

A post-implementation Participant Survey will be conducted six months after the initial launch of Smart Path, and annually thereafter to solicit feedback on the quality and effectiveness of the entire coordinated entry experience, including the assessment and referral processes (see [Appendix H](#)). Similar to the pre-implementation survey, respondents will be selected randomly based on willingness to participate. The survey results will be analyzed by the Smart Path/Coordinated Entry Steering Committee and the HAP to assess the effectiveness of Smart Path and develop recommendations for improvements.

Each participating agency will be consulted at least annually regarding the assessment and referral process associated with coordinated entry.

System metrics will be evaluated every six months. Data to evaluate these metrics will be generated through the HMIS. The results will be analyzed by the Smart Path/Coordinated Entry Steering Committee and the HAP to assess the effectiveness of Smart Path and develop recommendations for improvements. All participant information collected and used in the evaluation process will be utilized in accordance with privacy and confidentiality protections.

13. Definitions

The definitions below are included for the purposes of better understanding the Policies and Procedures Manual. Some definitions are simplified versions of HUD definitions and are not intended to suggest that the CoC uses definitions that differ from HUD's.

Access Point – Locations where people can complete a Smart Path Assessment to participate in coordinated entry.

Chronically Homeless – A homeless individual, or a family with an adult head of household (of if no adult, a minor head of household) with a disability who:

- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND
-
- Has been homeless in such place for at least 12 months OR on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights.

Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but are included in the 12-month total.

Collaborative Applicant – The Collaborative Applicant is the eligible applicant (state, unit of local government, private, nonprofit organization, or public housing agency) designated by the CoC to:

1. Collect and submit the required CoC Application information for all projects the CoC has selected for funding, and
2. Apply for CoC planning funds on behalf of the CoC.

The CoC may assign additional responsibilities to the Collaborative Applicant so long as these responsibilities are documented in the CoC's governance charter.

Continuum of Care (CoC) – A program of the U.S. Department of Housing and Urban Development (HUD) (regulations at 24 CFR 578) with the expressed goals of promoting communitywide commitment to ending homelessness; providing funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families; promoting access to and effecting utilization of mainstream programs by homeless individuals and families; and optimizing self-sufficiency among individuals and families experiencing homelessness.

Santa Cruz County's local CoC, Homeless Action Partnership (HAP), is comprised of a broad group of stakeholders dedicated to ending and preventing homelessness. CoC membership is open to all interested parties, and includes representatives from community members, organizations, and jurisdictions within Santa Cruz County. Projects funded by this HUD program are required to participate in the Coordinated Entry System.

Emergency Solutions Grant (ESG) – ESG is a grant program of the U.S. Department of Housing and Urban Development (HUD) that funds emergency assistance for people who are homeless or at-risk of homelessness. ESG funds may be used for street outreach, emergency shelter, homelessness prevention, Rapid Re-housing, and HMIS. ESG grantees are required to participate in the Coordinated Entry System.

Homeless – HUD's definition of homelessness (24 CFR 578.3) has four categories:

- o Category 1 – "Literally homeless" individuals/families (see definition above)
- o Category 2 – Individuals/families who will imminently lose their primary nighttime residence with no subsequent residence, resources, or support networks.
- o Category 3 – Unaccompanied youth or families with children/youth who meet the homeless definition under another federal statute.
- o Category 4 – Individuals/families fleeing or attempting to flee domestic violence.

Homeless Action Partnership (HAP) – As Santa Cruz County's Continuum of Care (see definition, above), the HAP is responsible for implementing and overseeing Coordinated Entry. The HAP also is responsible for communitywide planning and ensuring the strategic use of resources to address homelessness; improving coordination and integration between mainstream resources and other programs targeted to people experiencing homelessness; and improving data collection and performance measurement

Homeless Management Information System (HMIS) – A local information technology system used to collect data on the provision of housing and services to homeless individuals and families. Local CoC's are required by HUD to use HMIS for data reporting purposes to retain the ability to receive certain federal funds.

Housing First- An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.

HUD – The United States Department of Housing and Urban Development, which funds and administers the Continuum of Care Program nationwide.

Literally Homeless – Persons who are lacking a fixed, regular, and adequate nighttime residence This includes persons who have a primary nighttime residence that is a public or private place not meant for human habitation; a publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by charitable organizations or federal, state, or local government programs); or are staying in an institution for 90 days or less and stayed in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Participant List – A list, primarily within HMIS, of people who have completed a Smart Path Assessment. The list is used to ensure that individuals and families with the greatest need receive priority for referral to housing and related services.

Permanent Supportive Housing (PSH) – Permanent housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability to achieve housing stability.

Project - Those projects identified by the CoC as part of its service system, whose primary purpose is to meet the specific needs of people who are experiencing a housing crisis including both ‘homeless assistance’ and ‘homelessness prevention’ projects. The term “project” is used here to distinguish an individual agency’s project from HUD “programs”. A project may or may not be funded by a HUD program.

Rapid Rehousing (RRH) – A Permanent Housing program that emphasizes housing search and relocation services and short-and medium-term rental assistance to move persons experiencing homelessness into permanent housing as rapidly as possible.

Release of Information (ROI) – The consent form that participants complete and sign to grant consent for their personal information to be entered into HMIS and used for Coordinated Entry. Signing the release of information is not required to participate in coordinated entry and receive referrals for housing; however, it is required in order to enter a participants’ information into HMIS.

Service Prioritization Decision Assistance Tool (SPDAT) – Assessment tool developed by OrgCode Consulting, Inc., that is designed to help guide case management and improve housing stability outcomes.

Transition Age Youth (TAY) – Young adults ages 18 – 24 years old.

Transitional Housing (TH) – Provides up to 24 months of housing with accompanying support services, providing a period of stability to enable persons experiencing homelessness to transition successfully to and maintain permanent housing.

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) – Triage tool designed by OrgCode Consulting, Inc. and Community Solutions that can be administered to quickly assess a person’s health status and level of risk.

Appendix A: Grievance Form

Smart Path to Housing and Health
Coordinated Assessment and Referral System
Santa Cruz County

Grievance/Complaint Form

Version 11/1/2019

Our intention is to provide accessible, respectful service to assist people in getting connected with programs and services to end their homelessness. We are sorry that you have an unresolved complaint. If your complaint is related to a particular service agency (for example, a complaint related to how a particular agency handled your assessment), please follow that agency's grievance/complaint procedure before completing and submitting this form. If your complaint is related to the Smart Path process including the housing referral, you will need to put your complaint in writing. You can give your written complaint to any Smart Path Access Point, or you can mail this form to **Santa Cruz County Human Services Department – Smart Path, 1000 Emeline Ave, Santa Cruz, CA 95060**. Alternatively, you can email your complaint to Smart.Path@SantaCruzCounty.us

Once your written complaint is received, it will be reviewed by the Smart Path Referral Specialist and the Human Services Department Deputy Director. The Referral Specialist will respond in writing to your complaint at the address you listed below, or through a contact person you listed above, within two weeks and will contact you by phone to let you know that the written response has been sent. Should you continue to seek a different resolution, you may appeal the Referral Specialist's decision by contacting the Homeless Action Partnership (HAP) staff with the County Administrative Office at (831) 454-2100.

Your Name	
Telephone	
Address	

People we can contact to reach you:

Name	
Telephone	
Address	

Name	
Telephone	
Address	

Appendix B: Assessment Tools

For the following assessments, visit

<https://ctagroup.org/santa-cruz-hmis/santa-cruz-user-central/>:

Smart Path Assessments – English:

[Smart Path Assessment Packet for Single Adult](#)
[Smart Path Assessment Packet for Family](#)
[Smart Path Assessment Packet for Transition Age Youth](#)

Smart Path Assessments – Spanish:

[Spanish Smart Path Assessment Packet for Single Adult](#)
[Spanish Smart Path Assessment Packet for Family](#)
[Spanish Smart Path Assessment Packet for Transition Age Youth](#)

Smart Path Assessments – Confidential:

[Smart Path Confidential Assessment Packet-Single Adult](#)
[Smart Path Confidential Assessment Packet-Family](#)
[Smart Path Confidential Assessment Packet- Transition Age Youth](#)

Appendix C: Memorandum of Understanding Agreement

Memorandum of Understanding (MOU) Between

Agencies Participating in Smart Path to Housing and Health (Smart Path)

and the Santa Cruz County Homeless Action Partnership (HAP)

Version 3/16/18

Santa Cruz County's vision is to address homelessness using a unified set of efficient interventions that effectively prevent people from becoming homeless and quickly stabilize people who are already experiencing homelessness. This vision can be achieved by better assessing people's needs and barriers, and quickly and seamlessly matching them to the services and housing that they need, regardless of the provider agency or program to which they originally reached out. This is the vision that Smart Path embodies and that agencies signing this MOU support.

Agencies signing this MOU agree to participate in the Smart Path to Housing and Health (Smart Path) Coordinated Assessment and Referral System, comply with the Smart Path Policies and Procedures, and:

- Ensure that participants seeking assistance have prompt access to screenings and assessments as agreed upon in a safe, welcoming, multi-cultural and multi-lingual environment, including collaborating with other Smart Path partners;
- Maintain knowledge of community resources including meal programs, food bank locations, emergency shelters, government benefits, and services for victims of domestic violence, in order to provide every participant who completes the Smart Path assessment with assistance in meeting their immediate needs;
- Ensure clients sign a release of information prior to any information being included in the Smart Path/HMIS database and otherwise shared;
- Ensure agency representation at Smart Path meetings, including the Smart Path/Coordinated Entry Steering Committee, the Coordinated Entry and Housing Work Group, and ad-hoc meetings as needed
 - Please Note: Participation in the Smart Path/Coordinated Entry Steering Committee is only required for agencies that will be receiving referrals;
- Ensure that staff conducting assessments attend a minimum of one Smart Path Assessment training a year, with additional trainings as needed, to maintain consistent adherence to the Smart Path principles and procedures;
- Ensure that only persons trained and authorized to use the Smart Path/HMIS database and the assessment do so; and
- Commit to maintaining current agency information in the countywide 211 system.

Agencies that have agreed to conduct Smart Path assessments further agree to maintain at least one staff person trained and authorized to perform the assessments, including using the Smart Path/HMIS database.

Agencies that have agreed to receive Smart Path referrals further agree to accept and act promptly on all client referrals, as outlined in the Smart Path Policies and Procedures.

In signing this MOU, agencies agree to collaboratively address issues with Smart Path, participants, and other agencies as appropriate to support the success of Smart Path.

Term: the term of this MOU shall be in effect until one of the parties terminates the MOU. Either Party may terminate this agreement by giving the other party sixty (60) day's written notice. Termination of the agreement may be with or without cause.

Evaluation: At least annually, the signatories will evaluate the success of Smart Path and the partnership. Together, the signatories will consider the extent to which each party fulfills their roles and responsibilities as described in this MOU.

Amendments: No amendment or variation of this Agreement shall be effective unless it is in writing and signed by the parties (or their authorized representatives).

