



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

**Santa Cruz County
Housing for Health Partnership (H4HP) Policy Board
Regular Meeting Agenda
August 16, 2023; 3 pm**

420 Capitola Avenue, Capitola, CA 90501 - Capitola City Hall - Community Room

Zoom Conference Link: <https://santacruzcounty-us.zoomgov.com/j/1605936566>

Passcode:

Call-In Number: +16692545252

Webinar ID#: 1605936566#

Call to Order/Welcome

1. Member Changes: Tom Stagg, Chief Initiatives Officer, Housing Matters, Operations Committee Co-Chair; Lisa Murphy, City of Santa Cruz, Deputy City Manager

Non-Agenda Public Comment

Action Items (vote required) {3:15 – 4 pm}

2. Approval of Minutes: June 21, 2023, Regular Meeting
3. Recommendations related to the annual HUD Continuum of Care (CoC) Notice of Funding Opportunity (NOFO)

Information Items (no vote required): {4-4:20 pm}

4. HMIS Privacy and Security Updates and Training Completed - [Santa Cruz HMIS Home \(bitfocus.com\)](https://bitfocus.com/santa-cruz-hmis-home)
5. New [Coordinated Entry](#) Effort Launched

Report/Discussion Items (no vote required): {4:20 pm – End}

6. 2023 Santa Cruz County Point in Time (PIT) Count Report
7. California Statewide Study of People Experiencing Homelessness
8. Homelessness and Housing California FY24 Budget Update

Board Member Announcements

Adjournment

Next Meeting: Wednesday, October 18, 2023, 3 pm

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

Santa Cruz County Housing for Health Partnership Policy Board Regular Meeting Agenda – August 16, 2023

Action Item 2: Approval of Meeting Minutes

(Action required) – Robert Ratner

Recommendation

Approve the June 21, 2023, Housing for Health Partnership Policy Board Regular Meeting minutes.

Suggested Motion

I move to approve the June 21, 2023, Housing for Health Partnership Policy Board Regular Meeting minutes.



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Housing for Health Partnership (H4HP) Policy Board Regular Meeting Minutes June 21, 2023; 3 pm

Call to Order/Welcome

Present: Heather Rodgers, Jaime Goldstein, JP Butler, Judy Hutchison, Justin Cummings, Kate Nester, Manu Koenig, Mariah Lyons, Martine Watkins, Susan True, Tamara Vides

Absent: Larry Imwalle, Lee Butler, Suzi Merriam, Tiffany Cantrell-Warren

Additions and Deletions to the Agenda: None

Non-Agenda Public Comment

No public comment received.

Action Items (vote required)

1. Approval of Minutes: April 19, 2023, Regular Meeting

Discussion: None.

Public Comment: None.

Motion to Approve: Judy Hutchison

Motion Seconded: Heather Rogers

Abstentions: None

Board Action: Motion passed with all members.

Information Items (no vote required):

2. Casa Azul – Housing Matters Ribbon Cutting – Thursday, June 22, 2023, from 2-4 pm

Discussion: Discussed that Housing Matters has announced an upcoming ribbon cutting and grand opening event for Casa Azul, a new supportive housing residence with seven units, two one-bedroom apartments, and five studios. The event will occur on June 22nd from 2 pm to 4 pm at 801 River Street in Santa Cruz, California. Housing Matters and the County of Santa Cruz collaborated to apply for and secure \$2.4 million in Project Homekey Round 2 funding for the site. Private donors and health care partners also provided funding to support the development. Homekey funding will help ensure the site is dedicated to being used as supportive housing for a 55-year period. Construction is nearly completed, and tenants are scheduled to move-in soon. The site is targeting people with disabilities and long histories of homelessness.



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3. Monterey County – Encampment Resolution Fund Grant Award – approx. \$8M, two-year grant
Discussion: *Discussed that the State of California Awarded the County of Monterey an \$8 million Encampment Resolution Funding grant. The Grant will fund the creation of a micro-village comprising 34 modular construction navigation center set to be established and managed in Watsonville. The project's primary objective is to facilitate the relocation of individuals residing on the Pajaro riverbed and assist them in securing permanent housing. Discussed that the administration of the Grant for the development of the site will be assumed by Monterey County, with Santa Cruz County taking responsibility for the project after the end of the two-year Encampment Resolution grant period.*

Report/Discussion Items (no vote required):

4. Santa Cruz Workforce Development Board – State of Workforce Update – Housing and Employment Connections {3:20 – 4 pm}
Discussion: *Andy Stone, Director of the Santa Cruz County Workforce Development Board, shared a PowerPoint presentation with a brief overview of the 2023 Santa Cruz County State of the Workforce report, potential areas for collaboration, and findings. Discussed how the economy of Santa Cruz County is rebounding from the effects of the COVID-19 pandemic and employment is recovering at a rate 5% higher than the statewide recovery rate. Mentioned that the Santa Cruz unemployment rate of 5.7% is still higher than the State and National average. Discussed how almost all employment growth occurred within the higher-paying industries. Mentioned that the percentage of residents in Santa Cruz County who are over 25 and hold a bachelor's degree is 41%. Discussed how research shows that individuals with lower levels of education are more likely to experience unemployment. Discussed how housing remains a significant concern in Santa Cruz County, as almost half of North County renters pay 35% or more of their total income on rent. Discussed how the significant rise in infrastructure and housing investments and the increased number of retirements will increase the demand for more workers in these sectors. Discussed significant healthcare workforce needs and that career pathways are available. Discussed how Santa Cruz County Workforce Development offers various services, including vocational training, transitional jobs, scholarships, and connections with employers. Mentioned that those earning less than \$40,000 annually, dislocated workers, and individuals aged 16 to 24 are eligible for assistance from Santa Cruz County Workforce. Discussed that The Public Defender's office provides free record clearance services that can work together with the Santa Cruz County Workforce Development Board to help increase employment. Discussed the need to provide training to enhance current workforce skills.*



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5. California Advancing and Innovating Medi-Cal (CalAIM) Housing and Homelessness Incentive Program (HHIP) {4 – 4:30 pm}

