

**YUROK TRIBAL COUNCIL AGENDA INFORMATION SHEET**

YHHS 21-09

Date: 3/16/2021

Submitted By: Alita Redner

Directors Approval: *Alita Redner*

Please attach all relevant documentation

**SUBJECT:** Bringing Families Home

**FUNDING TO COME FROM:** California Department of Social Serv.

**Reviewed by:**

1. Chairperson
2. Executive Director
3. Finance Department Steven Edmiston
4. Personnel Office
5. Legal Department
6. Grants Compliance
7. \_\_\_\_\_ Committee

**Initials**

Taralyn Iphla  
 Digitally signed by Taralyn Iphla  
 Date: 2021.03.16 11:11:54 -0700

Earl C. Jackson  
 Digitally signed by Earl C. Jackson  
 Date: 2021.03.16 11:11:54 -0700

Digitally signed by Steven Edmiston  
 Date: 2021.03.30 09:37:37 -0700

\_\_\_\_\_

\_\_\_\_\_

Jodi Hoone

\_\_\_\_\_

**Recommendation**

- |                                     |                    |                          |      |
|-------------------------------------|--------------------|--------------------------|------|
| <input type="checkbox"/>            | Approve for Agenda | <input type="checkbox"/> | Deny |
| <input checked="" type="checkbox"/> | Approve            | <input type="checkbox"/> | Deny |
| <input checked="" type="checkbox"/> | Approve            | <input type="checkbox"/> | Deny |
| <input type="checkbox"/>            | Approve            | <input type="checkbox"/> | Deny |
| <input type="checkbox"/>            | Approve            | <input type="checkbox"/> | Deny |
| <input checked="" type="checkbox"/> | Approve            | <input type="checkbox"/> | Deny |
| <input type="checkbox"/>            | Approve            | <input type="checkbox"/> | Deny |

|                           |  |
|---------------------------|--|
| <b>Executive Use Only</b> |  |
| Consent Agenda Item Yes   | <input checked="" type="checkbox"/> No     |
| Major Action Yes          | <input checked="" type="checkbox"/> No     |
| Finance                   | <input checked="" type="checkbox"/> Action |
| Planning                  | _____                                      |
| Calendar/Scheduling       | _____                                      |

- |                                     |                   |
|-------------------------------------|-------------------|
| <input type="checkbox"/>            | No Recommendation |
| <input type="checkbox"/>            | No Recommendation |
| <input type="checkbox"/>            | No Recommendation |
| <input checked="" type="checkbox"/> | No Recommendation |
| <input type="checkbox"/>            | No Recommendation |
| <input type="checkbox"/>            | No Recommendation |

**Is Coordination required with other Departments? If so who? When were they contacted and what was the response:**

**REQUESTED ACTION:** (Describe request in the form of a motion) Motion to approve Bringing Families Home Grant and Budget

**Yurok Tribal Council Use Only**

Motion: \_\_\_\_\_

**MOTION STATED AS ABOVE**

**COUNCIL CONSENSUS**

Motion Made By Nath

Second Made By Williams

**ROLL CALL VOTE:**

|                    | <u>Yes</u> | <u>No</u> | <u>Abs</u> | <u>Np</u> |                 | <u>Yes</u> | <u>No</u> | <u>Abs</u> | <u>Np</u> |
|--------------------|------------|-----------|------------|-----------|-----------------|------------|-----------|------------|-----------|
| Vice Chairperson   | Yes        | No        | Abs        | Np        | Orick District  | Yes        | No        | Abs        | Np        |
| East District      | Yes        | No        | Abs        | Np        | Pecwan District | Yes        | No        | Abs        | Np        |
| Requa District     | Yes        | No        | Abs        | Np        | North District  | Yes        | No        | Abs        | Np        |
| Weitchpec District | Yes        | No        | Abs        | Np        | South District  | Yes        | No        | Abs        | <u>Np</u> |

Chairperson      Aye      Nay

**VOTE:**      \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Abstaining      1 Not Present

**ACTION:**      Approved      Denied      Tabled      No Action      Referred to: \_\_\_\_\_

Previous Action: \_\_\_\_\_  
 Date Approved: 4/14/21

**PROFESSIONAL SERVICES AGREEMENT  
BY AND BETWEEN  
COUNTY OF HUMBOLDT  
AND  
YUOK TRIBE  
FOR FISCAL YEARS 2020-2021 THROUGH 2021-2022**

This Agreement, is entered into this \_\_\_\_ day of \_\_\_\_\_, 2021, by and between the County of Humboldt, a political subdivision of the State of California, hereinafter referred to as “COUNTY,” and the Yurok Tribe, a sovereign nation and federally recognized tribe, hereinafter referred to as “TRIBE,” with all the rights and inherent authority over tribal members, their children eligible or enrolled, and their welfare. Pursuant to Article IV of the Yurok Tribe’s Constitution, the Chairman of the Yurok Tribe may execute agreements on a government-to-government basis with federal, state, and county governments as authorized by Tribal Council.

WHEREAS, COUNTY, by and through its Department of Health and Human Services – Social Services (“DHHS – Social Services”), desires to retain a professional organization to provide case management, social work and housing navigation services to clients served by the Bringing Families Home grant from the California Department of Social Services; and

WHEREAS, COUNTY is working to improve coordination and case management with TRIBE and gain access to supportive services therefrom; and

WHEREAS, TRIBE represents that it has or will retain adequately trained, skilled, and experienced employees to perform the required case management, social work, and housing navigation services.

NOW THEREFORE, the parties hereto mutually agree as follows:

1. DESCRIPTION OF SERVICES:

Each party agrees to work collaboratively with the other party to provide specified case management, social work, and housing navigation services in accordance with the criteria, timeframes, and fiscal requirements set forth in Exhibit A – Scope of Services, Exhibit B – Schedule of Rates, Exhibit C – All County Welfare Director Letter dated September 5, 2019, Exhibit D – Bringing Families Home Joint Application dated November 7, 2019 and Exhibit E – All County Welfare Director Letter dated June 1, 2020, which are attached hereto and incorporated herein by reference as if set forth in full.

2. TERM:

This Agreement shall begin upon execution by both parties and shall remain in full force and effect until June 30, 2022, unless sooner terminated as provided herein or extended pursuant to a duly executed amendment hereto.

3. TERMINATION:

A. Termination for Cause. Either party may, in its sole discretion, immediately terminate this Agreement, if the other party fails to adequately perform the services required hereunder within the timeframes set forth herein, fails to comply with the terms or conditions set forth herein, or violates any local, state or federal law, regulation or standard applicable to its performance hereunder. In the event this Agreement is terminated by COUNTY as a result of a breach hereof, TRIBE shall immediately cease any and all services required pursuant to the terms and conditions of this Agreement.

- B. Termination without Cause. Either party may terminate this Agreement without cause upon thirty (30) days advance written notice which states the effective date of the termination.
- C. Termination due to Insufficient Funding. COUNTY's obligations under this Agreement are contingent upon the availability of local, state and/or federal funds. In the event such funding is reduced or eliminated, COUNTY shall provide TRIBE seven (7) days advance written notice of its intent to terminate this Agreement due to insufficient funding. Upon receipt of such notice, TRIBE shall immediately cease any and all services required pursuant to the terms and conditions of this Agreement.
- D. Compensation upon Termination. In the event this Agreement is terminated, for any reason whatsoever, TRIBE shall be entitled to compensation for any and all uncompensated services provided pursuant to the terms and conditions set forth herein through, and including, the effective date of such termination pursuant to Section 4 – Termination of this Agreement.

4. COMPENSATION:

- A. Maximum Amount Payable. The maximum amount payable by COUNTY for services rendered, and costs and expenses incurred, pursuant to the terms and conditions of this Agreement is Two Hundred Twenty-Four Thousand, Five Hundred Nineteen Dollars and Thirty-Three Cents (\$224,519.33). TRIBE agrees to perform all services specified hereunder for an amount not to exceed such maximum dollar amount. However, if local, state or federal funding or allowance rates are reduced or eliminated, the parties may, by a mutually agreed upon and duly executed amendment hereto, reduce the maximum amount payable hereunder or terminate this Agreement as provided herein. In the event this Agreement is terminated due to a reduction in, or elimination of, local, state or federal funding or allowance rates, TRIBE shall be entitled to compensation for all uncompensated services provided hereunder through, and including, the effective date of such termination. Any unauthorized costs and expenses incurred above the maximum payable amount set forth herein shall be the responsibility of TRIBE. TRIBE shall notify COUNTY, in writing, at least six (6) weeks prior to the date on which TRIBE estimates the maximum payable amount will be reached.
- B. Schedule of Rates. The specific rates and costs applicable to this Agreement are set forth in Exhibit B – Schedule of Rates, which is attached hereto and incorporated herein by reference as if set forth in full.
- C. Additional Services. Any additional services not otherwise set forth herein shall not be provided by TRIBE, or compensated by COUNTY, without prior written authorization from each party. Written notice, for the purposes of this section, shall include, without limitation, email communication.

5. PAYMENT:

TRIBE shall submit to COUNTY monthly invoices itemizing all services rendered, and costs and expenses incurred, pursuant to the terms and conditions of this Agreement by the tenth (10<sup>th</sup>) day of each month. TRIBE shall submit a final invoice for payment within thirty (30) days following the expiration or termination date of this Agreement. Invoices shall be prepared using the format provided by COUNTY, and shall include the date that each service was provided, the total number of service hours provided per day, the total cost per day and the total cost for the month. COUNTY shall make payment for services rendered, and costs and expenses incurred, pursuant to the terms and conditions of this Agreement shall be made within thirty (30) days after the receipt of approved invoices. Any and all invoices submitted by TRIBE shall be sent, via email, to COUNTY at the following address:

COUNTY: Humboldt County DHHS – Social Services  
Attention: Mandy Gentle-Martin, Fiscal  
Email: mgentle-martin@co.humboldt.ca.us

6. NOTICES:

Any and all notices required to be given pursuant to the terms and conditions of this Agreement shall be in writing and served via email to the respective addresses set forth below. Notice shall be effective upon actual delivery. Each party shall provide the other with notice of change of address within thirty (30) days of such change.

COUNTY: Humboldt County DHHS – Social Services  
Attention: Connie Beck, Social Services Director  
Email: cbeck@co.humboldt.ca.us

TRIBE: Yurok Health and Human Services  
Attention: Alita Redner, Social Services Director  
Email: aredner@yuroktribe.nsn.us

AND

Yurok Tribe, Office of Tribal Attorney  
Attention: Tamara Honrado, Associate General Counsel  
Email: thonrado@yuroktribe.nsn.us

7. REPORTS:

Each party agrees to work collaboratively with the other party to provide any and all necessary reports to the California Department of Social Services as required under the Bringing Families Home Program.

8. RECORD RETENTION AND INSPECTION:

- A. Maintenance and Preservation of Records. TRIBE agrees to maintain and preserve records related to its performance hereunder for a period of three (3) years after the expiration or termination of this Agreement, except that if any litigation, claim, negotiation, audit or other action is pending, the records shall be retained until resolution of all issues arising therefrom.
- B. Inspection of Records. TRIBE hereby agrees to make all records related to its performance hereunder available during normal business hours to inspection, audit and reproduction by COUNTY, and any other duly authorized local, state and/or federal agencies, for a period of three (3) years after the expiration or termination of this Agreement. TRIBE further agrees to allow interviews of any of its employees who might reasonably have information related to such records by COUNTY, and any other duly authorized local, state and/or federal agencies, during the above-referenced time period. Any and all examinations and audits conducted hereunder shall be strictly confined to those matters connected with the performance of this Agreement, including, without limitation, any and all costs associated with the administration of this Agreement.
- C. Audit Costs. Each party shall be responsible for the cost of any and all audits associated with the provision of services required pursuant to the terms and conditions of this Agreement.



9. CONFIDENTIAL INFORMATION:

- A. Disclosure of Confidential Information. In the performance of this Agreement, each party may receive information that is confidential. Confidential information shall not be reproduced, transmitted, or disclosed by either party without client consent, but may be used to facilitate provision of the services required pursuant to the terms and conditions of this Agreement.
- B. Disclosure of Proprietary Information. Notwithstanding anything to the contrary, TRIBE's proprietary information, including, without limitation, work papers, processes, procedures, interim or draft documents, methodologies, know-how, software and other instruments of services belonging to or licensed by TRIBE ("Proprietary Information"), shall remain the sole property of TRIBE. TRIBE may require all such information to be marked with the legend "Property of the Yurok Tribe – Confidential – Do Not Disclose." To the extent the deliverables developed pursuant to the terms and conditions of this Agreement contain or require the use of Proprietary Information, TRIBE hereby grants to COUNTY, upon proper payment for the services provided pursuant to the terms and conditions of this Agreement, a non-exclusive, non-transferable, non-revocable and royalty-free license to use the Proprietary Information solely for the purpose for which the deliverables provided hereunder were developed. This Agreement does not grant COUNTY the right to reveal, discuss, or transfer any data to third parties, other than as provided in this Agreement. COUNTY understands and agrees that, despite wording to the contrary in this Agreement, it shall not transfer cultural data to third parties without written authorization from TRIBE. The provisions of this section will survive the expiration or termination of this Agreement.
- C. Disclosure of Unrestricted Information. Notwithstanding anything to the contrary, the restrictions set forth herein shall not apply to information which:
1. Is known by the recipient prior to its receipt from the disclosing party or is, or becomes, publicly known through no wrongful act or omission of the recipient.
  2. Is communicated to a third party with the express written consent of clients or the disclosing party and is not subject to restrictions on further use or disclosure.
  3. Is independently developed by the recipient without causing a breach of the terms and conditions of this Agreement.
  4. Is required to be disclosed by the recipient pursuant to court order or applicable law; provided that prior to making such a disclosure, the recipient will provide the disclosing party with written notice of such requirement and provide a reasonable opportunity for the disclosing party to object to the disclosure or take action to maintain the confidentiality of the information.
  5. Written notice, for the purposes of this section, shall include, without limitation, email communication.
- D. Continuing Compliance with Confidentiality Requirements. Each party hereby acknowledges that the requirements pertaining to confidentiality, electronic data security and privacy are rapidly evolving and that amendment of this Agreement may be required to ensure compliance with such developments. Each party agrees to promptly enter into negotiations concerning an amendment to this Agreement embodying written assurances consistent with any applicable requirements and shall develop a memorandum of understanding regarding confidentiality.

10. NON-DISCRIMINATION COMPLIANCE:

Each party shall comply with any and all applicable non-discrimination provisions of any treaties, compacts, statutes, ordinances, codes, regulations, consent decrees, orders, judgments, rules, and other requirements of governmental or judicial entities that have jurisdiction over the services provided pursuant to the terms and conditions of this Agreement. Complaints arising out of any of the methods of providing for Indian preference shall be handled in accordance with the procedures of the Yurok Tribe and the Tribal Employment Rights Ordinance.

11. NUCLEAR-FREE HUMBOLDT COUNTY ORDINANCE COMPLIANCE:

By executing this Agreement, TRIBE certifies that it is not a Nuclear Weapons Contractor, in that TRIBE is not knowingly or intentionally engaged in the research, development, production or testing of nuclear warheads, nuclear weapons systems or nuclear weapons components as defined by the Nuclear-Free Humboldt County Ordinance. TRIBE agrees to notify COUNTY if it becomes a Nuclear Weapons Contractor as defined above. COUNTY may immediately terminate this Agreement if it determines that the foregoing certification is false or if TRIBE subsequently becomes a Nuclear Weapons Contractor.

12. HOLD HARMLESS, DEFENSE AND INDEMNIFICATION:

A. Mutual Indemnity. Each party agrees to hold harmless, defend and indemnify the other party, and its agents, officers, officials, employees and volunteers, from and against any and all claims, demands, losses, damages, liabilities, speculative damages, and costs of any kind or nature, arising out of, or in connection with, the negligent performance of, or failure to comply with, any of the duties and/or obligations contained herein, except such loss or damage which was caused by the sole negligence or willful misconduct of the other party or its agents, officers, officials, employees or volunteers. Each party shall indemnify the other party for any and all claims resulting from the use of data documents, or other information, provided pursuant to the terms and conditions of this Agreement. Neither party shall be responsible for defending the other party in court, but shall reimburse for actual invoiced costs associated with the defense. The claims, demands, loss, damages, liabilities and costs in this section are separate and distinct from the limitation on damages in Section 13 – Limitation of Liability of this Agreement.

B. Comparative Liability. Notwithstanding anything to the contrary, in the event that both parties are held to be negligently or willfully responsible, each party will bear its proportionate share of liability as determined in any such proceeding. In such cases, each party will bear its own costs and attorney's fees.

13. LIMITATION OF LIABILITY:

In no event shall either party or their parents, affiliates and subsidiaries, and their respective directors, officers and employees, be liable to the other for any indirect, incidental, special, consequential or punitive damages whatsoever arising out of or related to this Agreement unless arising as a result of such party's gross negligence or willful misconduct.

14. INSURANCE REQUIREMENTS:

A. General Insurance Requirements. Without limiting either party's indemnification obligations set forth herein, each party shall maintain in full force and effect, at its own expense, any and all appropriate comprehensive general liability, automobile liability, workers' compensation and professional liability insurance policies.

- B. Insurance Notices. Any and all insurance notices required to be given pursuant to the terms and conditions of this Agreement shall be sent to the addresses set forth below in accordance with the notice requirements contained herein.

COUNTY: County of Humboldt  
Attention: Risk Management  
825 Fifth Street, Room 131  
Eureka, California 95501

TRIBE: Yurok Tribe  
Attention: Fiscal Department  
190 Klamath Boulevard  
Klamath, California 95548

AND

Yurok Tribe, Office of Tribal Attorney  
Attention: Tamara Honrado, Associate General Counsel  
190 Klamath Boulevard  
Klamath, California 95548  
Email: thonrado@yuroktribe.nsn.us

15. RELATIONSHIP OF PARTIES:

It is understood that this Agreement is by and between two (2) independent parties and is not intended to, and shall not be construed to, create the relationship of agents, servant, employee, partnership, joint venture or any other similar association. Neither party's employees shall be entitled to any benefits to which the party's employees are entitled, including, without limitation, overtime, retirement, leave or workers' compensation benefits. Each party shall be solely responsible for the acts and omissions of its agents, officers and employees.

16. LIMITED WAIVER OF SOVEREIGN IMMUNITY:

TRIBE hereby grants a limited waiver of its sovereign immunity from un-consented suit, as described herein, solely for actions requesting arbitration of enforcement of a binding arbitration award as permitted herein. The arbitrator or arbitrators deciding the claim shall be bound and limited by this limited waiver of sovereign immunity and no court may enforce an arbitration award against TRIBE that goes beyond the scope of this limited waiver or the limitation on damages set forth in this provision or by Tribal law. The arbitrator or arbitrators shall only award, and the courts shall only enforce against TRIBE, orders for specific performance and shall not award or enforce punitive, exemplary or other types of damages, and the award shall not exceed Two Hundred Twenty-Four Thousand, Five Hundred Nineteen Dollars and Thirty-Three Cents (\$224,519.33). Speculative damages shall not be awarded to either party. Each party acknowledges its respective obligation to take reasonable steps to mitigate damages. This limited waiver does not allow any action, claims, or awards to be brought, or enforced, against TRIBE or its tribal council members, officers, attorneys, employees, agents or any other person or entity acting on behalf of TRIBE. A claim for binding arbitration may be asserted and any award or order may be enforced only against TRIBE. An arbitration award, if any, may be enforced either in Yurok Tribal Court or the United States District Court for the Northern District of California. Except for the limited waiver set forth herein, TRIBE does not consent to any action brought in any court arising out of, or related to, this Agreement.

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17. DISPUTE RESOLUTION:

- A. Informal Dispute Resolution. If a dispute arises involving the interpretation, implementation, or enforcement of this Agreement, the parties shall make every reasonable attempt to resolve the problem within thirty (30) days of becoming aware of the dispute. Each party hereby agrees to cooperate with the other party in trying to reasonably resolve all disputes, including, if requested by either party, appointing senior representatives to meet and engage in good faith negotiations regarding resolution of the dispute. Senior representatives of the parties shall meet in person, at a mutually agreeable location in Humboldt County, within thirty (30) days of receiving written notice of a dispute, unless otherwise agreed upon by the parties. All meetings and discussions between senior representatives will be deemed confidential settlement discussions not subject to disclosure under Federal Rule of Evidence 408 or any similar state or federal law, regulation or rule of court. Each party further agrees that informal dispute resolution, including, without limitation, mediation, shall be attempted prior to requesting arbitration as permitted by the terms and conditions of this Agreement.
- B. Arbitration. In the event a dispute arising hereunder cannot be resolved through the informal dispute resolution process set forth herein, either party may request arbitration as permitted by the terms and conditions of this Agreement. Any arbitration related to this Agreement shall be held at a mutually agreed upon location in Eureka, California and shall be governed by the law of the State of California. Time is of the essence for any arbitration under this Agreement and arbitration hearings shall take place within ninety (90) days of filing and awards rendered within one hundred twenty (120) days. The arbitrator or arbitrators shall agree to these limits prior to accepting appointment. Any arbitration award shall be limited to specific performance of this Agreement and each party shall be responsible for its own attorney's fees. Except as may be required by law, neither a party nor an arbitrator may disclose the existence, context, or results of any arbitration hereunder without the prior written consent of both parties. Each party hereby agrees that failure or refusal of a party to pay its required share of the deposits for arbitrator compensation of administrative charges will constitute a waiver by that party to present evidence or cross-examine witness. In such event, the other party will be required to present evidence and legal argument as the arbitrator or arbitrators may require for the making of an award. Such waiver will not allow for default judgment against the non-paying party in the absence of evidence presented as provided for above.

18. COMPLIANCE WITH APPLICABLE LAWS AND REQUIREMENTS:

Each party hereby agrees to comply with any and all applicable legal requirements, including, without limitation, any and all relevant licensure, accessibility, conflict of interest and drug-free workplace requirements, related to the services provided pursuant to the terms and conditions of this Agreement.

19. PROVISIONS REQUIRED BY LAW:

This Agreement may be subject to any additional local, state and federal restrictions, limitations or conditions that may affect the terms, conditions or funding of this Agreement. This Agreement shall be read and enforced as though all legally required provisions are included herein, and if for any reason any such provision is not included, or is not correctly stated, the parties agree to amend the pertinent section to make such insertion or correction.

20. REFERENCE TO LAWS, REGULATIONS AND STANDARDS:

In the event any applicable law, regulation, or standard related hereto is amended during the term of this Agreement, the parties agree to comply with the amended provision as of the effective date thereof.

21. PROTOCOLS:

Both parties agree that the inclusion of additional protocols may be required to make this Agreement specific. All such protocols shall be negotiated, determined, and agreed upon by both parties hereto.

22. SEVERABILITY:

If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.

23. ASSIGNMENT:

Neither party shall delegate its duties or assign its rights hereunder, either in whole or in part, without the other party's prior written consent. Any assignment by either party in violation of this provision shall be void, and shall be cause for immediate termination of this Agreement. This provision shall not be applicable to service agreements or other arrangements usually or customarily entered into by either party to obtain supplies, technical support, or professional services.

24. AGREEMENT SHALL BIND SUCCESSORS:

All provisions of this Agreement shall be fully binding upon, and inure to the benefit of, the parties and to each of their heirs, executors, administrators, successors and permitted assigns.

25. WAIVER OF DEFAULT:

The waiver by either party of any breach of this Agreement shall not be deemed to be a waiver of any such breach in the future, or of the breach of any other requirement of this Agreement. In no event shall any payment by COUNTY constitute a waiver of any breach of this Agreement which may then exist on the part of TRIBE. COUNTY shall have the right to demand repayment of, and TRIBE shall promptly refund, any funds which COUNTY determines were not expended in accordance with the terms and conditions of this Agreement.

26. NON-LIABILITY OF OFFICIALS AND EMPLOYEES:

No official or employee of either party shall be personally liable for any default or liability under this Agreement.

27. AMENDMENT:

This Agreement may be amended at any time during the term of this Agreement upon the mutual consent of both parties. No addition to, or alteration of, the terms of this Agreement shall be valid unless made in writing and signed by the parties hereto.

28. STANDARD OF PRACTICE:

Each party warrants it has the degree of learning and skill ordinarily possessed by reputable professionals practicing in similar localities in the same profession and under similar circumstances. Each party must exercise such care, skill and diligence as professionals engaged in the same profession ordinarily exercise under like circumstances.

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29. TITLE TO INFORMATION AND DOCUMENTS:

Subject to Section 9 – Confidential Information of this Agreement, information and reports concerning the subject matter of this Agreement prepared and/or submitted by TRIBE shall become the property of COUNTY. However, TRIBE may retain copies of such documents, information and reports for its records. In the event this Agreement is terminated, for any reason whatsoever, TRIBE shall promptly turn over original documents, information, and reports to COUNTY without exception or reservation.

30. ADVERTISING AND MEDIA RELEASE:

Each party shall obtain the written approval of the other party before any informational material related to this Agreement may be used as advertising or released to the media, including, without limitation, television, radio, newspapers and internet. Each party shall inform the other party of any and all requests for interviews by the media related to this Agreement before such interviews take place; and the other party shall be entitled to have a representative present at such interviews. Any and all notices required by this provision shall be given in accordance with the notice requirements set forth herein.

31. SUBCONTRACTS:

TRIBE shall obtain prior written approval from COUNTY before subcontracting any of the services to be provided pursuant to the terms and conditions of this Agreement. Any and all subcontracts shall be subject to all applicable terms and conditions of this Agreement, including, without limitation, the licensing, certification, privacy, security and confidentiality requirements set forth herein. TRIBE shall remain legally responsible for the performance of all terms and conditions of this Agreement, including, without limitation, any and all services provided by third parties under subcontracts entered into pursuant to the terms and conditions of this Agreement.

32. ATTORNEYS' FEES:

Each party shall cover its own costs and attorneys' fees if either party commences any legal action, including, without limitation, an action for declaratory relief, against the other by reason of the alleged failure of the other to perform any of its obligations hereunder.

33. SURVIVAL OF PROVISIONS:

The obligations of the parties set forth in Section 3(D) – Compensation upon Termination, Section 8 – Record Retention and Inspection, Section 9 – Confidential Information, and Section 12 – Hold Harmless, Defense and Indemnification shall survive the expiration or termination of this Agreement.

34. CONFLICTING TERMS OR CONDITIONS:

In the event of any conflict in the terms or conditions set forth in any other agreements in place between the parties hereto and the terms and conditions set forth in this Agreement, the terms and conditions set forth herein shall have priority.

35. INTERPRETATION:

This Agreement, as well as its individual provisions, shall be deemed to have been prepared equally by both of the parties hereto, and shall not be construed or interpreted more favorably for one (1) party on the basis that the other party prepared it.

36. INDEPENDENT CONSTRUCTION:

The titles of the sections and subsections set forth herein are inserted for convenience of reference only and shall be disregarded in construing or interpreting any of the provisions of this Agreement.

37. FORCE MAJEURE:

Neither party hereto shall be liable or responsible for delays or failures in performance resulting from events beyond the reasonable control, and without the fault or negligence, of such party. Such events shall include, without limitation, acts of God, strikes, lockouts, riots, acts of war, epidemics, pandemics, acts of government, fire, power failures, nuclear accidents, earthquakes, unusually severe weather, acts of terrorism or other disasters, whether or not similar to the foregoing.

38. ENTIRE AGREEMENT:

This Agreement, including Exhibits A through E, which are attached hereto and incorporated herein by reference as if set forth in full, contains all of the terms and conditions agreed upon by the parties hereto and no other agreements, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind either of the parties hereto. In addition, this Agreement shall supersede in their entirety any and all prior agreements, promises, representations, understandings and negotiations of the parties, whether oral or written, concerning the same subject matter. Any and all acts which may have already been consummated pursuant to the terms and conditions of this Agreement are hereby ratified.

39. COUNTERPART EXECUTION:

This Agreement, and any amendments hereto, may be executed in one (1) or more counterparts, each of which shall be deemed to be an original and all of which, when taken together, shall be deemed to be one (1) and the same agreement. This Agreement, and any amendments hereto, may be signed by manual or electronic signatures in accordance with any and all applicable local, state and federal laws, regulations and standards, and such signatures shall constitute original signatures for all purposes. A signed copy of this Agreement, and any amendments hereto, transmitted by email or by other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original executed copy of this Agreement and any amendments hereto.


40. AUTHORITY TO EXECUTE:

Each person executing this Agreement represents and warrants that he or she is duly authorized and has legal authority to execute and deliver this Agreement. Each party represents and warrants to the other that the execution and delivery of this Agreement and the performance of such party's obligations hereunder have been duly authorized.

[Signatures on Following Page]

IN WITNESS WHEREOF, the parties have entered into this Agreement as of the first date written above.

**YUROK TRIBE:**

By:   
Joseph L. James, Chair  
Yurok Tribe

Date: 5/25/21

**COUNTY OF HUMBOLDT:**

By: \_\_\_\_\_  
Virginia Bass, Chair  
Humboldt County Board of Supervisors

Date: \_\_\_\_\_

**INSURANCE AND INDEMNIFICATION REQUIREMENTS APPROVED:**

By:   
Risk Management

Date: 05/28/2021

**LIST OF EXHIBITS:**

- Exhibit A – Scope of Services
- Exhibit B – Schedule of Rates
- Exhibit C – All County Welfare Director Letter dated September 5, 2019
- Exhibit D – Bringing Families Home Joint Application dated November 7, 2019
- Exhibit E – All County Welfare Director Letter dated June 1, 2020



**EXHIBIT A**  
**SCOPE OF SERVICES**

Yurok Tribe

For Fiscal Years 2020-2021 through 2021-2022

The Humboldt County Department of Health & Human Services (“DHHS”) and the Yurok Department of Health and Human Services (“YHHS”) submitted a joint application to the California Department of Social Services (“CDSS”), attached as Exhibit D. The Yurok Tribe (“TRIBE”) is sovereign nation and federally recognized tribe, acting by and through Yurok Health and Human Services Department (“YHHS”). YHHS is the agency designated by the TRIBE to administer or supervise the administration of the Tribal Child Welfare Services Plan. Bringing Families Home’s primary goal is to increase family stability and permanency for families experiencing homelessness or at imminent risk of homelessness through the provision of housing services and supports and direct rental assistance. For the purposes of this Agreement, Yurok families are those with at least one child enrolled or eligible for enrollment in the Tribe.

1. SERVICES:

TRIBE will recruit and hire or re-assign a half-time social worker and a half-time housing navigator to work with Yurok families both experiencing and at risk of homelessness who are involved with the COUNTY Child Welfare System.

The half-time housing navigator will work with clients and appropriate landlords, the Yurok Housing Authority, and Tribal Court, as appropriate, to identify and secure appropriate, affordable long-term housing and to assist families in securing needed documentation and completing forms. The half-time social worker will provide case management services.

YHHS will review the assessment tool used to assist in prioritizing service delivery and provide input on prioritizing Yurok families and children. DHHS-CWS will share the Quick Risks and Assets for Family Triage Assessment Matrix assessment tool, known as QRAFT for this purpose.