Agency's level of participation:

🍏 Access Point only:

- 🍏 **Comprehensive:** conducts assessments for agency clients and the public throughout operating hours
- 🍏 **Moderate:** conducts assessments for agency clients and the public during designated hours
- 🍏 **Light:** conducts assessments for agency clients only
- 🍏 **Super Light:** staff is not trained to conduct assessments, welcomes mobile outreach staff

🍏 Access Point and Receiving Referrals

- Specific Programs:

I agree to all of the above:

Name: _____

Title: _____

Participating Agency: _____

Date: _____

Name: _____

Title: _____

Homeless Action Partnership

Date: _____

Appendix D: Release of Information Agreement

Santa Cruz County Homeless Management Information System

CLIENT INFORMED CONSENT & RELEASE OF INFORMATION AUTHORIZATION

_____ is a Partner Agency in the Homeless Management Information System (HMIS). HMIS is a computerized system that can improve programs for homeless persons by allowing information to be shared among partner agencies that provide services such as shelter and health care and/or homelessness research or administrative services. The system is Internet-based and uses many security protections to ensure confidentiality. Partner agencies currently include:

Association of Faith Communities	City of Santa Cruz- River St Camp
Community Action Board of Santa Cruz	Downtown Streets Team
Department of Veterans Affairs	Employment and Benefit Services
Encompass	Homeless Garden Project
Encompass HOPWA - PRIVATE	Homeless Outreach Proactive Engagement (HOPES)
Families In Transition	Housing Choices
Front St	Janus of Santa Cruz
Homeless Persons Health Project	Mental Health Client Action Network
Homeless Services Center	Mountain Community Resources
Pajaro Rescue Mission	Salud Para La Gente
Pajaro Valley Shelter Services	Santa Cruz Community Health Centers
Salvation Army (Watsonville)	Santa Cruz Public Libraries
Santa Cruz County Human Services Department- CHAMP	Whole Person Care Program
Veterans Resource Center	Wings Homeless Advocacy
Adult and Long Term Care	County HSD Youth Coordinated Entry
Adult Protective Services	Bill Wilson Center San Jose
Behavioral Health	The Housing Authority County Santa Cruz

Participation in the HMIS program is important to our community's ability to provide you with the best services and housing possible. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve. Your name and other identifying information will not be shared with any agency not participating in the system (unless required to do so by law.) Authorizing your information to be entered into the HMIS is voluntary. Refusing to do so will not limit your access to shelter or services.

I give authorization for my basic and relevant information to be entered _____ (please initial) and shared _____ (please initial) between Partner Agencies in order to help assist me in obtaining permanent housing, employment, financial assistance, vocational services, counseling and medical/mental health treatment and for research and administrative purposes. (Basic information includes intake date, name, social security number, gender, birth date, ethnicity, marital status, number in household, military status, primary language spoken, and non-confidential services requested and received.) I understand that I have the right to receive a copy of all information shared between the Partner Agencies.

I understand that the current list of participating Partner Agencies may change over time to include other agencies who provide housing or services to the homeless population, and I give authorization for my information to be shared with any new Partner Agency. _____ (please initial)

I understand that I may request a current list of all Partner Agencies at any time. I understand that I may cancel this authorization at any time by written request, but that the cancellation will not be retroactive. I understand that this release is valid for three years from the date of my signature below.

Print Name of Client or Guardian

Signature Of Client Or Guardian

Date

Note: A separate, HIPAA-compliant authorization is required for disclosure of any patient health information, including mental health and drug and alcohol information protected by any State or Federal privacy law including, but not limited to, Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. parts 160 and 164, California Confidentiality of Medical Information Act ("CMIA"), Civil Code sections 56-56.16, Welfare and Institutions Code section 5328, or 42 C.F.R part 2.1, et seq.

January 2019

Appendix E: Local CoC/ESG Written Standards

SANTA CRUZ COUNTY HOMELESS ACTION PARTNERSHIP

Local Continuum of Care Written Standards

*For CA-508 Watsonville/Santa Cruz City and County Continuum of Care
Version December 2017*

The Homeless Action Partnership (HAP) has developed the following standards for the Santa Cruz County Continuum of Care (CoC). They are intended to govern the provision of assistance for individuals and families. All programs receiving Emergency Solutions Grant (ESG) or Continuum of Care (CoC) funds are required to comply with these standards. Each project may have its own program rules or focus, but they must all align with these standards.

EVALUATING AND DOCUMENTING ELIGIBILITY FOR ASSISTANCE

1. Standard policies and procedures for evaluating individuals' and families' eligibility for assistance consistent with the recording keeping requirements and definitions for "homeless" and "at-risk of homelessness."

The Santa Cruz County Continuum of Care provides funding for the following types of programs: Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), Emergency Shelter (ES), Street Outreach (SO), Supportive Services Only (including Coordinated Entry), and Planning. As set forth in the HEARTH Act, there are four categories of participant eligibility for CoC funds: 1) Literally Homeless, 2) Imminent Risk of Homelessness, 3) Homeless Under Other Federal Statutes (subject to cap), and (4) Fleeing/Attempting to Flee Domestic Violence.

Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows:

1. Literally Homeless
 - a. Eligibility should be documented in the following manner (in order of preference):
 - i. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
 - ii. Written observation by an outreach worker; or
 - iii. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter.
 - b. If the provider is using anything other than a Third Party Verification, the case file must include documentation of due diligence to obtain third party verification.
2. Imminent Risk of Homelessness
 - a. Eligibility should be documented in the following manner (in order of preference):
 - i. A court order resulting from an eviction action notifying the individual or family that they must leave within 14 days; or
 - ii. For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
 - iii. A documented and verified written or oral statement that the individual or family will be literally homeless within 14 days; and
 - iv. Certification that no subsequent residence has been identified; and
 - v. Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.
3. Homeless Under Other Federal Statute (Not typically used in the Santa Cruz County CoC)
4. Fleeing/Attempting To Flee Domestic Violence (DV)
 - a. Eligibility should be documented in the following manner (in order of preference):

Smart Path to Housing and Health: Coordinated Assessment and Referral System

Working Policies and Procedures

Revised: 11/1/2019

- i. For victim service providers:
- ii. An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.
- iii. For non-victim service providers:
- iv. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
- v. Certification by the individual or head of household that no subsequent residence has been identified; and
- vi. Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Additional Eligibility Requirements for the ESG Program Only:

Agencies receiving ESG funds, may, depending upon program type, serve individuals and families who are "homeless" or "at-risk of homelessness." All agencies receiving ESG funds will follow state and federal documentation guidelines to demonstrate homelessness, at-risk status, and income eligibility. Agencies will either develop internal documentation forms, or utilize ESG mandated forms as available and appropriate. Agencies will ensure that participant documentation of eligibility is recorded and maintained in accordance with state and federal guidelines.

The applicable standards for the definition of "homeless" in ESG programs are the same as above. The applicable standards for the definition of "at-risk of homelessness" are as follows:

AT RISK OF HOMELESSNESS means:

- A. An individual or family who:
 1. Has an annual income below 30 percent of median family income for the area, as determined by HUD;
 2. Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or literal homelessness situation; and
 3. Meets one of the following conditions:
 - a. Has moved because of economic reasons two or more times during the 60 days immediately preceding the Application for homelessness prevention assistance;
 - b. Is living in the home of another because of economic hardship;
 - c. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of Application for assistance;
 - d. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or general purpose local government programs for low-income individuals;
 - e. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
 - a. Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - b. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.
- B. A child or youth who does not qualify as homeless under this Section, but qualifies as homeless under Section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), Section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), Section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), Section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), Section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or Section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or

- C. A child or youth who does not qualify under this section, but qualifies as homeless under Section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

ESG INCOME

Only at risk households who have an income below 30% of area median income will be eligible for services under ESG funding. (This ESG income standard does not apply to CoC or other funding.) Income eligibility will be documented through the collection of pay stubs, benefit statements and third party statements whenever possible. All agencies will follow guidance from federal and state regulations in the development, implementation and monitoring of ESG income eligibility documentation requirements. Agencies will utilize internal, state and/or federal forms for record keeping as available and appropriate.

STREET OUTREACH

2. Standards for targeting and providing essential services related to street outreach.

Providers of street outreach services must target unsheltered homeless individuals and families, meaning those with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station airport or camping ground. Providers may target unique groups within the overall unsheltered homeless population as follows.

Any agency seeking ESG or CoC funds for outreach will be asked to develop detailed written standard for the HAP's review. The agency must design an outreach plan that contains targeting strategies built around both a general outreach plan and one targeted to the unique niches that the partners fill. This plan will include:

1. A listing of the target groups.
2. How you have determined that this target group contains eligible participants.
3. How you will outreach to this target group.
4. What are the challenges of reaching each target group.
5. What minimal information that will be provided including information and referral for housing related needs.

EMERGENCY SHELTER AND DIVERSION

3. Standards for admission, diversion, referral, and discharge by emergency shelters, including standards regarding length of stay, and safeguards to meet the safety and shelter needs of special populations and persons with the highest barriers to housing.

Admission to emergency shelter facilities will be limited to those who meet the definition of "homeless" described above. Additional eligibility requirements (e.g., serving youth or families) may be created at the program level. Any length of stay limitations shall be determined by the individual service provider's policies and clearly communicated to program participants.

Upon initial contact with the point-of-entry, homeless persons will be screened by intake staff to determine appropriate diversion tactics. Diversion tactics may range from immediate case management assistance in determining available and unutilized resources, to referrals for existing homelessness prevention and/or rapid re-housing programs.

If diversion is not possible, the homeless person may be admitted to emergency shelter. The maximum length of stay will be determined by agency policy. No person or persons who are facing or suspect they may face a threat of violence will be discharged into an unsafe condition. Emergency shelter workers will work in collaboration with functional needs

support service providers to arrange safe accommodations for those who are or may be facing a threat of violence. Those who are in danger of a violent crime, or feel they may be, will be entered into a secure database system that is comparable to HMIS. All other emergency shelter admissions will be entered into HMIS.

All persons discharged from emergency shelters will have their exit status entered into either HMIS or a comparable database, and will be provided discharge paperwork as applicable or upon request.

Under the coordinated entry process, homeless persons who are determined through assessment to have the highest barriers to housing – due to a myriad of factors including tri-morbidity, history of chronic homelessness, etc. – will be prioritized for existing housing resources and paired with existing supportive services to increase the likelihood of staying successfully housed.

Per federal requirements, the age and gender of a child under 18 cannot be used as a basis for denying any family's admission to a shelter.

4. Standards for assessing, prioritizing, and reassessing needs for essential services related to emergency shelter.

Under the CoC's coordinated entry system, the VI-SPDAT is the standardized assessment tool that will be used by all ES programs to assess, prioritize, and reassess participants needs for essential services related to ES, as well as for referral to the most appropriate housing and service interventions. The first tier of assessment occurs as they access our area's 2-1-1 program, where qualified advocates will assist those seeking services. In keeping with federal guidelines, our CoC is committed to prioritizing those who are experiencing chronic homelessness, homeless veterans, and families with children who are experiencing a homeless condition.

Upon determination of the appropriate program for referral, the next tier of assessment will involve more complex case management services to be performed by representatives of the program to which the persons were referred.

Under coordinated entry, VI-SPDAT re-assessment will be at least once per year for participants who remain homeless that long. In addition, program participants will meet with case managers throughout their participation in the program, and will have regular progress assessments or evaluations. Participants will also be given the opportunity to provide assessment and feedback of programs as well. Each ES provider ESG funding will be required to have a provable system of program evaluation. Additionally, participating ES providers in our CoC will share their experiences providing clients services, and refine service delivery based on feedback from service providers as well as participants.