Discussion: *Kate Nester, Program Development Manager at the Central California Alliance for Health, shared a PowerPoint presentation with an update on the Alliance's involvement in the Housing and Homelessness Incentive Program. Kate requested the Housing for Health Policy Board and CoC member feedback on how to allocate the potential funding earned through this program. Mentioned how HHIP aims to reduce and prevent homelessness and ensure Medi-Cal Managed Care Plans (MCPs) develop the necessary capacity and partnerships to connect members to needed housing services. Mentioned that statewide there is \$1.29 billion in one-time (HHIP) funds that will be used as incentive payments to MCPs to meet certain deliverables prior to December 2023. Discussed how the Central California Alliance is partnering with the Santa Cruz County CoC to submit the four required HHIP program submissions to the Department of Health Care Services. Mentioned that the HHIP required local homeless plan was submitted to the state in June 2022, followed by an initial investment plan submitted in September 2022. Mentioned that the Alliance submitted Round 1 HHIP performance reporting on February 2023 and is waiting to hear back on how much funding was earned. Round 2 reporting will be submitted in December 2023. The Alliance must achieve HHIP milestones and measures to earn funding, and they could receive up to \$5 million in the next allocation. If all HHIP funding is earned, the Alliance can earn up to \$14.6M. Mentioned HHIP funding may not be used for permanent housing. Since HHIP funds cannot pay for room and board discussed how to use HHIP funds to cover some services to potentially allow for other funds to get shifted to cover housing costs. Review potential ideas for uses of the funds including legal representation for tenants facing eviction, one-time rental or financial assistance, data sharing, outreach, and other services.*

6. California's Homeless Data Integration System (HDIS) Overview and Santa Cruz County Data {4:30 – 5 pm}

Discussion: *Robert Ratner, Director of the Housing for Health Division, shared a PowerPoint overview of California's Homeless Data Integration System (HDIS) and discussed the specific data available for Santa Cruz County through this system. Mentioned that HDIS established a data system that captures Homeless Management Information System (HMIS) data from 44 CoCs throughout California. Mentioned that every 90 days, the CoCs send a comprehensive HMIS data file to the state. The state then manages and shares specific data with the public on its website. Additionally, more detailed private data is shared with designated staff members within the CoC. Discussed the importance of Santa Cruz County's avoidance of data overload, emphasizing creating a public dashboard that would effectively*



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communicate the availability of programs, the outcomes of the programs, and the success stories of individuals who were previously experiencing homelessness.

Board Member Announcements

No additional announcements.

Adjournment

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Action Item 3: Recommendations related to the annual HUD Continuum of Care (CoC) Notice of Funding Opportunity (NOFO)

(Action required) – Tony Gardner/Continuum of Care Consultant

Recommendation

- (1) Reallocate and add \$106,047 from Encompass Community Services (ECS) projects voluntarily given to the \$379,274 Continuum of Care (CoC) bonus making a total of \$485,321 available for eligible NEW permanent supportive housing (PSH), Rapid Rehousing (RRH), joint RRH-Transitional Housing (RRH-TH), and/or Coordinated Entry System (CES) grants;
- (2) Approve slight adjustments made to CoC project rating criteria used to competitively score projects; and,
- (3) Grant authority to the Review and Ranking Committee to make final project selection/ranking decisions to be confirmed by the Housing for Health Partnership (H4HP) Policy Board at its next regularly scheduled meeting (October 19, 2023).

Background

In July, the U.S. Department of Housing and Urban Development (HUD) released the 2023 CoC Notice of Funding Opportunity (NOFO), kicking off the annual community ritual of rating, ranking, reallocation, and renewal of grants. The Santa Cruz County CoC takes part in a national competition (with 450 other CoCs) that includes systems coordination and submission of a narrative of our CoC activities and performance, a large package of our application, and a priority ranking of the projects. The process provides opportunities to renew good projects, make changes where needed, apply for new funding, and possibly lose funds for low ranked projects. **\$6.174 million** is the total possible for Santa Cruz County projects before rent adjustments. The **HUD application deadline is September 28, 2023.**

Funding Opportunities for New and Renewal Projects

In addition to potential funding to renew 17 existing CoC and Youth Homelessness Demonstration Program (YHDP) projects for one year (\$5,418,194 annual renewal demand), the 2023 NOFO provides the following opportunities for new grants:

- **\$379,274** for new CoC bonus projects (must be PSH, RRH, TH-RRH, or CES);
- **\$106,566** for new domestic violence (DV) bonus projects (must be RRH, TH-RRH, or CES);
- **Reallocation** of funds from grants (such as ECS') that were voluntarily given up, and/or from grants that are low performing to eligible new projects (again must be PSH, RRH, TH-RRH, or CES)
- **Replacement** of existing projects by YHDP grantees (optional) with a better project (must be PSH, RRH, TH-RRH, TH, Crisis Residential, Host Homes, Kinship Care, Shared Housing, Supportive Services Only, or Youth CES).

New project funds cannot be used for Emergency Shelter, Homelessness Prevention, non-youth TH, non-youth Supportive Service Only.

Local Project Selection/Rating Process

HUD regulations require that CoCs design and carry out a fair and neutral annual collaborative process for establishing funding priorities and approving/ranking project applications that will be submitted to HUD. As the Collaborative Applicant, the H4H Division and consultants carry out this process on behalf of our CoC. All applicants for new and/or renewal project funding must participate in this process.

Under our HUD-required CoC Charter, the H4HP Policy Board has established a Review and Ranking Committee to carry out the work, with staff and consultant support, of reviewing and rating project applications, and recommending a final ranked Project Priority List for Policy Board approval. The current Review and Ranking Committee members are:

- Larry Imwalle
- Heather Rogers
- Carlos Landaverry
- Karen Kern

HUD also requires that CoCs use objective criteria, including numerical performance measures, in rating, ranking, and selecting projects. Over the years, our CoC has developed and built on objective criteria worth 100 points, summarized as follows:

- Project type – use of dollars for housing = higher score (10 pts possible)
 - Slightly adjusted this year for rental assistance, undocumented, justice involved.
- Chronically homeless, DV, or youth focus = higher points (10 pts possible)
 - Youth added this year as YHDP must be competitively ranked.
- Program performance (renewal) or program design (new) (20 pts possible)
- Coordinated entry referral acceptance (20 pts possible)
- Financial and cost effectiveness (10 pts possible)
- Agency experience/capacity (10 pts possible)
- Leverage mainstream resources (7 pts possible)
- Equity factors (10 pts possible)
- Community collaboration and participation (3 pts possible)

Process Status and Timeline

Our Applicant Orientation was held on July 27, and since then our CoC consultant has been fielding numerous application-related questions and applicant requests for information. Staff have reached out to the Rating and Ranking Committee members to schedule their meetings and to request their input on process issues, such as whether to ask applicants to give project presentations. Following is a summary of the current process timeline from here until the due date:

- **8/16** - Board meeting/CoC update and key decisions.
- **8/29** - Local application deadline (at least 30 days ahead of HUD deadline)
- **9/6** - Review & Ranking Committee Meeting
- **9/12** - Proposed Review & Ranking Committee to finalize decisions (or H4H Board special meeting?)
- **9/13** - Written decisions to applicants (at least 15 days ahead of HUD deadline)
- **9/22** - End of appeals period
- **9/26** - Web posting/CoC application & ranking priorities (at least 2 days ahead of HUD deadline)
- **9/28** - HUD deadline.