Assigned YHHS social worker and or housing navigator will work with DHHS-CWS Social Workers and DHHS Housing Navigators to refer Yurok families to available resources including CalWORKS, Tribal TANF, CalFresh, Medi-Cal, and any other available services.

In partnership with DHHS-CWS, YHHS will deliver services reflective of the joint application to CDSS, Exhibit D.

2. SCHEDULE:

The Bringing Families Home program is to begin no later than July 1, 2020 or as close to July 1, 2020 as circumstances permit. The end date of BFH is June 30, 2022.

3. DELIVERABLES:

DHHS-CWS shall refer BFH cases to YHHS housing navigator and social worker and coordinate with County Social Workers and Navigators to ensure Yurok families have access to rapid rehousing services, direct rental assistance and other supports. DHHS-CWS shall provide YHHS staff with access to ACT and other resources so that YHHS staff is able to submit requests for rental assistance, security deposits, and other cost directly related to securing and maintaining housing. Short term housing such as hotels may be paid with budgeted funds to secure immediate safe housing for a child welfare-involved family while longer term solutions worked on.

Completion of CDSS-required documentation (see Section 4, Reporting Requirements) will document delivery of receivables. YHHS staff shall be trained on completion of these reporting requirements by DHHS-CWS or Bringing Families Home staff.

YHHS and DHHS-CWS will identify priority Yurok families who shall receive services and rental assistance as long as there is capacity, Bringing Families Home criteria is met including meeting State definitions of homelessness/at risk of homelessness, and there are remaining rental assistance funds.

All Deliverables set for in Exhibit A shall become the property of the COUNTY upon proper payment for the services. YHHS shall bear no liability nor responsibility for deliverables that have been modified post-delivery or used for a purpose other than that which it was prepared under this Agreement.

4. REPORTING REQUIREMENTS:

CDSS requires monthly submission of the “BFH 17” report detailed in Exhibit E. Information is collected on program enrollment, housing, expenditures, exits and limited child welfare data while in the BFH Program. The purpose of the BFH 17 report is to provide CDSS with the BFH data needed to track program implementation, spending, and for program evaluation purposes. This report provides county, tribes, and state entities with information needed for continuous quality improvement of BFH, budgeting, staffing, program planning, evaluation, and other purposes.

The BFH-17 report is in Excel format. DHHS-CWS shall provide YHHS with real-time access to this Report so that YHHS’s housing navigator may collect required data elements and enter into sheet no less than weekly upon execution of this Agreement.

YHHS agrees to provide DHHS-CWS with any and all reports that may be required by any local, state and/or federal agencies for compliance with this Agreement. YHHS shall submit a copy of reports required hereunder in the format required. In the case a report is required to comply with the Americans with Disabilities Act and any other accessibility laws, regulations and standards applicable to the Bringing Families Home Grant, COUNTY agrees to modify the document to comply.

The COUNTY shall submit the BFH 17 report to CDSS by the DHHS Housing and Assistance Coordinator along with the DHHS BFH17 through uploading the Excel file(s) to the CDSS Secure File Transfer (SFT) site.

5. COUNTY RESPONSIBILITIES:

DHHS-CWS shall provide access and use of the care coordination software platform called ACT to the YHHS for the purpose of sharing information and communicating task completion.

DHHS-CWS shall ensure that regular Child and Family Team Meetings (CFT) occur with YHHS to provide coordination and case management regarding cases involved with Bringing Families Home. The DHHS-CWS shall jointly staff and prioritize housing for Yurok families with YHHS staff.

DHHS-CWS shall provide a Housing and Assistance Coordinator to work with YHHS to engage and provide YHHS with trainings.

DHHS-CWS agrees to reimburse YHHS for half-time social worker and half-time housing navigator in connection with Scope of Services.

////

DHHS-CWS will refer BFH families to available resources including CalWORKs, Tribal TANF, CalFresh, Medi-Cal, and any other available services.

DHHS-CWS shall ensure Homeless Management Information System (HMIS) data collected on manual forms is entered into HMIS.

DHHS-CWS shall ensure monthly BFH17 forms submitted by the 15<sup>th</sup> of the month are submitted to CDSS by the 20<sup>th</sup> of the month.

DHHS-CWS shall claim YHHS's eligible expenditures submitted on monthly invoices to CDSS on the Quarterly County Expense Claim.

**EXHIBIT B  
SCHEDULE OF RATES**

Yurok Tribe

For Fiscal Years 2020-2021 through 2021-2022

1. RATE OF COMPENSATION:

COUNTY shall compensate TRIBE for the services provided, and costs and expenses incurred, pursuant to the terms and conditions of this Agreement at the following maximum rates of compensation:

|                                 |   |                                    |                     |
|---------------------------------|---|------------------------------------|---------------------|
| <b>A. Personnel Expense</b>     |   |                                    | <b>\$</b>           |
|                                 | Social Worker (.5 position) (salary and benefits)     |                                    | \$93,500.00         |
|                                 | Housing navigator (.5 position) (salary and benefits) |                                    | \$92,200.00         |
|                                 |   |                                    |                     |
|                                 |   | <b>Total Personnel Expense</b>     | <b>\$185,700.00</b> |
|                                 |   |                                    |                     |
| <b>B. Non-personnel Expense</b> |   |                                    |                     |
|                                 |   |                                    |                     |
|                                 |   |                                    |                     |
| <b>1. Administrative Costs</b>  |   |                                    |                     |
|                                 | Mileage   |                                    | \$200.00            |
|                                 | Various start-up costs                                |                                    | \$1,500.00          |
|                                 |   |                                    |                     |
|                                 |   | <b>Total Non-personnel Expense</b> | <b>\$1,700.00</b>   |
| <b>C. Indirect 24.7%</b>        |   |                                    | <b>\$37,119.33</b>  |
| <b>Budget Sections</b>          |   |                                    | <b>Total</b>        |
|                                 |   | <b>A. Personnel Expense</b>        | <b>\$185,900.00</b> |
|                                 |   | <b>B. Non-Personnel Expense</b>    | <b>\$1,700.00</b>   |
|                                 |   | <b>Total Budgeted</b>              | <b>\$224,519.33</b> |

September 5, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL)**

The California Department of Social Services (CDSS) is seeking proposals from Child Welfare Services (CWS) and tribal agencies interested in continuing or implementing a Bringing Families Home (BFH) Program. BFH is a state-funded program in which participating counties or tribes provide housing-related supports to eligible families experiencing homelessness within the child welfare system.



KIM JOHNSON  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



GAVIN NEWSOM  
GOVERNOR

September 5, 2019

ALL COUNTY WELFARE DIRECTORS LETTER

TO: ALL COUNTY WELFARE DIRECTORS  
CALIFORNIA FEDERALLY RECOGNIZED TRIBAL  
GOVERNMENTS

FROM: ALI SUTTON, Acting Deputy Director  
Family Engagement and Empowerment Division

SUBJECT: BRINGING FAMILIES HOME (BFH) PROGRAM

REFERENCE: [ASSEMBLY BILL \(AB\) 1603](#), CHAPTER 25, STATUTES OF 2016;  
[SENATE BILL \(SB\) 80](#), CHAPTER 27, STATUTES OF 2019; [AB 74](#),  
CHAPTER 23, STATUTES OF 2019; [WELFARE AND  
INSTITUTIONS CODE \(WIC\) SECTIONS 16523-16523.1](#).

The California State Budget for Fiscal Year (FY) 2019-20 appropriated \$24.4 million General Fund (one-time) to continue and expand the Bringing Families Home (BFH) Program. BFH is a state-funded program in which participating counties or tribes provide housing-related supports to eligible families experiencing homelessness within the child welfare system. The program requires a dollar-for-dollar county or tribal match and funds are available for expenditure from July 1, 2019 through June 30, 2022. The California Department of Social Services (CDSS) is seeking proposals from county child welfare agencies and tribes (also identified as applicants throughout this letter) interested in continuing or implementing a BFH Program. The CDSS encourages county and tribal partnerships and will give highest priority to joint applicants.

The BFH Program, created by Assembly Bill (AB) 1603 (Chapter 25, Statutes of 2016) and updated by [Senate Bill \(SB\) 80](#) (Chapter 29, Statutes 2019), aims to provide housing-related services to families receiving child welfare services, increase the number of families reunifying, and prevent foster care placement. Per [Welfare and Institutions Code \(WIC\) sections 16523-16523.1](#), county child welfare agencies and tribes operating BFH programs must use evidence-based housing models and practices, such as [Rapid Re-housing](#), [Supportive Housing](#), and/or subsidies to make rental housing affordable. Further, SB 1380 (Chapter 847, Statutes of 2016) requires

BFH ACWDL  
Page Two

that all state-funded housing programs incorporate the core components of Housing First enumerated in [WIC section 8255](#). Additionally, the BFH program requires collaboration and coordination with the greater homelessness response system, including participation in the local homeless Continuum of Care (CoC) and Coordinated Entry (CE) System. Funded programs should partner with their local child welfare agencies, social services, and juvenile dependency courts.

### **BRINGING FAMILIES HOME APPLICATION PROCESS**

County child welfare agencies and tribes must submit a complete application package, as described below and in Attachment One. Applicants should request sufficient funds to meet their need, while considering their capacity to utilize the funds and provide an acceptable dollar-for-dollar match through June 30, 2022.

The CDSS will evaluate program applications on a competitive basis according to the evaluation criteria specified in Attachment One. Applicants with the greatest ability to implement a successful BFH Program on or before July 1, 2020 will be prioritized for funding. Applicants will not be allocated funds exceeding their total funding request. Additionally, depending on the cumulative statewide request and the competitiveness of program applications, not all applicants are guaranteed funding, nor the entire amount of funding requested.

All funded programs will be required to operate their BFH Program pursuant to the conditions set forth by the CDSS, including but not limited to compliance with:

- Dollar-for-dollar match requirements, as specified in [County Fiscal Letter \(CFL\) No. 17/18-79](#), [CFL No. 18/19-25](#), and Attachment Six of this Letter;
- data collection and reporting requirements, including but not limited to monthly data report submissions and entering BFH data into the Homeless Management Information System (HMIS);
- Housing First;
- evaluation requirements, as requested by the CDSS, including completion of Data Use Agreements, as needed; and
- additional programmatic requirements, as described by the CDSS (additional information can be found in Attachment One).

### **Existing BFH Programs**

Applicants operating an existing BFH Program must submit the following (as described in Attachment One) by the date below:

- Certification, Budget, and Match (Attachment Two)
- Continuing Program Update Template (Attachment Three)
- Housing First Assessment (Attachment Five)
- Letters of support



BFH ACWDL  
Page Three

### **New BFH Applicants**

Applicants seeking to implement a new BFH Program must submit the following (as described in Attachment One) by the date below:

- Certification, Budget, and Match (Attachment Two)
- New Program Description Template (Attachment Four)
- Housing First Assessment (Attachment Five)
- Letters of support

New applicants will have from the date of allocation through June 30, 2020 for program planning and implementation and are expected to be fully implemented and serving families by July 1, 2020. (See Attachment One for additional information regarding implementation timelines.)

### **Application Package Submission**

Application packages must be submitted electronically to the Housing and Homelessness Bureau at [housing@dss.ca.gov](mailto:housing@dss.ca.gov) by **5:00 P.M. October 31, 2019**. Late applications will not be accepted.

Following the publication of this letter, the CDSS will host a call for any interested counties and tribes. Please email [housing@dss.ca.gov](mailto:housing@dss.ca.gov) if you are interested and have not received an invitation for the call.

Program allocations will be announced in the winter of 2019.

The CDSS looks forward to partnering with counties and tribes to help reduce the incidence and risk of homelessness among families in the child welfare system. If you have any questions, please contact the Housing and Homelessness Bureau at (916) 651-5155 or at [housing@dss.ca.gov](mailto:housing@dss.ca.gov).

Attachments:

- 1) Application Guidelines
- 2) Certification, Budget, and Match
- 3) Continuing Program Update Template
- 4) New Program Description Template
- 5) Housing First Assessment
- 6) Match Guidelines
- 7) References and Resources



## ATTACHMENT ONE

**BRINGING FAMILIES HOME PROGRAM:  
APPLICATION GUIDELINES**

**A. PURPOSE, BACKGROUND, AND ELIGIBLE POPULATION**

The California Department of Social Services (CDSS) is seeking proposals from County Child Welfare Agencies and Tribes (also identified as applicants) interested in continuing or implementing a Bringing Families Home (BFH) Program. The program aims to provide housing-related services to families receiving child welfare services, increase the number of families reunifying, and prevent foster care placement.

The BFH Program is a three-year program, requiring a dollar-for-dollar county or tribal match. Funds are available from July 1, 2019 through June 30, 2022. Per [Welfare and Institutions Code \(WIC\) sections 16523-16523.1](#), funded programs must include evidence-based housing models (e.g., [Rapid Re-housing](#), [Supportive Housing](#), and/or subsidies to make rental housing affordable). Funded programs must incorporate the core components of Housing First enumerated in [WIC section 8255](#) and coordinate with the greater homelessness response system, including participation in the local homeless Continuum of Care (CoC) and Coordinated Entry (CE) System. Additionally, funded programs must follow all applicable federal and state law, including [WIC sections 16523-16523.1](#).

**I. Program Eligibility and Prioritization**

BFH funding may be used to assist families involved in the child welfare system who are experiencing homelessness, as defined in [WIC section 16523\(d\)](#) (see Attachment Seven). Funded programs should prioritize child welfare-involved families as follows:

- 1) Literally homeless families (i.e., those defined in subsections 2, 3, or 4 WIC section 16523(d)); and
- 2) An individual or family who will imminently lose their housing (i.e., those defined in subsections 5(A) through 5(C) WIC section 16523(d)).

Note: Effective July 1, 2019, this prioritization scheme has been revised from former guidance to better align with the broader homelessness response system.

**B. APPLICATION REQUIREMENTS: EXISTING PROGRAMS**

Applicants operating an existing BFH Program must submit a complete program application package. BFH funds will be allocated on a competitive basis and applications will be evaluated using criteria developed by the CDSS, as described in part II of this section.

**I. Application Packaging Requirements for Existing Programs**

A complete application package for continuing BFH applicants includes:

- a) a signed Certification, Budget, and Match (Attachment Two);
- b) a completed Continuing Program Update Template (Attachment Three);
- c) a completed Housing First Assessment (Attachment Five); and
- d) Letters of support.

## ATTACHMENT ONE

## a. Certification, Budget, and Match (Attachment Two)

Applicants must submit a completed Director Certification, budget, and match source matrix. The program budget will be evaluated to determine how counties plan to utilize funds and determine their annual housing goals, as well as to confirm consistency with best practices (e.g., maximizing funding on direct services and maximizing funding on permanent housing costs) and the program plan. Additional information on housing best practices can be found in Attachment Seven. The match portion of the document will be reviewed by the CDSS to confirm that the applicant has appropriate and necessary match funds. Applications with missing or incomplete certifications, budgets or match documentation will be considered incomplete. Additional budget information will be requested at the time of program allocations; further details will be provided under separate cover.

Note: Counties operating an existing BFH Program must include their July 2019 planning allocation in their total budget outline.

## b. Continuing Program Update Template (Attachment Three)

Applicants must complete the Continuing Program Update Template. The template covers the evaluation criteria listed below and will be used by the CDSS to assess applicants' program description. Per the template prompts, applicants will provide information about their planned program design, including areas for further development, plans for improvement in the new funding cycle, and lessons learned from previous program operation and how they will inform program improvements.

Note: [WIC section 16523.1\(c\)1](#), BFH must provide evidence-based housing interventions, including [Rapid Rehousing \(RRH\)](#), [Supportive Housing \(SH\)](#), and/or subsidies to make rental housing affordable, as appropriate. The CDSS encourages applicants to contract and partner with other entities to provide the necessary spectrum of housing interventions. If the applicant is only able to provide one housing intervention type directly through BFH, they should meaningfully connect BFH clients to other housing service providers to receive other housing intervention types, as appropriate (e.g., if the applicant can only provide RRH services in BFH yet it is determined that a family enrolled in BFH needs SH to successfully exit into housing, and the client voluntarily agrees to this housing, the applicant should meaningfully connect the family to another housing service provider such as the Housing Authority or Permanent Supportive Housing provider). The CDSS will provide technical assistance to applicants who face resource and/or programming constraints in their community. More information about evidence-based housing interventions, including RRH and SH, can be found in Attachment 7.

## c. Housing First Assessment (Attachment Five)

As of July 1, 2019, Senate Bill (SB) 1380 (Chapter 847, Statutes of 2016) requires that all state-funded housing programs (including BFH) be operated in compliance with the core components of Housing First enumerated in [WIC section 8255](#).

The CDSS has developed a Housing First Assessment (Attachment Five) to support applicants in assessing their adherence to and adoption of Housing First. This tool was developed using: the Housing First core components in [WIC section 8255](#); the [United States Interagency Council on Homelessness \(USICH\) Housing First checklist](#); the [United States Department of Housing and Urban Development \(HUD\) Housing First Assessment Tool](#); and the Corporation for Supportive Housing (CSH) Housing First checklist distributed at prior learning forums.

## ATTACHMENT ONE

All applicants must submit a completed self-assessment with their application package, including goals for the program. (See Attachment Seven for more information on Housing First.)

d. Letters of Support

Funded programs must coordinate with the greater homelessness response system, including actively participating in the local homeless Continuum of Care (CoC) and Coordinated Entry (CE) System. Additionally, funded programs should also explore partnerships with other housing and homelessness entities (e.g., housing providers, shelters, Housing Authority, etc.), as well as local child welfare agencies, social services, and juvenile dependency courts.

Applicants must provide a letter of support from their local CoC and, if possible, a letter of support from the relevant court or other partners. If a county applicant is partnering with a tribe, the tribe must also provide a letter of support.

## II. Evaluation Criteria for Existing Programs

BFH funds will be allocated on a competitive basis and applications will be evaluated using criteria developed by the CDSS, described below. Applicants will not be allocated funds exceeding their total funding request. Additionally, depending on the cumulative statewide request and the competitiveness of program applications, not all applicants are guaranteed funding, nor the entire amount of funding requested. Priority will be given to programs that:

1. Demonstrate an understanding of their community's need and how to address it;
2. Demonstrate an ability to assess and prioritize families;
3. Demonstrate an ability to house families using evidence-based interventions (i.e., RRH, SH, and/or subsidies to make rental housing affordable);
4. Demonstrate an understanding of and compliance with the core components of Housing First;
5. Demonstrate an ability to coordinate with partners, including incorporating a cross-agency liaison and collaborating with your CoC and other new state funding sources;
6. Provide letters of support from partners;
7. Demonstrate an ability and/or commitment to use data and integrate the program into local homelessness systems;
8. Describe program goals and innovations in alignment with evidence-based and best practices; and
9. Budget program funds in alignment with the program plan, housing best practices and CDSS recommendations, and demonstrate an ability to match the funding request dollar-for-dollar.

Note: The CDSS strongly encourages county and tribal partnerships and will prioritize joint applicants appropriately.

## C. APPLICATION REQUIREMENTS: NEW PROGRAMS

County child welfare agencies and tribes seeking to implement a new BFH Program must submit a complete program application package. BFH funds will be allocated on a competitive basis and applications will be evaluated using criteria developed by the CDSS, as described in part II of this section.



## ATTACHMENT ONE

**New county agencies and tribes will have from the date of allocation through June 30, 2020 for program planning and implementation and are expected to be fully implemented and serving families by July 1, 2020.** Applicants must complete an implementation timeline in their New Program Description Template (Attachment Four). The CDSS will work closely with funded programs during the implementation phase to support program development, goals, and budgeting. New BFH Programs will be required to demonstrate their ability to successfully operate a BFH Program before receiving authorization from the CDSS to start serving clients. Additional guidance will be provided to funded programs during the allocation process.

### **I. Application Packaging Requirements for New Programs**

A complete application package for new BFH applicants includes:

- a) a signed Certification, Budget, and Match (Attachment Two);
  - b) a completed New Program Description Template (Attachment Four);
  - c) a completed Housing First Assessment (Attachment Five); and
  - d) Letters of support.
- a. Certification, Budget, and Match (Attachment Two)

Applicants must submit a completed Director Certification, budget, and match source matrix. The program budget will be evaluated to determine how counties plan to utilize funds and determine their annual housing goals, as well as to confirm consistency with best practices (e.g., maximizing funding on direct services and maximizing funding on permanent housing costs) and the program plan. Additional information on housing best practices can be found in Attachment Seven. The match portion of the document will be reviewed by the CDSS to confirm that the applicant has appropriate and necessary match funds. Applications with missing or incomplete certifications, budgets or match documentation will be considered incomplete.

As noted above, funded programs are expected to begin serving BFH families by July 1, 2020 and may use the time from allocation to June 30, 2020 for program planning and implementation. As a result of this implementation period, the budget plan for fiscal year (FY) 2019-20 may be less than subsequent years. However, if a funded program can implement sooner, they should indicate their anticipated timeline in Attachment Four and include all expected expenses in the FY 2019-20 Budget template. Additional budget information will be requested at the time of program allocations; further details will be provided under separate cover.

#### b. New Program Description Template (Attachment Four)

Applicants must complete the New Program Description Template. The template covers the evaluation criteria listed below and will be used by the CDSS to assess applicants' program descriptions. Per the template prompts, applicants will provide information about their plans for the program and any relevant experience or partnerships with other entities.

Note: Per [WIC section 16523.1\(c\)1](#), BFH must provide evidence-based housing interventions, including [Rapid Rehousing \(RRH\)](#), [Supportive Housing \(SH\)](#), and/or subsidies to make rental housing affordable, as appropriate. The CDSS encourages applicants to contract and partner with other entities to provide the necessary spectrum of housing interventions. If the applicant is only able to provide one housing intervention type directly through BFH, they should meaningfully connect BFH clients to other housing service providers to receive other housing

## ATTACHMENT ONE

intervention types, as appropriate (e.g., if the applicant can only provide RRH services in BFH yet it is determined that a family enrolled in BFH needs SH to successfully exit into housing, and the client voluntarily agrees to this housing, the applicant should meaningfully connect the family to another housing service provider such as the Housing Authority or Permanent Supportive Housing provider). The CDSS will provide technical assistance to applicants who face resource and/or programming constraints in their community. More information about evidence-based housing interventions, including RRH and SH, can be found in Attachment 7.

c. Housing First Assessment (Attachment Five)

As of July 1, 2019, SB 1380 (Chapter 847, Statutes of 2016) requires that all state-funded housing programs (including BFH) be operated in compliance with the core components of Housing First enumerated in [WIC section 8255](#).

Funded programs must be operated in compliance with the core components of Housing First. The CDSS has developed a Housing First Assessment (Attachment Five) to support applicants in assessing their adherence to and adoption of Housing First. This tool was developed using: the Housing First core components in [WIC section 8255](#); the [United States Interagency Council on Homelessness \(USICH\) Housing First checklist](#); the [United States Department of Housing and Urban Development \(HUD\) Housing First Assessment Tool](#); and the Corporation for Supportive Housing (CSH) Housing First checklist. This assessment tool should be used to inform BFH Program design and implementation.

All applicants must submit a completed self-assessment with their application package, including goals for the program. (See Attachment Seven for more information on Housing First.)

d. Letters of Support

Funded programs must coordinate with the greater homelessness response system, including the local homeless Continuum of Care (CoC) and Coordinated Entry (CE) System. Additionally, funded programs should also explore partnerships with other housing and homelessness entities (e.g., housing providers, shelters, Housing Authority, etc.), as well as local child welfare agencies, social services, and juvenile dependency courts. The CDSS will further support tribal applicants facing structural barriers to these partnerships.

Applicants must provide a letter of support from their local CoC and, if possible, a letter of support from the relevant court or other partners (e.g., housing authority, contractors). If a county applicant is partnering with a tribe, the tribe must also provide a letter of support.

## II. Evaluation Criteria for New Programs

BFH funds will be allocated on a competitive basis and applications will be evaluated using criteria developed by the CDSS, described below.

In the New Program Description Template (Attachment Four), applicants will describe their plans for implementing a BFH Program that aligns with housing evidence-based and best practices. (See Attachment Seven for information on housing evidence-based and best practices.)

Applicants will not be allocated funds exceeding their total funding request. Additionally, depending on the cumulative statewide request and the competitiveness of program

## ATTACHMENT ONE

applications, not all applicants are guaranteed funding, nor the entire amount of funding requested. Priority will be given to programs that:

1. Demonstrate an understanding of their community's need and how to address it;
2. Demonstrate an ability to assess and prioritize families;
3. Demonstrate an understanding and includes a plan to implement evidence-based housing interventions (i.e., RRH, SH, and/or subsidies to make rental housing affordable);
4. Demonstrate an understanding of Housing First and how the applicant will implement it;
5. Demonstrate an ability to coordinate with partners, including incorporating a cross-agency liaison and collaborating with your CoC and other new state funding sources;
6. Provide letters of support from partners;
7. Demonstrate an ability and/or commitment to use data and integrate the program into local homelessness systems;
8. Describe program goals and innovations in alignment with evidence-based and best practices;
9. Demonstrate a clear implementation plan and timeline; and
10. Budget program funds in alignment with the program plan, housing best practices and CDSS recommendations, and demonstrated an ability to match the funding request dollar-for-dollar.

Note: The CDSS strongly encourages county and tribal partnerships and will prioritize joint applicants appropriately.

## ATTACHMENT TWO

**Bringing Families Home (BFH) Program  
Certification, Budget, and Match**

*This form must be completed by all applicants applying for BFH funding for Fiscal Year (FY) 2019-20 through FY 2021-22.*

**County Agency/Tribe Name:** \_\_\_\_\_

**I. BFH PROGRAM CONTACTS**

*The contact(s) listed below will be the primary person for questions or follow up for both the proposal and program. The contact's information will also be available to the public and stakeholders for direct questions.*

**Primary County/Tribe BFH Contact**

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Secondary County/Tribe BFH Contact**

Contact Name and Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**II. PROGRAM APPLICATION PACKAGE CHECKLIST**

*Complete program applications will include the following. Refer to Attachment One for detailed application packaging requirements.*

- Certification, Funding Request, and Match (Attachment Two)
- Continuing Program Update Template (Attachment Three) or New Program Description Template (Attachment Four)
- Housing First Assessment (Attachment Five)
- Letters of Support (See Attachment One for more information)

**III. PROGRAM FUNDING REQUEST**

*All applicants must complete sections a, b, c, and d below. Continuing BFH Programs must also complete section e. Note: information below should match the Detailed Program Budget and Match Template.*

- a. Amount of state BFH funding the applicant is requesting (i.e., total amount, without match, for FY 2019-22): \_\_\_\_\_
- b. Match amount the applicant is proposing: \_\_\_\_\_
- c. Total amount of funding the applicant is proposing (i.e., the total amount (a), with match (b), for FY 2019-22): \_\_\_\_\_

ATTACHMENT TWO

- d. Estimated number of families the BFH will **newly** house in permanent housing from FY 2019-22:
  
- e. (Continuing BFHs Only) Number of families the BFH will **continue to support** in permanent housing during FY 2019-21 (i.e., number of families housed prior to FY 2019-20 who will continue to receive case management and/or housing subsidies or other financial assistance through the BFH):

**IV. COUNTY WELFARE DIRECTOR AND/OR TRIBAL AGENCY CERTIFICATION**

I certify that the County Welfare Department or Tribe will administer the BFH Program pursuant to the conditions set forth by the California Department of Social Services. I certify that the information completed above and attached is true and correct.

Print Name:

Signature:

Date:



## ATTACHMENT TWO

**V. DETAILED PROGRAM BUDGET**

Per Welfare and Institutions Code section 16523.1(d)(1), a county child welfare agency or tribe that receives state funds under this program must match that funding on a dollar-by-dollar basis. The county child welfare agency or tribal funds used for this purpose must supplement, not supplant, county or tribal funding already intended for these purposes (see Attachment Six for more information).

BFH applicants must complete all components of the budget templates provided below. The projected program budget is broken down by fiscal year and includes space for the applicant to provide both the amount of match funding **and** the source of match funding.

In addition to alignment with overall program design, strong applications will demonstrate an ability to maximize financial assistance while minimizing program administrative costs and maximizing funding on permanent housing costs.

For more information about allowable match sources, see Attachment Six.

Note for Continuing BFH Programs: Continuing BFH Programs must include their planning allocation received in July 2019 in their total budget outline.

Note for New BFH Applicants: As described in Attachment One, funded programs are expected to begin serving BFH families by July 1, 2020 and may use the time from allocation to June 30, 2020 for program planning and implementation. As a result of this implementation period, the projected budget for FY 2019-20 may be less than subsequent years. However, if an applicant can implement sooner, they should indicate their anticipated timeline in Attachment Four and include all expected expenses in the FY 2019-20 budget template.

New BFH Programs will be required to demonstrate their ability to successfully operate a BFH Program before receiving authorization from the CDSS to start serving clients. The CDSS will work closely with funded programs during the implementation phase to support program development, goals, and budgeting. Additional guidance will be provided to funded programs during the allocation process.