PREVENTION AND RAPID REHOUSING

5. Standards for determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive rapid re-housing assistance.

Households that are assessed to be homeless, and that meet the income standards (where applicable), are eligible for RRH services. Prioritization for RRH referral is based upon the prioritization criteria outlined in the *Smart Path to Housing and Health*:

Coordinated Assessment and Referral System Policies & Procedures Manual.

Households that are assessed to be at risk of homelessness, and that meet the income standards (if applicable), are eligible for homelessness prevention services. Additional risk factors for prioritizing limited assistance include: Seniors, families with dependent children, former foster youth, chronically homeless, veterans, victims of domestic violence, and medically vulnerable individuals.

Each prevention or RRH provider will be responsible for serving potential participants that are referred through the coordinated entry system in order of referral, with provisions for priority service for eligible households prioritized through coordinated entry by the CoC.

RRH households will be re-certified at least annually; prevention households will be re-certified at least quarterly.

6. Standards for determining what percentage or amount, of rent and utilities costs each program participant must pay while receiving homelessness prevention or rapid re-housing assistance.

Each ESG or CoC-funded agency will be responsible for determining income as a basis of eligibility for or determining the amount or type of services. (Note: There are no firm income limitations for RRH or prevention programs except for those that may be required by a funding source.) As part of this income determination the relevant staff person will ascertain the amount that the household is able to contribute towards rental payments. Factors to consider may include: Potential upcoming income increases / decreases, family size, availability of other resources to meet costs and other factors as determined by the agency staff in consultation with the household.

Due to the great variety of circumstances among homeless and at risk families and individuals in Santa Cruz County, the CoC has determined that each individual prevention or RRH program may (within CoC, ESG, or other funder requirements) decide internally if they will charge participants a set percentage of income, a set percentage of actual rent, or a set dollar amount while receiving RRH or prevention services, or if they will provide a phased payment plan dependent on individual household circumstances. Individual agencies may also decide to not have participants pay any rental costs while receiving services. Each program should use a progressive engagement and assistance approach.

Each participant and landlord will receive written verification of the amount and duration of assistance provided by the agency and rent to be paid by the participant. Income to be calculated includes: wages of adults in household, cash benefits, child support and self-employment income. Employment income of children, non-cash benefits and sporadic gifts will not be counted as available income in determining rental payments.

As the overall goal of the CoC is to ensure that households are able to maintain housing independently, it is important that each agency properly assess potential households to ensure that they are a good match for the program, and to refer them to more extensive supports as available if the household is not likely to be able to maintain housing costs independently.

7. Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time, lease requirements, and participant re-evaluations.

Again, due to the great variety of circumstances among homeless and at risk families and individuals in Santa Cruz County, the CoC has determined that each individual prevention or RRH program may set a maximum number of months that a program participant may receive rental assistance, or a maximum number of times that a Program participant may receive rental assistance. The total period for which any participant may receive services must not exceed 24 months in three years. However, no individual or family may receive more than a cumulative total of eighteen months of rental assistance, including any rental assistance paid in arrears.

Each agency will perform initial screening to determine the number of months that a client will initially receive a commitment of rent assistance, including payments in arrears. This initial commitment will be in writing and verified by the agency representative and the participant. Factors to take into consideration during the initial commitment are the participant's ability to pay rent in the immediate month and subsequent months such as anticipated change in income, time necessary to recover from unexpected expenses, etc. Short-term rental assistance may begin as soon as an applicant and a unit have been approved.

As the program participant is nearing the end of their initial commitment of assistance, the caseworker will contact the household to assess their need for continued assistance. After a review of the participant's continued eligibility, the caseworker will make a recommendation regarding the receipt of additional rental assistance, and this recommendation will be forwarded to the supervisor for review and approval. In addition to this analysis of additional assistance requirements, each participant will need to recertify each three month period providing the required, completed sections of the application forms and back-up verification documents.

Over the course of program participation, the caseworker will continue to meet with the household on an as needed basis, and will re-determine the eligibility of the household at least every three months. In the event that a program participant reaches 12 months of rental assistance, their unit will be re-inspected for continued compliance with rent reasonableness and habitability standards.

Rent may be paid in arrears as long as it allows the client to remain in their unit or move to another unit. Rental months paid in arrears are included in the maximum number of assistance months.

8. Standards for determining the type, amount, and duration of housing stabilization and/or relation services to provide to a program participant, including the limits, on the homelessness prevention or rapid rehousing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant receive assistance; or the maximum number of times the program participant may receive assistance.

Each agency will perform initial screening to determine the number of months that a client may initially receive a commitment of stabilization services. This initial commitment will be in writing and verified by the agency representative and the participant.

Consistent with funding source limits, prevention or RRH programs may determine the type, maximum amount and duration of housing stabilization and relocation services for individuals and families who are in need of homelessness prevention or rapid re-housing assistance through the initial evaluation, re-evaluation and ongoing case management processes

Additional requirements:

1. Program participants must meet with a case manager at least once a month for the duration of assistance, except where prohibited by requirements under Violence Against Women Act (VAWA) or Family Violence Prevention and Services Act (FVSP).
2. Program participants must be assisted, as needed, in obtaining appropriate supportive services, like mediation or mental health treatment or services essential for independent living; and mainstream benefits like Medicaid, SSI, or TANF.
3. Except for housing stability case management, the total period for which any program participant may receive service costs must not exceed 24 months during any three-year period. The limits on the assistance under this section apply to the total assistance an individual receives, either as an individual or as part of a family.
4. Security Deposits: ESG or CoC funds may pay for a security deposit that is equal to no more than two months' rent.
5. Last Month's Rent: If necessary to obtain housing for a program participant, the last month's rent may be paid from ESG or CoC funds to the owner of that housing at the time the owner is paid the security deposit and the first month's rent. This assistance must not exceed one month's rent and must be included in calculating the program participant's total rental assistance, which cannot exceed 24 months during any three-year period.
6. Utility Payments: ESG or CoC funds may pay for up to 24 months of utility payments per program participant, per service, including up to six months of utility payments in arrears, per service. A partial payment of a utility bill counts as one month. This assistance may only be provided if the program participant or a member of the same household has an account in his or her name with a utility company or proof of responsibility to make utility payments. Eligible

utility services are gas, electric, water, and sewage. No program participant shall receive more than 24 months of utility assistance within any three-year period.

7. Housing Stability Case Management: ESG or CoC funds may be used to pay cost of assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for a program participant who resides in permanent housing or to assist a program participant in overcoming immediate barriers to obtaining housing. This assistance cannot exceed thirty days during the period the program participant is seeking permanent housing and cannot exceed 24 months during the period the program participant is living in permanent housing.
8. Maximum Amounts and Periods of Assistance: Prevention and RRH providers may set a maximum dollar amount that a program participant may receive for each type of financial assistance. Each provider may also set a maximum period for which a program participant may receive any of the types of assistance or services under this section. However, except for housing stability case management, the total period for which any program participant may receive the services under paragraph (b) of this section must not exceed 24 months during any three-year period. The limits on the assistance under this section apply to the total assistance an individual receives, either as an individual or as part of a family. The agency may set a maximum number of months that a program participant may receive rental assistance, or a maximum number of times that a program participant may receive rental assistance. The total period for which any participant may receive services must not exceed 24 months in three years. However, no family may receive more than a cumulative total of eighteen months of rental assistance, including any rental assistance paid in arrears.
9. Short-term and medium-term rental assistance must follow applicable HUD definitions and requirements.
10. Compliance with Fair Market Rent (FMR) Limits and Rent Reasonableness: Rental assistance is prohibited from being provided for a housing unit, unless the total rent for the unit does not exceed the fair market rent established by HUD.
11. Compliance with Minimum Habitability Standards: The revised habitability standards (shelter and housing standards) incorporate lead-based paint remediation and disclosure requirements. If ESG funds are used to help a Program Participant remain in or move into permanent housing, that housing must meet habitability standards.
12. Rental Assistance Agreement and Lease Standards: The rental assistance agreement must set forth the terms under which rental assistance will be provided.
13. Each program participant receiving rental assistance must have a legally binding, written lease between program participant and the owner) for the rental unit, unless the assistance is solely for rental arrears. Project-based rental assistance leases must have an initial term of one year.
14. No rental assistance can be provided to a household receiving rental assistance from another public source for same time period (except 6 months of arrears).

TRANSITIONAL HOUSING

Transitional Housing (TH) is designed to provide homeless individuals and families with interim stability and support to successfully move to and maintain permanent housing.

9. Standards regarding eligibility criteria and targeting for transitional housing.

Households are eligible for TH if they meet the following eligibility standards:

- Must meet the HUD definition of homeless.
- Must meet any additional eligibility criteria set forth in the NOFA through which a project was funded and the grant agreement (e.g. households fleeing domestic violence).
- Programs may establish additional eligibility requirements (e.g., serving youth or families) beyond those specified here in line with applicable legal requirements.

All referrals to TH and assessment for type and level of services must come through the coordinated entry system. Prioritization for TH referral is based upon the prioritization criteria outlined in the *Smart Path to Housing and Health: Coordinated Assessment and Referral System Policies & Procedures Manual*.

Chronically homeless households being referred to TH must be informed that by entering a TH project, they may lose eligibility for PSH project dedicated to serving chronically homeless households.

10. Standards regarding length of stay, supportive services, and assistance for transitional housing.

The following minimum standards will be applied to all TH programs:

- Maximum length of stay cannot exceed 24 months.
- Assistance in transitioning to permanent housing must be provided.
- Supportive services must be provided throughout the duration of stay in TH.
- Program participants in transitional housing must enter into a lease, sublease or occupancy agreement for a term of at least one month. The lease, sublease or occupancy agreement must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.

PERMANENT SUPPORTIVE HOUSING

Permanent Supportive Housing (PSH) for persons with disabilities is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

11. Standards regarding eligibility criteria, prioritizing, and targeting for permanent supportive housing.

Households are eligible for PSH if they meet the following eligibility standards:

- Households must meet the HUD definition of homelessness.
- One adult or child member of the household must have a disability.
- Must follow any additional eligibility criteria set forth in the NOFA through which a project was funded and the grant agreement (e.g. Projects originally funded under the Samaritan Housing Initiative must continue to serve chronically homeless individuals and families; projects funded under the Permanent Supportive Housing Bonus must continue to serve the homeless population outlined in the NOFA under which the project was originally awarded).
- Programs may establish additional eligibility requirements (e.g., serving youth or families) beyond those specified here in line with applicable legal requirements.

All referrals to PSH and assessment for type and level of services must come through the coordinated entry system. Prioritization for TH referral is based upon the prioritization criteria outlined in the *Smart Path to Housing and Health: Coordinated Assessment and Referral System Policies & Procedures Manual*.

Adoption of HUD Notice CPD-16-11:

The CoC has adopted the orders of priority for CoC-funded PSH as established in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. As such, all PSH eligible households will be prioritized in the following order of priority:

1. Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
2. Chronically Homeless Individuals and Families with the Longest History of Homelessness.
3. Chronically Homeless Individuals and Families with the Most Severe Service Needs.
4. Other Chronically Homeless Individuals and Families.

The Smart Path/CES Steering Committee will develop appropriate prioritization policies for youth-only housing projects.

