



**Meeting Agenda
Continuum of Care (CoC) Board
Wednesday, July 10, 2024
2:00pm – 3:30pm
Ventura County Office of Education
5100 Adolfo Road, Camarillo**

Zoom Meeting ID: 871 1841 0223

<https://us02web.zoom.us/j/87118410223>

1. Call to Order
2. Board Comments
3. CoC Staff Comments
4. Public Comments: An opportunity for the public to participate in public meetings by addressing the Ventura County Continuum of Care Board in connection with one or more agenda or non-agenda items. Public comment is limited to 3 minutes per person during the opening part of the meeting and per item. The time allotment can be increased or decreased by the Chair depending on the number of speakers. This meeting is subject to the Brown Act and public comments may be submitted by using one of the following options:

Email in advance of the meeting: If you wish to make a written public comment, the comment must be submitted via email no later than 4:30pm on the day prior to the Board meeting. Send emails to: venturacoc@ventura.org Please indicate the agenda item you would like to speak on if relevant and whether you would like your message read by staff or if you will be participating in person.

During the meeting: Participants attending online may use the chat function in zoom to indicate they would like to make a comment. Participants attending in-person can complete a public comment card indicating which item they would like to comment on and submit to the Board Chair. Staff will call on participants during the public comment section of the meeting or during specific items following staff presentation of the item.

Continuum of Care Governance Board Business

5. Approval of Board Minutes from June 12, 2024.
6. Approval of the Newly Developed Countywide Supportive Housing Services Plan Guidebook.
(Presenter: Alicia Morales-McKinney)
7. Review and Approval to Request Letters of Intent for the FY24 Housing and Urban Development (HUD) Continuum of Care (CoC) Notice of Funding Opportunity (NOFO). (Presenter: Jennifer Harkey)
8. Review and Approve Policy Updates to Align with the Violence Against Women Act (VAWA) and Emergency Transfer Plan (ETP) Provisions. (Presenter: Felipe Flores)
9. Receive a Notice of an Unscheduled Board Member Vacancy and Approve a Nomination for the People's Self Help Housing Director to Fill this Board Seat. (Presenter: Jennifer Harkey)
10. Receive and File a Report on the Homeless Housing Assistance and Prevention (HHAP) Program.
(Presenter: Alicia Morales-McKinney)
11. Receive and File a Report on the California Emergency Solutions and Housing (CESH) Grant Program.
(Presenter: Felipe Flores)



**Meeting Minutes
Continuum of Care (CoC) Board
Wednesday, June 12, 2024
2:00pm – 3:30pm
Ventura County Office of Education
5100 Adolfo Road, Camarillo**

- 1. Call to Order:** Dawn Dyer, Board Chair, called the meeting to order at 2:07pm

Board Members: Paul Drenstedt, Jack Edelstein, Michael Nigh, Pauline Preciado, Stefany Gonzalez, Juliana Gallardo, Ingrid Hardy, Dawn Dyer, Dr. Sevet Johnson

Absent: Kevin Clerici, Emilio Ramirez, Mara Malch, Manuel Minjares

Staff: Jennifer Harkey, Felipe Flores, Christy Madden, Morgan Saveliff

- 2. Board Comments:** Michael Nigh thanked CoC staff for including the names of presenters on the agenda. Dawn Dyer thanked the Board and CoC staff for their support of the MESA TAY Transitional Housing project which had their ribbon cutting ceremony last week. Dawn also shared that the Housing Trust Fund of Ventura County has been named the Nonprofit of the Year by our State Assemblymember Steve Bennett.
- 3. CoC Staff Comments:** Jenn Harkey congratulated CoC staff member Alicia Morales-McKinney on being honored by the Salvation Army as the Outstanding Servant of the Year. Jenn shared that Alicia works diligently with the VA and other veteran service providers to end homelessness among Veterans in our community, leads the Housing and Services Committee, and manages HHAP state funding. Jenn also congratulated CoC staff member Felipe Flores who was recognized on a State webinar for being part of the VAWA cohort. Jenn shared that Felipe has been working at the State level for multiple weeks on updating our Emergency Transfer Plan and policies and was listed as a highly recommended point of contact for updating policies.
- 4. Public Comments:** Elizabeth R. Stone (attendee) shared that the F.I.N.D. PLE CoC contract ends September 30th, and they will not be applying for the next round. Elizabeth shared that she will be putting together a final report which will be available to the Board in the upcoming months.

Continuum of Care Governance Board Business

- 5. Approval of Board Minutes from May 8, 2024.**

Paul Drenstedt moved for approval; Jack Edelstein was second; Ingrid Hardy abstained; the balance of the Board was in favor.