Issues for Decision by the Policy Board Today

As we prepare for the upcoming receipt of applications and review and rating process, three questions require Policy Board attention and action today. These include decisions around reallocation of funds from renewal projects to qualified new projects, affirming some slight adjustments to the objective criteria, and approval of the role of the Rating and Ranking Committee. The following provides some background information, options, and staff rationale for each decision:

1. Reallocation of funds from renewal projects to qualified new projects:

Options:

1. Add \$106,047 from ECS projects voluntarily given to \$379,274 CoC bonus = \$485,321 – PSH, RRH, RRH-TH, CES; or
2. Reallocate additional funds to add to the CoC bonus from poor performing renewals.

The projects ECS has given up are \$15,645 Freedom Cottages PSH and \$90,429 Housing for Health 3 PSH. The main reason is ECS would prefer not to administer such small projects.

Staff preferred – Option 1. Option 1 is a measured approach. Our risk assessment did show that 6 projects underspent. However, it is better to work with existing projects such as Shelter Plus Care and MATCH Housing that underspent during the pandemic to address their issues rather than investing these funds in untried new project options. Also, we shouldn't reallocate from YHDP projects that underspent, such as the Drop-in Center, as this would undercut the YHDP initiative.

2. Affirming some slight adjustments to the objective criteria:

Housing/project type (10 pts possible)

- 10 pts – RRH, TH-RRH, CE, HMIS, **YHDP (added b/c YHDP must compete)**
- 9 pts + **1 pt for projects that will serve immigrants or justice-involved b/c these populations prohibited from some other assisted housing** – PSH CH, PSH DedicatedPlus
- New PSH projects - added language encouraging new PSH applications with **rental assistance**.

Priority population served (10 pts possible)

- 10 pts – 100% CH, DV, or **YHDP Youth (added b/c YHDP must compete)**

Staff preferred – approval of all the changes. Other options would be to approve some or none, but approval of all the changes will support the YHDP Initiative, encourage needed rental assistance, and encourage housing for populations that are excluded from other housing options.

3. Approval of the role of the Rating and Ranking Committee:

Options:

1. Review and Ranking Committee to make the final selection/ranking decisions to be confirmed by the Board at its next regular meeting (10/19)
2. H4H Board special meeting held in early to mid-September in order to approve the final selection/ranking decisions

Staff preferred – Option 1. Staff prefers this since there no regular Policy Board meeting in the needed timeframe, and it is in line with the Board's prior direction that the Rating and Ranking Committee should have and expanded year-round role in developing/implementing project evaluation, review, selection process.

Suggested Motion

I move to approve:

- (1) The reallocation and addition of \$106,047 from ECS projects voluntarily given up to the \$379,274 CoC bonus making a total of \$485,321 available for eligible new PSH, RRH, RRH-TH, and/or CES grants;
- (2) The slight adjustments as presented made to CoC project rating criteria used to competitively score projects; and,
- (3) The granting of authority to the Review and Ranking Committee to make final project selection/ranking decisions to be confirmed by the Housing for Health Partnership (H4HP) Policy Board at its next regularly scheduled meeting (October 19, 2023).

Information Item 4: HMIS Privacy and Security Updates and Training Completed

The Housing for Health Partnership Policy Board adopted new local Homeless Management Information System (HMIS) data standards and forms at its meeting on October 19, 2022. Following this adoption, Housing for Health Division staff developed plans to implement the standards with current and future users of HMIS. With support from Focus Strategies (consultant) and BitFocus (HMIS vendor), the new privacy and security standards were formally implemented on August 1, 2023.

Between the adoption of the standards in October and August, all organizations using HMIS executed new Organizational Participation Agreements and had all their staff complete a required updated training on HMIS privacy and security. This effort included outreach, tracking, and coordination of training for 170 HMIS users.

The next phase of implementing the standards will begin at the end of September. The federal Housing and Urban Development (HUD) department issued new HUD HMIS standards that will go live on October 1, 2023. Housing for Health Division, Focus Strategies, and BitFocus are preparing updated trainings for all HMIS users that incorporate the new HMIS data standards and retrain users on key aspects of HMIS. Trainings will focus on areas of HMIS use and data collection where consistent problems have been identified. These areas include, but are not limited to: (1) Accurately capturing prior living situation data including last permanent housing residential address; (2) Income and benefits information; (3) Updated contact information and location; (4) Completing quarterly status and living situation updates; (5) Avoiding the use of “Other” for living situation data collection; (6) Obtaining more accurate information about client exit destinations; (7) Ensuring timely entry of participant exits from programs.

The new standards and training are intended to ensure appropriate use and handling of client information, improve data quality, increase services coordination and data sharing, to capture participant demographics and needs, and to track and improve program outcomes.

BitFocus and Housing for Health Division staff manage monthly HMIS user groups, send out regular newsletters related to HMIS, and maintain information about HMIS at the following website: [Santa Cruz HMIS Home \(bitfocus.com\)](https://bitfocus.com).

Information Item 5: New Coordinated Entry Effort Launched

The Housing for Health Partnership Policy Board adopted new Coordinated Entry System policies at its meeting on December 14, 2022. Following this adoption, Housing for Health Division staff launched efforts to implement the new policies. The actions taken thus far include: (1) Developing new coordinated entry tools and forms, i.e., Housing Needs Assessment, Housing Action Plan; Coordinated Entry Overview diagram; (2) Developing Housing for Health Connector MOU and Connector Expectations documents (2) Developing and implementing a Housing for Health Connector training with 30+ individuals to date; (3) Updating HMIS with the new data fields and process; (4) Developing a Housing for Health Connection services request form; (5) Conducting data analysis to determine threshold scores; (6) Developing reports in HMIS to help with matching participants to available resources; (7) Hosting a monthly Housing for Health Connector networking meeting; (8) Providing updated information to the community via newsletters and the Housing for Health Partnership [website](#).