## ATTACHMENT TWO

## A. Anticipated BFH Fiscal Year 2019-2020 Budget

|  | BFH (State) Funds | BFH Match<br>(including Amount and Source) |
|--|-------------------|--|
| <b>Administration</b><br>(e.g., data tracking, program management, overhead costs, benefits, data tracking)  |                   |  |
| <b>Housing Navigation and Case Management</b><br>(e.g., housing case managers, housing navigator, life skills training, legal/credit repair assistance, cross-agency liaison)  |                   |  |
| <b>Financial Assistance</b>  |                   |  |
|  | BFH (State) Funds | BFH Match<br>(including Amount and Source) |
| <b>Rapid Rehousing Subsidies</b><br>(if applicable)  |                   |  |
| <b>Long Term Housing Subsidies</b> (if applicable) (e.g., Family Unification Program (FUP) vouchers, Housing Choice vouchers, affordable housing, supportive housing)  |                   |  |
| <b>Interim Housing Interventions</b> (e.g., motels, shelters, bridge housing)  |                   |  |
| <b>Other Financial Assistance</b><br>(e.g., other housing intervention costs, deposits, making the home habitable, move-in costs, landlord outreach, engagement, and/or financial incentives)                          |                   |  |
| <b>Total Amount</b>  |                   |  |
| <b>Target Number of Families to House in FY 2019-20</b>  |                   |  |
| <b>Total Number of Families to House</b>   |                   |  |
| <b>Number of Families to Continue to House (Continuing Counties Only)</b><br>Families housed in the previous fiscal year who will continue to receive support via BFH (e.g., financial support and/or case management) |                   |  |

## ATTACHMENT TWO

**B. Anticipated BFH Fiscal Year 2020-2021 Budget**

|   | <b>BFH (State) Funds</b> | <b>BFH Match<br/>(including Amount and Source)</b> |
|---|--------------------------|--|
| <b>Administration</b><br>(e.g., data tracking, program management, overhead costs, benefits, data tracking)   |                          |  |
| <b>Housing Navigation and Case Management</b><br>(e.g., housing case managers, housing navigator, life skills training, legal/credit repair assistance, cross-agency liaison)                 |                          |  |
| <b>Financial Assistance</b>   |                          |  |
|   | <b>BFH (State) Funds</b> | <b>BFH Match<br/>(including Amount and Source)</b> |
| <b>Rapid Rehousing Subsidies</b><br>(if applicable)   |                          |  |
| <b>Long Term Housing Subsidies</b> (if applicable) (e.g., Family Unification Program (FUP) vouchers, Housing Choice vouchers, affordable housing, supportive housing)                         |                          |  |
| <b>Interim Housing Interventions</b> (e.g., motels, shelters, bridge housing)   |                          |  |
| <b>Other Financial Assistance</b><br>(e.g., other housing intervention costs, deposits, making the home habitable, move-in costs, landlord outreach, engagement, and/or financial incentives) |                          |  |
| <b>Total Amount</b>   |                          |  |
| <b>Target Number of Families to House in FY 2020-21</b>   |                          |  |
| <b>Total Number of Families to House</b>  |                          |  |

## ATTACHMENT TWO

**C. Anticipated BFH Fiscal Year 2021-2022 Budget**

|  | <b>BFH (State) Funds</b> | <b>BFH Match<br/>(including Amount and Source)</b> |
|--|--------------------------|--|
| <b>Administration</b><br>(e.g., data tracking, program management, overhead costs, benefits, data tracking)  |                          |  |
| <b>Housing Navigation and Case Management</b><br>(e.g., housing case managers, housing navigator, life skills training, legal/credit repair assistance, cross-agency liaison)                |                          |  |
| <b>Financial Assistance</b>  |                          |  |
|  | <b>BFH (State) Funds</b> | <b>BFH Match<br/>(including Amount and Source)</b> |
| <b>Rapid Rehousing Subsidies</b><br>(if applicable)  |                          |  |
| <b>Long Term Housing Subsidies</b> (if applicable) (e.g., Family Unification Program (FUP) vouchers, Housing Choice vouchers, affordable housing, supportive housing)                        |                          |  |
| <b>Interim Housing Interventions</b> (e.g., motels, shelters, bridge housing)  |                          |  |
| <b>Other Financial Assistance</b><br>(e.g., other housing intervention costs, deposits, making the home habitable, move-in costs, landlord outreach, engagement, and/or financial incentive) |                          |  |
| <b>Total Amount</b>  |                          |  |
| <b>Target Number of Families to House in FY 2021-22</b>  |                          |  |
| <b>Total Number of Families to House</b>   |                          |  |

## ATTACHMENT TWO

**VI. Match Funds Details**

List each source of match funding below including the type, amount, and any additional description necessary. (See Attachment Six for more information on allowable match sources.)

|  | <b>Source<br/>(Name of Entity)</b> | <b>Type<br/>(cash, in-kind, etc.)</b> | <b>Description of<br/>match</b> | <b>Amount</b> |
|--|------------------------------------|---------------------------------------|---------------------------------|---------------|
| <b>1.</b>  |                                    |                                       |                                 |               |
| <b>2.</b>  |                                    |                                       |                                 |               |
| <b>3.</b>  |                                    |                                       |                                 |               |
| <b>4.</b>  |                                    |                                       |                                 |               |
| <b>5.</b>  |                                    |                                       |                                 |               |
| <b>6.</b>  |                                    |                                       |                                 |               |
| <b>Total Amount of Match</b>   |                                    |                                       |                                 |               |
| <i>Total amount should be consistent with match amounts completed on page 1.</i> |                                    |                                       |                                 |               |

## ATTACHMENT THREE

**BRINGING FAMILIES HOME PROGRAM:  
CONTINUING PROGRAM UPDATE TEMPLATE**

**Continuing Program Update Template**

Applicants applying for continued Bringing Families Home (BFH) Program funding must complete the template below. Responses will be evaluated by the California Department of Social Services (CDSS) according to the evaluation criteria outlined in Attachment One. Strong responses will provide detailed analyses on how the program currently aligns with evidence-based and best practices or steps the county has identified to become better aligned with these practices. Attachment Seven provides additional information on evidence-based interventions and best practices; applicants should use this as a resource as they complete this template.

All elements must be completed. Responses should be concise and limit responses to 25 pages total. Applications with missing or incomplete elements will be considered incomplete.

When responding to each component below, applicants should include the following in addition to their description:

- 1) planned program design, including areas of further development and plans for improvement (note anticipated completion dates, if applicable); and
- 2) lessons learned from previous program operation and how they will inform program improvements

*Recommendation: If using percentages in your responses, also include the raw numbers to provide additional context. For example: 25 percent of BFH recipients (i.e., 50 of the 200 BFH recipients) exited into community provided housing. Applicants should cite all data sources.*

A Word version of this template may be requested by emailing [Housing@dss.ca.gov](mailto:Housing@dss.ca.gov).

**A. Identifying Need and Outreach**

1. Applicants should consider both their identified need (i.e., the number of families experiencing homelessness and receiving child welfare services in the county or tribe) and their capacity to utilize the funding within the specified timeframe. Examples of data source options include but are not limited to: Fiscal Years 2016-19 BFH caseload data, Child Welfare Services/Case Management System (CWS/CMS) data, Structured Decision Making (SDM) data, California Child Welfare Indicators Project (CCWIP) data, County Point in Time (PIT) count, homeless Continuum of Care/Homeless Management Information System (CoC/HMIS) encounter data, and, for joint applicants, applicable tribal data sources (such as data on instances where Indian children, whose tribes are correctly identified, are being served in the county child welfare system).

In the spaces below, provide the information requested using data referencing both family reunification (FR) and family maintenance (FM) cases experiencing literal homelessness or imminent risk of homelessness. From WIC section 16523(d), for literally homeless use subsections 2, 3, or 4 and for imminent risk of homelessness use subsections 5(A) through 5(C) of WIC section 16523(d).

Complete responses will include data sources.

## ATTACHMENT THREE

- a. Total number of child welfare involved families experiencing literal homelessness and imminent risk of homelessness, separated by FR and FM case components.

|                               | Family Reunification | Family Maintenance |
|-------------------------------|----------------------|--------------------|
| Literally Homeless            |                      |                    |
| Imminent Risk of Homelessness |                      |                    |

Total number of families with an open child welfare case (i.e., either FR or FM) that are literally homeless or at imminent risk of homelessness: \_\_\_\_\_

Data Source(s):

- b. Number of child welfare involved families your BFH Program intends to serve by June 30, 2022 and how this goal was determined. (Note: the total goal listed below should be the same as the goal entered in Attachment Two.)

|                               | Family Reunification | Family Maintenance |
|-------------------------------|----------------------|--------------------|
| Literally Homeless            |                      |                    |
| Imminent Risk of Homelessness |                      |                    |

Total number of families with an open child welfare case (i.e., either FR or FM) that are literally homeless or at imminent risk of homelessness that your program intends to serve by June 30, 2022: \_\_\_\_\_

How this goal was determined (including data sources):

ATTACHMENT THREE

2. In the space below, describe your community's need for BFH, including how BFH will address the need identified above and how BFH will address gaps in housing services for this population. If applicable, provide additional narrative to further explain your data and analysis (e.g., housing availability in the community or on tribal land, impact of natural disasters, housing/homeless resources available to BFH-eligible families, and/or families' ability to access these resources).

3. In the space below, describe how you will use outreach and/or in-reach strategies to identify families for BFH, in accordance with the prioritization scheme outlined in Attachment One. Also describe the steps you will take to ensure that staff and partners are aware of the program.



## ATTACHMENT THREE

**B. Prioritization and Assessment**

1. Funded programs must coordinate with the greater homelessness response system, including the local homeless Continuum of Care (CoC) and Coordinated Entry (CE) System. At minimum, applicants are expected to be able to accept referrals from their CE and submit referrals if BFH is unable to provide the family what is necessary to exit homelessness. (See Attachment Seven for additional information on CoC and CE.)

In the space below, describe how your BFH participates in its CE, or plans to participate, including a description of steps and timeline. Responses should include how you plan to or currently participate in the flow and ongoing functions of the CE (e.g., the ability to accept referrals and send referrals, by-name list discussions, etc.).

2. Funded programs must use an assessment tool to determine a family's housing and service needs, including a plan to help families meet their identified needs. Assessment tools can be pre-existing tools like the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) or can be created by the applicant based on nationally-recognized models and evidence-based practices (e.g., adapting the VI-SPDAT to better serve your community). Funded programs are expected to use their assessment tool in accordance with the prioritization scheme outlined in Attachment One. In the spaces below, describe:

ATTACHMENT THREE

- a. The housing assessment tool you are using and how it is used to help enroll families and establish a plan to meet their identified needs. If you do not currently use a housing assessment tool, describe which housing assessment tool you will use, an implementation plan (including a description of steps and timeline), and a description of how the tool will be used to enroll families and assist them with creating a plan to help them meet their identified needs.

- b. In the space below, describe how you will prioritize enrollment of families and how you will connect families unable to be served by BFH to other resources. (See the prioritization scheme outlined in Attachment One.)

ATTACHMENT THREE

**C. Housing Interventions**

Competitive applications will have a clear plan to provide BFH families with evidence-based housing services, including Rapid Rehousing (RRH), Supportive Housing (SH), and/or subsidies to make rental housing affordable, whether the services are provided directly through BFH or one is provided through BFH and others through a partner in the community. (See Attachments One and Seven for more information.) As a reminder, BFH families should be continually assessed for their housing needs and be connected to the appropriate level of services needed to successfully exit homelessness, including both RRH and SH.

1. Describe the housing intervention(s) and services that will be provided by BFH (note if the interventions will be offered in-house or contracted out).

2. Describe the other housing-related services (e.g., housing interventions) available in your community that BFH families will be connected to, if needed. In your description, include how BFH families will be connected to those resources. Specifically address how these resources will be used if the program will be unable to provide one of the housing intervention types (either in house or through a contracted provider).

ATTACHMENT THREE

3. Describe resource constraints in your community to providing these evidence-based housing services through BFH or community partners and how the applicant will work to address these constraints.

4. Describe the process for BFH enrollment. Include a description of the process from referral to approval and how housing intervention determinations will be made (i.e., which housing intervention will the family receive). Include a proposed timeline for this process. (Answers may reference previous answers to questions surrounding CE, assessment, etc.)

ATTACHMENT THREE

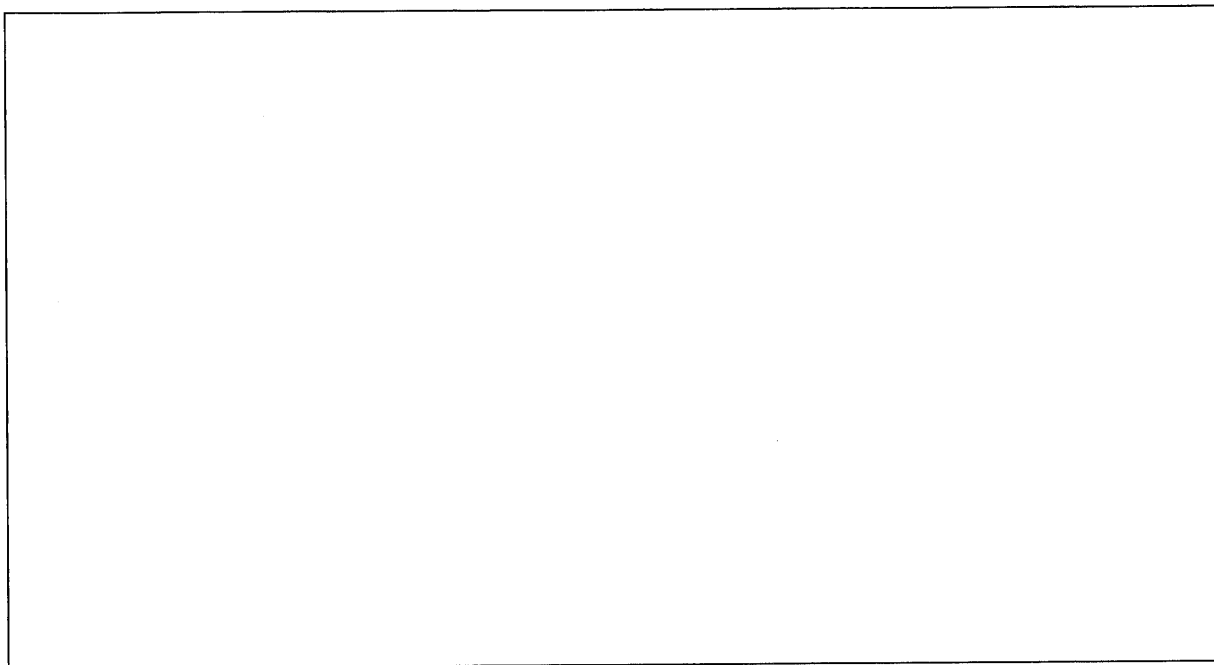
5. Critical to any housing program are several key elements. In the spaces provided below, describe the county and/or tribe's plans to provide these elements. Note: include if these elements will be offered in-house or contracted out (if contracted out, identify the contractor), and if they will differ depending on the housing intervention(s) planned to be provided.

a. Case Management Plans (including the use of evidence-based models, such as motivational interviewing and trauma-informed care to engage families);

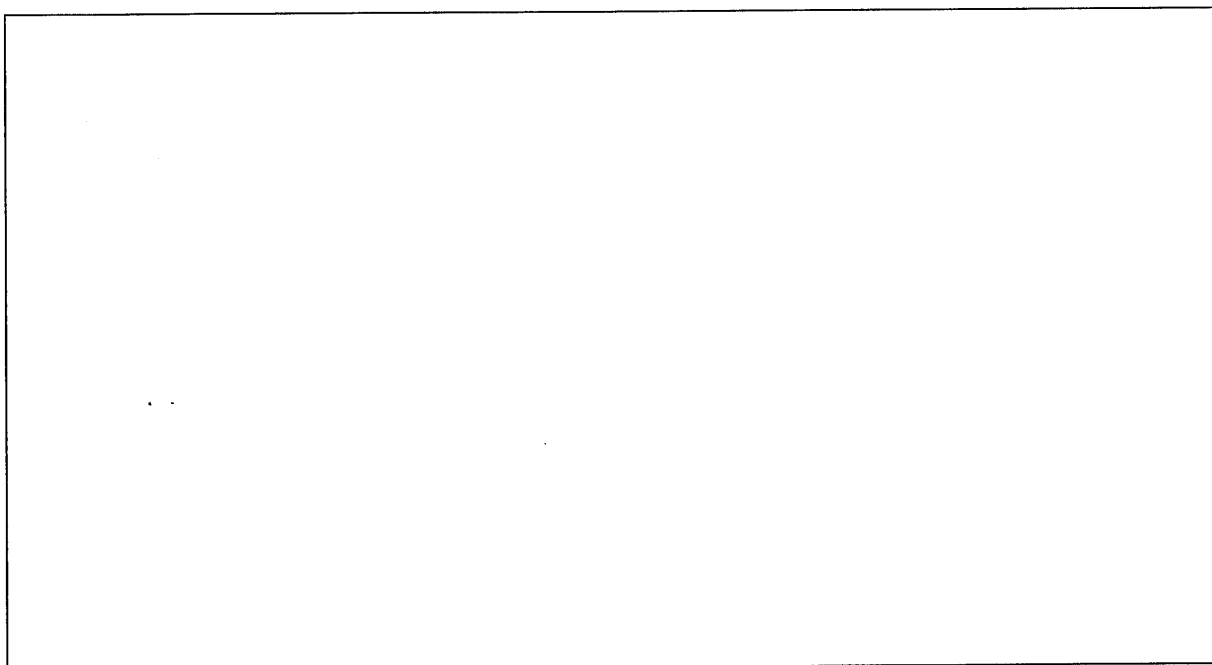
b. Housing navigation and identification;

ATTACHMENT THREE

- c. Interim housing interventions (e.g., shared housing with friends and family, shelters, motels, bridge housing);

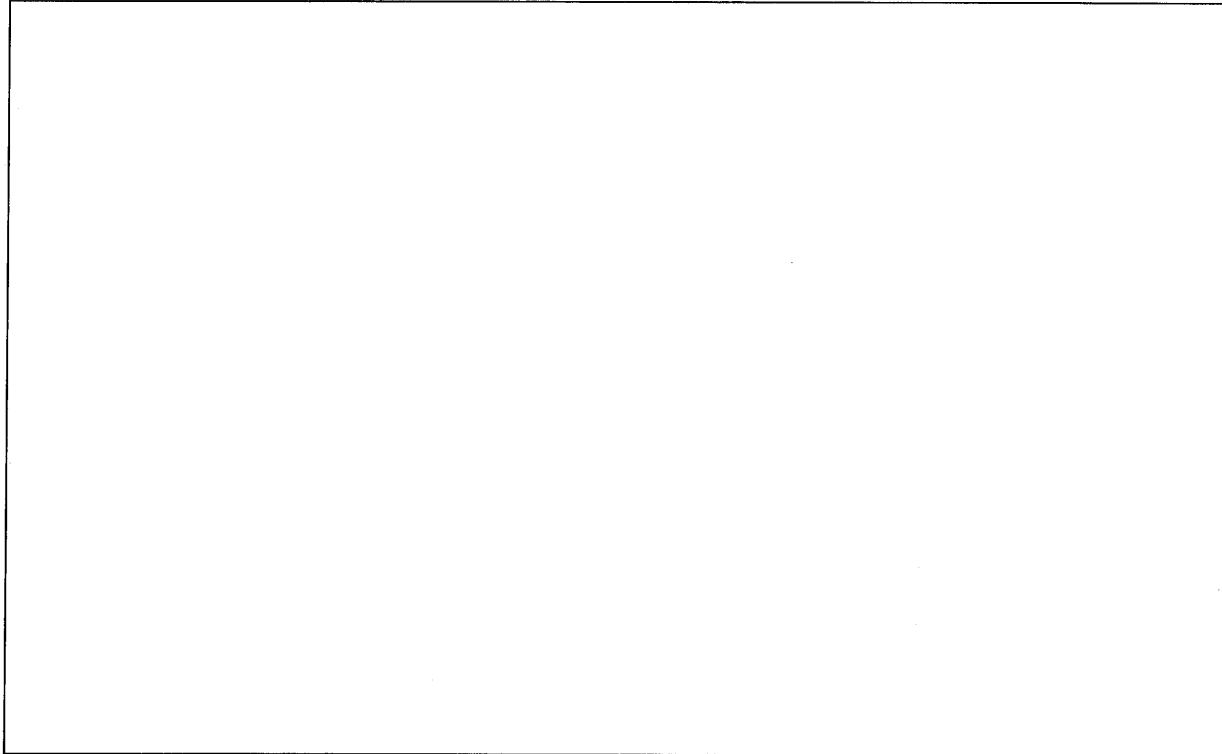


- d. Rent and Housing-Related Financial Assistance (including but not limited to move-in costs, rental subsidies, utility payments, moving costs, etc.). Include expected average duration and maximum duration of financial assistance—noting progressive engagement strategies, where appropriate;



## ATTACHMENT THREE

- e. Housing Stabilization and Retention Services (including ongoing tenant engagement, case management, public systems assistance, legal services, credit repair assistance, life skills training, and conflict mediation with landlords and neighbors).

**D. Housing First**

Funded programs must operate their BFH in compliance with the core components of Housing First. The CDSS has developed a Housing First Assessment (Attachment Five) to support applicants in assessing their adherence to and adoption of Housing First.

**Applicants must submit a completed Housing First self-assessment, including goals for the Fiscal Year 2019-22 funding cycle, with the application package.** Applicants are encouraged to use Attachment Five as a tool for assessing their progress throughout the year. (See Attachment Seven for additional information on Housing First.)

**E. Collaborating with Partners**

1. Partnerships and collaboration are critical to the success of BFH. Funded programs must coordinate with their homelessness response system, including participation in their local homeless CoC and designation of a cross-agency liaison who will coordinate between the county child welfare agency and/or tribe and the CoC. Note: BFH funds may be used to help fund the role of a cross-agency liaison.

Additionally, funded programs should partner with community housing and homelessness providers (e.g., housing providers, shelters, Housing Authority, etc.), as well as local child welfare, social services, and juvenile dependency courts.

ATTACHMENT THREE

In the spaces below, describe:

- a. How BFH services are, or will be, provided in coordination with other services provided by county child welfare agency and/or tribe, family resource centers, family courts, social services, the greater homelessness response system (including the CoC), and/or other services.

- b. How Child and Family Teams (or other multi-disciplinary teams) collaborate to ensure that sources of case management are coordinated and client-centered (i.e., how will you ensure that co-case management is streamlined and that the family is not receiving competing or conflicting plans/guidance)?



ATTACHMENT THREE

- c. How the role of the cross-agency liaison will support the efforts of collaboration. If there is not already someone acting as a cross-agency liaison, applicants are encouraged to explore how existing positions and roles could be expanded to meet the requirements of a cross-agency liaison.

- d. Describe any significant partnerships and their role in your BFH. If this is a joint application, use the space below to further clarify how collaboration will operate across the counties and/or tribes and how the collaborative entities will work together to meet program requirements (e.g. match requirements, reporting requirements, etc.).

## ATTACHMENT THREE

2. **Per Attachment One, applicants must submit a letter(s) of support from your local COC with the application package.** Additional letters to further demonstrate collaboration with other entities (e.g., housing authority, contractors, county agencies) are encouraged. If a county applicant is partnering with a tribe, the tribe must also provide a letter of support.

**F. Data**

1. Applicants are required to submit monthly data reports via the BFH 17, enter data into the Homeless Management Information System (HMIS), and participate in a CDSS coordinated evaluation. The BFH 17 is an individual-level data report and includes personal identifying information (PII). Therefore, it is collected via a Secure File Transfer (SFT). Applicants are also expected to use a special projects code (SPC) in the CWS/CMS to indicate participation in BFH.

In the space below, briefly describe how you gather the data required for the BFH 17, including the data sources used (e.g., CWS/CMS, HMIS, Statewide Automated Welfare Systems (SAWS)).

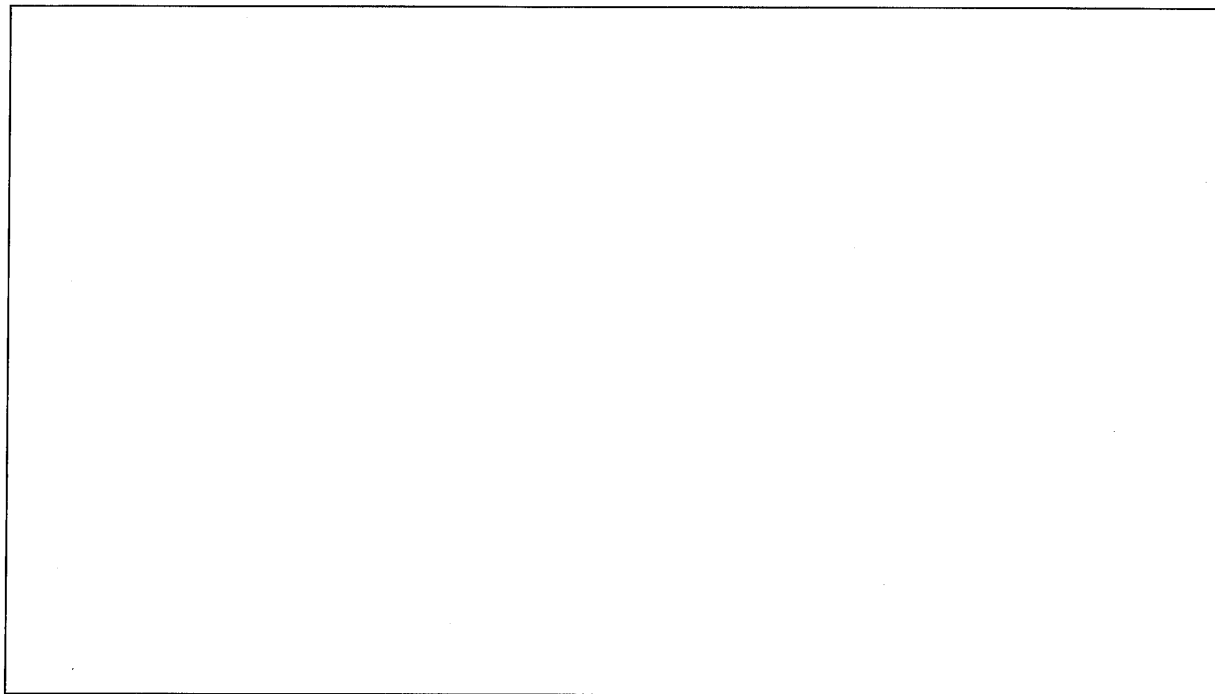
2. BFH participation in HMIS is crucial to coordination with the greater homelessness response system. Funded programs will be required to enter BFH clients' data into HMIS, consistent with their local HMIS system and procedures.

In the space below, check the applicable boxes and describe your level of access to the HMIS. As a reminder, BFH funds may be used to acquire necessary product licenses and training. Check all that apply:

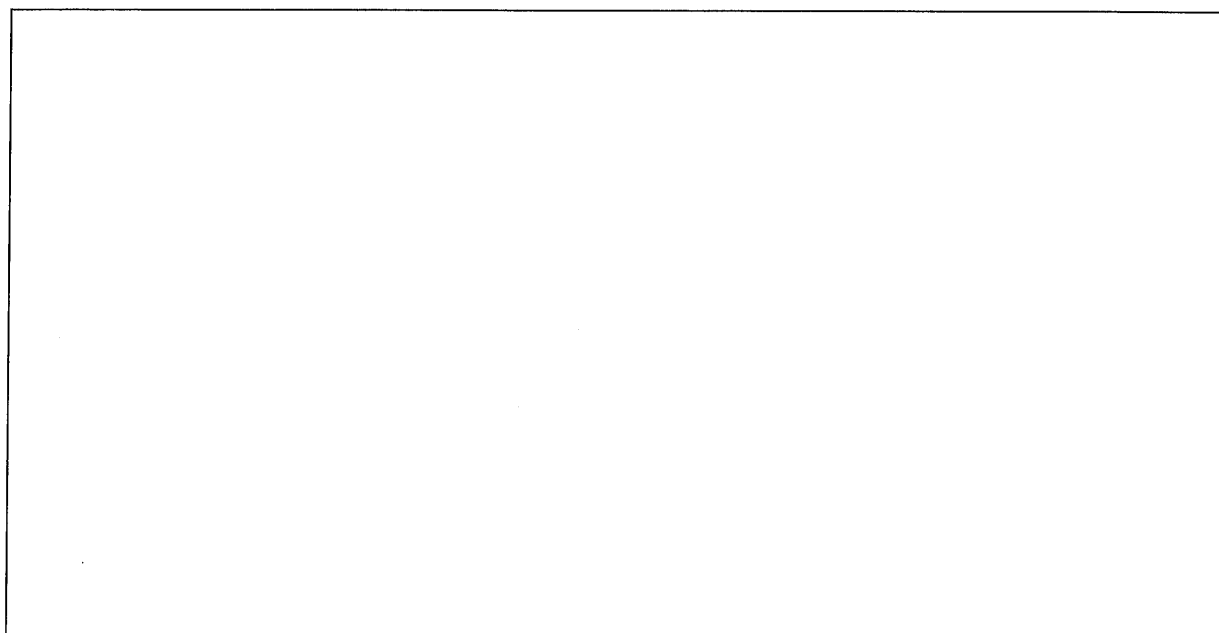
- The applicant can enter BFH data into the HMIS.
- The applicant's contractor can enter BFH data into the HMIS.  
(Contractor Name: \_\_\_\_\_)
- The applicant has sufficient access to run BFH reports in HMIS.
- The applicant's contractor has sufficient access to run BFH reports in HMIS.  
(Contractor Name: \_\_\_\_\_)
- Neither the applicant nor contractor has access to HMIS
- Either the applicant or the applicant's contractor has access to HMIS, but does not enter BFH families into HMIS.

ATTACHMENT THREE

If you or your contractor currently have access to HMIS, please describe how HMIS is used (e.g., is data regularly being entered, are reports being run, is HMIS used to track return to homelessness).



If you or your contractor have access to HMIS, but are not entering BFH families into HMIS, describe your plan to begin entering BFH data by June 30, 2020, including a timeline and any data use agreements that will need to be implemented.



ATTACHMENT THREE

If you or your contractor do not currently have access to HMIS, describe your plan to get access and enter BFH data by June 30, 2020, including a timeline and any data use agreements that will need to be implemented.

3. In the space below, describe how data and outcomes are or will be used to inform continuous quality improvement, and/or any future plans for program improvement.

ATTACHMENT THREE

**G. Goals and Innovations**

In the space below, describe:

1. Any additional lessons learned from prior program operation and how they will inform planned program improvements. Include any innovations, evidence-based or best practices that were adopted.

2. Any additional changes you plan to implement. This may include, but is not limited to, data collection improvements, Housing First goals, and any other operating or quality improvement changes.

## ATTACHMENT FOUR

**BRINGING FAMILIES HOME PROGRAM:  
NEW PROGRAM DESCRIPTION TEMPLATE**

**New Program Description Template**

Applicants applying for Bringing Families Home (BFH) Program funding must complete the template below. Responses will be evaluated by the California Department of Social Services (CDSS) according to the evaluation criteria outlined in Attachment One. Strong responses will provide detailed analyses on how the applicant plans to align with evidence-based and best practices. Attachment Seven provides additional information on evidence-based interventions and best practices; applicants should use this as a resource as they complete this template.

All elements must be completed. Responses should be concise and limit responses to 25 pages total. Applications with missing or incomplete elements will be considered incomplete.

When responding to each component below, applicants should include the following in addition to their description:

- 1) how program plans will meet the needs of your community and aligns with best practices;
- 2) and anticipated timelines for implementation and milestones (including anticipated completion dates, if applicable).

*Recommendation: If using percentages in your responses, also include the raw numbers to provide additional context. For example: 25 percent of BFH recipients (i.e., 50 of the 200 BFH recipients) exited into community provided housing. Applicants should cite all data sources.*

A Word version of this template may be requested by emailing [Housing@dss.ca.gov](mailto:Housing@dss.ca.gov).

**A. Identifying Need and Outreach**

1. Applicants should consider both their identified need (i.e., the number of families experiencing homelessness and receiving child welfare services in the county or tribe) and their capacity to utilize the funding within the specified timeframe. Examples of data source options include but are not limited to: Child Welfare Services/Case Management System (CWS/CMS) data, Structured Decision Making (SDM) data, California Child Welfare Indicators Project (CCWIP) data, County Point in Time (PIT) count, homeless Continuum of Care/ Homeless Management Information System (CoC/HMIS) encounter data, and, for tribal applicants, applicable tribal data resources (such as data on instances where Indian children, whose tribes are correctly identified, are being served in the county child welfare system).

In the spaces below, provide the information requested using data referencing both family reunification (FR) and family maintenance (FM) cases experiencing literal homelessness or imminent risk of homelessness. From WIC section 16523(d), for literally homeless use subsections 2, 3, or 4 and for imminent risk of homelessness use subsections 5(A) through 5(C) of WIC section 16523(d).

Complete responses will include data sources.