12. Standards regarding length of stay, supportive services, and assistance in permanent supportive housing.

- There can be no predetermined length of stay in PSH.
- Supportive services designed to meet the needs of the project participants must be made available to the project participants throughout the duration of stay in PSH.
- Project participants in PSH must enter into a lease (or sublease) agreement for an initial term of at least one year that is renewable and is terminable only for cause. Leases (or subleases) must be renewable for a minimum term of one month.

ADDITIONAL STANDARDS APPLICABLE TO ALL PROGRAM TYPES

13. Participation in HMIS.

All ESG and CoC funded programs must participate in the Santa Cruz County Homeless Management Information System (HMIS) by collecting and entering required data on all participants served. Each agency receiving ESG or CoC funds will ensure that data on all persons served and all activities assisted are entered into the Santa Cruz County HMIS, in accordance with HUD's standards on participation, data collection, and reporting, and in accordance with locally approved HMIS policies and procedures. Such agencies must also participate in CoC HMIS Technology Committee meetings.

If the ESG or CoC funding recipient is a domestic violence agency, or other Victim Services Provider as defined in VAWA and related federal law, the recipient is prohibiting from entering client data into HMIS, but must instead entered such data into a comparable data system as defined in applicable HUD guidance.

The HAP actively encourages non-ESG or CoC-funded programs to participate in the Santa Cruz County HMIS.

14. Participation in Coordinated Entry.

All ESG and CoC funded programs are required to participate in the CoC's coordinated entry system and comply with all federal CoC and ESG coordinated entry requirements. In addition, all ESG-funded programs are required to comply with state ESG coordinated entry requirements.

Participation on coordinated entry requires using the applicable VI-SPDAT assessment tool, and following established policies procedures outlined in *Smart Path to Housing and Health: Coordinated Assessment and Referral System Policies & Procedures Manual*. It also requires attendance at Smart Path/Coordinated Entry System Steering Committee meetings.

15. Emphasis on Housing First.

All ESG or CoC funded programs must use Housing First (and progressive engagement practices), including the following:

- Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues;
- Helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
- Seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
- Allowing participants to choose the services and housing that meets their need, as practical;
- Connecting participants to services available in the community that foster long-term housing stability;
- Offering financial assistance and supportive services in a manner that offers a minimum amount of assistance initially, adding more assistance over time if needed to quickly resolve the housing crisis. The type, duration, and

amount of assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis.

16. Participation in the HAP and coordination with other service providers,

All CoC and ESG funded providers are expected to participate in our area's CoC, known as the Homeless Action Partnership (HAP), and will work collaboratively to coordinate funding that addresses the needs of the entire CoC. To meet these goals, the CoC requires that all ESG and CoC funded providers not only participate in HMIS and coordinated entry, but also

- Attend HAP meetings and work groups.
- Ensure that staff members coordinate as needed regarding referrals and service delivery with staff members from other CoC agencies in order to ensure that services are not duplicated and clients can easily and efficiently access the services they need.
- Ensure that staff members participate in any CoC trainings related to improving coordination among HAP members.

17. Educational policies and liaison.

All programs that serve households with children or unaccompanied youth, must:

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

18. Equal Access and non-discrimination.

General HAP Anti-Discrimination Policy

The HAP does not tolerate discrimination on the basis of any protected class, including actual or perceived race, color, religion, national origin, sex, age, familial status, disability, sexual orientation, gender identity, or marital status. All CoC programs must comply with applicable equal access and nondiscrimination provisions of federal and state civil rights laws. Any programs that are required by a funding source to limit participants (e.g., HOPWA agencies may only serve persons living with HIV/AIDS) will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

Program Requirements Regarding Equal Access and Non-Discrimination

- Providers must have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system.
- Providers must comply with all federal statutes and rules including the Fair Housing Act, the Americans with Disabilities Act, and Equal Access to Housing Final Rule.
- The people who present together for assistance, regardless of age or relationship, are considered a household and are eligible for assistance as a household.
- Projects that serve families with children must serve all types of families with children; if a project targets a specific population (e.g., women with children), these projects must serve all families with children that are otherwise eligible for assistance, including families with children that are headed by a single adult or consist of multiple adults that reside together.
- The age and gender of a child under 18 must not be used as a basis for denying any family's admission to a project.
- Providers must abide by the *Equal Access to Housing in HUD Programs – Regardless of Sexual Orientation or Gender Identity* Final Rule published in 2012 and the subsequent Final Rule under 24 CFR 5 General HUD Program Requirements; Waivers, September 2016.
- The HAP encourages providers to practice a person-centered model that strongly incorporates participant choice and inclusion of subpopulations present in the Santa Cruz County service area, including homeless veterans, youth, families with children, and victims of domestic violence.

Appendix F: Pre-Implementation Participant Survey

Smart Path Consumer Pre-Launch Survey

Version: 5/8/17

Date: _____

Location: _____

Name of Survey Administrator: _____

1. What is your age? _____

2. Are you:
 - Single adult
 - Family with children
 - Veteran
 - Foster youth

3. Which racial group do you identify with most?
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Native Hawaiian or Pacific Islander
 - Asian
 - Other: _____

4. Which ethnicity do you identify with most?
 - Hispanic or Latino
 - Not Hispanic or Latino

5. Where do you sleep most frequently (check one)?
 - Shelters
 - Transitional Housing
 - Permanent Housing
 - Outdoors
 - Vehicle
 - Other: _____

6. Have you done the VI-SPDAT or VI or 180 survey? Yes / No
If Yes, How did you find out about doing the VI-SPDAT or VI or 180 survey?
 - Referred by someone:
 - Friend/someone I know
 - Another service provider
 - Other: _____
 - Advertisement
 - 2-1-1
 - Other: _____

7. Have you received services or applied for services at homeless services or housing programs? Yes / No

If Yes, how did you hear about the programs? (you can mark more than one)

Referred by someone:

Friend/someone I know

Another service provider

Other: _____

Advertisement

2-1-1

Other: _____

8. Was it easy to know where to go to apply for homeless services and housing programs you might be eligible for?
Yes / No

9. Were there any challenges in reaching places to apply for homeless services and housing programs? Yes / No

If Yes, what were they:

Transportation

Hours of operation

Location

Other: _____

If Yes, how can we make it easier for you? _____

10. Did you know what to expect from the process when you were first referred to do the VI-SDAT survey or other homeless services and housing programs? Yes / No

11. Was the process clearly explained to you when you met with program staff? Yes / No

12. In your interactions with program staff, did you usually feel welcomed, safe, and put at ease?

Yes / No

If Yes, what made you feel welcome? _____

If No, how could we make you feel more welcome? _____

13. Were you able to get services in your primary language?

Yes / No

If No, what is your primary language? _____

14. As you were searching for services, did you feel your wishes were respected and that you were treated with dignity?

Yes / No

If No, what can we do to improve? _____

15. As you were searching for services, did you feel like all the things about you (like your culture, ethnicity, age, sexual orientation, gender) were respected and treated with dignity?

Yes / No

If No, what can we do to improve? _____

16. Since applying for homeless services and/or housing programs, have you attempted to contact program staff for information? Yes / No

If Yes, was it easy to access? Yes / No

If No, what can we do to improve? _____

Did you get the information you were looking for? Yes / No

If No, what can we do to improve? _____

17. As you were searching for services, did staff at any of the programs connect you to resources that were helpful to you?

Yes / No

If Yes, which ones were most helpful?

Showers? Yes / No / Didn't need

Meals? Yes / No / Didn't need

CalFresh (Food Stamps)? Yes / No / Didn't need

County Benefits (GA, SSI, CalWorks)? Yes / No / Didn't need

Health care services? Yes / No / Didn't need

Shelter? Yes / No / Didn't need

Other: _____

If No, why weren't those resources helpful?

I already tried the resource, not for me

It took too long to get

I wasn't interested

I wasn't eligible

Other: _____

16. Did program staff connect you to resources that you didn't know about before? Yes / No

17. Did program staff connect you to resources that you knew about but had trouble accessing? Yes / No

18. What other resources do you need that you wish you could get?

19. Is there anything else you would like us to know about your experience?

THANK YOU FOR COMPLETING THE SURVEY!

Appendix G: Post-Implementation Participant Survey

Smart Path Consumer Post-Launch Survey

Version: 5/8/17

Date: _____

Location: _____

Name of Survey Administrator: _____

1. What is your age? _____

2. Are you:

Single adult

Family with children

Veteran

Foster youth

3. Which racial group do you identify with most?

White

Black or African American

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

Asian

Other: _____

4. Which ethnicity do you identify with most?

Hispanic or Latino

Not Hispanic or Latino

5. Where do you sleep most frequently (check one)?

Shelters

Transitional Housing

Permanent Housing

Outdoors

Vehicle

Other: _____

6. Have you done a Smart Path Initial Assessment? Yes / No

If Yes, How did you find out about Smart Path?

Referred by someone:

Friend/someone I know

Another service provider

Other: _____

Advertisement

2-1-1

Other: _____

7. Was it easy to know where to go for Smart Path? Yes / No

8. Were there any challenges in reaching a Smart Path location? Yes / No
If Yes, what where they:
Transportation
Hours of operation
Location
Other: _____
If Yes, how can we make it easier for you? _____
9. Did you know what to expect from the process when you were first referred to Smart Path? Yes / No
10. Was the Smart Path process clearly explained to you when you met with staff? Yes / No
11. In your interactions with the staff you met with for the Smart Path Initial Assessment, did you usually feel welcomed, safe, and put at ease?
Yes / No
If Yes, what made you feel welcome? _____

If No, how could we make you feel more welcome? _____

12. Were you able to get services in your primary language?
Yes / No
If No, what is your primary language? _____
13. In your interactions with the staff you met with for the Smart Path Initial Assessment, did you feel your wishes were respected and that you were treated with dignity?
Yes / No
If No, what can we do to improve? _____

14. In your interactions with the staff you met with for the Smart Path Initial Assessment, did you feel like all the things about you (like your culture, ethnicity, age, sexual orientation, gender) were respected and treated with dignity?
Yes / No
If No, what can we do to improve? _____

15. Since doing the Initial Assessment, have you attempted to contact Smart Path for information? Yes / No
If Yes, was it easy to access? Yes / No
If No, what can we do to improve? _____

Did you get the information you were looking for? Yes / No
If No, what can we do to improve? _____

16. Did Smart Path connect you to resources that were helpful to you?
Yes / No
If Yes, which ones were most helpful?

Smart Path to Housing and Health: Coordinated Assessment and Referral System

Working Policies and Procedures

Revised: 11/1/2019

Showers? Yes / No / Didn't need

Meals? Yes / No / Didn't need

CalFresh (Food Stamps)? Yes / No / Didn't need

County Benefits (GA, SSI, CalWorks)? Yes / No / Didn't need

Health care services? Yes / No / Didn't need

Shelter? Yes / No / Didn't need

Other: _____

If No, why weren't those resources helpful?

I already tried the resource, not for me

It took too long to get

I wasn't interested

I wasn't eligible

Other: _____

17. Did Smart Path connect you to resources that you didn't know about before? Yes / No

18. Did Smart Path connect you to resources that you knew about but had trouble accessing? Yes / No

19. What other resources do you need that you wish you could get?

20. If there is one thing you would like to be improved with Smart Path, what would it be?

THANK YOU FOR COMPLETING THE SURVEY!