Coordinated Entry – Housing for Health Partnership Website – Screen Shot

The screenshot displays the H4HP Coordinated Entry website interface. At the top, a navigation bar includes links for Home, Get Help, and Coordinated Entry. The main content area is divided into two columns. The left column features a 'Connector Tools' section with links to Housing Needs Assessment, Housing Action Plan, Connector MOU, and H4H Connector Expectations. Below this is a 'Resources' section with a link to the CES Presentation for COC Community Meeting May 2023. The right column is titled 'H4HP Coordinated Entry – A New Connection Approach' and contains two prominent buttons: 'CONNECTION SERVICES REQUEST FORM' and 'H4HP COORDINATED ENTRY POLICIES APRIL 2023'. Below these buttons is a 'Coordinated Entry Process Overview' diagram. The diagram illustrates the flow from 'Steps to Housing with Connectors and Participants' through 'Engagement' (where connectors engage with people experiencing homelessness) to 'Housing Needs Assessment (HNA)' (where connectors and participants complete an assessment). The HNA leads to 'Scoring' at the County Housing for Health Office, which then informs 'Shelter/Temporary Housing' placement. A note specifies that designated connectors may refer eligible participants directly to shelter if beds are available, but most participants will not get immediate shelter due to supply limitations.

Implementation efforts remain in the early, start-up phases. Key activities over the coming months include expanding the number of Housing for Health Connectors, ensuring accuracy of HMIS data analytics and reporting, checking for racial and other disparities in Housing Needs Assessment completion, enhancing Housing for Health Connector effectiveness through networking and training, and utilizing the new approach to match to resources becoming available in the next several months, e.g., 41 Stability Vouchers from the Housing Authority.

Report/Discussion Item 6: 2023 Santa Cruz County Point in Time (PIT) Count Report

The 2023 Santa Cruz County Point in Time (PIT) Count of persons experiencing homelessness in Santa Cruz County was released the first week of August 2023 and is available on the Housing for Health partnership [website](#) along with other PIT count reports beginning in 2011.

Housing for Health Division identified highlights from the 2023 report include:

- The total number of people experience homelessness, 1,804, is the lowest number in the history of PIT Counts in Santa Cruz County.
- All geographic jurisdictions in the County showed declines in the numbers of people experience homelessness except for Watsonville where there was a 15% increase.
- The percentage of people experience homelessness that identify as Hispanic/Latinx is the highest percentage ever recorded in Santa Cruz County PIT counts. The increase mirrors trends in many other CoCs around California.
- Among unsheltered persons in the County, 46% are estimated to be sleeping in vehicles. This is the highest percentage ever recorded in Santa Cruz County PIT Counts.
- 28% had some form of employment and 50% identified having a health condition that impacts their ability to live independently.
- 1 out of 4 people experienced at least one night in jail, prison, or juvenile hall in the prior 12 months.
- Nearly 1 out of 4 (23%) had been in the foster care system in their lifetime.
- There was an increase in the number of children and families with children experiencing homelessness compared to 2022

Discussion – *after reviewing California Statewide Study of People Experiencing Homelessness*

SANTA CRUZ COUNTY

2023 HOMELESS POINT-IN-TIME COUNT & SURVEY

Every two years, typically during the last 10 days of January, communities across the country conduct comprehensive counts of the local homeless populations in order to measure the prevalence of homelessness in each local Continuum of Care.

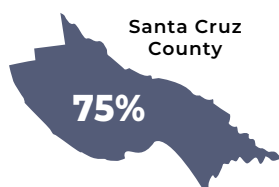
The 2023 Santa Cruz County Point-in-Time Count was a community-wide effort conducted on February 23rd, 2023. In the weeks following the street count, a survey was administered to 416 unsheltered and sheltered individuals experiencing homelessness in order to profile their experience and characteristics.

2023 SHELTERED/ UNSHELTERED POPULATION[□]

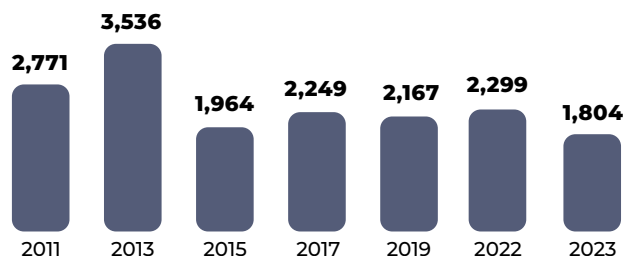
21%
SHELTERED
N = 378

79%
UNSHELTERED
N = 1,426

RESIDENCE AT TIME OF HOMELESSNESS



CENSUS POPULATION: LONGITUDINAL TREND[□]



EMPLOYMENT STATUS



28%
HAD SOME FORM OF EMPLOYMENT

OF UNEMPLOYED...

56% WERE LOOKING FOR WORK
16% WERE UNABLE TO WORK
28% WERE NOT LOOKING FOR WORK

FOSTER CARE



23% of survey respondents have been in the foster care system.

SPECIAL POPULATION DATA

CHRONIC HOMELESSNESS



27% Sheltered
73% Unsheltered
573 Individuals

VETERANS



13% Sheltered
87% Unsheltered
159 Individuals

FAMILIES



65% Sheltered
35% Unsheltered
76 Families with 263 Members

UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH



1% Sheltered
99% Unsheltered
334 Individuals

JUSTICE SYSTEM INVOLVEMENT

25%

of survey respondents spent one or more nights in jail/prison/juvenile hall in the past year.