## ATTACHMENT FOUR

- a. Total number of child welfare involved families experiencing literal homelessness and imminent risk of homelessness, separated by FR and FM case components.

|                               | Family Reunification | Family Maintenance |
|-------------------------------|----------------------|--------------------|
| Literally Homeless            |                      |                    |
| Imminent Risk of Homelessness |                      |                    |

Total number of families with an open child welfare case (i.e., either FR or FM) that are literally homeless or at imminent risk of homelessness: \_\_\_\_\_

Data Source(s):

- b. Number of child welfare involved families your BFH Program **intends to serve** by June 30, 2022 and how this goal was determined. (Note: the total goal listed below should be the same as the goal entered in Attachment Two.)

|                               | Family Reunification | Family Maintenance |
|-------------------------------|----------------------|--------------------|
| Literally Homeless            |                      |                    |
| Imminent Risk of Homelessness |                      |                    |

Total number of families with an open child welfare case (i.e., either FR or FM) that are literally homeless or at imminent risk of homelessness that your program intends to serve by June 30, 2022: \_\_\_\_\_

How this goal was determined (including data sources):

ATTACHMENT FOUR

2. In the space below, describe your community's need for BFH, including how BFH will address the need identified above and how BFH will address gaps in housing services for this population. If applicable, provide additional narrative to further explain your data and analysis (e.g., housing availability in the community or on tribal land, impact of natural disasters, housing/homeless resources available to BFH-eligible families, and/or families' ability to access these resources).

3. In the space below, describe how you will use outreach and/or in-reach strategies to identify families for BFH, in accordance with the prioritization scheme outlined in Attachment One. Also describe the steps you will take to ensure that staff and partners are aware of the program.



## ATTACHMENT FOUR

**B. Prioritization and Assessment**

1. Funded programs must coordinate with the greater homelessness response system, including the local homeless Continuum of Care (CoC) and Coordinated Entry (CE) System. At minimum, applicants are expected to be able to accept referrals from their CE and submit referrals if BFH is unable to meet the family's homelessness needs. (See Attachment Seven for additional information on CoC and CE).

In the space below, describe your plans for BFH participation in your local CE, including a description of steps and timeline for integration. Responses should include how you will participate in the flow and ongoing functions of the CE (e.g., the ability to accept referrals and send referrals, by-name list discussions, etc.). Indicate your current partnership with other homelessness services in your community and any plans for expanding these partnerships to implement BFH.

2. Funded programs must use an assessment tool to determine a family's housing and service needs, including a plan to help families meet their identified needs. Assessment tools can be pre-existing tools like the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) or can be created by the applicant based on nationally-recognized models and evidence-based practices (e.g., adapting the VI-SPDAT to better serve your community). Funded programs are expected to use their assessment tool in accordance with the prioritization scheme outlined in Attachment One. In the spaces below, describe:

ATTACHMENT FOUR

- a. The housing assessment tool you plan to use and a description of your implementation plan (including steps and associated timeline), and how the tool will be used to help enroll families and assist them with creating a plan to meet their identified needs.

- b. In the space below, describe how you will prioritize enrollment of families and how you will connect families unable to be served by BFH to other resources. (See the prioritization scheme outlined in Attachment One.)

## ATTACHMENT FOUR

**C. Housing Interventions**

Competitive applications will have a clear plan to provide BFH families with evidence-based housing services, including Rapid Rehousing (RRH), Supportive Housing (SH), and/or subsidies to make rental housing affordable, whether the services are provided directly through BFH or one is provided through BFH and others through a partner in the community. (See Attachments One and Seven for more information.) As a reminder, BFH families should be continually assessed for their housing needs and be connected to the appropriate level of services needed to successfully exit homelessness, including both RRH and SH.

1. Describe the housing intervention(s) and services that will be provided by BFH (note if the interventions will be offered in-house or contracted out).

2. Describe the other housing-related services (e.g., housing interventions) available in your community that BFH families will be connected to, if needed. In your description, include how BFH families will be connected to those resources. Specifically address how these resources will be used if the program will be unable to provide one of the housing intervention types (either in house or through a contracted provider).

ATTACHMENT FOUR

3. Describe resource constraints in your community to providing these evidence-based housing services through BFH or community partners and how the applicant will work to address these constraints.

4. Describe the process for BFH enrollment. Include a description of the process from referral to approval and how housing intervention determinations will be made (i.e., which housing intervention will the family receive). Include a proposed timeline for this process. (Answers may reference previous answers to questions surrounding CE, assessment, etc.)

ATTACHMENT FOUR

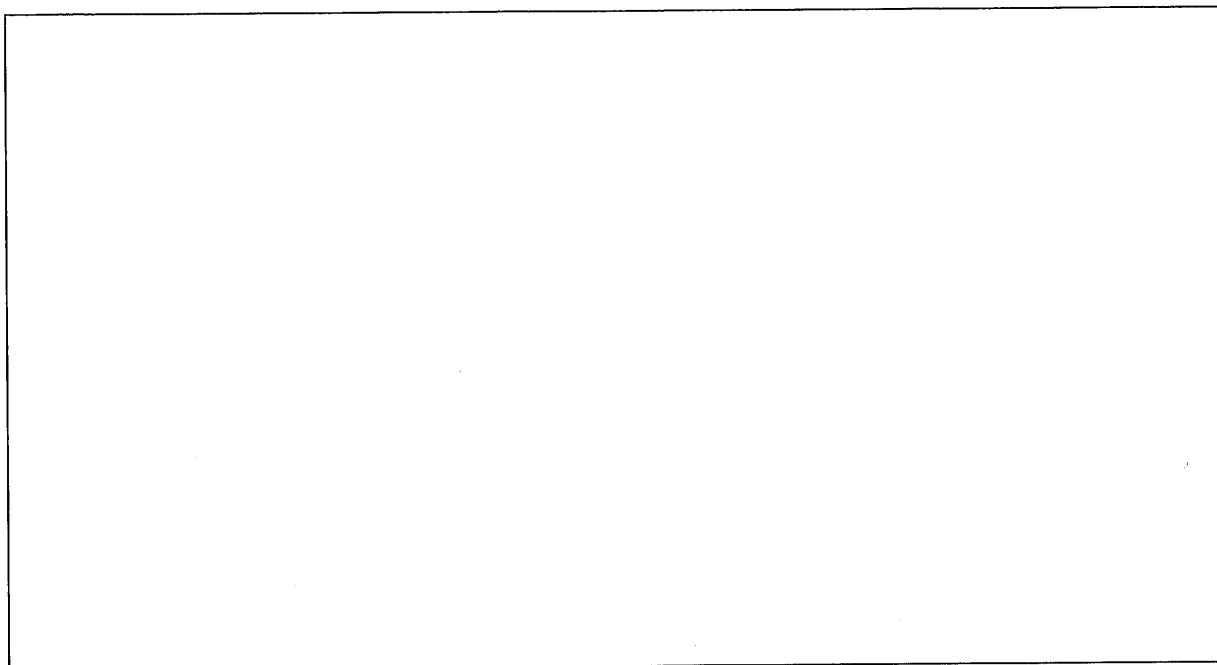
5. Critical to any housing program are several key elements. In the spaces provided below, describe the county and/or tribe's plans to provide these elements. Note: include if these elements will be offered in-house or contracted out (if contracting out, identify the intended contractor and/or the process to procure a contractor), and if they will differ depending on the housing intervention(s) planned to be provided.

a. Case Management Plans (including the use of evidence-based models, such as motivational interviewing and trauma-informed care to engage families);

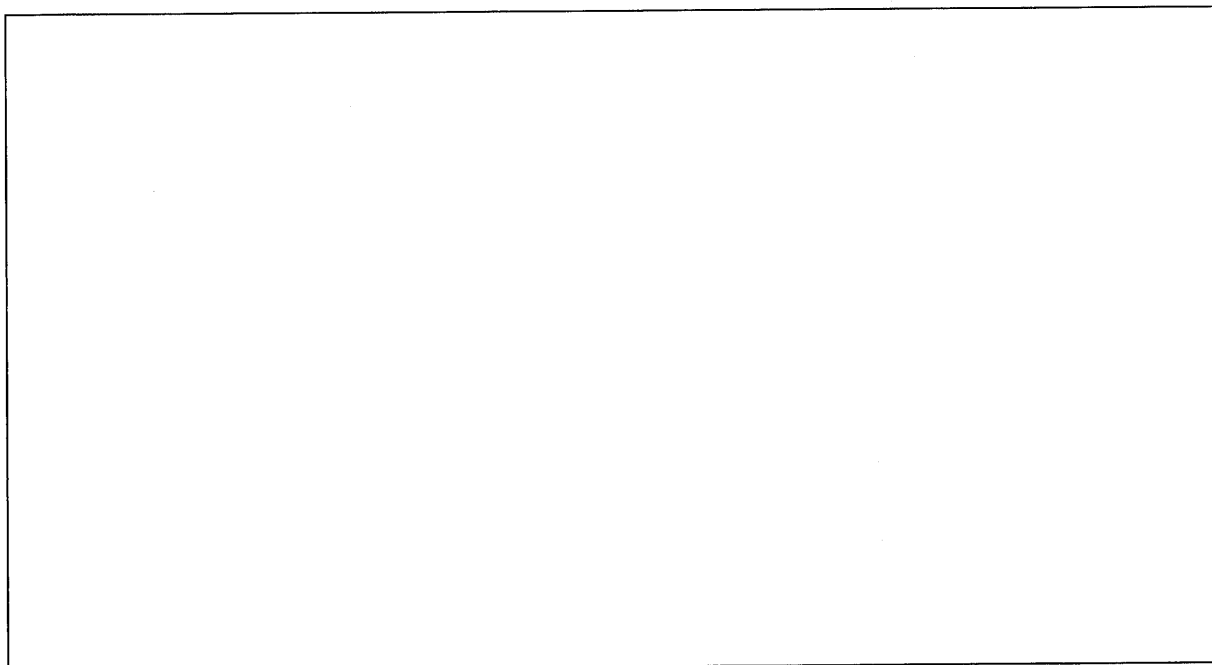
b. Housing navigation and identification;

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- c. Interim housing interventions (e.g., shared housing with friends and family, shelters, motels, bridge housing);

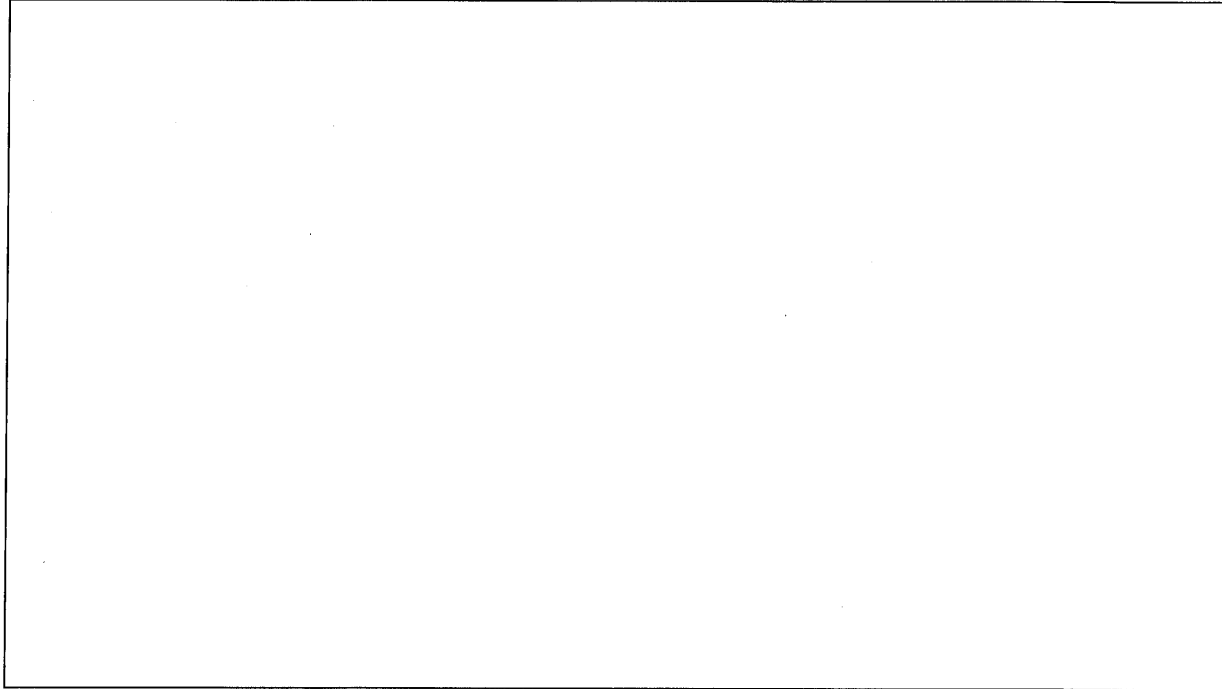
A large, empty rectangular box with a black border, intended for providing details on interim housing interventions.

- d. Rent and Housing-Related Financial Assistance (including but not limited to move-in costs, rental subsidies, utility payments, moving costs, etc.). Include expected average duration and maximum duration of financial assistance—noting progressive engagement strategies, where appropriate;

A large, empty rectangular box with a black border, intended for providing details on rent and housing-related financial assistance.

## ATTACHMENT FOUR

- e. Housing Stabilization and Retention Services (including ongoing tenant engagement, case management, public systems assistance, legal services, credit repair assistance, life skills training, and conflict mediation with landlords and neighbors).

**D. Housing First**

Funded programs must operate their BFH in compliance with the core components of Housing First. The CDSS has developed a Housing First Assessment (Attachment Five) to support applicants in assessing their adherence to and adoption of Housing First.

**Applicants must submit a completed Housing First self-assessment, including goals for the Fiscal Year 2019-22 funding cycle, with the application package.** Applicants are encouraged to use Attachment Five as a tool for assessing their progress throughout the year. (See Attachment Seven for additional information on Housing First.)

**E. Collaborating with Partners**

1. Partnerships and collaboration are critical to the success of BFH. Funded programs must coordinate with their homelessness response system, including participation in their local homeless CoC and designation of a cross-agency liaison who will coordinate between the county welfare agency and/or tribe and the CoC. Note: BFH funds may be used to help fund the role of a cross-agency liaison.

Additionally, funded programs should partner with community housing and homelessness providers (e.g., housing providers, shelters, Housing Authority, etc.), as well as local child welfare, social services, and juvenile dependency courts. Tribal applicants are encouraged to identify and describe any structural barriers to these partnerships and areas the CDSS can assist tribal applicants in navigating and/or problem solving.

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In the spaces below, describe:

- a. How BFH services will be provided in coordination with other services provided by county child welfare agency and/or tribe, family resource centers, family courts, social services, the greater homelessness response system (including the CoC), and/or other services.

- b. How Child and Family Teams (or other multi-disciplinary teams) will collaborate to ensure that sources of case management are coordinated and client-centered (i.e., how will you ensure that co-case management is streamlined and that the family is not receiving mixed messages or conflicting plans/guidance)?



ATTACHMENT FOUR

- c. How the role of the cross-agency liaison will support the efforts of collaboration. Applicants are encouraged to explore how existing positions and roles could be expanded to meet the requirements of a cross-agency liaison.

- d. Describe any significant partnerships and their anticipated role in your BFH. If this is a joint application, use the space below to further clarify how collaboration will operate across the counties and/or tribes and how the collaborative entities will work together to meet program requirements (e.g. match requirements, reporting requirements, etc.).

## ATTACHMENT FOUR

2. **Per Attachment One, applicants must submit a letter(s) of support from your local COC with the application package.** Additional letters to further demonstrate collaboration with other entities (e.g., housing authority, contractors, county agencies) are encouraged. If a county applicant is partnering with a tribe, the tribe must also provide a letter of support.

**F. Data**

1. Applicants are required to submit monthly data reports via the BFH 17, enter data into the Homeless Management Information System (HMIS), and participate in a CDSS coordinated evaluation. The BFH 17 is an individual-level data report and includes personal identifying information (PII). Therefore, it is collected via a Secure File Transfer (SFT). Applicants are also expected to use a special projects code (SPC) in the CWS/CMS to indicate participation in BFH.

In the space below, briefly describe how you will gather the data required for the BFH 17, including the data sources you plan to use (e.g., CWS/CMS, HMIS, Statewide Automated Welfare Systems (SAWS)). The CDSS understands tribal applicants may structural barriers to accessing certain county or state systems; the CDSS is committed to working with tribes to address these barriers. If that is the case, please describe the tribe's current ability to collect data on potential program participants and relevant data systems available to the tribe.

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2. BFH participation in HMIS is crucial to coordination with the greater homelessness response system. Funded programs will be required to enter BFH clients' data into HMIS, consistent with their local HMIS system and procedures.

In the space below, describe your current level of access to HMIS and steps that will be taken to be able to enter BFH into HMIS by June 30, 2020. Include a timeline of these steps. As a reminder, BFH funds may be used to acquire necessary product licenses and training. If the applicant believes there are extenuating circumstances that prevent their participation in HMIS, please describe any limitations or concerns below.

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**G. Implementation Plans**

1. In the space below, describe your capacity to design and implement a BFH program, and include any steps that will need to be taken in order to begin full program operation on or before July 1, 2020. For example, include items related to securing/identifying match funds, developing or finalizing formal partnerships with contractors or local housing agencies, budget development, Board of Supervisor approval, (if applicable), or any additional requirements necessary to establishing a new BFH program. For each step, identify an appropriate timeline. Indicate if you believe your agency will be able to begin serving clients prior to July 1, 2020, and if so, your expected date of planned implementation and level of services to be provided.

In the space below, describe how data and outcomes are or will be used to inform continuous quality improvement, and/or any future plans for program improvement.

## BRINGING FAMILIES HOME PROGRAM HOUSING FIRST ASSESSMENT

### **Incorporating the Housing First Philosophy (Required)**

As of July 1, 2019, Senate Bill (SB) 1380 (Chapter 847, Statutes of 2016) requires that all state-funded housing programs be operated in compliance with the core components of Housing First enumerated in [Welfare and Institutions Code \(WIC\) section 8255](#). Therefore, funded Bringing Families Home (BFH) Programs must be operated in compliance with the core components of Housing First; CDSS will continue to provide technical assistance to help counties improve practices to accomplish this requirement.

The California Department of Social Services (CDSS) has developed a Housing First Assessment to support applicants in assessing their adherence to and adoption of Housing First, as well as space to identify areas for development. This tool was developed using: the Housing First core components in [WIC section 8255](#), the [United States Interagency Council on Homelessness \(USICH\) Housing First checklist](#), the [United States Department of Housing and Urban Development \(HUD\) Housing First Assessment Tool](#), and the Corporation for Supportive Housing (CSH) checklist.

This assessment is intended to provide a baseline assessment of applicants' implementation of and alignment with Housing First principles. Responses will be used by the CDSS to provide guidance and support to programs as they continue to work toward aligning with Housing First core components and best practices. Strong responses do not necessarily reflect perfect compliance but will include concrete plans for further alignment with Housing First.

**For Existing BFH Programs:** Applicants must complete the Part 1 of the self-assessment by checking the box that best describes program alignment with each Housing First element.

In Part 2 this assessment, applicants must complete the self-improvement plan by identifying two to three Housing First elements that they can further improve upon. Applicants must also provide a description of their improvement plans for the new funding cycle, as well as an anticipated implementation timeline.

**For New BFH Applicants:** Applicants must complete the self-assessment, Part 1, by checking the box that best describes how the proposed program design aligns with each Housing First element.

In the space below the matrix, applicants must provide a description of their plans to implement the Housing First core components, as well as an anticipated implementation timeline. New applicants do not need to complete Part 2.

See Attachment Seven for more information on Housing First.

| Part 1. Housing First Self-Assessment  |  |  |  |  |                                   |
|--|--|--|--|--|-----------------------------------|
| County or Tribe:   |  |  |  |  |                                   |
| Date Completed:  |  |  |  |  |                                   |
| Completed by:  |  |  |  |  |                                   |
| <p><b>1. Low barrier entry</b><br/>Program enrollment is <b>not</b> contingent on pre-requisites such as sobriety, treatment or behavioral contingencies, disability status, income, credit or rental history, or any other behaviors that might be interpreted as indicating a lack of "housing readiness."</p>             | <input type="checkbox"/> Yes, program enrollment is <b>not</b> contingent on pre-requisites  |  |  | <input type="checkbox"/> No, program enrollment is contingent on some pre-requisites   |                                   |
|  | All the time<br><input type="checkbox"/>   | Most of the time<br><input type="checkbox"/> | Some of the time<br><input type="checkbox"/> | Infrequently<br><input type="checkbox"/>   | Never<br><input type="checkbox"/> |
| <p><b>2. Intake process is expedited, client-centered and flexible.</b><br/>Case managers meet with participants quickly and clearly communicate program expectations and offerings upon enrollment and throughout program.</p>  | <input type="checkbox"/> Yes, program compliance and participation is <b>not</b> a condition of receiving or maintaining housing and participation is voluntary. |  |  | <input type="checkbox"/> No, program compliance and participation is a condition of receiving or maintaining housing and participation is voluntary. |                                   |
|  | All the time<br><input type="checkbox"/>   | Most of the time<br><input type="checkbox"/> | Some of the time<br><input type="checkbox"/> | Infrequently<br><input type="checkbox"/>   | Never<br><input type="checkbox"/> |
| <p><b>3. Access to housing is without preconditions</b><br/>Program compliance and participation in services is not a condition of receiving or maintaining housing and participation is voluntary.</p>  | <input type="checkbox"/> Yes, program compliance and participation is <b>not</b> a condition of receiving or maintaining housing and participation is voluntary. |  |  | <input type="checkbox"/> No, program compliance and participation is a condition of receiving or maintaining housing and participation is voluntary. |                                   |
|  | All the time<br><input type="checkbox"/>   | Most of the time<br><input type="checkbox"/> | Some of the time<br><input type="checkbox"/> | Infrequently<br><input type="checkbox"/>   | Never<br><input type="checkbox"/> |
| <p><b>4. Families are connected to permanent housing as early as possible in case planning</b><br/>Participants are offered quick access to rapid re-housing assistance, including housing identification, rent and move-in assistance, and case management.</p>   | <input type="checkbox"/> Yes, program compliance and participation is <b>not</b> a condition of receiving or maintaining housing and participation is voluntary. |  |  | <input type="checkbox"/> No, program compliance and participation is a condition of receiving or maintaining housing and participation is voluntary. |                                   |
|  | All the time<br><input type="checkbox"/>   | Most of the time<br><input type="checkbox"/> | Some of the time<br><input type="checkbox"/> | Infrequently<br><input type="checkbox"/>   | Never<br><input type="checkbox"/> |
| <p><b>5. Interim Housing Interventions are offered</b><br/>Interim Housing Interventions (e.g., temporary housing, bridge housing, motels) are offered if permanent housing is not immediately available. If interim housing interventions are used there is a focus on safe and quick transitions to permanent housing.</p> | <input type="checkbox"/> Yes, program compliance and participation is <b>not</b> a condition of receiving or maintaining housing and participation is voluntary. |  |  | <input type="checkbox"/> No, program compliance and participation is a condition of receiving or maintaining housing and participation is voluntary. |                                   |
|  | All the time<br><input type="checkbox"/>   | Most of the time<br><input type="checkbox"/> | Some of the time<br><input type="checkbox"/> | Infrequently<br><input type="checkbox"/>   | Never<br><input type="checkbox"/> |
| <p><b>6. Participants are provided services that are evidence-based and client-centered</b><br/>When engaging clients, evidence-based models are used (e.g., motivational interviewing, client-centered counseling, harm-reduction,</p>  | <input type="checkbox"/> Yes, program compliance and participation is <b>not</b> a condition of receiving or maintaining housing and participation is voluntary. |  |  | <input type="checkbox"/> No, program compliance and participation is a condition of receiving or maintaining housing and participation is voluntary. |                                   |
|  | All the time<br><input type="checkbox"/>   | Most of the time<br><input type="checkbox"/> | Some of the time<br><input type="checkbox"/> | Infrequently<br><input type="checkbox"/>   | Never<br><input type="checkbox"/> |

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|   |  |  |  |  |                                       |
|---|--|--|--|--|---------------------------------------|
| <p>trauma informed care). Clients' needs are continuously being assessed with the case plan being updated and communication is clear and ongoing.</p>   |  |  |  |  |                                       |
| <p><b>7. Leases or contractual agreements are used and reflect the same rights and responsibilities as other tenants.</b><br/>Participants receive education about their lease or occupancy agreement terms.</p>  | <p>All the time <input type="checkbox"/></p> | <p>Most of the time <input type="checkbox"/></p> | <p>Some of the time <input type="checkbox"/></p> | <p>Infrequently <input type="checkbox"/></p> | <p>Never <input type="checkbox"/></p> |
| <p><b>8. Every effort is made to prevent a return to homelessness</b><br/>Every effort is made to prevent a return to homelessness, including but not limited to rehousing. The BFH provider has protocols for how to work with families and landlords to prevent lease violations and preserve tenancy (e.g., tenant rights classes, landlord check ins, home visits). Services are continued despite change in housing status or placement.</p> | <p>All the time <input type="checkbox"/></p> | <p>Most of the time <input type="checkbox"/></p> | <p>Some of the time <input type="checkbox"/></p> | <p>Infrequently <input type="checkbox"/></p> | <p>Never <input type="checkbox"/></p> |
| <p><b>(For Continuing Programs)</b> In the space below, summarize areas the program has worked to better align with housing first since implementation and any additional information to further explain the assessment above.</p>  |  |  |  |  |                                       |
| <p><b>(For New Applicants)</b> Use this space to describe how your program will align with Housing First and steps you will take to incorporate the components above into your program design.</p>  |  |  |  |  |                                       |

| <p><b>Part 2. Housing First Improvement Plan (Required for Continuing Programs Only)</b></p> <p>Select a minimum of two Housing First elements that you can further improve upon (e.g., removing barriers to entry, home visits) and complete the table providing details as necessary. The Result column should be left blank until further improvement and completion of the goal. Attach additional pages or documents as needed.</p> |   |   |   |
|--|---|---|---|
| <p><b>Which Housing First element needs to be improved and why? (Refer to list above and Attachment Seven)</b></p>   | <p><b>What is your improvement plan? (What specific policies and practices do you plan to adopt within your BFH to address the areas identified for improvement? What steps will you pursue to implement these policies and practices?)</b></p> | <p><b>Timeline (include progress and/or status updates when applicable)</b></p> | <p><b>Result (for programs to fill out upon completion of improvement plan)</b></p> |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |



## ATTACHMENT SIX

**BRINGING FAMILIES HOME PROGRAM:  
COUNTY AGENCIES AND TRIBE MATCH FUNDING GUIDELINES**

County agencies and tribes in receipt of Bringing Families Home (BFH) funding are required to match the state BFH Program funding on a dollar-for-dollar basis over the award period. The county agency or tribe may meet their BFH match requirement through an expenditure of county agency or tribal funds and/or through a contribution of county agency/tribal and/or third party in-kind donations. *These match amounts must be spent on or contributed in direct support of the BFH program.*

For example, if a county agency or tribe claims \$500,000 in BFH program state funds, the value of its entire BFH program outlays, including all expenditures and contributions made on the program's behalf, must be \$1,000,000. This document summarizes the county agency and tribal match guidelines associated with BFH, outlines the general match provisions, how in-kind funding may be used as a match, and defines the items prohibited from being used as a match.

In accordance with [Welfare and Institutions Code section 16523.1\(d\)\(1\)](#), county agencies and tribes in receipt of funds provided for BFH shall supplement and not supplant the level of county agency and tribal funding spent on these purposes in Fiscal Years 2019-22. For additional match guidance and related claiming instructions, counties should review [County Fiscal Letter \(CFL\) No. 17/18-79](#) and [CFL No. 18/19-25](#).

**Match Requirements**

Proper documentation should be kept on file at the county agency and tribal office that submits all BFH program match documentation and expenditure claims. This information must be available at the California Department of Social Services' request for review of compliance with statute and state guidance.

**General Provisions**

County agency and tribal matching amounts must conform to the following general provisions:

- Are verifiable from the County Welfare Department's or Tribe's records.
- Are necessary and reasonable for accomplishment of the BFH program's objectives.
- Are allowable under the cost principles outlined in [Subpart E of Title 2 Code of Federal Regulations Part 200](#), to the extent they consist of federal funds.
- Are neither state funds nor any funds provided by the county/tribe as a match to draw down state funds in another program.

**Expenditure Matches (Cash Matches)**

A direct and exclusive expenditure of county/tribal funds on the BFH program may be used to meet all or part of a county's/tribe's match requirements for the BFH program.

The source of county/tribal funds used for these expenditures may be the county's or tribe's own public funds (including Local Revenue Funds [LRF]), cash donations from third parties (e.g.,

## ATTACHMENT SIX

partner organizations), or independent grants). The use of cash donations and grants should adhere to the following guidelines:

- These funds should be transferred to and spent directly by the county agency or tribe exclusively on the BFH program to be considered a county or tribal expenditure match. Funds spent by a third party on behalf of the BFH program are considered an in-kind donation and must follow the rules for in-kind contributions under this program.
- The third party may place a condition or restriction on the use of funds it donates to the county or tribe requiring that they be used for the purpose of the BFH program.
- It is permissible for donated funds, if not completely expended by the county or tribe, to revert to the donor, if this condition is part of the agreement between the donor and the county or tribe.

It is important to note that an expenditure of funds by the county or tribe on behalf of another program that is used as match for the BFH program is considered a county or tribal in-kind match, not an expenditure match.

### **In-Kind Matches**

In-kind contributions/donations of goods, services, and other resources in support of the BFH program may be allowable to meet all or part of the BFH county or tribe match requirement. In order for in-kind donations to qualify as allowable match, they must be substantiated with written documentation provided on the source entity's letterhead and signed and dated by an authorized representative of that entity. Documentation must include:

- Description and value of the donated goods or services.
- Specific date and fiscal year for which the goods or services will be contributed.
- The method used to determine the value of the donation.

### County and Tribe In-Kind Match

As explained above, state funds are not an eligible match source. County or tribal funds that are used as a match to draw down state funds in another program also may not be used as a match. However, county and tribal funds (including LRF) that **1) are not used as a match for state funds in another program and 2) are spent on other programs** may be used as an in-kind match, as long as those expenditures are in support of the BFH program. County and tribe in-kind match may also include the value of any resources donated by the county or tribe to the BFH program.

Likewise, any federal share of expenditures for county or tribe, state, or federal programs also may be used as an in-kind match, as long as they support the BFH program. Any federal funds used as a match must be expended in a manner consistent with federal regulations and the federal award's terms and conditions.

Potential **federal** funds/grants/awards that may serve as a match for BFH include, but are not limited to, the following sources:

- Emergency Solutions Grant
- Community Services Block Grant
- Community Development Block Grant
- Whole Person Care

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- Continuum of Care
- Housing Choice Voucher
- Family Unification Program
- The Title IV-B, Title IV-E, or Medicaid/Title XIX portions of Child Welfare Services (CWS) program expenditures

*County and Tribe In-Kind Match Examples*

Assuming all other match requirements are met, examples of county and tribe in-kind contributions that may be eligible as a match for the BFH program include, but are not limited to:

- County/tribal funded salaries and administrative costs of CWS programs, such as caseworker or other staff time, provided to BFH program participants. Note: Other staff time, including the time of staff not solely dedicated to BFH, such as time spent coordinating with local housing services, or other BFH program related functions may also be used as match in an amount commensurate with the time spent for BFH specific clients and activities.
- County or tribal and federal funds expended under other programs on housing assistance for BFH program participants.