Appendix H: Process for Approving Smart Path Policy Changes

Approval Process:

- Smart Path staff develop policy recommendation with applicable stakeholder input
- Smart Path staff presents policy recommendation to the Smart Path Steering Committee for consideration -
 - Smart Path staff will recommend whether a policy recommendation should be considered “minor” or “major”
 - Minor policy changes become effective and can be implemented upon the Steering Committee’s approval
 - The Steering Committee can choose to send minor policy changes to the HAP
 - Major policy changes approved by the Steering Committee are forwarded to the HAP for final approval
 - Smart Path policy recommendations are typically also sent to members of the HAP and other stakeholders for consideration
 - If new data or other information is identified regarding a past policy change, the Steering Committee can reconsider the policy change
 - If a proposed policy change may result in the diminishment of services or access to participants, the proposed policy must be reviewed by the HAP
- At the next HAP meeting, Smart Path staff presents major policy recommendations for consideration
 - Major policy changes become effective become effective and can be implemented upon the HAP’s approval
- Upon final approval, Smart Path policy changes are communicated through e-mail with the full HAP, the Smart Path Steering Committee, and Housing Workgroup

Definitions:

- “Minor” policy changes include those that will have minimal impact on Smart Path participants or participating programs. Recent examples include:
 - Allowing participants in transitional housing programs to remain in the Smart Path community queue to enable them to be considered for permanent housing programs
 - Changing the timeline for which persons are considered inactive on the Smart Path community queue
 - Enabling the second member of a two-person adult household to be referred and enrolled into a program when the other household member is enrolled
- “Major” policy changes include those that make fundamental changes to Smart Path’s implementation or will have major impacts on Smart Path participants or participating programs. Examples include:
 - Changes to the Smart Path prioritization schema
 - Increasing the VI-SPDAT scores of participants for whom rapid re-housing programs will accept referrals

F. HMIS Policies and Procedures

*Santa Cruz County HOMELESS MANAGEMENT
INFORMATION SYSTEM*

POLICIES & PROCEDURES

REVISION HISTORY

Date	Author	Description
09/20/04	HMIS Technology Committee	Approved: Policies & Procedures in concept
Version 1 10/20/04	HMIS Technology Committee	Approved: Policies & Procedures Manual
Version 2 02/15/05	HMIS Technology Committee	Approved: HUD required privacy language for Intake Sites, 5.4, Page 14
Version 3 02/15/06	HMIS Technology Committee	Approved: Quality Assurance policy 5.3.a, and other minor revisions
Version 4 06/21/06	HMIS Technology Committee	Approved: Service Transaction Reporting 5.3.b, Page 15; Separate Records & Assessment for Children 5.3.C, Page 15; Agency Privacy Notice 5.4, Page 16
Version 5 09/13/06	HMIS Technology Committee	Approved: Program Bed Coverage 5.3.d, Page 16, and Anonymous Client Data Entry 5.3.e, Page 17
Version 6 01/17/07	HMIS Technology Committee	Approved: Release and Disclosure of Client Data 5.4, Page 18, Related Addendum: 8.1 Baseline Privacy Notice for Homeless Organization added, Page 26, and Workstation Security 5.7, Page 20
Version 7 09/16/09	HMIS Technology Committee	Approved: Changed references to HRA as the Lead Agency to CTA

1. INTRODUCTION

This document provides the framework for the ongoing operations of the Santa Cruz County Homeless Management Information System (Santa Cruz County HMIS) Project. The Project Overview provides the main objectives, direction and benefits of the Santa Cruz County HMIS Project. Governing Principles establish the values that are the basis for all policy statements and subsequent decisions.

Operating Procedures will provide specific policies and steps necessary to control the operational environment and enforce compliance in the areas of:

- Project Participation
- User Authorization
- Collection of Client Data
- Release of Client Data
- Server Security and Availability
- Workstation Security
- Training
- Technical Support

Other Obligations and Agreements will discuss external relationships required for the continuation of this project. Forms Control provides information on obtaining forms, filing and record keeping.

2. PROJECT OVERVIEW

The long-term vision of the Homeless Management Information System (HMIS) is to enhance Partner Agencies' collaboration, service delivery and data collection capabilities. Accurate information will put the Santa Cruz County Continuum of Care Homeless Action Partnership (HAP) in a better position to request funding from various sources and help plan better for future needs.

The mission of the Homeless Management Information System of the HAP is to be an integrated network of homeless and other service providers that use a central database to collect, track and report uniform information on client needs and services. This system will not only meet Federal requirements but also enhance service planning and delivery.

The fundamental goal of the Santa Cruz County HMIS Project is to document the

demographics of homelessness in Santa Cruz County according to the U.S. Department of Housing and Urban Development (HUD) HMIS Standards. It is then the goal of the project to identify patterns in the utilization of assistance, and document the effectiveness of the services for the client. This will be accomplished through analysis of data that is gathered from the actual experiences of homeless persons, and the service providers who assist them in shelters and homeless assistance programs throughout the county. Data that is gathered via intake interviews and program participation will be used to complete HUD Annual Progress Reports. This data may also be analyzed to provide unduplicated counts and anonymous aggregate data to policy makers, service providers, advocates, and consumer representatives.

The project utilizes a web-enabled application residing on a central server to facilitate data collection by homeless service organizations across the county. Access to the central server is limited to agencies formally participating in the project and then only to authorized staff members that meet the necessary training and security requirements.

The Santa Cruz County HMIS project lead, as assigned by the HAP, is Community Technology Alliance (CTA). CTA's Director is the authorizing agent for all agreements made between Partner Agencies and CTA. The CTA System Administrator is responsible for the administration of the central server and user access. The CTA Project Manager will provide oversight for the countywide implementation of HMIS.

The HMIS Technology Committee of Santa Cruz County HAP is responsible for oversight and guidance of the Santa Cruz County HMIS Project. This group is committed to balancing the interests and needs of all stakeholders involved: homeless men, women, and children; service providers; and policy makers.

Potential benefits for homeless men, women, and children and case managers: Access to critically needed services and housing will be easier through streamlined referrals, less duplication with intakes and assessments, and coordinated case management and improved access to benefits.

Potential benefits for agencies and program managers: Better tracking of client outcomes, coordinated services (both internally among agency programs and externally with other providers), improved client information for program design decision, and easier preparation of financial programmatic reports for funders, boards and other stakeholders.

Potential benefits for community-wide Continuums of Care (CoC) and policy makers: County-wide involvement in the project provides the capacity to generate HUD Annual Progress Reports for the CoC, and allows access to aggregate information both at the local and regional level that will assist in identification of gaps in services and determination of an unduplicated count, as well as the completion of other service reports used to inform policy decisions aimed at addressing and ending homelessness at local, state and federal levels.

3. GOVERNING PRINCIPLES

Described below are the overall governing principles upon which all decisions pertaining to the Santa Cruz County HMIS Project are based. Participants are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.

Confidentiality

The rights and privileges of clients are crucial to the success of HMIS. These policies will ensure clients' privacy without impacting the delivery of services, which are the primary focus of agency programs participating in this project.

Policies regarding client data will be founded on the premise that a client owns his/her own personal information and will provide the necessary safeguards to protect client, agency, and policy level interests. Collection, access and disclosure of client data through HMIS will only be permitted by the procedures set forth in this document.

Data Integrity

Client data is the most valuable and sensitive asset of the Santa Cruz County HMIS Project. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.

System Availability

The availability of a centralized data repository is necessary to achieve the ultimate countywide aggregation of unduplicated homeless statistics. The System Administrator is responsible for ensuring the broadest deployment and availability for homeless service agencies in Santa Cruz County.

4. ROLES AND RESPONSIBILITIES

Santa Cruz County Continuum of Care Homelessness Action Partnership

HMIS Technology Committee

- Recommendation of the Lead HMIS Agency to the HAP
- Develop a Technology Plan
- Selection of system software
- Approval of project forms and documentation
- Project direction, guidance, participation and feedback
- Advise and support funding strategies
- Review of compliance issues

Community Technology Alliance

CTA Director

- CTA signatory for Memoranda of Understanding

CTA Project Management

- Project Staffing
- Liaison with HUD
- Overall responsibility for success of the Santa Cruz County HMIS project
- Creation of project forms and documentation
- Project Policies & Procedures and compliance
- General responsibility for project rollout
- Hosting of System Software
- Selection and procurement of server hardware
- Procurement of server software and licenses
- End user licenses
- Data Monitoring
- Data Validity
- Keeper of signed Memorandums of Understanding
- Adherence to HUD Data Standards

CTA System Administration

- Domain registration
- Project Website
- Central Server Administration
 - Server Security, Configuration, and Availability
 - Setup and maintenance of hardware
 - Installation and maintenance of software
 - Configuration of network and security layers
 - Anti-virus protection for server configuration
 - System Backup and Disaster Recovery
 - User Administration
 - Add & Remove Partner Agency Super Users
 - Manage User Licenses
 - System Uptime & Performance Monitoring
 - Ongoing Protection of Confidential Data
- Application Customization
- Aggregate data reporting and extraction
- Quality Assurance Reporting
- Assist Partner Agencies Super User with agency-specific data collection and reporting needs
- Helpdesk- IT designated Staff

CTA Training Coordination

- Curriculum Development
- Training documentation
- Confidentiality Training
- Application Training for Partner Agency Super User and End Users
- Training Timetable

Partner Agency

Partner Agency Executive Director

- Authorizing agent for partner agreement (MOU)
- Designation of Super User
- Agency compliance with Policies & Procedures
- End user licenses works with CTA Project Manager
- Agency level HUD reporting

Partner Agency Super User

- Sole communicator with CTA Information Services Help Desk
- Authorizing agent for Partner Agency User Agreements
- Keeper of Partner Agency User Agreements
- Keeper of executed Client Informed Consent forms
- Authorizing agent for user ID requests
- Staff workstations
- Internet connectivity
- End user adherence to workstation security policies
- Detecting and responding to violations of the Policies and Procedures
- First level End user support
- Maintain Agency/Program Data in HMIS Application
- Ensure use of Standardized HMIS Intake & Exit Forms
- Authorized imports of client data

Agency Staff/End User

- Safeguard Client Privacy through compliance with confidentiality policies
- Data Collection as specified by training and other documentation.
- Data Entry

Conflict Resolution Committee

The Conflict Resolution Committee (CRC) will serve as the Ombudsperson for Santa Cruz County HMIS participants. While every participant in the system, including clients, should have access to the Ombudsperson, reasonable efforts should be made (and documented if possible) to obtain satisfaction by other means, including escalation within an agency and through CTA.

The current CRC members will be comprised of representatives from the County of Santa Cruz, the City of Watsonville, and the City of Santa Cruz. The CRC may be contacted through Community Technology Alliance or Continuum of Care Homeless Action Partnership Coordinator/HMIS Project Manager.

5. OPERATING PROCEDURES

5.1. Project Participation

Policies

- Agencies participating in the Santa Cruz County HMIS Project shall commit to abide by the governing principles of the Santa Cruz County HMIS Project and adhere to the terms and conditions of this partnership as detailed in the Memorandum of Understanding.

Procedures

Confirm Participation

1. The Partner Agency (PA) shall confirm their participation in the Santa Cruz County HMIS Project by submitting a signed Memorandum of Understanding to the CTA Project Manager.
2. The CTA Project Manager will obtain the co-signature of the CTA Director.
3. The CTA Project Manager will maintain a file of all signed Memorandums of Understanding.
4. The CTA System Administrator will update the list of all Partner Agencies and make it available to the project community and post this list on the Santa Cruz County HMIS portal. All participating Agencies will be listed on the HMIS portal.