19%

on probation/parole at the start of their most recent episode of homelessness

AGE



10% UNDER 18
18% 18-24
53% 25-54
19% 55+

GENDER



68%
MALE



31%
FEMALE



1%
TRANSGENDER/
GENDER NON-CONFORMING

SEXUAL ORIENTATION



85% STRAIGHT
6% BISEXUAL
2% LESBIAN
2% GAY
1% QUEER
4% OTHER

RACE

TOP 4 RESPONSES[△]

81%
WHITE

7%
MULTIPLE RACES

6%
BLACK

4%
AMERICAN INDIAN/
ALASKAN NATIVE

ETHNICITY

44% IDENTIFIED AS LATINX/HISPANIC

UNSHELTERED POPULATION BY SLEEPING ACCOMMODATION

35%
TENT

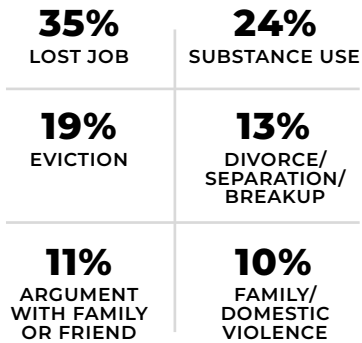
46%
VEHICLE

18%
OUTDOORS/
STREETS

<1%
ABANDONED BUILDING

PRIMARY CONDITION THAT LED TO HOMELESSNESS+

TOP 6 RESPONSES^Δ



FIRST EPISODE OF HOMELESSNESS



40%

Are experiencing their first episode of homelessness

AGE AT FIRST EPISODE OF HOMELESSNESS



15% **20%** **65%**
UNDER 18 18-24 25+

DURATION OF CURRENT EPISODE OF HOMELESSNESS



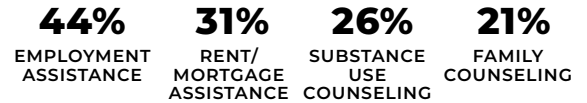
4%
1-30
DAYS

22%
1-11
MONTHS

74%
1 YEAR
OR MORE

WAYS TO PREVENT LOSING HOUSING+

TOP 4 RESPONSES^Δ



SELF REPORTED HEALTH+

Current health conditions that may affect the housing stability or employment of those experiencing homelessness.



46%
SUBSTANCE
USE
DISORDER



39%
PSYCHIATRIC
OR EMOTIONAL
CONDITIONS



38%
PTSD



34%
PHYSICAL
DISABILITY



29%
CHRONIC
HEALTH
CONDITION



16%
TRAUMATIC
BRAIN
INJURY



3%
HIV/ AIDS
RELATED
ILLNESS

DISABLING CONDITIONS

50%



OF SURVEY RESPONDENTS REPORTED HAVING AT LEAST ONE DISABLING CONDITION

A disabling condition is defined by HUD as a developmental disability, HIV/AIDS, or a long-term physical or mental impairment that impacts a person's ability to live independently but could be improved with stable housing.

GOVERNMENT SERVICES AND ASSISTANCE



72%

Of survey respondents reported receiving government benefits.

REASONS FOR NOT RECEIVING ANY GOVERNMENT ASSISTANCE+ Top 5 Responses^Δ

34%
DON'T
THINK I AM
ELIGIBLE

21%
NO ID

13%
NO
PERMANENT
ADDRESS

12%
BENEFITS
WERE
CUT-OFF

11%
IMMIGRATION
ISSUES

SERVICES CURRENTLY ACCESSING+ Top 6 Responses^Δ

61%
FREE
MEALS

30%
EMERGENCY
SHELTER

24%
BUS
PASSES

23%
SHELTER DAY
SERVICES

19%
HEALTH
SERVICES

10%
JOB
TRAINING

SUBPOPULATION DEFINITIONS

CHRONICALLY HOMELESS

An individual with one or more disabling conditions, or a family with a head of household with a disabling condition, who:

- » Has been continuously homeless for one year or more and/or;
- » Has experienced four or more episodes of homelessness totaling twelve months, within the past three years.

VETERANS

Persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

FAMILIES

A household with at least one adult member (persons 18 or older) and at least one child member (persons under 18).

UNACCOMPANIED TRANSITION-AGE YOUTH

Youth under the age of 18 and young adults from the ages of 18 to 24 years old (TAY) who are experiencing homelessness and living without a parent or legal guardian.

+ Multiple response question, results may not add up to 100%.

^Δ Only displaying top responses, all response data will be available in full report.

▣ Sourced from census data rather than survey data.

Note: Some percentages have been rounded so total percentage will equal 100%.

The complete comprehensive report includes a more detailed profile of the characteristics of those experiencing homelessness in Santa Cruz County. It will be available summer 2023.

Source: Applied Survey Research, 2023, Santa Cruz County Homeless Census & Survey, Watsonville, CA.

Report/Discussion Item 7: California Statewide Study of People Experiencing Homelessness

At the end of June 2023, the UC San Francisco Benioff Homeless and Housing Initiative released the largest representative study of homelessness in the United States since the mid-1990s, providing a comprehensive look at the causes and consequences of homelessness in California and recommending policy changes to shape programs in response.

The full study and materials can be found [here](#). A copy of the report's executive summary is included in the Board packet.

Six policy recommendations from the report include:

- 1) Increase access to affordable housing for extremely low income households;
- 2) Expand targeted homelessness prevention;
- 3) Provide robust supports to match the behavioral health needs of the population;
- 4) Increase household incomes through evidenced-based employment programs;
- 5) Increase outreach and service delivery to people experiencing homelessness;
- 6) Embed a racial equity approach in all aspects of homeless system service delivery.

Discussion Questions (PIT and California Study):

- What information stand outs?
- What emotional reaction did you have to the report?
- What are important take away items?
- What actions should be taken?

Executive Summary

IN CALIFORNIA, more than 171,000 people experience homelessness daily. California is home to 12% of the nation's population, 30% of the nation's homeless population, and half the nation's unsheltered population. While homelessness is a major issue for California, there are many conflicting ideas about what to do about it. To design effective programs and policies to address homelessness, we need to understand who is experiencing it, how they became homeless, what their experiences are, and what is preventing them from exiting homelessness.

To answer these questions, the University of California, San Francisco (UCSF) Benioff Homelessness and Housing Initiative conducted the California Statewide Study of People Experiencing Homelessness (CASPEH), the largest representative study of homelessness since the mid-1990s and the first large-scale representative study to use mixed methods (surveys and in-depth interviews). Guided by advisory boards composed of people with lived experience of homelessness and those who work on homelessness programs and policies, we selected eight counties that represent the state's diversity and recruited a

representative sample of adults 18 and older experiencing homelessness throughout California. The investigators conducted the research between October 2021 and November 2022. We administered questionnaires to nearly 3,200 participants, selected intentionally to provide a representative sample, and weighted data to provide statewide estimates. To augment survey responses, we recruited 365 participants to participate in in-depth interviews. With this context, CASPEH provides evidence to shape programs and policy responses to the homelessness crisis.

Benioff Homelessness
and Housing Initiative



University of California
San Francisco

WHO EXPERIENCES HOMELESSNESS IN CALIFORNIA

First, we explore the life experiences of study participants. Individuals with certain vulnerabilities, those with a history of trauma, and/or those from racially minoritized groups, are at higher risk of experiencing homelessness. People who experience homelessness have higher rates of mental health conditions and substance use than the general population. For many, these problems predated their first episode of homelessness.