For example:

1. The county or tribe establishes specific positions dedicated to provide BFH program case management for CWS BFH program participants. The case worker time is funded by the county/tribe. The value of the time can be used as match.
2. A county or tribal CWS social worker spends time coordinating with the local housing authority on program participants' case plans and providing information to support housing plan development. Both the LRF (2011 Realignment) and any federal portions of the costs associated with that time can be used as match.
3. An alternative county or tribal program uses county or tribal or federal funds on emergency or interim housing (e.g., shelter beds, motel vouchers) for CWS clients served by the BFH program. The value of the housing can be used as a match.

Third Party In-Kind Match

If the source of the in-kind contribution is a third party, a memorandum of understanding (MOU) between the county or tribe and the third party must be in place prior to the provision of the goods and/or services. The MOU must contain the following elements:

- A commitment to provide the goods/service(s).
- A description of the specific goods/service(s) to be provided.
- The profession of any persons providing service(s) and fair market value of the goods/service(s).
- The timeframe in which the goods/service(s) will be provided.
- The review process or system that will be used to evaluate and document the nature and value of the goods/service(s) as actually provided.

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Under an agreement with the county or tribe, a third party may make an in-kind donation contingent upon the receipt of partial reimbursement for that donation from the county or tribe. The county or tribe may consider reimbursement of that amount to the donor as an expenditure under the BFH program, which the county or tribe may use to draw down state BFH program funds. For example, if a third party were to request reimbursement of half the value of its donation, one half of the total value (the reimbursement) would count as a county/tribal expenditure eligible to draw down state funds and the other half would count as the match for that expenditure.

*Third Party In-Kind Match Examples*

Assuming all other match requirements are met, examples of third-party in-kind contributions that may be eligible as a match for the BFH program include, but are not limited to:

- Use of third party partner case worker (or other staff) time such as caseworker or other staff time, provided to BFH program participants. Note: Other staff time, including the time of staff not solely dedicated to BFH, such as time spent coordinating with local housing services, or other BFH program related functions may also be used as match in an amount commensurate with the time spent for BFH specific clients and activities.
- Third party funds expended on housing assistance for BFH program participants.

For example:

1. The county or tribe works with a third party to establish specific positions dedicated to providing BFH program case management for BFH program participants. In this example, the case worker time is funded directly by the third party. The value of the time can be used as match.
2. A county or tribe partners with a third party, and a staff person with the third party spends time coordinating with local housing partners on program participants' case plans and providing information to support housing plan development. The third party's time spent on BFH participants for the specific purposes of BFH can be used as match.
3. The county or tribe secures (or plans to secure) third party in-kind funds for emergency or interim housing (i.e., shelter beds, motel vouchers) for CWS clients served by the BFH program. The value of the housing can be used as a match.

**Counties and tribes will be responsible for following the match documentation guidelines set forth in the claiming instructions that will be released under separate cover.**

## ATTACHMENT SEVEN

**BRINGING FAMILIES HOME PROGRAM:  
REFERENCES AND RESOURCES**

The following list of references and resources has been developed by the California Department of Social Services (CDSS) for Bringing Families Home (BFH) Program applicants. Refer to Attachment One for details about application packaging requirements for continuing and new BFH Programs.

|  |
|--|
| <b>I. Bringing Families Home (BFH) Program Homeless Definition</b> |
|--|

For the purposes of BFH, homeless is defined in [Welfare and Institutions \(WIC\) Code section 16523\(d\)](#) and listed below for reference:

- 1) An individual or family who lacks a fixed, regular, and adequate nighttime residence.
- 2) An individual or family 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, but not limited to, a car, park, abandoned building, bus station, train station, airport, or camping ground.
- 3) An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements, including hotels or motels paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, or transitional housing.
- 4) An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided.
- 5) An individual or family who will imminently lose their housing, including, but not limited to, housing they own, rent, or live in without paying rent, are sharing with others, or rooms in hotels or motels not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, as evidenced by any of the following:
  - A. A court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days.
  - B. The individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days.
  - C. Credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause.
- 6) An individual or family who has no subsequent residence identified.
- 7) An individual or family who lacks the resources or support networks needed to obtain other permanent housing.
- 8) Unaccompanied youth and homeless families with children and youth defined as homeless under any other federal statute, as of the effective date of this program, who meet all of the following:
  - A. Have experienced a long-term period without living independently in permanent housing.
  - B. Have experienced persistent instability as measured by frequent moves over that long-term period.
  - C. Can be expected to continue in that status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.



## ATTACHMENT SEVEN

## II. Resources on Housing and Families

- California Department of Social Services (CDSS):
  - [Bringing Families Home Webpage](#)
  - [Bringing Families Home Fact Sheet](#)
- National Alliance to End Homelessness (NAEH): [The Role of Child Welfare Agencies](#)
- Corporation for Supportive Housing (CSH):
  - [Keeping Families Together](#)
  - [One Roof](#)
- Child Welfare Information Gateway: [Building Partnerships to Support Stable Housing for Child Welfare-Involved Families and Youth](#)
- Administration for Children and Families:
  - Information Memorandum: [Efforts by child welfare agencies, local communities and federal agencies to end family and youth homelessness](#)
  - Podcast: [Housing's Critical Connection to Child Welfare](#)
- Urban Institute:
  - [What child welfare agencies can learn from the Department of Veterans Affairs in the race to end homelessness](#)
  - [Report on Supportive Housing for High-Need Families in the Child Welfare System](#)
  - [Evolution in Programs Offering Supportive Housing to Child Welfare–Involved Families: Services Integration and Systems Change at the Half-Way Point](#)
  - [Report on Costs and Potential Savings of Supportive Housing for Child Welfare–Involved Families](#)
- First Focus and the State Policy and Reform Center: [Families at the Nexus of Housing and Child Welfare](#)

### A. Identifying Need

#### Possible Data Sources:

- CWS/CMS
- HMIS (see section F. Data)
- BFH 17
- United States Department of Housing and Urban Development (HUD): [CoC Homeless Populations and Subpopulations Reports \(e.g., Point in Time Count\)](#)

### B. Prioritization and Assessment

#### Resources for Coordinated Entry:

- United States Department of Housing and Urban Development (HUD):
  - [Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#)
  - [Coordinated Entry Policy Brief](#)
  - [Coordinated Entry Community Samples Toolkit](#)
  - [Core Principles of Housing First and Rapid Re-Housing PowerPoint](#)
- National Alliance to End Homelessness (NAEH): [Coordinated Entry Resource Library](#)

#### Resources for Prioritization and Assessment:

*Prioritization should be in accordance with Housing First and in tandem with Coordinated Entry.*

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- United States Department of Housing and Urban Development (HUD): [Assessment Tools for Allocating Homelessness Assistance: State of the Evidence](#)
- [OrgCode](#):
  - [Family Service Prioritization Decision Assistance Tool \(F-SPDAT\) Assessment Tool for Families](#)
  - [Service Prioritization Decision Assistance Tool \(SPDAT\) Assessment Tool for Single Adults](#)
- Arizona Department of Housing (ADOH): [Coordinated Assessment Through HMIS Using SPDAT](#)

**C. Housing Interventions**
**Resources for Rapid Rehousing:**

- National Alliance to End Homelessness (NAEH):
  - [Rapid Rehousing Works](#)
  - [Rapid Rehousing Toolkit](#)
- [All County Welfare Directors Letter \(ACL\) dated May 26, 2016](#)
- CDSS-Hosted: *Shared Housing & Diversion Webinar*
  - [Shared Housing & Diversion Webinar Recording](#)
  - [Shared Housing & Diversion PowerPoint](#)
  - [LAFH Shared Housing Questionnaire](#)

**Resources for Supportive Housing:**

- United States Department of Housing and Urban Development (HUD):
  - [Supportive Housing Overview](#)
  - [Family Unification Program \(FUP\)](#)
  - [Project-Based Vouchers](#)
  - [Find Your Local Public Housing Agency \(PHA\)](#)
  - [CoC Housing Inventory Count Reports](#)
- United States Interagency Council to End Homelessness (USICH): [Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System: Lessons from San Francisco, CA](#)
- Corporation for Supportive Housing (CSH): [Supportive Housing 101](#)
- Chapin Hall: [Supportive Housing Interventions in Connecticut Found to Decrease Foster Care Placements](#)

**D. Housing First (Attachment Five)**

- Housing First statute: [Welfare and Institutions Code \(WIC\) section 8255](#)
- [National Alliance to End Homelessness: Housing First](#)
- United States Interagency Council on Homelessness (USICH) [Housing First checklist](#).
- The United States Department of Housing and Urban Development (HUD) [Housing First Assessment Tool](#), which builds on the work of the USICH Housing First checklist. The HUD tool aims to assess and document project and program alignment with the Housing First model and can be used as an iterative tool to track progress on implementing Housing First over time.
- CDSS-Hosted Webinar Series: *A System Response to Homelessness Using a Housing First Approach*, in partnership with the National Alliance to End Homelessness (NAEH)
  - CDSS Housing First Webinar I



## ATTACHMENT SEVEN

- [Housing First Webinar I Recording](#)
- [Housing First I PowerPoint](#)
- CDSS Housing First Webinar II
  - [Housing First Webinar II Recording](#)
  - [Housing First II PowerPoint](#)
- CDSS Housing First Webinar III
  - (No Recording)
  - [Housing First III PowerPoint](#)

|                                       |
|---------------------------------------|
| <b>E. Collaborating with Partners</b> |
|---------------------------------------|

**Continuum of Care (CoC) Resources:**

- United States Department of Housing and Urban Development (HUD):
  - [CoC Program](#)
  - [CoC Points of Contact](#)
- Homeless Coordinating and Financing Council (HCFC):
  - [CoC Points of Contact](#)

**Other Collaboration Resources:**

- Homeless Coordinating and Financing Council (HCFC):
  - [California State Homelessness Funding Programs](#)
  - [State Resources to Address California's Homeless Crisis](#)
- United States Department of Housing and Urban Development (HUD): [Find Your Local Public Housing Agency \(PHA\)](#)
- United States Interagency Council to End Homelessness (USICH): [Home Together: Federal Strategic Plan to Prevent and End Homelessness](#)

**Child and Family Team (CFT) Meeting Resources:**

- [Child and Family Teams \(CFTs\)](#)
- [All County Letter \(ACL\) 16-84: Requirements and guidelines for creating and providing a child and family team](#)

**AB 429: CalWORKs Continuance for FR Cases Resources:**

*Assembly Bill (AB) 429 permits the continuation of CalWORKs services to parents after removal of their children from the home by the Child Welfare Service Agency (CWSA). Additional guidance is below.*

- [ACL 02-36](#): Changes to the CalWORKs to Allow Parents to Receive Services when Child is Out-of-Home
- [ACL 03-52](#): Update on CalWORKs FR Program-Revised Medi-Cal Eligibility Status-Aid Code Definitions
- [ACL 11-04](#): CalWORKs Family Reunification Services-Q and A
- [ALL COUNTY INFORMATION NOTICE \(ACIN\) I-49-04](#): CalWORKs Family Reunification Program
- [ACL 18-71](#): CalWORKs-Implementation of AB 236-Temp Homeless Assistance and FR Cases

|                |
|----------------|
| <b>F. Data</b> |
|----------------|

**Resources for additional HMIS information:**

- [HUD- HMIS](#)
- [HUD- 2020 HMIS Data Standards](#)



## ATTACHMENT TWO

**BRINGING FAMILIES HOME (BFH) PROGRAM  
CERTIFICATION, BUDGET, AND MATCH**

*This form must be completed by all applicants applying for BFH funding for Fiscal Year (FY) 2019-20 through FY 2021-22.*

**County Agency/Tribe Name:** Humboldt County DHHS & Yurok Tribe

**I. BFH PROGRAM CONTACTS**

*The contact(s) listed below will be the primary person for questions or follow up for both the proposal and program. The contact's information will also be available to the public and stakeholders for direct questions.*

**Primary County/Tribe BFH Contact**

Contact Name and Title: CONNIE BECK, DHHS DIRECTOR

Address: 507 F ST EUREKA, CA 95501

Email Address: [cbeck@co.humboldt.ca.us](mailto:cbeck@co.humboldt.ca.us) Phone Number: 707/441-5400

**Secondary County/Tribe BFH Contact**

Contact Name and Title: STEPHANIE WELDON, MSW, DIRECTOR, YUROK TRIBE HEALTH & HUMAN SERVICES

Email Address: [sweldon@yuroktribe.nsn.us](mailto:sweldon@yuroktribe.nsn.us) Phone Number: 707/445-2422

**II. PROGRAM APPLICATION PACKAGE CHECKLIST**

*Complete program applications will include the following. Refer to Attachment One for detailed application packaging requirements.*

- X Certification, Funding Request, and Match (Attachment Two)
- X New Program Description Template (Attachment Four)
- X Housing First Assessment (Attachment Five)
- X Letters of Support (See Attachment One for more information)

**III. PROGRAM FUNDING REQUEST**

*All applicants must complete sections a, b, c, and d below. Continuing BFH Programs must also complete section e. Note: information below should match the Detailed Program Budget and Match Template.*

- |   |           |
|---|-----------|
| a. Amount of state BFH funding the applicant is requesting (i.e., total amount, without match, for FY 2019-22):     | 1,521,931 |
| b. Match amount the applicant is proposing:   | 4,557,178 |
| c. Total amount of funding the applicant is proposing (i.e., the total amount (a), with match (b), for FY 2019-22): | 6,079,109 |

ATTACHMENT TWO

- d. Estimated number of families the BFH will **newly** house in permanent housing from FY 2019-22: 129
  
- e. (Continuing BFHs Only) Number of families the BFH will **continue to support** in permanent housing during FY 2019-21 (i.e., number of families housed prior to FY 2019-20 who will continue to receive case management and/or housing subsidies or other financial assistance through the BFH): N/A

**IV. COUNTY WELFARE DIRECTOR AND/OR TRIBAL AGENCY CERTIFICATION**

I certify that the County Welfare Department or Tribe will administer the BFH Program pursuant to the conditions set forth by the California Department of Social Services. I certify that the information completed above and attached is true and correct.

Print Name: CONNIE BECK

Signature:



Date:

11-7-19

Print Name: STEPHANIE WELDON

Signature:



Date:

11/7/19

## ATTACHMENT TWO

**V. DETAILED PROGRAM BUDGET**

Per Welfare and Institutions Code section 16523.1(d)(1), a county child welfare agency or tribe that receives state funds under this program must match that funding on a dollar-by-dollar basis. The county child welfare agency or tribal funds used for this purpose must supplement, not supplant, county or tribal funding already intended for these purposes (see Attachment Six for more information).

BFH applicants must complete all components of the budget templates provided below. The projected program budget is broken down by fiscal year and includes space for the applicant to provide both the amount of match funding **and** the source of match funding.

In addition to alignment with overall program design, strong applications will demonstrate an ability to maximize financial assistance while minimizing program administrative costs and maximizing funding on permanent housing costs.

For more information about allowable match sources, see Attachment Six.

Note for Continuing BFH Programs: Continuing BFH Programs must include their planning allocation received in July 2019 in their total budget outline.

Note for New BFH Applicants: As described in Attachment One, funded programs are expected to begin serving BFH families by July 1, 2020 and may use the time from allocation to June 30, 2020 for program planning and implementation. As a result of this implementation period, the projected budget for FY 2019-20 may be less than subsequent years. However, if an applicant can implement sooner, they should indicate their anticipated timeline in Attachment Four and include all expected expenses in the FY 2019-20 budget template.

New BFH Programs will be required to demonstrate their ability to successfully operate a BFH Program before receiving authorization from the CDSS to start serving clients. The CDSS will work closely with funded programs during the implementation phase to support program development, goals, and budgeting. Additional guidance will be provided to funded programs during the allocation process.

## ATTACHMENT TWO

## A. Anticipated BFH Fiscal Year 2019-2020 Budget

|  | BFH (State) Funds | BFH Match<br>(including Amount and Source)                       |
|--|-------------------|--|
| <b>Administration</b><br>(e.g., data tracking, program management, overhead costs, benefits, data tracking)  | \$2,260           |  |
| <b>Housing Navigation and Case Management</b><br>(e.g., housing case managers, housing navigator, life skills training, legal/credit repair assistance, cross-agency liaison)  | \$60,790          | \$57,157<br>IV-B, IV-E, 2011 Realignment,<br>County General Fund |
| <b>Financial Assistance</b>  |                   |  |
|  | BF (State) Funds  | BFH Match<br>(including Amount and Source)                       |
| <b>Rapid Rehousing Subsidies</b><br>(if applicable)  |                   |  |
| <b>Long Term Housing Subsidies</b> (if applicable) (e.g., Family Unification Program (FUP) vouchers, Housing Choice vouchers, affordable housing, supportive housing)  |                   |  |
| <b>Interim Housing Interventions</b> (e.g., motels, shelters, bridge housing)  |                   | \$35,238.63<br>County General Fund                               |
| <b>Other Financial Assistance</b><br>(e.g., other housing intervention costs, deposits, making the home habitable, move-in costs, landlord outreach, engagement, and/or financial incentives)                          |                   | \$35,238.63<br>County General Fund                               |
| <b>Total Amount</b>  | \$63,050          | \$127,634  |
| <b>Target Number of Families to House in FY 2019-20</b>  |                   |  |
| <b>Total Number of Families to House</b>   |                   | 5  |
| <b>Number of Families to Continue to House (Continuing Counties Only)</b><br>Families housed in the previous fiscal year who will continue to receive support via BFH (e.g., financial support and/or case management) |                   | N/A  |

## ATTACHMENT TWO

**B. Anticipated BFH Fiscal Year 2020-2021 Budget**

|   | <b>BFH (State) Funds</b> | <b>BFH Match<br/>(including Amount and Source)</b>                  |
|---|--------------------------|---|
| <b>Administration</b><br>(e.g., data tracking, program management, overhead costs, benefits, data tracking)   | \$2,630                  |   |
| <b>Housing Navigation and Case Management</b><br>(e.g., housing case managers, housing navigator, life skills training, legal/credit repair assistance, cross-agency liaison)                 | \$185,955                | \$1,899,772<br>IV-B, IV-E, 2011 Realignment,<br>County General Fund |
| <b>Financial Assistance</b>   |                          |   |
|   | <b>BFH (State) Funds</b> | <b>BFH Match<br/>(including Amount and Source)</b>                  |
| <b>Rapid Rehousing Subsidies</b><br>(if applicable)   | \$225,550                | \$315,000<br>2011 Realignment                                       |
| <b>Long Term Housing Subsidies</b> (if applicable) (e.g., Family Unification Program (FUP) vouchers, Housing Choice vouchers, affordable housing, supportive housing)                         |                          |   |
| <b>Interim Housing Interventions</b> (e.g., motels, shelters, bridge housing)   |                          |   |
| <b>Other Financial Assistance</b><br>(e.g., other housing intervention costs, deposits, making the home habitable, move-in costs, landlord outreach, engagement, and/or financial incentives) | \$87,500                 |   |
| <b>Total Amount</b>   | \$501,635                | \$2,214,772   |
| <b>Target Number of Families to House in FY 2020-21</b>   |                          |   |
| <b>Total Number of Families to House</b>  |                          | 62  |

## ATTACHMENT TWO

## C. Anticipated BFH Fiscal Year 2021-2022 Budget

|  | BFH (State) Funds | BFH Match<br>(including Amount and Source)                          |
|--|-------------------|---|
| <b>Administration</b><br>(e.g., data tracking, program management, overhead costs, benefits, data tracking)  | \$2,630           |   |
| <b>Housing Navigation and Case Management</b><br>(e.g., housing case managers, housing navigator, life skills training, legal/credit repair assistance, cross-agency liaison)                | \$191,566         | \$1,899,772<br>IV-B, IV-E, 2011 Realignment,<br>County General Fund |
| <b>Financial Assistance</b>  |                   |   |
|  | BFH (State) Funds | BFH Match<br>(including Amount and Source)                          |
| <b>Rapid Rehousing Subsidies</b><br>(if applicable)  | \$675,550         | \$315,000<br>2011 Realignment                                       |
| <b>Long Term Housing Subsidies</b> (if applicable) (e.g., Family Unification Program (FUP) vouchers, Housing Choice vouchers, affordable housing, supportive housing)                        |                   |   |
| <b>Interim Housing Interventions</b> (e.g., motels, shelters, bridge housing)  |                   |   |
| <b>Other Financial Assistance</b><br>(e.g., other housing intervention costs, deposits, making the home habitable, move-in costs, landlord outreach, engagement, and/or financial incentive) | \$87,500          |   |
| <b>Total Amount</b>  | \$957,246         | \$2,214,772   |
| <b>Target Number of Families to House in FY 2021-22</b>  |                   |   |
| <b>Total Number of Families to House</b>   |                   | 62  |

## ATTACHMENT TWO

**VI. Match Funds Details**

List each source of match funding below including the type, amount, and any additional description necessary. (See Attachment Six for more information on allowable match sources.)

|  | <b>Source<br/>(Name of Entity)</b> | <b>Type<br/>(cash, in-kind, etc.)</b> | <b>Description of<br/>match</b> | <b>Amount</b>      |
|--|------------------------------------|---------------------------------------|---------------------------------|--------------------|
| <b>1.</b>  | County of Humboldt                 | In-kind                               | 2011 Realignment                | \$1,219,680        |
| <b>2.</b>  | County of Humboldt                 | In-kind                               | County General Fund             | \$165,587          |
| <b>3.</b>  | County of Humboldt                 | In-kind                               | Title IV-B                      | \$19,022           |
| <b>4.</b>  | County of Humboldt                 | In-kind                               | Title IV-E                      | \$3,152,889        |
| <b>5.</b>  |                                    |                                       |                                 |                    |
| <b>6.</b>  |                                    |                                       |                                 |                    |
| <b>Total Amount of Match</b>   |                                    |                                       |                                 | <b>\$4,557,178</b> |
| <i>Total amount should be consistent with match amounts completed on page 1.</i> |                                    |                                       |                                 |                    |

## ATTACHMENT FOUR

**BRINGING FAMILIES HOME PROGRAM:  
NEW PROGRAM DESCRIPTION TEMPLATE****New Program Description Template**

Applicants applying for Bringing Families Home (BFH) Program funding must complete the template below. Responses will be evaluated by the California Department of Social Services (CDSS) according to the evaluation criteria outlined in Attachment One. Strong responses will provide detailed analyses on how the applicant plans to align with evidence-based and best practices. Attachment Seven provides additional information on evidence-based interventions and best practices; applicants should use this as a resource as they complete this template.

All elements must be completed. Responses should be concise and limit responses to 25 pages total. Applications with missing or incomplete elements will be considered incomplete.

When responding to each component below, applicants should include the following in addition to their description:

- 1) how program plans will meet the needs of your community and aligns with best practices;
- 2) and anticipated timelines for implementation and milestones (including anticipated completion dates, if applicable).

*Recommendation: If using percentages in your responses, also include the raw numbers to provide additional context. For example: 25 percent of BFH recipients (i.e., 50 of the 200 BFH recipients) exited into community provided housing. Applicants should cite all data sources.*

A Word version of this template may be requested by emailing [Housing@dss.ca.gov](mailto:Housing@dss.ca.gov).

**A. Identifying Need and Outreach**

1. Applicants should consider both their identified need (i.e., the number of families experiencing homelessness and receiving child welfare services in the county or tribe) and their capacity to utilize the funding within the specified timeframe. Examples of data source options include but are not limited to: Child Welfare Services/Case Management System (CWS/CMS) data, Structured Decision Making (SDM) data, California Child Welfare Indicators Project (CCWIP) data, County Point in Time (PIT) count, homeless Continuum of Care/ Homeless Management Information System (CoC/HMIS) encounter data, and, for tribal applicants, applicable tribal data resources (such as data on instances where Indian children, whose tribes are correctly identified, are being served in the county child welfare system).

In the spaces below, provide the information requested using data referencing both family reunification (FR) and family maintenance (FM) cases experiencing literal homelessness or imminent risk of homelessness. From WIC section 16523(d), for literally homeless use subsections 2, 3, or 4 and for imminent risk of homelessness use subsections 5(A) through 5(C) of WIC section 16523(d).

Complete responses will include data sources.



## ATTACHMENT FOUR

- a. Total number of child welfare involved families experiencing literal homelessness and imminent risk of homelessness, separated by FR and FM case components.

|                               | Family Reunification | Family Maintenance |
|-------------------------------|----------------------|--------------------|
| Literally Homeless            | 24                   | 48                 |
| Imminent Risk of Homelessness | 2                    | 12                 |

Total number of families with an open child welfare case (i.e., either FR or FM) that are literally homeless or at imminent risk of homelessness:

86

|                        |
|------------------------|
| <b>Data Source(s):</b> |
|------------------------|

1. CMS/CWS FY18-19 Open Cases FM/FR
2. SSB Fiscal-FY18-19 Housing Datapool (shows \$90k authorized requests)
3. PACT Data FY18-19 (provided by Housing & Assistance- Robert Ward)
4. CalWorks Data FY18-19 (provided by Housing & Assistance)
5. Street Contacts Data FY18-19 (provided by Housing & Assistance)
6. Betty Chin Data FY18-19 (provided by Housing & Assistance)

- b. Number of child welfare involved families your BFH Program **intends to serve** by June 30, 2022 and how this goal was determined. (Note: the total goal listed below should be the same as the goal entered in Attachment Two.)

|                               | Family Reunification | Family Maintenance |
|-------------------------------|----------------------|--------------------|
| Literally Homeless            | 36                   | 72                 |
| Imminent Risk of Homelessness | 3                    | 18                 |

Total number of families with an open child welfare case (i.e., either FR or FM) that are literally homeless or at imminent risk of homelessness that your program intends to serve by June 30, 2022: 129

|   |
|---|
| <b>How this goal was determined (including data sources):</b> |
|---|

We plan to serve 129 FR or FM families through June 30, 2022 and we will endeavor to transition all of them to permanent housing as quickly as possible. Others will be assisted by the project by provision of interim housing using existing resources such as motel vouchers and local shelter providers under contract with DHHS.

We used the data sources identified above. We also relied on information provided by DHHS HOME unit based on its history and experience of providing PSH and services to individuals and families with disabilities including serious mental illness since 2006. CWS Supervisors were polled to determine reasonableness of this number of families based on current caseloads.

## ATTACHMENT FOUR

2. In the space below, describe your community's need for BFH, including how BFH will address the need identified above and how BFH will address gaps in housing services for this population. If applicable, provide additional narrative to further explain your data and analysis (e.g., housing availability in the community or on tribal land, impact of natural disasters, housing/homeless resources available to BFH-eligible families, and/or families' ability to access these resources).

DHHS HOME has been providing housing navigation and financial assistance for the past 13 years. Due to constraints on funding for supportive services we have only been able to work with persons experiencing serious mental illness (SMI). We use the Case Management and Clinical Services provided by DHHS-Mental Health to provide services. DHHS-HOME has only been able to house a handful of families whose head of household has SMI due to very limited funding available for support services to other equally needy families. BFH will provide a fund for financial assistance and housing navigation to families in need that do not meet the SMI requirement.

The experience of DHHS-HOME teaches us there is a significant lack of housing affordable to persons at all income levels. Families with Very Low and Extremely Low Income bear the brunt of this deficiency because they are competing with others with greater resources. To begin to remedy this gap, DHHS has partnered with local housing developers to build housing using funding and tax credits accessible to Special Needs Populations. One of these projects is designed specifically for families in poverty, Samoa Townhomes. Expected to be completed by September 2020, the project will have 79 affordable units with 2 to 4 bedrooms and community amenities for families: on-site medical clinic and mental health services, childcare, after school programs, parenting support and education, play groups, community gardens and more. Having BFH financial support for these families will allow DHHS to house families that are very low income but don't meet SMI definition. (DHHS-HOME has reserved 20 of the 79 units for families that need supportive housing. We will also help families get on the waiting list for the other 59 affordable units.)

Humboldt is home to eight Federally recognized Tribes, including the Yurok Tribe the largest Tribe in California. Like many of the Tribes, the Yurok Tribal members have a limited housing available on and off the reservation. Often many Tribal families leave their Tribal homelands to seek treatment and services and are at imminent risk of homelessness. Tribal children are overrepresented in the Humboldt Child Welfare system. Of the child population of Humboldt county Native American Children make up approximately 7%, yet Native American children are involved in Humboldt CWS at rates of 35-39%.

3. In the space below, describe how you will use outreach and/or in-reach strategies to identify families for BFH, in accordance with the prioritization scheme outlined in Attachment One. Also describe the steps you will take to ensure that staff and partners are aware of the program.

DHHS has teams of street outreach workers that go out into the community several times a week seeking to engage persons experiencing homelessness, as well as conducting in-reach at all emergency shelters. DHHS outreach teams would be trained on BFH eligibility requirements and the benefits the program can provide to participants such that they will be able to identify

## ATTACHMENT FOUR

potentially eligible literally homeless families and shall refer them to the BFH program coordinator. DHHS Eastern area team (Measure Z team) that provides target SUD and behavioral health services to Native Americans in the Eastern area will be trained on the program benefits and eligibility and provide outreach to the Tribal communities in the Eastern part of the county.

CWS staff will also be trained in eligibility rules and program benefits so that they are able to identify eligible families and refer them to the BFH program coordinator. DHHS will coordinate and include Yurok Tribal TANF, ICWA, and other program staff in the trainings. DHHS will also outreach and develop a partnership with Yurok Indian Housing authority in order to provide outreach and strengthen partnership opportunities to fill existing gaps in service delivery to Yurok families. DHHS will fund .5 FTE of a Yurok Tribal outreach coordinator through contracting with the Yurok Tribe. In order to inform community partners, DHHS will employ a multi-media strategy, including flyers, a webpage, and a press release that would be sent to all local media outlets including television, radio, newspapers and internet, community events and we will make announcements on social media. DHHS will work with Tribes to develop a culturally informed media strategy to specifically outreach to Tribal communities. DHHS also offers “benefits basics” trainings to community partners and we would include BFH information in these trainings.

## B. Prioritization and Assessment

1. Funded programs must coordinate with the greater homelessness response system, including the local homeless Continuum of Care (CoC) and Coordinated Entry (CE) System. At minimum, applicants are expected to be able to accept referrals from their CE and submit referrals if BFH is unable to meet the family’s homelessness needs. (See Attachment Seven for additional information on CoC and CE).

In the space below, describe your plans for BFH participation in your local CE, including a description of steps and timeline for integration. Responses should include how you will participate in the flow and ongoing functions of the CE (e.g., the ability to accept referrals and send referrals, by-name list discussions, etc.). Indicate your current partnership with other homelessness services in your community and any plans for expanding these partnerships to implement BFH.

BFH will accept referrals from the Humboldt County Coordinated Entry System (CES) and will help families enroll in the CES if BFH is unable to provide the family what is necessary to exit homelessness. CES intake workers will be trained on BFH eligibility in order to identify families that are potentially eligible and in need of a referral. BFH staff will be trained so that they understand how the CES operates. DHHS manages the CES and we anticipate that coordination with the CES will be fully operational as soon as BFH launches, should funds be awarded.