Voluntary Termination of Participation

1. The Partner Agency shall inform the CTA Project Manager in writing 45 days prior of their intention to terminate their agreement to participate in Santa Cruz County HMIS Project.
2. The CTA Project Manager will inform the CTA Director and update the participating Partner Agency list.
3. The CTA System Administrator will revoke access of the Partner Agency staff to the Santa Cruz County HMIS. Note: All Partner Agency specific information contained in the HMIS system will remain in the Santa Cruz County HMIS system.
4. The CTA Project Manager will keep all Partner Agency termination records on file with the associated Memorandums of Understanding.

Assign Super User

1. The Partner Agency shall designate a primary contact, the Super User, for communications regarding Santa Cruz County HMIS, and

shall notify the CTA Project Manager of the Partner Agency Super User's name and contact information.

2. The CTA Project Manager will maintain a file of designated Partner Agency Super User information.
3. The CTA System Administrator will maintain a list of all assigned Partner Agency Super Users and make it available to the project staff.
4. Partner Agency Super User questions concerning software are to be directed to the CTA System Administrator only. At no time will the Partner Agency contact the software vendor directly.

Re-Assign Super User

The Partner Agency may designate a new or replacement primary contact in the same manner as above.

Site Security Assessment

1. Prior to allowing access to the HMIS, the Partner Agency Super User and the CTA System Administrator will meet to review and assess the security measures in place to protect client data. This review shall in no way reduce the responsibility for agency information security, which is the full and complete responsibility of the agency, its Executive Director, and Partner Agency Super User.
2. Agencies shall have virus protection software on all computers that access HMIS.

5.2. User Authorization & Passwords

Policies

- Agency Staff participating in the Santa Cruz County HMIS Project shall commit to abide by the governing principles of the Santa Cruz County HMIS Project and adhere to the terms and conditions of the Partner Agency User Agreement.
- The Partner Agency Super User must only request user access to HMIS for those staff members that require access to perform their job duties. Only designated Partner Agency Super User may request and receive HMIS passwords and User IDs from CTA.
- All HMIS users must have their own unique user ID and should never use or allow use of a user ID that is not assigned to them. [See Partner Agency User Agreement.]
- Temporary, first time only, passwords will be communicated via email to the owner of the User ID.
- User specified passwords should never be shared and should never be communicated in any format.
- New User IDs must require password change on first use.
- Passwords must be at least eight (8) characters long, use at least two (2) numbers (required by software), and one (1) letter. Do not use or include the User name, the HMIS name, or the HMIS vendor's name,

and the password may not consist entirely of any word found in the common dictionary or any of the above spelled backwards.

- CTA System Administrator will determine and notify participants if passwords need to be changed. Partner Agency Super User, passwords may only be reset by the CTA System Administrator.
- Partner Agency Users (not including Partner Agency Super User), passwords should be reset by the Partner Agency Super User, but in some cases may be reset by the CTA System Administrator.
- Three (3) consecutive unsuccessful attempts to login will disable the User ID until the account is reactivated by the Partner Agency Super User.

Procedures

Workstation Security Assessment

1. Prior to requesting user access for any staff member, the Partner Agency Super User will assess the operational security of the user's workspace.
2. Partner Agency Super User will confirm that workstation has virus protection properly installed and that a full-system scan has been performed within the last week.

Request New User ID

1. When the Partner Agency Super User identifies a staff member that requires access to Santa Cruz County HMIS, a Partner Agency User Agreement (PAUA) will be provided to the Prospective User.
2. The Prospective User must read, understand and sign the PAUA and return it to the Partner Agency Super User.
3. The Partner Agency Super User will co-sign the PAUA and keep it on file.
4. The Partner Agency Super User will create the new user ID as specified, and notify the user ID owner of the temporary password via email.
5. User IDs and passwords will be issued after the Partner Agency Super User has confirmed that the Partner Agency HMIS End User has signed the PAUA form, and has attended Confidentiality Training.

Change User Access

When the Partner Agency Super User determines that it is necessary to change a user's access level they will update the user ID as needed.

Voluntary Rescission of User Access

Use the procedure referenced under Section 5.1 Project Participation, Voluntary Termination of Participation, when any HMIS user leaves the agency or otherwise becomes inactive.

Reset Password

1. When a user forgets their password or has reason to believe that someone else has gained access to their password, they must immediately notify their Partner Agency Super User.
2. The Partner Agency Super User will reset the user's password and notify the user of their new temporary password.

5.3. Collection and Entry/Exit of Client Data

Policies

- Client Data will be gathered according to the policies, procedures and confidentiality rules of each individual program and in compliance with HUD requirements.
- Partner Agency will develop program specific interview guidelines that include the HMIS data collection process, the standardized Client Informed Consent & Release of Information Authorization form, posting of privacy policy, and any additional elements the agency wishes to collect.
- Client Data may only be entered into the HMIS with client's authorization to do so.
- Client Data will only be shared with Partner Agencies if the Client consents, has signed the Client Consent form, and the signed Client Consent form must be available on request.
- Client Data will be entered for purposes of Entry or Exit into the HMIS in a timely manner within three (3) business days* of accessing the data.
- Client identification (Part I of the Intake Form) should be completed within three (3) business days of the initial intake.
- Record of service should be entered on the day services began or ended, or as soon as possible within the next three (3) business days.
- Required assessments should be entered as soon as possible following the assessment process and within three (3) business days.
- All Client Data entered into the HMIS will be kept as accurate and as current as possible.
- Hardcopy or electronic files will continue to be maintained according to individual program requirements.
- Hardcopies of Potential Personal Information (PPI) will be kept in a secure location (i.e. locked file cabinet), or destroyed.
- Partner Agencies are responsible for the accuracy, integrity, and security of all data input by said Agency. Any information updates, errors, or inaccuracies that come to the attention of the Partner Agency

*A business day is equal to a weekday, Monday through Friday, excluding holidays.

will be corrected by the Partner Agency. If necessary, CTA Systems Administrator must be notified within five (5) business days of any corrections that cannot be made by the Partner Agency Super User.

- No data may be imported without the client's authorization.
- Any authorized data imports will be the responsibility of the participating agency.

Procedures

Refer to User Manual and/or Training Materials for specific data entry/exit guidelines.

5.3.a. Quality Assurance

Policies

- Client specific data shall be entered correctly to ensure quality of data, and to provide reports to agency executive management, public policy decision makers, and all relevant homeless service providers.
- Quality Assurance shall be the responsibility of the Partner Agency Super User or the designated position within the agency as defined by the Executive Director. CTA will be informed if this person is different than the designated Partner Agency Super User.

Procedures

1. CTA will provide each agency with an Exceptions reporting format, and provide the training necessary in order for the agency to be able to download and report to the appropriate parties within the agency, and to the HMIS Project Manager.
2. Partner Agency Super User will download Exception Reports weekly on Mondays.
3. Super User will be responsible for reviewing the Exception Reports, and making corrections where they have been identified within three (3) business days.
4. Super User will share the raw data from Exception Reports with authorized personnel only (those that have HMIS authorization).
5. Super User will inform the CTA designated staff if there is a problem in correcting the data within the three (3) business days.
6. CTA designated staff will verify the first (1st) Monday of each month (Tuesday's when Monday is a holiday, or a day off) that the Super User has complied with the correction of Exception Reports.

7. If the CTA designated staff finds that the monthly review shows a lack of corrections, they will E-mail the Super User and the HMIS Project Manager advising that the corrections have not been made in a timely manner, and should be corrected within five (5) business days.
8. If the CTA designated staff finds that the corrections have not been made within five (5) business days, then the CTA designated staff will inform the HMIS Project Manager, and copy the Super User.
9. The HMIS Project Manager will communicate with the Super User and provide five (5) additional business days for the corrections to be made. If at the end of the five (5) business days, the corrections are not complete, then the Project Manager will inform the Partner Agency Executive Director.
10. CTA Project Manager will work with the Executive Director to determine an appropriate time for the corrections to be made.
11. If the CTA Project Manager is unable to resolve the Exception Reporting corrections, then the Project Manager will work with the Conflict Resolution Committee.

5.3.b. Service Transaction Reporting

Policies

- To avoid duplicated data about services provided to clients, only Partner Agencies that directly provide a service should be credited for the service transaction.

Procedures

1. Partner Agencies should record all services they provide directly to clients using the Service Transaction function of ServicePoint.
2. If a Partner Agency refers a client to receive services by another agency, the Service Transaction should record the service as "Referred to Other/Mainstream Services".

5.3.c. Separate Records For Children

Policies

- To comply with HUD HMIS standards, Partner Agencies must record all children as a separate client record.

Procedures

1. Partner Agency may use the separate child data collection addendum of the Santa Cruz County Standardized HMIS Data Form when a family includes children.
2. Partner Agencies must create a separate client record in

ServicePoint for each child under the Child Assessment sub-assessment component.

5.3.d. Program Bed Coverage

Policies

- Partner Agency must seek to attain HMIS coverage for 100% of their emergency, transitional, and permanent beds for homeless people. “Bed coverage” means that HMIS data is entered for any client who occupies a bed for any period of time.

Procedures

1. Partner Agency must enter client data on every client who occupies each of their emergency, transitional, and permanent beds for homeless people.
2. Each year, Partner Agency, as part of the annual CoC Housing Inventory, will review and certify the HMIS coverage of each of their emergency, transitional, and permanent beds for homeless people.
3. The CTA Project Manager may periodically monitor Partner Agencies, review their HMIS records, and consult with Partner Agencies to ensure they are complying with their program bed coverage requirements.

5.3.e. Anonymous Client Data Entry

Policies

Partner Agency should seek to obtain a signed Client Informed Consent & Release of Information Authorization (ROI) and all required information from every homeless client, including Personal Protected Information (PPI—e.g., name or social security number). However, if the client will not provide a signed ROI, as a last resort Partner Agency may enter the client as an “anonymous client.” “Anonymous client” refers to data entered without PPI. Totally anonymous client data cannot be unduplicated and therefore harms the HAP’s ability to generate an accurate count of and statistics on clients entered into HMIS.

Procedures

1. If a client initially refuses to sign the Release of Information (ROI), explain the benefits and value of HMIS participation to the client.
2. If after discussion the client still declines to sign the ROI, anonymous data must then be entered.

3. The “anonymous client” feature of ServicePoint must be used, rather than simply leaving the PPI fields within a regular client record blank.
4. The anonymous client’s year of birth (enter as 01/01/Year of Birth, but not month and day of birth) must be entered in order to facilitate record de-duplication.
5. Do not include the following PPI fields as follows:
 - a. First, Middle, or Last Name
 - b. SSN
 - c. Date of Birth (month and day)
 - d. Addresses
 - e. Phone Numbers
 All other fields should be entered.