■ **The homeless population is aging, and minoritized groups are overrepresented.** The median age of participants was 47 (range 18-89). Participants who report a Black (26%) or Native American or Indigenous identity (12%) were overrepresented compared to the overall California population. Thirty-five percent of participants identified as Latino/x.

■ **People experiencing homelessness in California are Californians.** Nine out of ten participants lost their last housing in California; 75% of participants lived in the same county as their last housing.

■ **Participants have been homeless for prolonged periods.** Thirty-nine percent of participants were in their first episode of homelessness. The median length of homelessness was 22 months. More than one third (36%) met federal criteria for chronic homelessness.

■ **Participants reported how stress and trauma over the life course preceded their experience with homelessness.** Participants reported experiences of discrimination, exposure to violence, incarceration, and other traumas prior to homelessness. These experiences interacted and compounded to increase vulnerability to homelessness.

■ **Physical and sexual victimization throughout the life course was common.** Nearly three quarters (72%) experienced physical violence in their lifetime; 24% experienced sexual violence. Sexual violence was more common among cis-women (43%) and transgender or nonbinary individuals (74%).

■ **Participants reported high lifetime rates of mental health and substance use challenges.** The majority (82%) reported a period in their life where they experienced a serious mental health condition. More than one quarter (27%) had been hospitalized for a mental health condition; 56% of these hospitalizations occurred prior to the first instance of homelessness. Nearly two thirds (65%) reported having had a period in their life in which they regularly used illicit drugs. Almost two thirds (62%) reported having had a period in their life with heavy drinking (defined as drinking at least three times a week to get drunk, or heavy intermittent drinking). More than half (57%) who ever had regular use of illicit drugs or regular heavy alcohol use had ever received treatment.

PATHWAYS TO HOMELESSNESS

Second, we sought to understand the context of participants' lives prior to their most recent episode of homelessness. High housing costs and low income left participants vulnerable to homelessness.

In the six months prior to homelessness, the median monthly household income was \$960. A high proportion had been rent burdened. Approximately one in five participants (19%) entered homelessness from an institution (such as a prison or prolonged jail stay); 49% from a housing situation in which participants didn't have their name on a lease or mortgage (non-leaseholder), and 32% from a housing situation where they had their name on a lease or mortgage (leaseholder).

■ **Participants exiting housing to homelessness reported having minimal notice.** Leaseholders reported a median of 10 days notice that they were going to lose their housing, while non-leaseholders reported a median of one day.

■ **Non-leaseholders reported lower incomes and housing costs than leaseholders.** In the six months prior to homelessness, the median monthly household income for non-leaseholders was \$950. Of non-leaseholders, 43% were not paying any rent; among those who reported paying anything, the median monthly rent was \$450. Among non-leaseholders who paid rent, 57% were rent burdened (paying more than 30% of household income for rent). Many non-leaseholders previously had been in leaseholding arrangements, but were able to forestall homelessness by moving in with family or friends. Not only did participants lack legal rights, but they often were living in substandard and overcrowded conditions. These arrangements tended to be highly stressful, leading to conflicts.

■ **Leaseholders had higher incomes, but higher housing costs.** The median monthly household income for leaseholders in the six months prior to homelessness was \$1400. The median housing costs were \$700. While 10% of participants whose names were on the lease didn't pay for housing, among those who paid rent, 66% met criteria for rent burden. Sixteen percent of leaseholders had received a rental subsidy in their last housing. Those who became homeless immediately after leaving a leaseholding situation were similar in many ways to the non-leaseholders but lacked options to move to after losing their housing.

■ **The most common reason for leaving last housing was economic for leaseholders and social for non-leaseholders.** Twenty-one percent of leaseholders cited a loss of income as the main reason that they lost their last housing. Among non-leaseholders, 13% noted a conflict within the household and 11% noted not wanting to impose. For leaseholders, economic considerations interacted frequently with social and health crises. For example, participants' (or household members) health crises led them to lose their job.

■ **Participants who entered homelessness from institutional settings reported not having received transition services.** Nineteen percent of participants entered homelessness from an institutional setting, such as prolonged jail and prison stays. Few reported having received services prior to having exited.

■ **A low proportion of those who entered homelessness from housing situations had sought or received homelessness prevention services.** Many participants were unaware of these services. Overall, 36% of participants had sought help to prevent homelessness, but most sought help from friends or family, rather than non-profits or government agencies.

■ **Even if the cause of homelessness was multifactorial, participants believed financial support could have prevented it.** Seventy percent believed that a monthly rental subsidy of \$300-\$500 would have prevented their homelessness for a sustained period; 82% believed receiving a one-time payment of \$5,000-\$10,000 would have prevented their homelessness; 90% believed that receiving a Housing Choice Voucher or similar option would have done so.

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EXPERIENCES DURING HOMELESSNESS

Next, we examined participants' experiences of homelessness. Homelessness is devastating to health and well-being. Participants' experiences were difficult and marked by significant health challenges, high use of drugs and alcohol, frequent victimization, and interactions with the criminal justice system. For the most part, participants were disconnected from the job market and services.

■ **Most participants were unsheltered.** More than three quarters (78%) noted that they had spent the most time while homeless in the prior six months in unsheltered settings (21% in a vehicle, 57% without a vehicle). Over the prior six months, 90% reported at least one night in an unsheltered setting. Participants who stayed in shelters reported general satisfaction with them; many who didn't expressed concerns about curfews, the need to vacate during the day, health risks, and rules. Forty-one percent of participants noted a time during this homelessness episode where they wanted shelter but were unable to access it.

■ **Participants reported poor health and many health challenges.** Forty-five percent of all participants reported their health as poor or fair; 60% reported a chronic disease. More than one third of all participants (34%) reported a limitation in an activity of daily living, and 22% reported a mobility limitation.

■ **Among women of reproductive age, pregnancy was common.** One quarter (26%) of those assigned female at birth age 18-44 years had been pregnant during this episode of homelessness; 8% reported a current pregnancy.

■ **Despite these health challenges, participants had poor access to healthcare.** While 83% of participants reported having health insurance (primarily Medicaid); half (52%) reported a regular non-emergency department (ED) source of care. Half (49%) had seen a health care provider outside the ED in the prior six months. Almost one quarter (23%) reported an inability to get needed healthcare in the prior six months.