2. Funded programs must use an assessment tool to determine a family’s housing and service needs, including a plan to help families meet their identified needs. Assessment tools can be pre-existing tools like the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) or can be created by the applicant based on nationally recognized models and evidence-based practices (e.g., adapting the VI-SPDAT to better

## ATTACHMENT FOUR

serve your community). Funded programs are expected to use their assessment tool in accordance with the prioritization scheme outlined in Attachment One. In the spaces below, describe:

- a. The housing assessment tool you plan to use and a description of your implementation plan (including steps and associated timeline), and how the tool will be used to help enroll families and assist them with creating a plan to meet their identified needs.

DHHS will utilize the VI-SPDAT to inform our decisions about each family's housing and service needs, including plans to help families meet their identified needs. DHHS will work with the Yurok Tribe Health and Human Services Department to make adaptations to fit and better serve the Yurok community.

- b. In the space below, describe how you will prioritize enrollment of families and how you will connect families unable to be served by BFH to other resources. (See the prioritization scheme outlined in Attachment One.)

DHHS will create and maintain a list of all families with CWS involvement whom are known to be literally homeless as defined in subsections 2, 3 or 4 of WIC § 16523(d). These families shall be the first priority for BFH enrollment. If sufficient resources are available to serve these families, the second order or priority shall be families who will imminently lose their housing as defined in subsections 5(A) through 5(C) of WIC § 16523(d). All other eligible families shall be the third order of priority. A targeted effort will be made to prioritize Yurok involved CWS families that meet the criteria above. The prioritization is based on the population vulnerability, disproportionate involvement in CWS, and the partnership. Additionally, Yurok families involved in the Joint Family Wellness court will receive additional priority.

The demand for supportive housing (PSH & RRH) resources that are attached to the Coordinated Entry System is vastly disproportionate to the availability in Humboldt County, such that only those households that meet the HUD definition of chronic homelessness have any hope of receiving it, and there is not enough PSH for the vast majority of people who are chronically homeless at any given time. BFH will be trained on to identify CWS families that meet the definition of chronic homelessness and shall assist any CWS involved family they believe to be chronically homeless in enrolling in the CES. Most families will be assisted by Rapid Rehousing with support services but some will need PSH with intensive services for an unlimited period of time.

### **C. Housing Interventions**

Competitive applications will have a clear plan to provide BFH families with evidence-based housing services, including Rapid Rehousing (RRH), Supportive Housing (SH), and/or subsidies to make rental housing affordable, whether the services are provided directly through BFH or one is provided through BFH and others through a partner in the community. (See Attachments One and Seven for more information.) As a reminder, BFH families should be continually assessed for their housing needs and be connected to the appropriate level of services needed to successfully exit homelessness, including both RRH and SH.

## ATTACHMENT FOUR

1. Describe the housing intervention(s) and services that will be provided by BFH (note if the interventions will be offered in-house or contracted out).

DHHS will prioritize families with severe service needs for BFH. As such, we expect that Rapid Rehousing will be the most appropriate intervention for all BFH participating families. Level of support services will be determined by CWS and family. We expect families needing BFH assistance will be in need of a wide variety of supportive services. In line with Housing First principles, the decision to accept services rests with the family except for those required by Court order. This supportive housing program will combine permanent, affordable housing with services that help families live more stable, productive lives. We will have 10 2-bedroom units and 10 3-bedroom units at a new housing complex that will be intended and designated for BFH families who are homeless and who have multiple barriers to independent living. Other families will be housed in units that will be available for rent on the open market, and these other families will receive intensive housing navigation services to help them lease an appropriate unit that they have chosen. Families will have leases directly with the landlords with all the usual rights of California tenants. Families will pay no more than 30% of household income toward rent and utilities thanks to the provision of BFH and other rental subsidies such as the Housing Choice Voucher program.

We will endeavor to make agreements with housing owners and property managers that will help us coordinate to address issues that may threaten housing stability. All members of the families will have easy, facilitated access to a flexible and comprehensive array of supportive services designed to assist the tenants to achieve and sustain housing stability. DHHS staff will proactively seek to engage tenants in on-site and community-based supportive services, but participation in such services will not be a condition of tenancy. All services will be provided directly by BFH.

If a family has lower needs such that rapid rehousing without intensive support services is a more appropriate intervention, they will be served by the CalWORKs Housing Support Program.

2. Describe the other housing-related services (e.g., housing interventions) available in your community that BFH families will be connected to, if needed. In your description, include how BFH families will be connected to those resources. Specifically address how these resources will be used if the program will be unable to provide one of the housing intervention types (either in house or through a contracted provider).

Families that are eligible for BFH that cannot be enrolled in BFH due to a lack of capacity, or who need a lower level of service than supportive housing, will be referred to DHHS's CalWORKs Housing Support Program, which can provide up to two years of rental assistance, housing navigation services and supportive services after the families have entered housing.

In addition, BFH will use other community housing resources to support families until an apartment or house is secured for them. BFH staff will refer and assist application to family shelters including those already under contract for services with DHHS. Family friendly motels can also be used for temporary or bridge housing.

Several of the CoC member agencies also operate PSH and RRH programs and CWS and Yurok Tribal services staff can assist families in making these connections.

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3. Describe resource constraints in your community to providing these evidence-based housing services through BFH or community partners and how the applicant will work to address these constraints.

The need for supportive housing in Humboldt County is very extreme relative to the supply. The availability of long-term rental assistance is a particular concern. DHHS's supportive housing program has employed a strategy of using time limited rental assistance to get a household into permanent housing as quickly as possible, and to help them get on the waiting list for the Housing Choice Voucher and Public Housing programs as quickly as possible. DHHS includes our contact information on the application to the Housing Authority so that our staff are notified when the person comes up on the waiting list. We have found this to be extremely important because the Housing Authority still communicates through the postal service and we have observed that the BFH target population often does not check and open their mail in a timely manner. The Housing Authority also purges the waiting list periodically by sending letters that must be responded to in order to prevent a family from being purged, so our staff are able to ensure that participants are aware and respond.

There are many, many more people in Humboldt County that are eligible for the Housing Choice Voucher and Public Housing programs than are receiving housing assistance, and yet the Housing Authority struggles with utilization rates. Many people that receive vouchers are unable to locate a housing unit within the time allotted by the Housing Authority that is priced at or below the HUD limits that meets quality standards with a landlord that will accept the voucher. By providing housing navigation services and time limited rental assistance, we have found that we can get households into units where they will be able to use their vouchers once their number comes up on the waiting list, eliminating the potential that they would get a voucher only to be unable to use it, causing them to go back to the bottom of the waiting list.

The Humboldt County Continuum of Care recently persuaded the Housing Authority to create a waiting list preference for HUD CoC program-funded supportive housing participants. Once participants have been stably housed for six months, the Housing Authority will move not more than 20 participants per year to the top of the waiting list for a voucher. DHHS continues to provide supportive services to the supportive housing families which should allow us to significantly increase supportive housing capacity in the County over time. If BFH funds are awarded we will endeavor to enter into a similar agreement with the Housing Authority for BFH participants.

4. Describe the process for BFH enrollment. Include a description of the process from referral to approval and how housing intervention determinations will be made (i.e., which housing intervention will the family receive). Include a proposed timeline for this process. (Answers may reference previous answers to questions surrounding CE, assessment, etc.)

The BFH program coordinator will maintain a list of potentially eligible families, with referrals accepted from multiple sources including DHHS street outreach workers, all CES entry points including 2-1-1 and the Arcata House Annex "One-Stop" drop in center, and from CWS social workers, Yurok Tribal social workers, Yurok Tribal TANF, and other CWS staff. BFH program staff will administer the VI-SPDAT to inform the decision about whether to prioritize the family

## ATTACHMENT FOUR

for BFH or for CalWORKs HSP rapid rehousing, but the program coordinator will consider all available data sources in addition to the VI-SPDAT in making prioritization decisions.

The program coordinator will make a decision on whether to prioritize each family referred for BFH or to refer them to other resources such as HSP within 10 business days of receiving the referral.

5. Critical to any housing program are several key elements. In the spaces provided below, describe the county and/or tribe's plans to provide these elements. Note: include if these elements will be offered in-house or contracted out (if contracting out, identify the intended contractor and/or the process to procure a contractor), and if they will differ depending on the housing intervention(s) planned to be provided.
  - a. Case Management Plans (including the use of evidence-based models, such as motivational interviewing and trauma-informed care to engage families);

CWS staff will develop detailed case management plans for all BFH participating families. Plans will be developed around the service philosophy of helping participants maximize their ability to live independently. This philosophy is based on providing compassionate, individualized, voluntary services designed to help participants meet their own goals for self-sufficiency and self-determination.

CWS staff will use evidence-based practices including motivational interviewing and trauma-informed care to engage families and to help them identify their own goals that will be listed in their written case plans. Once goals have been identified, staff will work with the families to develop specific strategies to help them achieve their goals.

For Yurok Tribal families, CWS will be sure to work with the Yurok Tribe and assure that case planning is collaborative and timely along with culturally responsive. For Joint Jurisdictional Family Wellness Court clients, CWS works with the entire family wellness team in case planning. Most of Yurok staff time will be provided via in house, and DHHS will contract with the Yurok Tribe to staff time to provide outreach and case management.

- b. Housing navigation and identification;

DHHS staff will provide housing navigation and identification services to all BFH participants. The BFH program coordinator will identify the participants' strengths as well as barriers related to housing and will employ various strategies to overcome barriers. DHHS has an agreement with AmRent, a national provider of background checks to landlords that allows us to see what the landlords will see before we submit a rental application. With the participants' consent, we attach these background checks to rental applications with a letter from the program coordinator that can provide information that can mitigate negative information found in background checks.

Over our thirteen-year history of working with landlords to house people experiencing homelessness with significant barriers to housing, we have developed relationships with a number of landlords and property managers, from small mom and pop operations to the largest property management company in the County. Landlords have come to trust that they will

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receive our rental assistance payments in a timely manner, and they appreciate that there are professional service providers that they can call when problems arise so that they don't need to have very difficult conversations directly with tenants who are exhibiting problematic behaviors.

DHHS is constantly employing landlord outreach and recruitment strategies, including our Landlord Benefits Checklist and landlord marketing letters. Our best strategy for landlord recruitment is that we have consistently built and maintained our reputation for providing high quality services and being very responsive to landlord concerns. Humboldt County is a close-knit community and reputation is everything. Word travels fast among landlords and property managers.

The BFH program coordinator will complete a housing preferences worksheet with each participating household that will help us conduct a more targeted housing search in collaboration with the participants. Staff will collect all of the information that is typically needed on rental applications and will assist the participants in completing applications, informed with information from background check reports. Many households with severe service needs do not "present well" to landlords, so staff will coach them on various aspects of communicating with landlords and property managers so that they can put their best foot forward when meeting landlords in person or communicating with them on the phone. We will also cover application fees for participants which allows us to cast a wide net for units.

- c. Interim housing interventions (e.g., shared housing with friends and family, shelters, motels, bridge housing);

BFH staff will be trained to employ problem solving techniques to help participants tap into their own social networks so that they can stay with friends and family whenever possible. When this is not possible, CWS has secured a commitment from Redwood Community Action Agency to prioritize beds in their temporary housing facilities for BFH participants. When space is not available in these facilities, CWS may assist families in securing beds at the Eureka Rescue Mission. If none of these options are feasible, CWS has resources to pay for motel stays while we work to move the families into more appropriate and financially sustainable housing.

- d. Rent and Housing-Related Financial Assistance (including but not limited to move-in costs, rental subsidies, utility payments, moving costs, etc.). Include expected average duration and maximum duration of financial assistance—noting progressive engagement strategies, where appropriate;

All BFH participants will receive rent and housing-related financial assistance, including, but not limited to, rental subsidies, utility allowances, application fees and assistance with moving costs. We will endeavor to continue subsidizing the rent using BFH, HSP and other funds available to CWS for as long as it takes to transition the families to a permanent source of rental assistance—primarily the Housing Choice Voucher and Public Housing programs, but also potentially Continuum of Care program-funded permanent supportive housing.



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Because we anticipate these families having high needs, progressive engagement strategies that are typically employed in rapid rehousing programs would not be appropriate. Rather we intend to provide intensive services from the moment of enrollment, and to regularly re-evaluate each family's needs so that we can increase or decrease the level of services as needed. Financial assistance will generally be provided under guidelines of rapid rehousing, i.e. limited to 2 years. However, families with very high needs will receive PSH with intensive services and financial assistance for rent as long as necessary. These families will be prioritized internally for Housing Choice Vouchers. DHHS is currently working with the Housing Authority to develop and implement a FUP project.

- e. Housing Stabilization and Retention Services (including ongoing tenant engagement, case management, public systems assistance, legal services, credit repair assistance, life skills training, and conflict mediation with landlords and neighbors).

CWS staff will provide ongoing tenant engagement and case management services. Case managers do not provide every service a tenant needs, but rather they help broker relationships between the tenant and service providers. Case management includes new tenant orientation, assistance with accessing childcare, community building activities and transportation assistance to help the participants access services in the community.

If CWS staff believe any household members may meet criteria for specialty mental health services and/or DHHS substance use disorder services, staff will explain what services are available and the potential benefits of these services. If participants are interested in receiving these services, CWS and Yurok Tribal staff will guide them through the process of obtaining services, including helping them make and keep appointments for the assessments that are required in order to access services. DHHS-CWS will work collaboratively with Yurok Tribal staff to ensure Yurok Tribal members have access to needed services in their communities.

CWS staff will provide independent living skills training to participants including assistance with rent payment and budgeting, conflict resolution, training in cooking/meal preparation, training in personal hygiene and self-care, and training in housekeeping and apartment safety.

Staff will link participants to vocational services that are designed to assist participants in accessing employment or improving their employment situation, including vocational counseling, job placement and supported employment. These services will be provided by the DHHS CalWORKs Welfare to Work program, and the DHHS Employment and Training Division. Staff will also inform participants of, and help them obtain services through, the "Job Market"- a one-stop workforce system where job seekers may use computers for job searches, attend workshops, pick up job listings and meet with vocational counselors.

Staff will guide participants through every step of the process of obtaining or regaining all available benefits that participants will likely be eligible for, including CalFresh, Medi-Cal, and CalWORKs, and will provide assistance with things like periodic reports that must be submitted in order to avoid discontinuance of benefits.

Staff will also link participants to physical health providers, including helping them establish a primary care provider- specifically Open Door Community Health Centers. DHHS has a very close and productive working relationship with Open Door.

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DHHS employs a number of peer support specialists and “parent partners” that will provide peer support services to families. For adults, peer support services are provided by someone who is on their own recovery journey and has received training in how to be helpful to others who participate in behavioral health services. For children, peer services are called “family-to-family” services. DHHS has observed that trained specialists with lived experience of mental illness and substance use disorder often have a particular ability to engage program participants in services. Specialists can help people find interesting or fun things to do, advocate for themselves, make friends, get a job, find better housing and learn skills to live well in the community. Through this partnership with the Yurok Tribe, DHHS will take steps to employ Tribal peer support specialists and parent partners to provide culturally responsive peer support services to families.

Last but not least, social activities are an important way to build community within supportive housing. Some activities will be provided by housing and service providers, and others may be led by participants themselves. Examples of activities that DHHS staff have helped lead include fishing in Humboldt Bay, mindfulness meditation, bowling and Tai Chi. Cultural engagement activities and opportunities will be provided to Yurok and other Native American families through contracts that DHHS is currently developing with Tribal Services providers.

#### D. Housing First

Funded programs must operate their BFH in compliance with the core components of Housing First. The CDSS has developed a Housing First Assessment (Attachment Five) to support applicants in assessing their adherence to and adoption of Housing First.

**Applicants must submit a completed Housing First self-assessment, including goals for the Fiscal Year 2019-22 funding cycle, with the application package.** Applicants are encouraged to use Attachment Five as a tool for assessing their progress throughout the year. (See Attachment Seven for additional information on Housing First.)

#### E. Collaborating with Partners

1. Partnerships and collaboration are critical to the success of BFH. Funded programs must coordinate with their homelessness response system, including participation in their local homeless CoC and designation of a cross-agency liaison who will coordinate between the county welfare agency and/or tribe and the CoC. Note: BFH funds may be used to help fund the role of a cross-agency liaison.

Additionally, funded programs should partner with community housing and homelessness providers (e.g., housing providers, shelters, Housing Authority, etc.), as well as local child welfare, social services, and juvenile dependency courts. Tribal applicants are encouraged to identify and describe any structural barriers to these partnerships and areas the CDSS can assist tribal applicants in navigating and/or problem solving.

In the spaces below, describe:

- a. How BFH services will be provided in coordination with other services provided by county child welfare agency and/or tribe, family resource centers, family courts,

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social services, the greater homelessness response system (including the CoC), and/or other services.

CWS will be providing the BFH services. DHHS will contract for some of the Yurok specific services directly with the Yurok Tribe Health and Human Services Department in effort to support specific Tribally tailored outreach and support. DHHS will inform family resource centers (FRC) about the eligibility requirements and benefits of BFH so that they can assist with outreach, engagement and referral of families that are potentially eligible. CWS staff will link BFH participants to services that are available at the FRCs such as providing backpacks, school supplies, clothing, shoes, laundry vouchers, emergency food support, access to computers, printers and the internet. DHHS-Social Services administers the CalWORKs HSP program, which may be able to provide rental assistance and other financial assistance to some BFH participants. Social Services will work closely with CWS to ensure that all BFH participants are receiving all benefits that they are eligible for. The greater homelessness response system will provide temporary shelter and services designed to help BFH participants exit those facilities to permanent housing as rapidly as possible. The CES will prioritize BFH participants that meet criteria for chronic homelessness for supportive housing resources that are available through that system.

Member agencies of the CoC – Humboldt Housing & Homelessness Coalition (HHHC) - offer services and shelter, some already under contract with DHHS, to families. DHHS is a founding member of the HHHC and works closely with all member agencies. To assure excellent coordination, a staff member of the BFH project will have a seat at the HHHC Executive Committee table.

- b. How Child and Family Teams (or other multi-disciplinary teams) will collaborate to ensure that sources of case management are coordinated and client-centered (i.e., how will you ensure that co-case management is streamlined and that the family is not receiving mixed messages or conflicting plans/guidance)?

DHHS supportive housing programs use a care coordination software platform called ACT.md to develop, communicate, and execute shared case management plans. This reduces duplication through clear roles and responsibilities. All members of the care team can clearly see who is assigned to do what, when they were assigned to do it, and whether a task has been completed, regardless of which agency they work for. DHHS will provide access and use of the software ACT to the Yurok Tribe.

DHHS CWS is working to improve coordination and co case management with the Yurok Tribe. DHHS is working on developing an MOU with the Yurok Tribe on Yurok ICWA cases. DHHS will ensure that regular CFT's and MDT will occur regularly for BFH families. DHHS and the Yurok Tribe meet weekly with families that are involved in the dependency Joint Jurisdictional Family wellness court.

- c. How the role of the cross-agency liaison will support the efforts of collaboration. Applicants are encouraged to explore how existing positions and roles could be expanded to meet the requirements of a cross-agency liaison.

DHHS currently has a Housing and Assistance Coordinator who also serves as the CoC Coordinator, as well as being the project lead for the CES and HMIS. This person would serve

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as the cross-agency liaison. This person prepares funding applications for all types of federal and state homeless assistance programs, some of which could be used to support the BFH program. They have been deeply involved in preparing this application and they are well positioned to coordinate the efforts of BFH and the larger homelessness response system because of their deep and wide knowledge of the entire spectrum of programs. They will be responsible for training CWS staff on what the larger homeless system can provide, and for informing other parts of the homeless response system on eligibility requirements and benefits of BFH. The DHHS coordinator will work with the Yurok Coordinator that will be contracted from DHHS to the Yurok Tribe. The Coordinators will engage and provide Yurok Tribal staff in these trainings.

- d. Describe any significant partnerships and their anticipated role in your BFH. If this is a joint application, use the space below to further clarify how collaboration will operate across the counties and/or tribes and how the collaborative entities will work together to meet program requirements (e.g. match requirements, reporting requirements, etc.).

DHHS-CWS has submitted this joint application in partnership with the Yurok Tribe. Yurok Tribal staff will conduct outreach in order to identify tribal members that may be eligible for this program. DHHS will provide funding via contract for Yurok Tribal portions of Yurok Tribal staff time. All BFH participating households that include at least one Yurok member will receive services provided by CWS staff in collaboration with Yurok Tribal staff. CWS, in collaboration with Yurok Tribal staff, will provide ongoing client engagement and case management services to all Yurok BFH participants as described elsewhere in this application. CWS will ensure that all required data are collected from Yurok BFH households and that they are entered into the BFH 17 and HMIS. The Yurok team and DHHS BFH staff will meet monthly during the first six months of the project to launch the project, to develop an operational MOU for BFH, and to ensure program collaboration measures and teaming is occurring as envisioned. After the initial six months the collaborative teams will meet every other month to ensure program coordination and collaboration.

2. **Per Attachment One, applicants must submit a letter(s) of support from your local COC with the application package.** Additional letters to further demonstrate collaboration with other entities (e.g., housing authority, contractors, county agencies) are encouraged. If a county applicant is partnering with a tribe, the tribe must also provide a letter of support.

## F. Data

1. Applicants are required to submit monthly data reports via the BFH 17, enter data into the Homeless Management Information System (HMIS), and participate in a CDSS coordinated evaluation. The BFH 17 is an individual-level data report and includes personal identifying information (PII). Therefore, it is collected via a Secure File Transfer (SFT). Applicants are also expected to use a special projects code (SPC) in the CWS/CMS to indicate participation in BFH.

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In the space below, briefly describe how you will gather the data required for the BFH 17, including the data sources you plan to use (e.g., CWS/CMS, HMIS, Statewide Automated Welfare Systems (SAWS)). The CDSS understands tribal applicants may structural barriers to accessing certain county or state systems; the CDSS is committed to working with tribes to address these barriers. If that is the case, please describe the tribe's current ability to collect data on potential program participants and relevant data systems available to the tribe.

DHHS will customize an HMIS workflow that will allow us to collect all data elements that we will need in order to complete the BFH 17 for each household using data that we have entered into HMIS, with the exception of expenditure data which will be tracked by DHHS Financial Services and reported to the BFH program coordinator. Data that will be entered into HMIS will be collected by interviewing program participants, and also by pulling data from CWS/CMS and SAWS.

2. BFH participation in HMIS is crucial to coordination with the greater homelessness response system. Funded programs will be required to enter BFH clients' data into HMIS, consistent with their local HMIS system and procedures.

In the space below, describe your current level of access to HMIS and steps that will be taken to be able to enter BFH into HMIS by June 30, 2020. Include a timeline of these steps. As a reminder, BFH funds may be used to acquire necessary product licenses and training. If the applicant believes there are extenuating circumstances that prevent their participation in HMIS, please describe any limitations or concerns below.

DHHS is the HMIS Lead Agency for Humboldt County, as designated by the CoC. We have staff that are prepared to design the HMIS work flow and to train BFH staff to collect and enter the required data. No data use agreements will need to be implemented. We do not anticipate any difficulties with fully integrating HMIS data collection with BFH by June 30, 2020, or earlier if we launch prior to that date.

### G. Implementation Plans

1. In the space below, describe your capacity to design and implement a BFH program, and include any steps that will need to be taken in order to begin full program operation on or before July 1, 2020. For example, include items related to securing/identifying match funds, developing or finalizing formal partnerships with contractors or local housing agencies, budget development, Board of Supervisor approval, (if applicable), or any additional requirements necessary to establishing a new BFH program. For each step, identify an appropriate timeline. Indicate if you believe your agency will be able to begin serving clients prior to July 1, 2020, and if so, your expected date of planned implementation and level of services to be provided.

In the space below, describe how data and outcomes are or will be used to inform continuous quality improvement, and/or any future plans for program improvement.

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HMIS intake data shall be used to set a baseline for each family that will be used to measure changes they experience between intake into BFH and exit. We shall collect the standard HMIS data elements for rapid rehousing projects, including living situation at entry, income sources and amounts, benefits and disabilities. When the family moves into permanent housing, that date will be recorded in HMIS, allowing us to track length of time between project enrollment and entry into permanent housing. At exit we will again collect data on living situation, income, benefits and disability to allow us to measure outcomes, with a particular emphasis on whether families that were literally homeless at intake were living in permanent housing at exit. We shall evaluate the outcome data and use it to inform decisions about how we are tailoring our services and financial assistance to each family.

DHHS is an integrated agency, with CWS, eligibility and employment services, HOME, and mental health all under the same leadership. That, coupled with the fact that HOME has been providing effective housing navigation services to the SMI population for years, means DHHS is equipped to implement a BFH program quickly. Immediately upon award, DHHS will pursue allocation of the new housing navigator position. HOME and CWS have already coordinated with Employee Services to ensure that this process goes as quickly as possible and that recruitment activities begin concurrently with activities to allocate the position. The budget assumes that DHHS can hire a program coordinator/housing navigator as early as March 2019 in order to immediately begin to support families. The BFH Housing Navigator will be housed in the same office as the current HOME housing navigator/program coordinator, which will further enable the BFH housing navigator to adopt the effective practices and processes of the HOME housing navigator. DHHS will draft a contract with the Yurok Tribe to fund .5 FTE of a Yurok coordinator and .5 FTE for Yurok ICWA worker to provide case planning/management. The contract will be prepared to move forward for approval and execution if funding is approved and with staff readily available to be on board April 2020.

With a BFH housing navigator on board in March 2020, CWS-referred families can be assisted immediately to locate and obtain permanent housing. Existing fund sources will be used for direct housing assistance costs incurred prior to July 1, 2020.

DHHS currently has the contractual agreements or collaborative working relationships necessary to support near-immediate implementation. The existing agreement with RCAA (see letter of support) enables CWS-BFH to refer families for immediate transitional housing. DHHS is currently working with the Housing Authority on administrative plan updates that would enable prioritization of certain vulnerable populations as identified by DHHS, and CWS-involved families would fall under the designation regardless of BFH implementation. DHHS is working on a government to government MOU- protocol with the Yurok Tribe regarding CWS cases involving Yurok children.

DHHS has fully embraced the Housing First model, as has the County of Humboldt through official adoption by the Board of Supervisors. HMIS intake data shall be used to set a baseline for each family that will be used to measure changes they experience between intake into BFH and exit. We shall collect the standard HMIS data elements for rapid rehousing projects, including living situation at entry, income sources and amounts, benefits and disabilities. When the family moves into permanent housing, that date will be recorded in HMIS, allowing us to track length of time between project enrollment and entry into permanent housing. At exit we will again collect data on living situation, income, benefits and disability to allow us to measure outcomes, with a particular emphasis on whether families that were literally homeless at intake were living in permanent housing at exit. We shall evaluate the outcome data and use it to inform decisions about how we are tailoring our services and financial assistance to each family.

## ATTACHMENT FIVE

**BRINGING FAMILIES HOME PROGRAM  
HOUSING FIRST ASSESSMENT****Incorporating the Housing First Philosophy (Required)**

As of July 1, 2019, Senate Bill (SB) 1380 (Chapter 847, Statutes of 2016) requires that all state-funded housing programs be operated in compliance with the core components of Housing First enumerated in [Welfare and Institutions Code \(WIC\) section 8255](#). Therefore, funded Bringing Families Home (BFH) Programs must be operated in compliance with the core components of Housing First; CDSS will continue to provide technical assistance to help counties improve practices to accomplish this requirement.

The California Department of Social Services (CDSS) has developed a Housing First Assessment to support applicants in assessing their adherence to and adoption of Housing First, as well as space to identify areas for development. This tool was developed using: the Housing First core components in [WIC section 8255](#), [the United States Interagency Council on Homelessness \(USICH\) Housing First checklist](#), the [United States Department of Housing and Urban Development \(HUD\) Housing First Assessment Tool](#), and the Corporation for Supportive Housing (CSH) checklist.

This assessment is intended to provide a baseline assessment of applicants' implementation of and alignment with Housing First principles. Responses will be used by the CDSS to provide guidance and support to programs as they continue to work toward aligning with Housing First core components and best practices. Strong responses do not necessarily reflect perfect compliance but will include concrete plans for further alignment with Housing First.

For Existing BFH Programs: Applicants must complete the Part 1 of the self-assessment by checking the box that best describes program alignment with each Housing First element.

In Part 2 this assessment, applicants must complete the self-improvement plan by identifying two to three Housing First elements that they can further improve upon. Applicants must also provide a description of their improvement plans for the new funding cycle, as well as an anticipated implementation timeline.

For New BFH Applicants: Applicants must complete the self-assessment, Part 1, by checking the box that best describes how the proposed program design aligns with each Housing First element.

In the space below the matrix, applicants must provide a description of their plans to implement the Housing First core components, as well as an anticipated implementation timeline. New applicants do not need to complete Part 2.

See Attachment Seven for more information on Housing First.