5.4. Release and Disclosure of Client Data

Policies

- Client-specific data from the HMIS system may be shared with Partner Agencies only when the sharing agency has secured a valid Release of Information from that client authorizing such sharing, and only during such time that Release of Information is valid (before its expiration). Other non-HMIS inter-agency agreements do not cover the sharing of HMIS data.
- Sharing of client data may be limited by program specific confidentiality rules.
- No client-specific data will be released or shared outside of the Partner Agencies unless the client gives specific written permission or unless withholding that information would be illegal. Please see Release of Information. Note that services may **not** be denied if client refuses to sign Release of Information or declines to state any information.
- Release of Information must constitute **informed consent**. The burden rests with the intake counselor to inform the client before asking for consent.
- As part of **informed consent**, the relevant portions of these Policies & Procedures should be posted near the intake location, along with the Agency’s relevant Policies & Procedures, and a list of agencies participating in Santa Cruz County HMIS.
- Per HUD standards, a sign must be posted at each intake sight (or comparable location) generally explaining the reasons for collecting this information. **All Intake Sites must visibly post the following language that was approved by HUD and is the minimum “safe harbor” in most circumstances. Please note that HIPPA-covered agencies may have different requirements for such wall postings:**

“We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we

collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.”

- To comply with HUD HMIS Standards, each Partner Agency must adopt and maintain its own privacy notice/policy, which at a minimum includes the protections set forth in the attached Baseline Privacy Notice (with content that was approved by HUD). *Please note that HIPAA-covered agencies may have different requirements for privacy notices/policies.*
- To comply with HUD HMIS standards, each Partner Agency that maintains a public web page must post the current version of its privacy notice/policy on that web page.
- Client shall be given print out of all data relating to them upon written request and within 10 working days.
- A report of data sharing events, including dates, agencies, persons, and other details, must be made available to the client upon request and within 10 working days.
- The ServicePoint log of all external releases or disclosures must be maintained for seven (7) years and made available to the client upon written request and within 10 working days.
- Personally protected information that is not in current use seven (7) years after being created or last changed must be disposed of or have the identifiers removed.
- Aggregate data that does not contain any client specific identifying data may be shared with internal and external agents without specific permission. This policy should be made clear to clients as part of the Informed Consent procedure.
- Each Partner Agency Executive Director is responsible for their Agency’s internal compliance with the HUD Data Standard.

Procedures

Procedures for disclosure of client-specific data are readily obtained from the above policies, combined with the configuration of the Santa Cruz County HMIS system, which facilitates appropriate data sharing.

5.5. Server Security

Policies

- The CTA System Administrator will strive to secure and keep secure the servers, both physically and electronically.

Procedures

- All procedures for maximizing Server Security are the responsibility of the CTA System Administrator.

5.6. Server Availability

Policies

- The CTA System Administrator will strive to maintain continuous availability by design and by practice.
- Necessary and planned downtime will be scheduled when it will have least impact, for the shortest possible amount of time, and will only come after timely communication to all Partner Agency participants. The CTA System Administrator is responsible for design and implementation of a backup and recovery plan (including disaster recovery).

Procedures

1. A user should immediately report unplanned downtime to their Partner Agency Super User.
2. All other procedures for maximizing Server Availability, recovering from unplanned downtime, communicating, and avoiding future downtime are the responsibility of the CTA System Administrator.
3. CTA System Administrator will backup system, software, and database data on a weekly basis, as well as incremental backups nightly.
4. CTA System Administrator will notify Partner Agency Super User of system failures, errors, or problems as soon as possible but no later than three (3) business days.

5.7. Workstation Security

Policies

- Partner Agency Super User is responsible for preventing degradation of the whole system resulting from viruses, intrusion, or other factors under the Agency's control.
- Partner Agency Super User is responsible for preventing inadvertent release of confidential client-specific information. Such release may come from physical or electronic or even visual access to the workstation, thus steps should be taken to prevent these modes of inappropriate access. Don't let someone read over your shoulder and lock your screen.
- Partner Agency must maintain a fixed Internet Protocol (IP) address.
- Recommended Internet Connection: DSL or Cable Modem, at least

128 kbits.

- Recommended Browser: Latest release of Internet Explorer version 5.5.
- Definition and communication of all procedures to all Partner Agency users for achieving proper Agency workstation configuration and for protecting their access by all Agency users to the wider system are the responsibility of the Partner Agency Super User.
- To help ensure the security of client data, Partner Agencies may not access or store HMIS data on a portable computer (e.g. lap top, etc.) or device (e.g. personal digital assistant, hand held computer, storage mediums, etc.). Accessing or transmitting HMIS data through a wireless network is prohibited.

Procedures

At a minimum, any workstation accessing the CTA Server shall have anti-virus software with current virus definitions (24 hours) and weekly full-system scans.

5.8. Training

Policies

- Partner Agency Executive Director shall obtain the commitment of Partner Agency Super User and designated staff persons to attend training(s) as specified in the Memorandum of Understanding (MOU) between Partner Agency and CTA.

Procedures

1. Start-up Training

CTA will provide training in the following areas prior to Partner Agency using Santa Cruz County HMIS:

- a. Agency Super User Training
- b. End User Training
- c. Confidentiality Training

2. Agency Super User Training

Training will be done in a group setting, where possible, to achieve the most efficient use of time and sharing of information between agencies. Training will include:

- d. New user set-up
- e. Assigning Partner Agency within Santa Cruz County HMIS hierarchy.
- f. End user training
- g. Running package reports
- h. Creating customized reports

3. On-going Training

CTA will provide regular training for the Partner Agency, as needed and as available. The areas covered will be:

- i. Agency Super User Training
- j. End User Training
- k. Confidentiality Training

Additional training classes will be scheduled as needed. Refer to the HMIS portal for the latest schedule of classes.

5.9. Compliance

Policies

- Compliance with these Policies and Procedures is mandatory for participation in the Santa Cruz County HMIS system.
- Using the ServicePoint software, all changes to client data are recorded and will be periodically and randomly audited for compliance by CTA and the Partner Agency.

Procedures

Violation of the Policies and Procedures

Violation of the policies and procedures contained within this document may have serious consequences.

1. Any deliberate action resulting in a breach of confidentiality or loss of data integrity will result in the withdrawal of system access for the offending individual.
2. Any unintentional action resulting in a breach of confidentiality or loss of data integrity may result in the withdrawal of system access for the offending individual.
 - a. The Partner Agency Super User may deactivate staff User IDs if a staff member breaches confidentiality or security.
 - b. The CTA System Administrator will deactivate all other User IDs if a non-staff member breaches confidentiality or security.
3. All such actions, either intentional or unintentional, will be referred to the Technology Committee for review and resolution.

Lack of Compliance with Project Participation (Refer to Section 5.1)

1. When the CTA System Administrator determines that a Partner Agency is in violation of the terms of the partnership, Executive Director of Partner Agency and CTA will work to resolve the conflict(s).
2. If Executive Director and CTA are unable to resolve conflict(s), the

Conflict Resolution Committee (CRC) will be called upon to resolve the conflict, which may involve a range of actions, including termination. Refer to Section 4, Roles and Responsibilities for the CRC procedure.

5.10 *Technical Support*

General

Requests for Technical Support may include the reporting of problems with the HMIS Software, requests for enhancements, or other general Technical Support. Technical Support for the HMIS Application will be based upon a three-tier support model.

- Tier 1 Support will be provided by the Partner Agency Super User.
- Tier 2 Support will be provided by the CTA Information Services Help Desk.
- Tier 3 Support will be provided by the CTA Systems Administrator.

Policies

Technical Support issues must be resolved utilizing the three-tier support model. Only the CTA System Administrator may directly contact the Software Vendor. Technical Support will always be provided as quickly and professionally as possible. Technical Support is recognized as an important component required for the success of an HMIS system.

Procedures

Tier 1 –Partner Agency Super User

When a need arises within a Partner Agency, all requests for Technical Support shall be directed to the Partner Agency Super User. Each individual Super User will decide how they will handle these requests.

Each Super User, relying on specially provided training, will attempt to resolve local problems. Only the Super User may escalate un-resolved issues to Tier 2 Support.

Tier 2 – CTA Information Services Help Desk

Un-resolved issues should be escalated to the CTA Information Services Help Desk. Only Partner Agency Super Users may call the Help Desk. The CTA Information Services Help Desk will provide Technical Support to the Partner Agency Super Users in the same manner they provide assistance to CTA. Only the CTA Information Services Help Desk may escalate un-resolved issues to Tier 3 Support. The CTA Services Help Desk is available Monday through Friday, 8am to 5pm, except County holidays.

The Partner Agency Super User will notify the CTA System Administrator

prior to any absence, which will cause a Super User designee to be substituted, for a limited period of time. Such notification will consist of the designee's name and contact information.

Tier 3 – CTA System Administrator

Technical Support issues that were not resolved by the Partner Agency Super User or the CTA Information Services Help Desk will be escalated to the CTA System Administrator. The CTA System Administrator will work directly with the Software Vendor and the Super User to resolve all Tier 3 Technical Support issues.

5.11.Changes to this and other Documents

Policies

- The HMIS Technology Committee of the HAP in conjunction with CTA, will guide the compilation and amendment of these Policies and Procedures.

Procedures

Changes to Policies & Procedures

1. Proposed changes may originate from any participant in the Santa Cruz County HMIS.
2. When proposed changes originate within a Partner Agency, they must be reviewed by the Partner Agency Executive Director, and then submitted by the Partner Agency Executive Director to the CTA Project Manager for review and discussion.
3. HMIS Project Manager will maintain a list of proposed changes.
4. The Technology Committee will discuss the list of proposed changes. This discussion may occur either at a meeting of the Technology Committee, or via email or conference call, according to the discretion and direction of the CTA Project Manager.
5. Results of said discussion will be communicated, along with the amended Policies and Procedures. The revised Policies and Procedures will be identified within the document by the date approved by the Technology Committee.
6. Partner Agencies Executive Directors shall acknowledge receipt and acceptance of the revised Policies and Procedures within 10 working days of delivery of the amended Policies and Procedures by notification in writing or email to CTA Project Manager. Partner Agency Executive Director shall also ensure circulation of the revised document within their agency and compliance with the revised Policies and Procedures.

6. OTHER OBLIGATIONS AND AGREEMENTS

The current HUD grant for Santa Cruz County HMIS provides support for one (1) year starting October 1, 2004. Therefore, CTA is committed to provide services to HUD funded programs in Santa Cruz County through September 30, 2005.

The current HUD grant for Santa Cruz County HMIS provides for a limited number of user licenses. While it may not be possible to meet every Agency's full requirements for licenses within the HUD grant to CTA, the CTA Project Manager will endeavor to ensure that every Agency participating will have their minimum requirements met from the HUD grant for the first year of the project. The HMIS Technology Committee will decide funding responsibilities for additional licenses at a future date.

7. FORMS CONTROL

All forms required by these procedures will be posted on the project Santa Cruz County HMIS portal.

Filing of Completed Forms

Description	Location	Responsibility
Memorandum of Understanding	CTA Project Office	CTA Project Manager
Partner Agency Super User Agreement	CTA Project Office	CTA Project Manager
Partner Agency User Agreement	Partner Agency	Partner Agency Super User
Client Informed Consent & Release of Information Authorization	Partner Agency	Partner Agency Staff
Standardized HMIS Data (Intake) Form	Partner Agency	Partner Agency Staff
Standardized HMIS Exit Form	Partner Agency	Partner Agency Staff

**Santa Cruz County Homeless Action Partnership
Baseline Privacy Notice for Homeless Organizations**

[Insert: Name of Organization]

Brief Summary

Effective Date: January 17, 2007

Version Number: 1

This notice describes the privacy policy of the *[Insert: Name of Homeless Agency]*. We may amend this policy at any time. We collect personal information only when appropriate. We may use or disclose your information to provide you with services. We may also use or disclose it to comply with legal and other obligations. We assume that you agree to allow us to collect information and to use or disclose it as described in this notice. You can inspect personal information about you that we maintain. You can also ask us to correct inaccurate or incomplete information. You can ask us about our privacy policy or practices. We respond to questions and complaints. Read the full notice for more details. Anyone can have a copy of the full notice upon request.