■ **Participants had high rates of acute and emergent health service utilization.** In the prior six months, 38% reported an ED visit that didn't result in a hospitalization; 21% reported a hospitalization for a physical health concern and 5% for a mental health issue.

■ **Many participants had symptoms of mental health conditions; few had access to treatment.** Participants noted how the stresses of homelessness exacerbated their mental health symptoms. Two thirds (66%) noted symptoms of mental health conditions currently, including serious depression (48%), anxiety (51%), trouble concentrating or remembering (37%), and hallucinations (12%). Only 18% had received non-emergent mental health treatment recently; 9% had received any mental health counseling and 14% any medications for mental health conditions.



■ **Substance use, particularly methamphetamine use, was common; few received treatment.** Many participants reported using drugs and alcohol to help them cope with the circumstances of homelessness. Almost one third (31%) reported regular use of methamphetamines, 3% cocaine, and 11% non-prescribed opioids. Sixteen percent reported heavy episodic drinking. Nearly one quarter (24%) noted that substance use currently caused them health, legal, or financial problems. Approximately equal proportions reported that their use of drugs had decreased, stayed the same, or increased during this homelessness episode. Six percent of participants reported receiving any current drug or alcohol treatment. Twenty percent of those who report current regular use of illicit drugs or heavy episodic alcohol use reported that they wanted treatment, but were unable to receive it.

■ **Criminal justice involvement and experiences of violence were common.** Nearly one third (30%) of participants reported a jail stay during this episode of homelessness. Participants reported that homelessness left them more vulnerable to violence. More than one third of all participants (38%) experienced either physical (36%) or sexual (10%) violence during this episode of homelessness. Cis-women (16%) and transgender or non-binary individuals (35%) were more likely to experience sexual violence.

■ **Participants noted substantial disconnection from labor markets, but many were looking for work.** Some of the disconnection may have been related to the lack of job opportunities during the pandemic, although participants did report that their age, disability, lack of transportation, and lack of housing interfered with their ability to work. Only 18% reported income from jobs (8% reported any income from formal employment and 11% from informal employment). Seventy percent reported at least a two-year gap since working 20 hours or more weekly. Of all participants, 44% were looking for employment; among those younger than 62 and without a disability, 55% were.

BARRIERS AND FACILITATORS OF RETURNS TO HOUSING

Next, we examined what prevented participants from re-entering housing. While participants faced many barriers to returning to housing, the primary one was cost. Participants overwhelmingly wanted permanent housing, but they had conflicting feelings about emergency shelter.

■ **Nearly all participants expressed an interest in obtaining housing, but faced barriers.** Nearly 9 in 10 (89%) participants noted housing costs as a barrier to re-entering permanent housing. Other barriers included lack of necessary documentation, discrimination, prior evictions, poor credit history, challenges associated with physical or behavioral health conditions, and family considerations (such as having enough space for their children).



■ **Participants were not receiving regular assistance, such as housing navigation, to help them exit homelessness.** Fewer than half (46%) had received any formal assistance to re-enter housing during their episode of homelessness. Only 26% received assistance monthly or more frequently in the prior six months. Two thirds of participants believed that their lacking assistance was a barrier in their re-entering housing.

■ **Participants believed that financial assistance would help them obtain housing and exit homelessness.** Eighty-six percent thought that a monthly subsidy of \$300-\$500 a month would help them re-enter housing. Ninety-five percent thought a lump-sum payment of \$5,000-\$10,000 would help them. Ninety-six percent thought that a Housing Choice Voucher (or similar rental subsidy) would help them re-enter housing.

POLICY RECOMMENDATIONS

Based on these findings, we offer policy recommendations. The full report presents more detailed recommendations; we list our top six here:

1 Increase access to housing affordable to extremely low income households (those making less than 30% of the Area Median Income) through (1) supporting production of housing (e.g., Low Income Housing Tax Credits, leveraging land use tools), (2) expanding availability of rental subsidies (e.g., Housing Choice Vouchers), and (3) supporting their use on the rental market (e.g., increase housing navigation services, create and enforce anti-discrimination laws).

2 Expand targeted homelessness prevention (e.g., financial support, legal assistance) at service settings (e.g., social service agencies, healthcare settings, domestic violence services, community organizations) for both leaseholders and non-lease holders. Expand prevention and transition services at institutional exits (jails, prisons). Expand and strengthen eviction protections.

3 Provide robust supports to match the behavioral health needs of the population by (1) increasing access to low barrier mental health, substance use, and harm reduction services during episodes of homelessness (including unsheltered settings) and (2) appropriately staffing permanent supportive housing with evidence-based models (e.g., pathways to housing, assertive community treatment, and intensive case management) that meet the needs of the population.

4 Increase household incomes through evidence-based employment supports (e.g., training, transportation) and affirmative outreach to support increasing receipt of benefits.

5 Increase outreach and service delivery to people experiencing homelessness, including a focus on unsheltered settings.

6 Embed a racial equity approach in all aspects of homeless system service delivery. Ensure that prevention activities and coordinated entry prioritization schemes address racial inequities; and that service delivery is conducted in a way that support racial equity.



Report/Discussion Item 8: Homelessness and Housing California FY24 California Budget Update

The National Alliance to End Homelessness (NAEH) prepare a summary of FY23-24 California Budget updates related to housing and homelessness. The update is included with the Board packet.

Some key parts of the update that Housing for Health Division staff want to bring to the attention of the CoC Policy Board are:

- California will have a Homeless Housing, Assistance and Prevention (HHAP) Round 5 funding allocation of \$1 billion statewide;
- Encampment Resolution Funding of \$400 million will be made available statewide;
- Supplemental Homekey funding of \$170 million statewide will be made available to big cities (none in Santa Cruz County) and counties that a compliant housing Element and an approved regionally coordinated homelessness action plan;
- HHAP 5 funding will require the development and approval of a regional homeless action plan likely due by March 31, 2024; the attachment outlines currently known requirements associated with the plan, including a requirement of at least three public meetings on the proposed plan, and a required MOU between the County and CoC (like one used for HHAP4 funding)

Discussion Questions:

- 1) What stands out from the update?
- 2) What reactions do people have to the information?
- 3) How can our community best prepare to receive the most state funding from grants this year?
- 4) What steps should be taken related to the development of an updated homelessness action plan?