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| Part 1. Housing First Self-Assessment  |   |  |  |   |                                   |
|--|---|--|--|---|-----------------------------------|
| County or Tribe: HUMBOLDT COUNTY   |   |  |  |   |                                   |
| Date Completed: OCTOBER 29, 2019   |   |  |  |   |                                   |
| Completed by: SALLY HEWITT, SENIOR PROGRAM MANAGER, DHHS   |   |  |  |   |                                   |
| 1. <b>Low barrier entry</b><br>Program enrollment is <b>not</b> contingent on pre-requisites such as sobriety, treatment or behavioral contingencies, disability status, income, credit or rental history, or any other behaviors that might be interpreted as indicating a lack of "housing readiness."             | <input checked="" type="checkbox"/> Yes, program enrollment is <b>not</b> contingent on pre-requisites  |  |  | <input type="checkbox"/> No, program enrollment <b>is</b> contingent on some pre-requisites   |                                   |
| 2. <b>Intake process is expedited, client-centered and flexible.</b><br>Case managers meet with participants quickly and clearly communicate program expectations and offerings upon enrollment and throughout program.  | All the time<br><input checked="" type="checkbox"/>   | Most of the time<br><input type="checkbox"/> | Some of the time<br><input type="checkbox"/> | Infrequently<br><input type="checkbox"/>  | Never<br><input type="checkbox"/> |
| 3. <b>Access to housing is without preconditions</b><br>Program compliance and participation in services is not a condition of receiving or maintaining housing and participation is voluntary.  | <input checked="" type="checkbox"/> Yes, program compliance and participation is <b>not</b> a condition of receiving or maintaining housing and participation is voluntary. |  |  | <input type="checkbox"/> No, program compliance and participation <b>is</b> a condition of receiving or maintaining housing and participation is voluntary. |                                   |
| 4. <b>Families are connected to permanent housing as early as possible in case planning</b><br>Participants are offered quick access to rapid re-housing assistance, including housing identification, rent and move-in assistance, and case management.   | All the time<br><input checked="" type="checkbox"/>   | Most of the time<br><input type="checkbox"/> | Some of the time<br><input type="checkbox"/> | Infrequently<br><input type="checkbox"/>  | Never<br><input type="checkbox"/> |
| 5. <b>Interim Housing Interventions are offered</b><br>Interim Housing Interventions (e.g., temporary housing, bridge housing, motels) are offered if permanent housing is not immediately available. If interim housing interventions are used there is a focus on safe and quick transitions to permanent housing. | All the time<br><input checked="" type="checkbox"/>   | Most of the time<br><input type="checkbox"/> | Some of the time<br><input type="checkbox"/> | Infrequently<br><input type="checkbox"/>  | Never<br><input type="checkbox"/> |
| 6. <b>Participants are provided services that are evidence-based and client-centered</b><br>When engaging clients, evidence-based models are used (e.g., motivational interviewing, client-centered counseling, harm-reduction,  | All the time<br><input checked="" type="checkbox"/>   | Most of the time<br><input type="checkbox"/> | Some of the time<br><input type="checkbox"/> | Infrequently<br><input type="checkbox"/>  | Never<br><input type="checkbox"/> |



ATTACHMENT FIVE

|  |                                  |  |  |  |   |
|--|----------------------------------|--|--|--|---|
| <p>trauma informed care). Clients' needs are continuously being assessed with the case plan being updated and communication is clear and ongoing.</p>  |                                  |  |  |  |   |
| <p><b>7. Leases or contractual agreements are used and reflect the same rights and responsibilities as other tenants.</b><br/>Participants receive education about their lease or occupancy agreement terms.</p>   | <p>All the time<br/><b>X</b></p> | <p>Most of the time<br/><input type="checkbox"/></p> | <p>Some of the time<br/><input type="checkbox"/></p> | <p>Infrequently<br/><input type="checkbox"/></p> | <p>Never<br/><input type="checkbox"/></p> |
| <p><b>8. Every effort is made to prevent a return to homelessness</b><br/>Every effort is made to prevent a return to homelessness, including but not limited to rehousing. The BFH provider has protocols for how to work with families and landlords to prevent lease violations and preserve tenancy (e.g., tenant rights classes, landlord check ins, home visits). Services are continued despite change in housing status or placement.</p>  | <p>All the time<br/><b>X</b></p> | <p>Most of the time<br/><input type="checkbox"/></p> | <p>Some of the time<br/><input type="checkbox"/></p> | <p>Infrequently<br/><input type="checkbox"/></p> | <p>Never<br/><input type="checkbox"/></p> |
| <p><b>(For Continuing Programs)</b> In the space below, summarize areas the program has worked to better align with housing first since implementation and any additional information to further explain the assessment above.</p>   |                                  |  |  |  |   |
| <p><b>(For New Applicants)</b> Use this space to describe how your program will align with Housing First and steps you will take to incorporate the components above into your program design.</p> <p>Humboldt County DHHS has been operating HUD CoC-funded PSH and RRH for families and individuals whose disabilities include serious mental illness since 2006. Housing First is the policy required by Humboldt County BOS and by HUD and now by State. DHHS continues to require Housing First implementation in all new housing programs and contracts for housing and homelessness services. DHHS is very cognizant of Housing First and attributes its current success in housing placement and retention to following Housing First. To bring BFH into alignment with Housing First, DHHS's housing unit known as HOME will provide initial and on-going training to CWS and CaWORKS staff about Housing First. The BFH Housing Navigator for CWS families will be housed with HOME staff and receive continuous support to implement Housing First in CDSS BFH project.</p> |                                  |  |  |  |   |

## ATTACHMENT FIVE

**Part 2. Housing First Improvement Plan (Required for Continuing Programs Only)**

Select a minimum of two Housing First elements that you can further improve upon (e.g., removing barriers to entry, home visits) and complete the table providing details as necessary. The Result column should be left blank until further improvement and completion of the goal. Attach additional pages or documents as needed.

| <b>Which Housing First element needs to be improved and why? (refer to list above and Attachment Seven)</b> | <b>What is your improvement plan? (What specific policies and practices do you plan to adopt within your BFH to address the areas identified for improvement? What steps will you pursue to implement these policies and practices?)</b> | <b>Timeline (include progress and/or status updates when applicable)</b> | <b>Result (for programs to fill out upon completion of improvement plan)</b> |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

## **LETTERS OF SUPPORT ATTACHED**

- 1. Humboldt Housing & Homeless Coalition (CoC CA-522)**
- 2. Yurok Tribe Health and Human Services**
- 3. Redwood Community Action Agency**
- 4. First 5 of Humboldt County**
- 5. Humboldt County Probation Department**



## HUMBOLDT HOUSING & HOMELESSNESS COALITION

November 6, 2019

To Whom It May Concern:

The Humboldt Housing & Homelessness Coalition (HHHC) strongly supports the joint application of County DHHS and Yurok Health & Human Services to serve families with CWS involvement under the Bringing Families Home initiative.

DHHS was one of the founding organizations of HHHC in 2004 and has Co-Chaired and provided staff support since then. DHHS as a member organization has successfully operated Permanent Supportive Housing and Rapid Rehousing Programs over the last 13 years. DHHS acts as the Collaborative Applicant in annual HUD CoC competitions, hosts the community's HMIS system and operates the CES for Humboldt County.

The highest priorities of HHHC include increasing the supply of housing affordable to low, very low and extremely low-income families and individuals. Rental assistance programs such as BFH are critical to this effort and very much needed by families with CWS involvement experiencing homelessness.

The HHHC, DHHS, local governments, nonprofit homeless service organizations, Housing Authority, private developers and many other community partners are working to remedy the problem by building affordable housing and pursuing all funding possibilities to financially support rent for those that need temporary and long-term assistance. We have added 90 new units of PSH in new developments and will be adding an additional 79 units of affordable family housing by end of 2020. Many families involved with CWS could benefit by being housed in this new MF Housing project with BFH support.

Thank you for your consideration of this request. Humboldt County is ready for a BFH project and can begin quickly to house families as most of the pieces are already in place.

Best regards,

*Sally Hewitt*

Sally Hewitt  
Co-Chair, HHHC



## *Yurok Tribe Health and Human Services*

3400 Erie Street, Eureka, CA 95501 Ph. (707)445-2422 Fax (707)445-2428  
190 Klamath Blvd. Klamath, CA 95548 Ph. (707) 482-1350 Fax (707) 482.1377  
Hwy 96 Weitchpec RT, Weitchpec, CA 95546 Ph. (530)625-4130. Fax (530)625-4148

November 7, 2019

California Department of Social Services  
Bringing Families Home Application Review Panel  
Housing and Homelessness Bureau

Re: Bringing Families Home Program Joint Application and Letter of Support

Dear CDSS:

This letter is offered in support of the Humboldt County Department of Health & Human Services, Child Welfare Services division (DHHS-CWS) and Yurok Health & Human Services (YHHS) joint application for the Bringing Families Home (BFH) grant. Obtaining and maintaining housing has been a barrier for many of Humboldt's most vulnerable families. DHHS-CWS and YHHS often work with families experiencing the destabilizing effects of homelessness or near-homelessness.

DHHS is currently working collaboratively with the Yurok Tribe and is working on a government to government agreement to address families involved with child welfare and to improve collaboration and implementation of ICWA. A disproportionate number of Native American children are involved in the county child welfare system and disproportionate number of Native American families experience homelessness, food insecurity and poverty. YHHS supports DHHS's goal to strengthen collaboration and to work to reduce the disproportionality and health disparities of all children and families in Humboldt County.

DHHS-CWS, YHHS, Yurok Tribal Court and Humboldt County Superior Court have collaborated to implement Wellness Court; the mission of Wellness Court is to provide a path to healing for non-violent Yurok offenders affected by drugs and/or alcohol through an intensive substance abuse treatment program to improve family, community and cultural involvement, to promote healthy life choices, and to reduce criminal recidivism. Implementation of the Wellness court reflects the joint commitment of DHHS-CWS and YHHS to better serve Native American children through collaboration.

The goals of the BFH Grant align with the goals of DHHS and YHHS: providing housing-related services to families receiving child welfare services, increasing the number of families reunifying, and preventing foster care placement.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie Weldon".

Stephanie Weldon, MSW,  
Yurok Health and Human Services Director



# Redwood Community Action Agency

ADMINISTRATION  
Information & Referral  
(707) 269-2001

COMMUNITY SERVICES  
(707) 269-2052  
AmeriCorps Programs  
(707) 269-2047  
TOOTH Program  
(707) 269-2076  
PACT Program  
(707) 269-2013

ENERGY AND ENVIRONMENTAL SERVICES  
(707) 444-3831  
Weatherization, Ext. 204  
Home Energy Assistance Program  
(HEAP) Info (707) 444-3834  
General Contractor  
License #466777

NATURAL RESOURCES SERVICES  
(707) 269-2061  
Landscape Contractor  
License # 518874

AFFORDABLE RENTALS  
Managed by: Rural Communities  
Housing Development Corp.  
(707) 826-7312

YOUTH SERVICES BUREAU  
24-Hour Youth & Family Hotline  
(707) 444-CARE  
YSB Administration  
Launch Pad TLP  
Our House Emergency Shelter  
(707) 443-8322  
Raven Street Outreach Program  
(707) 443-7099

ZURETTI GOOSBY  
Board President

VAL MARTINEZ  
Executive Director

10/30/19

California Department of Social Services  
Bringing Families Home Application Review Panel  
Housing and Homelessness Bureau

Re: Bringing Families Home Grant application

To Whom It May Concern:

This letter is offered in support of the Humboldt County Department of Health & Human Services, Child Welfare Services division (DHHS-CWS) application for the Bringing Families Home (BFH) grant.

Redwood Community Action Agency (RCAA) operates the Parents and Children in Transition Program (PACT), which provides short term transitional shelter/housing to DHHS-referred families experiencing homelessness. If DHHS-CWS receives the BFH grant, CWS will be able to refer BFH clients to PACT under our current agreement. PACT staff will work with BFH participants that are staying at our shelters, and with DHHS-CWS staff to help families obtain permanent housing as quickly as possible. RCAA-PACT has many years of experience providing these types of services under grants from the U.S. Department of Housing and Urban Development and we look forward to this opportunity to partner with DHHS-CWS in ending homelessness for some of the most vulnerable families in Humboldt County.

Sincerely,

*Lorey Keele*

Lorey Keele,  
Acting Executive Director



10/31/19

California Department of Social Services  
Bringing Families Home Application Review Panel  
Housing and Homelessness Bureau

Re: Bringing Families Home Grant application

To Whom It May Concern:

This letter is offered in support of the Humboldt County Department of Health & Human Services, Child Welfare Services division (DHHS-CWS) application for the Bringing Families Home (BFH) grant. Obtaining and maintaining housing has been a barrier for many of Humboldt's most vulnerable families, and DHHS-CWS often works with families experiencing the destabilizing effects of homelessness or near-homelessness.

Based on the Point in Time (PIT) count, from 2017 to 2019 the numbers of persons experiencing homelessness in Humboldt increased 2.24 times, from 759 to 1,702. While the 2019 number is not yet HUD certified, there is no doubt that homelessness is an increasing problem in Humboldt. Families often have multiple stressors that have led to CWS involvement, including homelessness or inability to maintain housing. Under the Housing First model, obtaining and maintaining housing is critical for the family to be able to address other issues including employment, behavioral health treatment, substance use disorder treatment, and regular school attendance for children. The housing market in Humboldt necessitates both working with landlords and rental subsidies, and First 5 Humboldt endorses this approach to housing CWS-involved families.

First 5 Humboldt works closely with DHHS including DHHS-CWS in order to provide effective services and supports to the many families involved with both agencies. First 5 Humboldt recognizes DHHS as a collaborator working with agencies, organizations, Tribes and other partners to problem-solve as a community. The goals of the BFH Grant align with the goals of DHHS: providing housing-related services to families receiving child welfare services, increasing the number of families reunifying, and preventing foster care placement.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mary Ann Hansen", is written over a horizontal line.

Mary Ann Hansen, Executive Director





## HUMBOLDT COUNTY PROBATION DEPARTMENT

2002 Harrison Avenue, Eureka, CA 95501  
Telephone (707) 445-7401 Fax (707) 443-7139

California Department of Social Services  
Bringing Families Home Application Review Panel  
Housing and Homelessness Bureau

October 30, 2019

Re: Bringing Families Home Grant application

To Whom It May Concern:

This letter is offered in support of the Humboldt County Department of Health & Human Services, Child Welfare Services division (DHHS-CWS) application for the Bringing Families Home (BFH) grant. Obtaining and maintaining housing has been a barrier for many of Humboldt's most vulnerable families, and DHHS-CWS often works with families experiencing the destabilizing effects of homelessness or near-homelessness.

Based on the Point in Time (PIT) count, from 2017 to 2019 the numbers of persons experiencing homelessness in Humboldt increased 2.24 times, from 759 to 1,702. While the 2019 number is not yet HUD certified, there is no doubt that homelessness is an increasing problem in Humboldt. Families often have multiple stressors that have led to CWS involvement, including homelessness or inability to maintain housing. Under the Housing First model, obtaining and maintaining housing is critical for the family to be able to address other issues including employment, behavioral health treatment, substance use disorder treatment, and regular school attendance for children. The housing market in Humboldt necessitates both working with landlords and rental subsidies, and the Humboldt County Probation Department endorses this approach to housing CWS-involved families.

The Humboldt County Probation Department works closely with DHHS including DHHS-CWS in order to provide effective services and supports to the many families involved with both agencies. Probation recognizes DHHS as a collaborator working with agencies, organizations, Tribes and other partners to problem-solve as a community. The goals of the BFH Grant align with the goals of DHHS: providing housing-related services to families receiving child welfare services, increasing the number of families reunifying, and preventing foster care placement.

Sincerely,

  
Shaun Brenneman  
Chief Probation Officer  
Humboldt County Probation Department



June 1, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY WELFARE DIRECTOR LETTER**

This letter informs County Child Welfare Agencies and Tribes participating in the Bringing Families Home (BFH) Program of the revised Monthly Data Report (BFH 17) for the BFH Program (10/19). The BFH 17 captures individual level data on each BFH household regarding program enrollment, housing, expenditures, exits, and limited child welfare data while in the BFH Program. This report is effective with the October 2019 report month.



CDSS

KIM JOHNSON  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
 744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)

GAVIN NEWSOM  
GOVERNOR

June 1, 2020

## ALL COUNTY WELFARE DIRECTOR LETTER

TO: ALL COUNTY WELFARE DIRECTORS  
CALIFORNIA FEDERALLY RECOGNIZED TRIBAL GOVERNMENTS

FROM: M. AKHTAR KHAN, Chief  
Research Services Branch  
Administrative Division

SUBJECT: REVISION OF BRINGING FAMILIES HOME (BFH) PROGRAM  
MONTHLY DATA REPORT BFH 17 (10/19)

REFERENCE: [ASSEMBLY BILL \(AB\) 1603, CHAPTER 25, STATUTES OF 2016](#); [SENATE BILL \(SB\) 80, CHAPTER 27, STATUTES OF 2019](#); [AB 74, CHAPTER 23, STATUTES OF 2019](#); [WELFARE AND INSTITUTIONS CODE \(WIC\) SECTIONS 16523-16523.1](#)

The purpose of this letter is to inform county child welfare agencies and tribes participating in the Bringing Families Home (BFH) Program of the revised BFH 17 monthly data report. During the 2019-2020 fiscal year, the California Department of Social Services (CDSS) Housing and Homelessness Branch (HHB) and Data Systems and Survey Design Section (DSSDS) have worked with BFH counties and the County Welfare Directors Association to revise the BFH 17 report. The report is effective with the October 2019 report month.

**Background**

The BFH Program, created by Assembly Bill (AB) 1603 (Chapter 25, Statutes of 2016) and updated by Senate Bill (SB) 80 (Chapter 27, Statutes 2019), aims to provide housing-related services to families receiving child welfare services, increase the number of families reunifying, and prevent foster care placement. Per Welfare and Institutions Code (WIC) Sections 16523-16523.1, county child welfare agencies and tribes operating BFH programs must use evidence-based housing models and

All County Welfares Director Letter  
Page Two

practices, such as Rapid Re-housing, Supportive Housing, and/or subsidies to make rental housing affordable.

The BFH 17 report was created to fulfill the data requirements as outlined in WIC Section 16523.1(e)(4) and additional data needs as defined by CDSS. The report captures individual level data on each BFH household regarding BFH enrollment, housing, expenditures, exits, and limited child welfare information.

### **Summary of Changes**

Below is an overview of the major changes that have been made to the BFH 17 report.

#### **Items Removed:**

- Removed data elements related to client participation in additional services (i.e., Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], CalWORKs, CalFresh, Medi-Cal, SSI/SSDI/CAPI, General Assistance/Relief, mental health treatment, substance use disorder treatment, other child welfare case plan related service) at entry and exit
- Removed data elements pertaining to the denial of BFH applicants. This report will no longer track program denials and referrals (although counties and tribes are encouraged to continue tracking these data elements internally)
- Removed expenditures for moving costs, making home habitable, utilities, modifications for special needs of child/caretaker, and legal services. These expenditures must now be tracked in "other" and a brief explanation will be provided. The expenditure categories that will now be tracked are temporary housing subsidies, permanent housing subsidies, deposits, credit repairs, payment in arrears, and other (e.g., utilities, moving costs, making home habitable)

#### **Items Added:**

- Added housing status change – this is for permanently housed clients and tracks if they have a change in housing status after entering permanent housing (e.g., go from permanently housed to temporary housed, change permanent housing)
- Added an element to track each BFH child's status in the child welfare system at the time of exit

### **Completion and Submission**

All BFH counties and tribes must enter each BFH household's data into the BFH 17 report workbook, and are required to use the revised BFH 17 report workbook beginning with the data for the month of October 2019 or their first month of implementation. The report is due on or before the 20<sup>th</sup> calendar day of the month following the report month. Due to the transition between reports, the CDSS will provide counties and tribes specific

All County Welfares Director Letter  
Page Three

instructions and due dates for the reporting period of October 2019 through June 2020. Counties and tribes are required to submit the report via Secure File Transfer (SFT) to DSSDS using the county's/agency's designated BFH 17 SFT file. The revised BFH 17 instructions are attached in PDF as reference material and BFH 17 workbooks will be transmitted to counties and tribes via SFT or email.

**Contacts**

If you have any questions regarding the completion of this report, please contact DSSDS at (916) 651-8269 or email the BFH 17 report inbox at [admbfh17@dss.ca.gov](mailto:admbfh17@dss.ca.gov). Any program and/or policy related questions should be directed to HHB at (916) 651-5155 or via [housing@dss.ca.gov](mailto:housing@dss.ca.gov).

Attachments

**BRINGING FAMILIES HOME PROGRAM  
MONTHLY REPORT  
BFH 17 (10/19)  
REPORT INSTRUCTIONS**

**CONTENT**

The monthly BFH 17 (10/19) report provides Bringing Families Home (BFH) Program data collected by local agencies (i.e., tribal entities, county child welfare or social services departments) to the California Department of Social Services (CDSS). Information is collected on program enrollment, housing, expenditures, exits and limited child welfare data while in the BFH Program.

**PURPOSE**

The purpose of this report is to provide CDSS with the BFH data needed to track program implementation, spending, and for program evaluation purposes. This report provides county, tribes, and state entities with information needed for continuous quality improvement of BFH, budgeting, staffing, program planning, evaluation, and other purposes.

**COMPLETION AND SUBMISSION**

The reporting agency is responsible for ensuring that this report is fully and accurately completed. The report should be reviewed for completeness and accuracy prior to being submitted to CDSS.

Reports are to be submitted on or before the 20<sup>th</sup> calendar day of the month following the report month. If the report's due date is on a Saturday, Sunday or state holiday, the report is due on the next business day. The BFH 17 report will be submitted to CDSS by uploading the Excel file(s) to the CDSS Secure File Transfer (SFT) site at <https://user.st.cdt.ca.gov>. The reporting agency will need to save a copy of each month's report that is uploaded to the SFT for the grantee's records. These copies will be used if a revision is needed.

**The revision process has been updated.** If a revision is needed to a previously submitted report, the grantee shall submit a revised report for all applicable month(s). For each month with an error, the Report Version dropdown cell for the case with the error will need to be updated to "Revised" and the "Revised Record Explanation" cell must be completed. The revised report(s) for the month(s) with the error(s) will need to be uploaded to the SFT. Once these documents have been uploaded, email the BFH 17 inbox notifying CDSS that a revision was completed.

For questions regarding policy and reporting, contact the Housing and Homelessness Bureau at (916) 651-5155 or email the Housing inbox at [housing@dss.ca.gov](mailto:housing@dss.ca.gov). For questions regarding the completion or submission of this report, contact the Data



Systems and Survey Design Section (DSSDS) at (916) 651-8269 or email the BFH 17 report inbox at [admbfh17@dss.ca.gov](mailto:admbfh17@dss.ca.gov). For technical assistance with the automated form, email the DSSDS tech unit inbox at [admdssdachts@dss.ca.gov](mailto:admdssdachts@dss.ca.gov). **Do not send report forms, personal identifiable information (PII), or encrypted emails to the Housing inbox, the BFH 17 inbox, or the tech support inbox.**

## **GENERAL INSTRUCTIONS**

The BFH 17 report form consists of two sheets: Agency-Report Information and Case History. Reporting agencies must complete all elements on both the Agency-Report Information and Case History sheets.

- **Agency-Report Information:** Use the dropdown menu to select the submitting reporting agency. Enter the date the report is submitted to CDSS, the report month, and report year. Enter the name, job title or classification, telephone, extension, and email of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the name, job title or classification, telephone, extension, and email of the contact person's supervisor.
  - **Note:** The report month, year, and submission date will need to be updated for each report month.
  - **Note:** The county code for the county can be found under the agency name on the Agency-Report Information sheet of the BFH17 Staff Monthly Report Form report form. This item is automatically populated when the agency name is selected from the Agency Name dropdown menu.
- **Case History:** For every household enrolled in BFH, enter the data required for each item.
  - **Note:** The first BFH household must be entered in Row 5 of the Case History sheet. No rows can be skipped between client entries. Blank rows between clients will require report revisions.

CDSS strongly recommends autosaving the report workbook every ten to twenty minutes. Instructions on how to make the workbook autosave can be found at <https://www.extendoffice.com/documents/excel/2588-excel-change-autosave-time.html>.

It is also strongly recommended to have the report scan for errors before it is sent to CDSS. To scan the report for errors, press "**CTRL**", "**SHIFT**", and "**S**" simultaneously. This will create a word document that tells the user which cells have errors.

## **DEFINITIONS**

**Approval:** Enrolled in BFH or authorized to receive BFH services and/or financial assistance.

**Barriers to housing entry:** Obstacles that limit a family's ability to apply for and/or obtain stable housing. Barriers to housing entry include, but are not limited to, evictions,

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
DATA SYSTEMS AND SURVEY DESIGN SECTION

criminal record, poor credit, and no or low income. Barriers to housing do not affect a household's eligibility for BFH. A family can have multiple barriers. Barriers (in any form or combination) should not be used to disqualify families from receiving BFH services and/or financial assistance. Doing so would not be in line with housing first principles.

**Barriers to housing retention:** Obstacles that may negatively impact a family's ability to stay housed. Barriers to housing retention include, but are not limited to, substance abuse, health issues, and no or low income. Barriers to housing retention do not affect a case's eligibility for BFH. A family can have multiple barriers. Barriers (in any form or combination) should not be used to disqualify families from receiving BFH services and/or financial assistance, nor from providing the family with housing search assistance upon BFH approval. Doing so would not be in line with housing first principles.

**BFH Caretaker(s):** The caretaker(s) (i.e., parent) applying for BFH and who have a child welfare case plan (i.e., family reunification (FR) and/or family maintenance (FM) plan).

**BFH Child(ren):** These are children who are (or were) in the care of the BFH caregiver(s) and have open FR or FM cases. ***Do not include other children in the household who do not have an open child welfare case.*** Children may be added later to the case if they become eligible.

**BFH Household:** BFH Household includes the BFH Caregiver(s) and any BFH child(ren) who are in the physical custody of the BFH Caregiver. ***This term is used for the purposes of the BFH 17, specifically BFH Household income and exits.***

- **Note:** Do not include any non-BFH child(ren) or other individuals who are living in the same residence (i.e., relatives who are not the caregiver to the BFH child(ren), other adults residing with the BFH caregiver).

**BFH Services:** BFH services include, but are not limited to, case management, landlord engagement, temporary housing, permanent housing, and barrier mitigation.

**Bridge Housing:** A time-limited, temporary housing type that is intended to help support independent living while waiting for permanent housing. Bridge housing may be, but is not limited to, shared housing or transitional housing.

**Change in housing status:** This data element is intended to track the change in housing status only **after** the client enters (or retains) permanent housing. Examples of data to be tracked in this category include but are not limited to: moving from one permanent housing unit to another, moving out of permanent housing into temporary housing or homelessness, moving into a new permanent housing situation after having lost permanent housing and spending time in temporary housing again.

- **Note:** If a client has not been permanently housed, then they should not be recorded here (e.g., moving between temporary housing and/or homelessness).

- **Example:** Jane enters permanent housing in January. In April she leaves the permanent housing unit because the landlord is threatening to evict her due to violations of her lease. Jane moves into a shelter on April 20<sup>th</sup>. In the April report, for “Change in Housing Status”, “Temporary Housing” is selected. On June 1<sup>st</sup> she moves into a new permanent housing unit. In the June report, “Permanent Housing” is selected.
- **Example:** John moved into permanent housing in January. His permanent housing situation was to move in with his sister and pay half the rent. In March it becomes clear that the shared housing solution will not be sustainable, so John moves into a different apartment on March 30<sup>th</sup>. In the March report, for “change in housing status” the “change in permanent housing” option is selected because he moved from one permanent housing option into another.
- **Example:** In January, Lee moves from a shelter into a motel. No option is selected for “change in housing status” because Lee has not been permanently housed.

County Code: The code associated with each county. For example, the code for Alameda is (01). The county code can be found on the County Report Information Tab of the BFH 17 report form. This item is automatically populated when the county name is selected from the Submitting Agency dropdown menu.

CWS referral: When a child has been referred to Child Welfare Services (CWS) but has not had a court hearing to determine if the child will receive FR or FM.

CWS case closed – Family stabilized: When a family maintenance plan has successfully closed, and the family is intact.

Exit: When a BFH case is no longer receiving any BFH services and/or financial assistance.

Exit Reason – Achieved housing stability: When the BFH Household is exiting into permanent housing and the county/tribe expects the family to be able to maintain housing long-term (either via voucher, permanent housing assistance, or the family is self-sufficient).

Exit Reason – Client ceases to engage/whereabouts unknown: The BFH Household’s housing type/residence or whereabouts is unknown to the county/tribe.

- **Example:** The county has given the BFH Household temporary housing at a motel but cannot locate the BFH Household. After several attempts to contact the household and no response, the county discontinues the BFH Household.

Exit Reason – CWS Closed/FR failed: The court has ruled to terminate parental rights and the BFH child shall be permanently placed out of the home of the BFH Caretaker(s). In this case, the county/tribe should connect the BFH Caretaker(s) to other housing resources in the community and aid in the client’s transition out of BFH to ensure that the BFH Caretaker(s) do not return to homelessness (i.e., a warm handoff



between programs).

Exit Reason – Other: This option is to capture any other exit reasons that have not already been listed (e.g., a client chooses to exit into sober living transitional housing). When writing in the reason, please be specific.

Exit Reason – Requested discontinuance: The BFH Household elects to no longer participate in BFH.

Exit Reason - Self resolved: Client was able to secure housing without assistance. For example, the BFH Household was in temporary housing provided by BFH and is able to find and secure permanent housing on their own without financial assistance or housing navigation from BFH for their permanent housing.

Exit Type – Community housing program: When the BFH Household exits BFH into another community housing program (e.g., CalWORKs Housing Support Program).

Exit Type – Homeless: When the BFH Household exits BFH and is homeless (e.g., in a shelter, couch surfing, sleeping in their car or tent) after being permanently housed.

Exit Type – Never housed: When the BFH Household exits BFH and they were never permanently housed (i.e., they remain homeless).

Exit Type – Permanent housing: When the BFH Household exits and is in permanent housing. The permanent housing need not be funded by BFH (e.g., the family could be paying rent on their own, the unit could be funded by a housing choice voucher).

Exit Type – Retained housing (imminent risk): When the BFH Household entered BFH at imminent risk of losing their housing and are exiting in the same housing but are now stably housed.

Exit Type – Temporary housing: When the BFH household exits and is in temporary housing (e.g., receiving inpatient treatment, transitional housing, incarceration, shelter, motel).

Exit Type – Unknown: When the BFH Household exits BFH and the household's housing is unknown. This may happen if the BFH Household stops communicating with the caseworker and the household cannot be located.

Expenditures: Costs paid on behalf of the family using either BFH state funds or county match funds. Do not include clients' personal funds or other local or community funds.

Family maintenance: Family maintenance (FM) provides services to families in crisis to prevent or remedy abuse or neglect, allowing social workers to work with the family while keeping the child in the home. Per Welfare Institutions Code (WIC) Section

16501 (g).

Family reunification: Family reunification (FR) provides intervention and support services for a limited time period to caregivers and children who have been removed from the home to make the family environment safe for the child to return. Per WIC Section 16501 (h).

Family Unification Program: Family Unification Program (FUP) is a program where Housing Choice Vouchers are provided to families who have a child/children taken out of their care and need permanent housing in order to get the child(ren) returned to their care, at risk of having children taken out of their care, or for eligible youths leaving foster care.

Gross BFH household income: Annual income of the BFH Household prior to taxes or deductions. Includes both earned income (i.e., wages from a fulltime or part-time job) and unearned income (e.g., CalWORKs, SSI, child support). If the BFH child is placed in out-of-home care, the child's income does not count in this calculation. Do not include the income of other people who are living in the same residence but who are not the BFH Caregiver(s) or BFH children.

Housing Choice Vouchers: Federal vouchers administered locally by public housing agencies. This voucher is a type of rental subsidy that goes directly to the landlord on behalf of the family, and the family pays the difference between the rent and the subsidy. Families are able to choose any housing that meets the requirements of the voucher program.

Homeless Management Information System (HMIS) Identification Number (ID): The identification number generated by the HMIS that is used to identify the HMIS client.

Housing intervention at exit: The type of housing intervention the client received prior to exiting BFH.

Imminent threat of losing housing: An individual or family who will imminently lose their housing (i.e., house they own, rent, live in without paying rent, sharing with others, or a room in hotel/motel not paid by federal, state, or local government). Imminent threat of losing housing includes a court ordered eviction, primary residence is a room in a hotel/motel and the family lacks the resources necessary to reside there for more than 14 days, and/or evidence that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days (including an oral statement from the individual or family that is found to be credible).

Monthly expenditures – Other: Additional housing-related costs associated with the BFH case. Some examples include transportation costs, making the home habitable, minor household repairs, moving costs, storage costs, legal services, etc.

Non-BFH Child(ren): Children who are cared for by a BFH Caregiver and do not have a current child welfare case.

- **Note:** Non-BFH children should not be included on the BFH 17 report.

Payment in arrears: Payments made for past bills or rental payments that are preventing the BFH household from securing housing or receiving adequate utilities.

Permanent housing: Housing for the family that is meant to be long-term. This does not necessarily mean that this current home is their "forever home," or that the household will stay there for multiple years; rather, permanent housing means that there is no time limit on how long the family may reside in the housing. Permanent housing may be subsidized or unsubsidized.

Rapid Rehousing: Rapid Rehousing (RRH) is a housing intervention that provides short-term rental assistance and services through a progressive engagement model with the goal of stabilizing the family so that they may take over rental payments and be self-sufficient. The core components of RRH are housing identification, rent and move-in assistance, and case management.