Santa Cruz County Homeless Action Partnership Baseline Privacy Notice for Homeless Organizations

Full Notice

Effective Date: 1/17/07

Version Number: 1

A. What This Notice Covers

1. This notice describes privacy policy and practices of [*Insert: Agency Name*].
2. The policy and practices in this notice cover the processing of protected personal information for our clients. All personal information that we maintain is covered by the policy and practices described in this privacy notice.
3. Protected Personal information (PPI) is any information we maintain about a client that:
 - a. allows identification of an individual directly or indirectly
 - b. can be manipulated by a reasonably foreseeable method to identify a specific individual,
or
 - c. can be linked with other available information to identify a specific client. When this notice refers to personal information, it means PPI.
4. We adopted this policy because of standards for Homeless Management Information Systems issued by the Department of Housing and Urban Development. We intend our policy and practices to be consistent with those standards. See 69 Federal Register 45888 (July 30, 2004).
5. This notice tells our clients, our staff, and others how we process personal information. We follow the policy and practices described in this notice.
6. We may amend this notice and change our policy or practices at any time. Amendments may affect personal information that we obtained before the effective date of the amendment.
7. We give a written copy of this privacy notice to any individual who asks.
8. We maintain a copy of this policy on our website at www._____.org

B. How and Why We Collect Personal Information

1. We collect personal information only when appropriate to provide services or for another specific purpose of our organization or when required by law. We may collect information for these purposes:
 - a. to provide or coordinate services to clients
 - b. to locate other programs that may be able to assist clients
 - c. for functions related to payment or reimbursement from others for services that we provide

- d. to operate our organization, including administrative functions such as legal, audits, personnel, oversight, and management functions
 - e. to comply with government reporting obligations
 - f. when required by law
 - g. for local and regional data analysis and reporting on homelessness.
2. We only use lawful and fair means to collect personal information.
 3. We normally collect personal information only with the knowledge and written consent of our clients. If you seek our assistance, sign a release of information authorization, and provide us with personal information, we assume that you consent to the collection of information as described in this notice.
 4. We may also get information about you from: (a) individuals who are with you, or (2) other public and private organizations that provide services and/or participate in HMIS.
 5. We post a sign at our intake desk or other location explaining the reasons we ask for personal information. The sign says:

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.

C. How We Use and Disclose Personal Information

1. We use or disclose personal information for activities described in this part of the notice. We may or may not make any of these uses or disclosures with your information. If you seek our assistance, sign a release of information authorization, and provide us with personal information, we assume that you consent to the use or disclosure of your personal information for the purposes described here and for other uses and disclosures that we determine to be compatible with these uses or disclosures:
 - a. to **provide or coordinate services** to individuals. We share client records with other organizations that may have separate privacy policies and that may allow different uses and disclosures of the information.
 - b. for functions related to **payment or reimbursement for services**
 - c. to **carry out administrative functions** such as legal, audits, personnel, oversight, and management functions
 - d. to **create de-identified (anonymous) information** that can be used for research and statistical purposes without identifying clients, and for local and regional data analysis and reporting
 - e. when required by law to the extent that use or disclosure complies with and is limited to the requirements of the law
 - f. to avert a serious threat to health or safety if

- (1) we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, **and**
 - (2) the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat
- g. to report about an individual we reasonably believe to be a victim of abuse, neglect or domestic violence to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence
- (1) under any of these circumstances:
 - (a) where the disclosure **is required** by law and the disclosure complies with and is limited to the requirements of the law
 - (b) if the individual agrees to the disclosure, **or**
 - (c) to the extent that the disclosure is **expressly authorized** by statute or regulation, **and**
 - (I) we believe the disclosure is necessary to prevent serious harm to the individual or other potential victims, **or**
 - (II) if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PPI for which disclosure is sought **is not intended to be used against the individual** and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

and

- (2) when we make a permitted disclosure about a victim of abuse, neglect or domestic violence, we will promptly inform the individual who is the victim that a disclosure has been or will be made, except if:
 - (a) we, in the exercise of professional judgment, believe informing the individual would place the individual at risk of serious harm, **or**
 - (b) we would be informing a personal representative (such as a family member or friend), and we reasonably believe the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as we determine in the exercise of professional judgment.
- h. for academic research purposes
- (1) conducted by an individual or institution that has a formal relationship with the CHO if the research is conducted either:
 - (a) by an individual employed by or affiliated with the organization for use in a research project conducted under a written research agreement approved in writing by a designated CHO program administrator (other than the individual conducting the research), or
 - (b) by an institution for use in a research project conducted under a written research agreement approved in writing by a designated CHO program administrator.

and

- (2) any written research agreement:
 - (a) must establish rules and limitations for the processing and security of PPI in the course of the research
 - (b) must provide for the return or proper disposal of all PPI at the conclusion of the research
 - (c) must restrict additional use or disclosure of PPI, except where required by law
 - (d) must require that the recipient of data formally agree to comply with all terms and conditions of the agreement, **and**
 - (e) is not a substitute for approval (if appropriate) of a research project by an Institutional Review Board, Privacy Board or other applicable human subjects protection institution.
- i. to a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:
 - (1) in response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena
 - (2) if the law enforcement official makes a **written request** for PPI that:
 - (a) is signed by a supervisory official of the law enforcement agency seeking the PPI
 - (b) states that the information is relevant and material to a legitimate law enforcement investigation
 - (c) identifies the PPI sought
 - (d) is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought, **and**
 - (e) states that de-identified information could not be used to accomplish the purpose of the disclosure.
 - (3) if we believe in good faith that the PPI constitutes **evidence of criminal conduct** that occurred on our premises
 - (4) in response to an oral request for the purpose of **identifying or locating a suspect, fugitive, material witness or missing person** and the PPI disclosed consists only of name, address, date of birth, place of birth, Social Security Number, and distinguishing physical characteristics, **or**
 - (5) if
 - (a) the official is an authorized federal official seeking PPI for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others), and
 - (b) the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.

and

- j. to comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

2. Before we make any use or disclosure of your personal information that is not described here, we seek your consent first.

D. How to Inspect and Correct Personal Information

1. You may inspect and have a copy of your personal information that we maintain. We will offer to explain any information that you may not understand.
2. We will consider a request from you for correction of inaccurate or incomplete personal information that we maintain about you. If we agree that the information is inaccurate or incomplete, we may delete it or we may choose to mark it as inaccurate or incomplete and to supplement it with additional information.

To inspect, get a copy of, or ask for correction of your information, please make a written request to program staff who will then work with the Super User to pull that information.

3. We may deny your request for inspection or copying of personal information if:
 - a. the information was compiled in reasonable anticipation of litigation or comparable proceedings
 - b. the information is about another individual (other than a health care provider or homeless provider)
 - c. the information was obtained under a promise or confidentiality (other than a promise from a health care provider or homeless provider) and if the disclosure would reveal the source of the information, or
 - d. disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.
4. If we deny a request for access or correction, we will explain the reason for the denial. We will also include, as part of the personal information that we maintain, documentation of the request and the reason for the denial
5. We may reject repeated or harassing requests for access or correction.
6. When a request is accepted, you shall be given a print out of data relating to you within 10 working days.

E. Data Quality

1. We collect only personal information that is relevant to the purposes for which we plan to use it. To the extent necessary for those purposes, we seek to maintain only personal information that is accurate, complete, and timely.

2. We are developing and implementing a plan to dispose of personal information not in current use seven years after the information was created or last changed. As an alternative to disposal, we may choose to remove identifiers from the information.
3. We may keep information for a longer period if required to do so by statute, regulation, contract, or other requirement.

F. Complaints and Accountability

1. We accept and consider questions or complaints about our privacy and security policies and practices. Complaints specific to HMIS will be forwarded to the Super User and Executive Director. If no resolution can be found, the complaint will then go to HMIS Project and Systems Administration staff at the County of Santa Cruz Human Resources Agency. If no resolution can still be found, final arbitration of the conflict will be handled by a Conflict Resolution Committee composed of representatives from the County of Santa Cruz, City of Santa Cruz, and City of Watsonville.
2. All members of our staff (including employees, volunteers, affiliates, contractors and associates) are required to comply with this privacy notice. Each staff member must receive and acknowledge receipt of a copy of this privacy notice.

G. Privacy Notice Change History

1. **Version 1. January 17, 2007. Initial Policy**
2. **Version 2. September 16, 2009 Change of Lead Agency Name**

G. Links for Important Resources

Links for Important Resources

Local Resources

- Housing for Health Partnership: <https://homelessactionpartnership.org>
- Santa Cruz County HMIS: <https://santacruz.bitfocus.com>
- Smart Path to Health & Housing (CES): <https://smartpathsc.org>
- Homeless Persons Health project:
<https://www.santacruzhealth.org/HSAHome/HSADivisions/ClinicServices/HomelessPersonsHealthProject.aspx>
- Stepping Up Santa Cruz (free resource guides): <https://steppingupsantacruz.org>
- City Santa Cruz homelessness: <https://www.cityofsantacruz.com/community/homelessness>

Federal and National Resources

- US Interagency Council on Homelessness: <https://www.usich.gov>
- HUD homelessness programs: <https://www.hudexchange.info/homelessness-assistance/>
- HUD CoC Program: <https://www.hudexchange.info/programs/coc/>
- HUD YHDP Program: <https://www.hudexchange.info/programs/yhdp/>
- HUD e-snaps log-in page: <https://esnaps.hud.gov/grantium/frontOffice.jsf>
- HUD Homelessness Data Exchange (HDX):
<https://www.santacruzhealth.org/HSAHome/HSADivisions/ClinicServices/HomelessPersonsHealthProject.aspx>
- HUD HDX 2.0 (including Stella): <https://hudhdx2.info/home>
- VA homelessness programs: <https://www.va.gov/homeless/>
- HHS homeless: <https://www.hhs.gov/programs/social-services/homelessness/index.html>
- National Alliance to End Homelessness: <https://endhomelessness.org>
- National Homelessness Law Center: <https://homelesslaw.org>
- National Coalition for the Homeless: <https://nationalhomeless.org>
- Corporation for Supportive Housing: <https://www.csh.org>
- National Low Income Housing Coalition: <https://nlihc.org>
- National Health Care for the Homeless Council: <https://nhchc.org>
- CDC homeless populations resources: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>
- National Center for Homeless Education: <https://nche.ed.gov/legislation/mckinney-vento/>

State and California Resources

- California Interagency Council on Homelessness (includes HEAP, HHAP, Encampment Resolution Grants, etc.): <https://bcsh.ca.gov/calich/>
- California Department of Housing and Community Development (includes ESG, ESG-CV, CESH, Homekey, COVID-19 Rent Relief, NPLH, Housing for A Healthy CA, VHHP, etc.):
<https://www.hcd.ca.gov>
- California Department of Social Services Housing and Homelessness (includes CalWORKS HSP, BFH, HDAP, etc.) <https://www.cdss.ca.gov/inforesources/cdss-programs/housing-programs>
- Housing California: <https://www.housingca.org>
- HomeBase (TA provider): <https://www.homebaseccc.org>