California FY 23-24 Budget for Homelessness and Housing: July 2023

At the end of June, legislative leaders and Governor Newsom announced a \$311 billion budget deal, which includes \$226 billion in General Fund spending, along with strategies to address a \$30 billion deficit. The big picture budget deal is accompanied by a number of “trailer bills” that address key details and policy of some of the state’s funded programs. Of particular note are the identical [AB 129/SB 129](#), which includes a range of funded programs for FY 23-24, as well as significant policy changes to the State’s Homeless Housing, Assistance, and Prevention (HHAP) program. While the budget did not meet the scale of our housing crisis ([see statement from housing and homeless advocates here](#)), it’s significant that housing programs did not see major cuts in a year where the budget faced a multibillion dollar deficit.

Affordable Housing and Homelessness Investments in the Budget

Key investments in the affordable housing space include:

- \$500 million in the State Low-Income Housing Tax Credit program;
- \$325 million in the [Multi-family Housing Program \(MHP\)](#);
- \$250 million in the State’s Adaptive Reuse program;
- \$225 million in the [Infill Infrastructure Grant program](#);
- \$75 million for the [State Excess Sites Program](#); and
- \$50 million for the [Veterans Housing and Homelessness Prevention \(VHHP\)](#) program.

A number of key homelessness investments were also included in the budget:

- \$1 billion for the Homeless Housing, Assistance, and Prevention (HHAP) program;
- \$400 million for the Encampment Resolution Funding (ERF) program; and
- funding of the Administration’s proposed Transitional Rent program, which would create a new CalAIM community support to provide up to six months of rent or interim housing for individuals exiting an institution.

Key changes were made to the HHAP program, which are detailed below.

The Homeless Housing, Assistance, and Prevention Program (HHAP)

Allocations

The legislature and the Governor reached a deal to continue the HHAP program with an additional round of HHAP 5 at \$1 billion, which is captured in AB/[SB 129](#). While some pieces of HHAP will remain the same, there are some significant changes, as well as shifting of HHAP 3 and HHAP 4 bonus funds that may provide additional funding.

Under HHAP 5, the allocation methodology of dividing funding between the state’s cities with populations over 300,000, 58 counties, 44 CoCs, as well as Tribal entities will remain the same. Of the \$1 billion in HHAP 5, funding will be divided with:

Recipient	Allocation Amount
Big Cities (Pop Over 300,000)	\$336 million
CoCs	\$240 million
Counties	\$224 million
Tribal Entities	\$20 million
Regional Planning Funds	\$10 million
Supplemental Homekey	\$170 million

Supplemental Homekey funds, noted in the above chart, will be made available to big cities and counties that both have a [compliant Housing Element](#), as well as have an approved regionally coordinated homelessness action plan (see below for more information, referred to as “regional plans” from here on out).

Reallocation of Bonus Funds

In addition to creating HHAP 5, the budget bill reallocates \$360 million in HHAP 3 and HHAP 4 bonus funds from prior budgets, and reroutes that funding into a new “supplemental fund” for HHAP 5, with funding divided between FY 23-24 and FY 24-25. Under the new supplemental fund structure:

- \$100 million will be distributed in FY 23-24 to city, county, and CoC HHAP grantees that obtain approval of their regional plans
- \$260 million will be distributed in FY 24-25 to city, county, and CoC HHAP grantees that have both obtained approval of their regional plans and have a compliant housing element

Regionally Coordinated Homelessness Action Plans (Regional Plans)

The new feature of HHAP 5, which is a product of continued conversations at the state level on accountability, is the regional plan. As directed in the trailer bill, the state must issue the HHAP 5 application by September 30, 2023, after which, jurisdictions will have 180 days to work together to craft a regional plan (with regions defined at the county level) and submit a joint application for HHAP funding. Every big city, county, and CoC will have the ability to keep their HHAP 5 base allocation, although the trailer bill gives the option for applicants in a region to create a regional fiscal agent. This regional plan process will replace the HHAP 3 and HHAP 4 goal setting process, and the performance metrics outlined in HHAP 3 and HHAP 4 are being eliminated.

The HHAP 5 regional plans are required by statute to do the following:

- Identify roles and responsibilities for each entity within the region, including smaller, non-HHAP grantee jurisdictions that choose to participate in the planning;

- Outline recent system performance metrics, including metrics related to racial disparities;
- Identify all federal, state, and local funds being utilized to meet the performance metrics;
- Describe actions that each region will take to limit inflow into homelessness from institutions such as jails and hospitals;
- Describe how each region will leverage an array of state and federal resources to end homelessness and provide sufficient wrap around services;
- Describe actions being taken to ensure greater equity in homeless services outcomes/

Entities crafting the plans are required to hold at least three public meetings before submitting the plans, and must invite an array of stakeholders to these meetings, including people with lived experience of homelessness, service providers, Medi-Cal Managed Care Plans, and others. The plan must result in a signed memorandum of understanding (MOU) between the HHAP grantees within the region.

Regions will have access to HHAP planning funds, and that funding will be available on a reimbursement basis—although Cal ICH will create a process for regions to request an advance of that planning funding.

Eligible Uses and Permanent Housing Solutions

The eligible uses of HHAP have not changed with HHAP 5, although they have been re-ordered and re-worded to achieve greater clarity, transparency, and alignment with commonly-used terminology in the homeless services field, with eligible uses now grouped within three broad categories of 1) permanent housing solutions, 2) interim housing solutions, and an umbrella category of 3) services for people experiencing unsheltered homelessness, systems improvements and support, and other uses.

Under HHAP 5, a region is required to “demonstrate that the region has dedicated sufficient resources from other sources to long-term permanent housing solutions” before being able to use HHAP to fund new interim solutions. The trailer bill language does not go into detail on the process or criteria for demonstrating “sufficient” resources for permanent housing, leaving this area open for further clarification from Cal ICH in advance of the September 30 application release.

Other Key Pieces in the HHAP Trailer Bill

A number of other pieces are clarified in the trailer bill:

- The 10% youth set aside is maintained;
- The 7% administrative rate remains;
- All funded interventions must comply with the [State’s definition of Housing First](#);
- The budget includes intent language to transfer administration of all Cal ICH grant programs to the State Department of Housing and Community Development (HCD); however, this change is not executed by this trailer bill and will require further action from the Legislature. For the time being, HHAP 5 will continue to be administered by Cal



ICH, although there is likely to be greater involvement from HCD in advance of a potential transfer of administration next year;

- Some further changes to statute are possible as the Legislature considers further “clean-up” language later in the summer; however, key provisions reflect negotiated agreements between the Legislature and the Governor’s Office and are unlikely to change substantively.