Temporary housing: Housing that is time-limited and not intended or designed to be permanent.

Temporary housing - Incarcerated: This includes BFH households where the BFH caretaker is in prison, jail, or juvenile detention centers.

Temporary housing - Inpatient treatment: Inpatient treatment refers to centers and organizations treating addiction, substance abuse, mental health, physical health and recovery, or other such health-related/treatment centers that are needed for the health and/or sobriety of an individual or is court ordered (e.g., inpatient addiction treatment, psychiatric care, post-operation rehabilitation). The inpatient treatment may be paid privately, by a community-based organization, or by federal, state, or local governments.

Temporary housing - Motel: The motel may be paid privately or by federal, state, or local governments.

Temporary housing - Other: This item captures a temporary shelter option that was not represented in the other temporary shelter options. This shelter may be paid by federal, state, local, or other community-based organization.

Temporary housing - Shelter: The shelter may be no cost or paid privately, by a community-based organization, or by federal, state, or local governments.

Unsheltered: When an individual or family is sleeping in a space not ordinarily meant for human habitation (e.g., sleeping on the streets, car, abandoned building, park).

**REPORT FORM TAB - ITEM INSTRUCTIONS****FOR CDSS USE**

- **Report Period:** *This cell is automatically calculated and is changed when the report month is chosen on the "Agency-Report Information" sheet.* This cell cannot be edited.
- **Agency:** *This cell is automatically calculated when the agency is selected on the "Agency-Report Information" sheet.* This cell cannot be edited.
- **Client ID:** *This cell is automatically calculated and cannot be edited.*
- **Case Status:** *This cell is automatically calculated and cannot be edited.*
- **Report Version:** This cell **only** needs to be used if a case record needs to be revised or deleted. This cell will start as "Initial". If a revision is needed in a previously submitted report month, use the in-cell dropdown to select "Revised". If this cell is changed to revised, the "Revised Record Explanation" cell **must** also be completed. If a case should not have been included on the BFH 17 report or is a duplication, use the in-cell dropdown to select "Delete".

**PART A. BFH HOUSEHOLD COMPOSITION**

Part A collects monthly information on the BFH household composition. Enter data into this section when creating case records.

**Note:** A new row will populate each time the last name of a client is entered.

**Note:** Each BFH Case must have at least one eligible parent/caretaker adult and one child. BFH Caretaker 2, BFH Caretaker 3, and BFH Child 2 through BFH Child 10 are only to be completed if there are additional caretakers and/or children in the BFH household.

**Note:** BFH children should only be included if they have a CWS/CMS ID.

**Note:** Social Security Numbers (SSN) and Housing Management Information System (HMIS) identification numbers (ID) are used to locate the clients in the CWS/CMS and HMIS (when applicable) when unable to locate in the system via last name, first name, and date of birth.

**Note:** All of the information in this section should not change or be updated unless it was originally entered incorrectly.

1. **Cell 1: BFH Caretaker 1 – Last name:** Enter the last name of BFH Caretaker 1.

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2. Cell 2: BFH Caretaker 1 – First name: Enter the first name of BFH Caretaker 1.
3. Cell 3: BFH Caretaker 1 – Birth date: Enter the birth date of BFH Caretaker 1 (MM/DD/YYYY).
4. Cell 4: BFH Caretaker 1 – CWS/CMS ID: If available, enter the Child Welfare Services/Case Management System (CWS/CMS) Client Identification number for BFH Caretaker 1 (19-digit number).
5. Cell 5: BFH Caretaker 1 – SSN: If available, enter the SSN of BFH Caretaker 1 (XXX-XX-XXXX).
6. Cell 6: BFH Caretaker 1 – HMIS ID: If available, enter the HMIS ID of BFH Caretaker 1.
7. Cell 7: BFH Caretaker 2 – Last name: When applicable, enter the last name of BFH Caretaker 2. If there is no additional caretaker, Cell 7 should remain blank.
8. Cell 8: BFH Caretaker 2 – First name: When applicable, enter the first name of BFH Caretaker 2. If there is no additional caretaker, Cell 8 should remain blank.
9. Cell 9: BFH Caretaker 2 – Birth date: When applicable, enter the birth date of BFH Caretaker 2 (MM/DD/YYYY). If there is no additional caretaker, Cell 9 should remain blank.
10. Cell 10: BFH Caretaker 2 – CWS/CMS ID: When applicable and available, enter the CWS/CMS ID for BFH Caretaker 2 (19-digit number). If there is no additional caretaker, Cell 10 should remain blank.
11. Cell 11: BFH Caretaker 2 – SSN: When applicable and available, enter the SSN of BFH Caretaker 2 (XXX-XX-XXXX). If there is no additional caretaker, Cell 11 should remain blank.
12. Cell 12: BFH Caretaker 2 – HMIS ID: When applicable and available, enter the HMIS ID of BFH Caretaker 2. If there is no additional caretaker, Cell 12 should remain blank.
13. Cell 13: BFH Caretaker 3 – Last name: When applicable, enter the last name of BFH Caretaker 3. If there is no additional caretaker, Cell 13 should remain blank.
14. Cell 14: BFH Caretaker 3 – First name: When applicable, enter the first name of BFH Caretaker 3. If there is no additional caretaker, Cell 14 should remain blank.

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15. Cell 15: BFH Caretaker 3 – Birth date: When applicable, enter the birth date of BFH Caretaker 3 (MM/DD/YYYY). If there is no additional caretaker, Cell 15 should remain blank.
16. Cell 16: BFH Caretaker 3 – CWS/CMS ID: When applicable and available, enter the CWS/CMS ID for BFH Caretaker 3 (19-digit number). If there is no additional caretaker, Cell 16 should remain blank.
17. Cell 17: BFH Caretaker 3 – SSN: When applicable and available, enter the SSN of BFH Caretaker 3 (XXX-XX-XXXX). If there is no additional caretaker, Cell 17 should remain blank.
18. Cell 18: BFH Caretaker 3 – HMIS ID: When applicable and available, enter the HMIS ID of BFH Caretaker 3. If there is no additional caretaker, Cell 18 should remain blank.
19. Cell 19: BFH Child 1 – Last name: Enter the last name of BFH Child 1.
20. Cell 20: BFH Child 1 – First name: Enter the first name of BFH Child 1.
21. Cell 21: BFH Child 1 – Birth date: Enter the birthdate of BFH Child 1 (MM/DD/YYYY).
22. Cell 22: BFH Child 1 – CWS/CMS ID: Enter the CWS/CMS ID of BFH Child 1 (19-digit number).
23. Cell 23: BFH Child 1 - SSN: If available, enter the SSN of BFH Child 1 (XXX-XX-XXXX).
24. Cell 24: BFH Child 1 – BFH status at approval: Enter the BFH status of BFH Child 1 at approval. Select one of the following using the in-cell dropdown menu;
  - CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
25. Cell 25: BFH Child 1 – BFH status at exit: Enter the BFH status of BFH Child 1 at exit. Select one of the following using the in-cell dropdown menu;
  - CWS referral
  - In Home – Family Maintenance
  - Out of Home – Family Reunification
  - Out of Home – Family Reunification Terminated
  - CWS Case Closed – Family Stabilized

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26. Cell 26: BFH Child 2 – Last name: When applicable, enter the last name of BFH Child 2. If there is no second eligible child, leave Cell 26 blank.
27. Cell 27: BFH Child 2 – First name: When applicable, enter the first name of BFH Child 2. If there is no second eligible child, leave Cell 27 blank.
28. Cell 28: BFH Child 2 – Birth date: When applicable, enter the birthdate of BFH Child 2 (MM/DD/YYYY). If there is no second eligible child, leave Cell 28 blank.
29. Cell 29: BFH Child 2 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 2 (19-digit number). If there is no second eligible child, leave Cell 29 blank.
30. Cell 30: BFH Child 2 - SSN: When applicable and available enter the SSN of BFH Child 2 (XXX-XX-XXXX). If there is no second eligible child, leave Cell 30 blank.
31. Cell 31: BFH Child 2 – BFH status at approval: When applicable, enter the BFH status of BFH Child 2 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no second eligible child, leave Cell 31 blank.
32. Cell 32: BFH Child 2 – BFH status at exit: Enter the BFH status of BFH Child 2 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no second eligible child, leave Cell 32 blank.
33. Cell 33: BFH Child 3 – Last name: When applicable, enter the last name of BFH Child 3. If there is no third eligible child, leave Cell 33 blank.
34. Cell 34: BFH Child 3 – First name: When applicable, enter the first name of BFH Child 3. If there is no third eligible child, leave Cell 34 blank.
35. Cell 35: BFH Child 3 – Birth date: When applicable, enter the birthdate of BFH Child 3 (MM/DD/YYYY). If there is no third eligible child, leave Cell 35 blank.
36. Cell 36: BFH Child 3 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 3 (19-digit number). If there is no third eligible child, leave Cell 36

blank.

37. Cell 37: BFH Child 3 - SSN: When applicable and available, enter the SSN of BFH Child 3 (XXX-XX-XXXX). If there is no third eligible child, leave Cell 37 blank.
38. Cell 38: BFH Child 3 – BFH status at approval: When applicable, enter the BFH status of BFH Child 3 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no third eligible child, leave Cell 38 blank.
39. Cell 39: BFH Child 3 – BFH status at exit: Enter the BFH status of BFH Child 3 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no third eligible child, leave Cell 39 blank.
40. Cell 40: BFH Child 4 – Last name: When applicable, enter the last name of BFH Child 4. If there is no fourth eligible child, leave Cell 40 blank.
41. Cell 41: BFH Child 4 – First name: When applicable, enter the first name of BFH Child 4. If there is no fourth eligible child, leave Cell 41 blank.
42. Cell 42: BFH Child 4 – Birth date: When applicable, enter the birthdate of BFH Child 4 (MM/DD/YYYY). If there is no fourth eligible child, leave Cell 42 blank.
43. Cell 43: BFH Child 4 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 4 (19-digit number). If there is no fourth eligible child, leave Cell 43 blank.
44. Cell 44: BFH Child 4 - SSN: When applicable and available, enter the SSN of BFH Child 4 (XXX-XX-XXXX). If there is no fourth eligible child, leave Cell 44 blank.
45. Cell 45: BFH Child 4 – BFH status at approval: When applicable, enter the BFH status of BFH Child 4 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification



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- Out of home – Family reunification terminated  
If there is no fourth eligible child, leave Cell 45 blank.
46. Cell 46: BFH Child 4 – BFH status at exit: Enter the BFH status of BFH Child 4 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no fourth eligible child, leave Cell 46 blank.
47. Cell 47: BFH Child 5 – Last name: When applicable, enter the last name of BFH Child 5. If there is no fifth eligible child, leave Cell 47 blank.
48. Cell 48: BFH Child 5 – First name: When applicable, enter the first name of BFH Child 5. If there is no fifth eligible child, leave Cell 48 blank.
49. Cell 49: BFH Child 5 – Birth date: When applicable, enter the birthdate of BFH Child 5 (MM/DD/YYYY). If there is no fifth eligible child, leave Cell 49 blank.
50. Cell 50: BFH Child 5 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 5 (19-digit number). If there is no fifth eligible child, leave Cell 50 blank.
51. Cell 51: BFH Child 5 - SSN: When applicable and available, enter the SSN of BFH Child 5 (XXX-XX-XXXX). If there is no fifth eligible child, leave Cell 51 blank.
52. Cell 52: BFH Child 5 – BFH status at approval: When applicable, enter the BFH status of BFH Child 5 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no fifth eligible child, leave Cell 52 blank.
53. Cell 53: BFH Child 5 – BFH status at exit: Enter the BFH status of BFH Child 5 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no fifth eligible child, leave Cell 53 blank.

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54. Cell 54: BFH Child 6 – Last name: When applicable, enter the last name of BFH Child 6. If there is no sixth eligible child, leave Cell 54 blank.
55. Cell 55: BFH Child 6 – First name: When applicable, enter the first name of BFH Child 6. If there is no sixth eligible child, leave Cell 55 blank.
56. Cell 56: BFH Child 6 – Birth date: When applicable, enter the birthdate of BFH Child 6 (MM/DD/YYYY). If there is no sixth eligible child, leave Cell 56 blank.
57. Cell 57: BFH Child 6 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 6 (19-digit number). If there is no sixth eligible child, leave Cell 57 blank.
58. Cell 58: BFH Child 6 - SSN: When applicable and available, enter the SSN of BFH Child 6 (XXX-XX-XXXX). If there is no sixth eligible child, leave Cell 58 blank.
59. Cell 59: BFH Child 6 – BFH status at approval: When applicable, enter the BFH status of BFH Child 6 at approval. Select one of the following using the in-cell dropdown menu;
- Child Welfare Services referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no sixth eligible child, leave Cell 59 blank.
60. Cell 60: BFH Child 6 – BFH status at exit: Enter the BFH status of BFH Child 6 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no sixth eligible child, leave Cell 60 blank.
61. Cell 61: BFH Child 7 – Last name: When applicable, enter the last name of BFH Child 7. If there is no seventh eligible child, leave Cell 61 blank.
62. Cell 62: BFH Child 7 – First name: When applicable, enter the first name of BFH Child 7. If there is no seventh eligible child, leave Cell 62 blank.
63. Cell 63: BFH Child 7 – Birth date: When applicable, enter the birthdate of BFH Child 7 (MM/DD/YYYY). If there is no seventh eligible child, leave cell 108 blank.
64. Cell 64: BFH Child 7 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 7 (19-digit number). If there is no seventh eligible child, leave Cell 64

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blank.

65. Cell 65: BFH Child 7 - SSN: When applicable and available, enter the SSN of BFH Child 7 (XXX-XX-XXXX). If there is no seventh eligible child, leave Cell 65 blank.
66. Cell 66: BFH Child 7 – BFH status at approval: When applicable, enter the BFH status of BFH Child 7 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no seventh eligible child, leave Cell 66 blank.
67. Cell 67: BFH Child 7 – BFH status at exit: Enter the BFH status of BFH Child 7 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no seventh eligible child, leave Cell 67 blank.
68. Cell 68: BFH Child 8 – Last name: When applicable, enter the last name of BFH Child 8. If there is no eighth eligible child, leave Cell 68 blank.
69. Cell 69: BFH Child 8 – First name: When applicable, enter the first name of BFH Child 8. If there is no eighth eligible child, leave Cell 69 blank.
70. Cell 70: BFH Child 8 – Birth date: When applicable, enter the birthdate of BFH Child 8 (MM/DD/YYYY). If there is no eighth eligible child, leave Cell 70 blank.
71. Cell 71: BFH Child 8 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 8 (19-digit number). If there is no eighth eligible child, leave Cell 71 blank.
72. Cell 72: BFH Child 8 - SSN: When applicable and available, enter the SSN of BFH Child 8 (XXX-XX-XXXX). If there is no eighth eligible child, leave Cell 72 blank.
73. Cell 73: BFH Child 8 – BFH status at approval: When applicable, enter the BFH status of BFH Child 8 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification

- Out of home – Family reunification terminated  
If there is no eighth eligible child, leave Cell 73 blank.
74. Cell 74: BFH Child 8 – BFH status at exit: Enter the BFH status of BFH Child 8 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no eighth eligible child, leave Cell 74 blank.
75. Cell 75: BFH Child 9 – Last name: When applicable, enter the last name of BFH Child 9. If there is no ninth eligible child, leave Cell 75 blank.
76. Cell 76: BFH Child 9 – First name: When applicable, enter the first name of BFH Child 9. If there is no ninth eligible child, leave Cell 76 blank.
77. Cell 77: BFH Child 9 – Birth date: When applicable, enter the birthdate of BFH Child 9 (MM/DD/YYYY). If there is no ninth eligible child, leave Cell 77 blank.
78. Cell 78: BFH Child 9 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 9 (19-digit number). If there is no ninth eligible child, leave Cell 78 blank.
79. Cell 79: BFH Child 9 - SSN: When applicable and available, enter the SSN of BFH Child 9 (XXX-XX-XXXX). If there is no ninth eligible child, leave Cell 79 blank.
80. Cell 80: BFH Child 9 – BFH status at approval: When applicable, enter the BFH status of BFH Child 9 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no ninth eligible child, leave Cell 80 blank.
81. Cell 81: BFH Child 9 – BFH status at exit: Enter the BFH status of BFH Child 9 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized

If there is no ninth eligible child, leave Cell 81 blank.

82. Cell 82: BFH Child 10 – Last name: When applicable, enter the last name of BFH Child 10. If there is no tenth eligible child, leave Cell 82 blank.
83. Cell 83: BFH Child 10 – First name: When applicable, enter the first name of BFH Child 10. If there is no tenth eligible child, leave Cell 83 blank.
84. Cell 84: BFH Child 10 – Birth date: When applicable, enter the birthdate of BFH Child 10 (MM/DD/YYYY). If there is no tenth eligible child, leave Cell 84 blank.
85. Cell 85: BFH Child 10 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 10 (19-digit number). If there is no tenth eligible child, leave Cell 85 blank.
86. Cell 86: BFH Child 10 - SSN: When applicable and available, enter the SSN of BFH Child 10 (XXX-XX-XXXX). If there is no tenth eligible child, leave Cell 86 blank.
87. Cell 87: BFH Child 10 – BFH status at approval: When applicable, enter the BFH status of BFH Child 10 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no tenth eligible child, leave Cell 87 blank.
88. Cell 88: BFH Child 10 – BFH status at exit: Enter the BFH status of BFH Child 10 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no tenth eligible child, leave Cell 88 blank.

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| <b>PART B. BFH HOUSEHOLD INFORMATION AT TIME OF APPROVAL</b> |
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Part B collects information on the BFH household at the time of approval.

**Note:** Cases that have been referred but have yet to be approved or denied should not be included on the report. Cases that are referred and eventually denied should not be included on the report. Cases in which the household voluntarily withdrew from BFH prior to being approved should not be included in the report. Only approved cases are

to be reported on the BFH 17.

**Note:** This information should not change or be updated unless it was originally entered incorrectly.

89. Cell 89: Approval date: Enter the date the BFH household was enrolled (MM/DD/YYYY).
90. Cell 90: At Approval – Where the household slept the previous night: Enter where the household slept the night before approval. Using the in-cell dropdown menu, select one of the following locations;
- Unsheltered
  - Staying with family/friends
  - Imminent threat of losing housing
  - Motel/Hotel
  - Shelter
  - Inpatient treatment
  - Incarceration
  - Other temporary shelter
91. Cell 91: At Approval – Cell 90 explanation: If Cell 90 was "Other temporary shelter" enter an explanation of the sleeping location.
92. Cell 92: At Approval – Self-reported gross income: Enter the BFH household's self-reported annual gross income. Round to the nearest dollar.
93. Cell 93: At Approval – Barrier to housing entry – Poor credit: Enter if poor credit is a barrier to housing entry. Enter "Y" for yes or "N" for no.
94. Cell 94: At Approval – Barrier to housing entry – Past evictions: Enter if past evictions are a barrier to housing entry. Enter "Y" for yes or "N" for no.
95. Cell 95: At Approval – Barrier to housing entry – Criminal record: Enter if a criminal record is a barrier to housing entry. Enter "Y" for yes or "N" for no.
96. Cell 96: At Approval – Barrier to housing entry – Poor rental history: Enter if a poor rental history is a barrier to housing entry. Enter "Y" for yes or "N" for no.
97. Cell 97: At Approval – Barrier to housing entry – Insufficient income: Enter if insufficient income is a barrier to housing entry. Enter "Y" for yes or "N" for no.
98. Cell 98: At Approval – Barrier to housing entry – Other: Enter if a reason other than those previously listed is a barrier to housing entry. Enter "Y" for yes or "N" for no.

99. Cell 99: At Approval – Barrier to housing entry – Cell 98 explanation: If Cell 98 is “Y”, provide an explanation.
100. Cell 100: At Approval – Barrier to housing retention – Substance abuse: Enter if substance abuse is a barrier to housing retention. Enter “Y” for yes or “N” for no.
101. Cell 101: At Approval – Barrier to housing retention – Physical health: Enter if physical health is a barrier to housing retention. Enter “Y” for yes or “N” for no.
102. Cell 102: At Approval – Barrier to housing retention – Mental health: Enter if mental health is a barrier to housing retention. Enter “Y” for yes or “N” for no.
103. Cell 103: At Approval – Barrier to housing retention – Insufficient income: Enter if insufficient income is a barrier to housing retention. Enter “Y” for yes or “N” for no.
104. Cell 104: At Approval – Barrier to housing retention – Other: Enter if there is a barrier to housing retention other than those previously listed. Enter “Y” for yes or “N” for no.
105. Cell 105: At Approval – Barrier to housing retention – Cell 104 explanation: If Cell 104 is “Y”, provide an explanation.

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| <b>PART C. HOUSING</b> |
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Part C collects information on the BFH household’s housing.

**Note:** This information should not change or be updated unless it was originally entered incorrectly.

106. Cell 106: Temporary Housing – Date: Enter the date the household entered temporary housing **for the first time** while in BFH (MM/DD/YYYY).
107. Cell 107: Temporary Housing – Type: Enter the type of temporary housing the BFH household entered. Using the in-cell dropdown menu, select one of the following;
- Motel
  - Shelter
  - Shared housing
  - Inpatient treatment
  - Bridge housing
  - Other
108. Cell 108: Temporary Housing – Cell 107 explanation: If Cell 107 is “Other”, provide an explanation.

109. Cell 109: Permanent Housing – Date: Enter the date the household entered permanent housing (MM/DD/YYYY).
110. Cell 110: Housing Intervention – Type: Enter the type of housing intervention the BFH household received. Using the in-cell dropdown menu, select one of the following;
- Rapid rehousing
  - Permanent Supportive Housing
  - Other
111. Cell 111: Housing Intervention – Cell 110 explanation: If Cell 110 was “Other”, provide an explanation.
112. Cell 112: Permanent Housing – Type: Enter the type of permanent housing the BFH household entered. Using the in-cell dropdown menu, select one of the following;
- Single-family apartment
  - Single-family house
  - Single-family trailer/mobile home
  - Shared housing
  - Other
113. Cell 113: Permanent Housing – Cell 112 explanation: If Cell 112 is “Other”, provide an explanation.
114. Cell 114: Permanent Housing – Zip code: Enter the zip code of the BFH household’s permanent housing.

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| <b>PART D. BFH HOUSING STATUS CHANGE</b> |
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Part D should be used when there is a change in the housing status of a BFH household. This is only to be done **after they have been permanently housed** and data has been entered in Part C.

**Note:** Changes in temporary housing situations (e.g., a household moves from a shelter to a motel) do not need to be tracked. Changes in permanent housing (e.g. changes in housing interventions, the household moves from permanent housing to temporary housing, or any other changes between permanent and temporary housing), should be tracked.

115. Cell 115: Change in Housing Status – Date: Enter the date of the change of the household’s housing status (MM/DD/YYYY).
116. Cell 116: Change in Housing Status – Current housing: Enter the current housing of the BFH household at the last check-in. Use the in-cell dropdown menu, select one of the following;



- Unhoused/Homeless
- Temporary housing
- Permanent housing
- Change in permanent housing

|                                     |
|-------------------------------------|
| <b>PART E. MONTHLY EXPENDITURES</b> |
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Part E collects expenditures spent on behalf of the BFH family during the report period.

**Note:** The data in this section is cleared when the report month is changed on the "Agency-Report Information" sheet of the workbook. Each month Part E must be updated for each case that has been entered in temporary or permanent housing.

**Note:** Expenditures should include **both** BFH funds (allocated by CDSS) **and** BFH match funds. Do not include other funds (e.g., third party funds not used as match); however, you may want to make a note in the comment section that additional non-BFH and non-match funds were used.

117. Cell 117: Monthly Expenditures – Total: ***Cell 117 is automatically calculated and is the sum of Cells 118 through 123.***

118. Cell 118: Monthly Expenditures – Temporary housing: Leave Cell 118 blank if a date has not been entered in Cell 106. If a date has been entered into Cell 106, enter the dollar amount of assistance issued during the report month for temporary housing. Round to the nearest dollar. If there are no expenditures for Cell 118 and a date has been entered into Cell 106, enter a "0".

119. Cell 119: Monthly Expenditures – Permanent housing: Leave Cell 119 blank if a date has not been entered in Cell 109. If a date has been entered into Cell 109, enter the dollar amount of assistance issued during the report month for permanent housing. Round to the nearest dollar. If there are no expenditures for Cell 119 and a date has been entered into Cell 109, enter a "0".

120. Cell 120: Monthly Expenditures – Deposits: Enter the dollar amount of assistance issued during the report month for deposits. Round to the nearest dollar. If there are no expenditures for Cell 120, enter a "0".

121. Cell 121: Monthly Expenditures – Credit repair: Enter the dollar amount of assistance issued during the report month for credit repair. Round to the nearest dollar. If there are no expenditures for Cell 121, enter a "0".

122. Cell 122: Monthly Expenditures – Payments in arrears: Enter the dollar amount of assistance issued during the report month for payments in arrears. Round to the nearest dollar. If there are no expenditures for Cell 122, enter a "0".

123. Cell 123: Monthly Expenditures – Other expenditures: Enter the dollar amount of assistance issued during the report month for other expenditures. Round to the nearest dollar. If there are no expenditures for Cell 123, enter a “0”.

124. Cell 124: Monthly Expenditures – Cell 123 explanation: If Cell 123 is not “0”, provide an explanation of other expenditures.

## **PART F. EXIT**

Part F collects the information on BFH household exits from the program. **Complete this section the month the BFH household exits.**

125. Cell 125: Exit – Date: Enter the date the household exits the BFH program (MM/DD/YYYY).

126. Cell 126: Exit – Type: Enter, using the dropdown menu, one of the following housing situations/types at exit:

- Permanent housing
- Temporary housing
- Community provide housing
- Homeless
- Never housed
- Retained housing (imminent risk)
- Unknown

127. Cell 127: Exit – Reason: Enter, using the dropdown menu, one of the following reasons for exiting the BFH program.

- Achieved housing stability
- Requested discontinuance
- Self-resolved
- CWS closed – FR failed
- Ceases to engage/whereabouts unknown
- Transition to non-BFH housing intervention
- Other

128. Cell 128: Exit – Cell 127 explanation: If Cell 127 was “CWS closed – FR failed”, “Requested discontinuance”, or “Other”, provide an explanation.

129. Cell 129: Exit – Housing intervention: Enter, using the dropdown menu, the type of intervention the household had at exit:

- RRH
- FUP voucher
- Housing choice voucher
- Other

- None

130. Cell 130: Exit – Cell 129 explanation: If Cell 129 was “Other”, provide an explanation.
131. Cell 131: Exit – Self-reported gross income: Enter the BFH household's self-reported annual gross income. Round to the nearest dollar.
132. Cell 132: Return to homelessness: Only record information in this cell if the case exited into permanent housing. Enter, using the dropdown menu, the number of months the BFH household spent in permanent housing before they lost their permanent housing and returned to homelessness. **The staff completes this item if/when the household's homeless status becomes known to the county.**
- 0 to 6 months
  - 7 to 12 months
  - 13 to 18 months
  - 19 to 24 months

#### **PART G. COMMENTS**

Use the Comments section to:

- Explain any major fluctuations in data, including major changes in procedures, programming or staffing that have affected the data.
- Provide any other comments the county/tribe determines necessary.
- If submitting a revised record, explain the reason for revision in the Revised Record Explanation box and list the updated cells.

**BRINGING FAMILIES HOME PROGRAM  
MONTHLY REPORT  
BFH 17 (10/19)  
VALIDATION RULES AND EDITS**

**PART A. BFH HOUSEHOLD COMPOSITION**

**If "Case Version" is changed to "Revised"**

The "Revised Record Explanation" must be completed

**If Cell 1 is completed**

Cell 2 must be completed  
Cell 3 must be completed  
Cell 19 through Cell 22 must be completed  
Cell 24 must be completed  
Cell 89 must be completed  
Cell 90 must be completed  
Cell 92 through Cell 98 must be completed  
Cell 100 through Cell 104 must be completed  
Cell 120 through Cell 123 must be completed

**If Cell 7 is completed**

Cell 8 must be completed  
Cell 9 must be completed

**If Cell 13 is completed**

Cell 14 must be completed  
Cell 15 must be completed

**If Cell 26 is completed**

Cell 27 through Cell 29 must be completed  
Cell 31 must be completed

**If Cell 33 is completed**

Cell 34 through Cell 36 must be completed  
Cell 38 must be completed

**If Cell 40 is completed**

Cell 41 through Cell 43 must be completed  
Cell 45 must be completed

**If Cell 47 is completed**

Cell 48 through Cell 50 must be completed  
Cell 52 must be completed

**If Cell 54 is completed**

Cell 55 through Cell 57 must be completed  
Cell 59 must be completed

**If Cell 61 is completed**

Cell 62 through Cell 64 must be completed  
Cell 66 must be completed

**If Cell 68 is completed**

Cell 69 through Cell 71 must be completed  
Cell 73 must be completed

**If Cell 75 is completed**

Cell 76 through Cell 78 must be completed  
Cell 80 must be completed

**If Cell 82 is completed**

Cell 83 through Cell 85 must be completed  
Cell 87 must be completed

**PART B. BFH HOUSEHOLD INFORMATION AT TIME OF APPROVAL****If Cell 89 is completed**

The date in Cell 89 must be after 07/01/2017

**If Cell 90 is "Other temporary shelter"**

Cell 91 must be completed

**If Cell 98 is "Y"**

Cell 99 must be completed

**If Cell 104 is "Y"**

Cell 105 must be completed

**PART C. HOUSING****If Cell 106 is completed**

Cell 107 must be completed  
Cell 118 must be completed

**If Cell 107 is "Other"**

Cell 108 must be completed

**If Cell 109 is completed**

Cell 110 must be completed  
Cell 112 must be completed  
Cell 114 must be completed  
Cell 119 must be completed

**If Cell 110 is "Other"**

Cell 111 must be completed

**If Cell 112 is "Other"**

Cell 113 must be completed

**PART E. MONTHLY EXPENDITURES****If Cell 123 is not "0"**

Cell 124 must be completed

**PART F. EXIT****If Cell 125 is completed**

Cell 25 must be completed  
The date in Cell 125 must be after the date in Cell 89  
Cell 126 must be completed  
Cell 127 must be completed  
Cell 129 must be completed  
Cell 131 must be completed

**If Cell 125 and Cell 26 are completed**

Cell 32 must be completed

**If Cell 125 and Cell 33 are completed**

Cell 39 must be completed

**If Cell 125 and Cell 40 are completed**

Cell 46 must be completed

**If Cell 125 and Cell 47 are completed**

Cell 53 must be completed

**If Cell 125 and Cell 54 are completed**

Cell 60 must be completed

**If Cell 125 and Cell 61 are completed**

Cell 67 must be completed

**If Cell 125 and Cell 68 are completed**

Cell 74 must be completed

**If Cell 125 and Cell 75 are completed**

Cell 81 must be completed

**If Cell 125 and Cell 82 are completed**

Cell 88 must be completed

**If Cell 127 is "Other"**

Cell 128 must be completed

**If Cell 129 is "Other"**

Cell 130 must be completed