- 6. Approve the Priority Encampment Locations and Authorize Letters of Support to the Cities for the State's Encampment Resolution Funding (ERF) Program Applications. (Presenter: Jennifer Harkey)**

Jenn Harkey explained that this is the last and final round of ERF funding and shared that it is unknown if the last round of nearly \$100 million will still be available once the State budget is released, however, city staff and councils are still moving forward on the applications. Jenn requested the Board's approval for the CoC to provide letters of support to the cities for the ERF applications. Jenn shared this is a slightly different approach from the last rounds where the CoC was listed as a partner on the applications. The recommendation for this round is to continue to provide support and guidance on best practices and to have the cities take on the grant applications. The cities that are intending to apply are Camarillo, Fillmore, and Ventura. Jenn shared that the cities of Fillmore and Ventura have Caltrans Letters of Support as well because their encampments are located right along highways or freeways. Jenn shared that the City of

Camarillo is proposing to use their current motel vouchering program and to prioritize chronically homeless individuals for an upcoming PSH development. The City of Fillmore is planning to utilize existing shelter beds and to dedicate new PSH units in partnership with People's Self Help Housing. The City of Ventura plans to develop new PSH units in partnership with the Housing Authority of San Buenaventura.

Dawn Dyer inquired as to the decision to provide letters of support rather than applying as a co-applicant. Jenn Harkey shared that the funding will go directly to the cities for management of the contract. The proposal is for the CoC to act as a supportive partner since the CoC will not receive funding. Dawn expressed understanding and her excitement for the tiny home project in Ojai. Julianna inquired about Caltrans' support and their participation in the project. Jenn explained that Caltrans would be assisting with clean up efforts and providing support for those specific encampments that are along the freeway. Jenn explained that applications for encampments with Caltrans related safety concerns are a priority for ERF.

Elizabeth Stone (attendee) stated that moving people out of encampments to temporary shelter can sometimes extend periods of homelessness and expressed the importance of prioritizing permanent housing. Jenn Harkey shared that all projects applying for ERF must have a pathway to housing to pass review with the State. Projects must also have a housing first and low-barrier approach and partner with street outreach teams to ensure people have access to shelter and, most importantly, a pathway to permanent housing.

Michael Nigh moved for approval; Ingrid Hardy was second; all in favor.

7. Approval of State Homeless Housing Assistance and Prevention (HHAP) Program Round 4 recommendation for Funding Reallocation. (Presenter: Jennifer Harkey)

Jenn Harkey requested approval from the Board to reallocate HHAP 4 funding from the National Health Foundation (NHF) to the Healthcare Agency (HCA). Jenn explained that this funding was originally intended to be used to support operations for the Recuperative Care program while they are transitioning from a temporary model at Motel 6 to a permanent location. Jenn shared that the development of the permanent location at 2323 Knoll drive has been delayed and HCA is looking to extend the lease at the Motel 6 temporary site. Jenn explained the request is to re-allocate \$495,845 to HCA to cover the lease costs for the motel and the remaining \$579,439 going to NHF for operations. Jenn explained that this re-allocation will take the lease through the end of the year and NHF and HCA will pursue additional funding through Gold Coast Health Plan to keep operations going after the end of the year until the permanent location is ready.

Pauline Preciado inquired when the permanent location is expected to be completed. Jenn explained the project is estimated to be completed in Summer of 2025, however, there is no guarantee that all 50 beds will be ready by then due to the amount of rehab needed and ADA and facility requirements. Dawn Dyer requested clarification on where the funds are being reallocated from. Jenn explained that \$495,845 will be reallocated from the NHF contract to HCA since they hold the motel lease agreement. Elizabeth Stone (attendee) encouraged the Board to look further into the contract and cost of services.

Jack Edelstein moved for approval; Paul Drevenstedt was second; all in favor.

8. Approval of the Funding Recommendations for State of California Homeless Housing Assistance and Prevention (HHAP) Program Interest (Presenter: Jennifer Harkey)

Jenn Harkey shared that we have decreased PRK occupancy from 350 individuals during the pandemic to just under 100 with approximately 60% of exits being to permanent housing. Jenn shared that thanks to EHV, mainstream vouchers, RRH programs, and additional supportive housing units coming online, many individuals have been exiting to permanent housing and other successful destinations such as board and care, long term care, treatment programs, etc. Jenn explained that we continue to shelter the remaining

participants of PRK as we wait for HomeKey units to come online over the next 6 months to year. Jenn requested the Board's approval to allocate up to \$150,000 of HHAP Program Interest to help fund Project Room Key for additional months.

Michael Nigh inquired about the amount of interest currently available. Christy Madden explained the last update received was roughly \$184,000. Stefany Gonzalez inquired how long the extension will be for Project Room Key and when the units for upcoming developments will become available. Jenn shared that Central Terrace with Many Mansions is currently moving people in, Casa Aliento phase 1 will begin moving people in later this month, and 134 units will be coming online for Homey Key Valentine Rd. project in Ventura with phase 1 beginning in August. Jack Edelstein inquired how many months the \$150,000 is projected to cover. Christy Madden shared that we have been pulling from every potential source of funding to cover PRK including FEMA funding for which we are pending reimbursement, CDSS, CDBG-CV, commitments from the BOS for emergency shelter operations at locations that have been delayed in opening, admin grant funding, and HHAP interest. Christy shared that emergency shelter is very expensive and PRK costs around \$300,000 a month to operate. Board members inquired as to the likelihood of getting FEMA funds reimbursed. Dr. Johnson shared that FEMA fund reimbursements are complicated and while we remain hopeful for reimbursement, it is not guaranteed. Board members thanks CoC staff on their creativity with utilizing funding to keep this project going. Elizabeth R. Stone (attendee) suggested CoC staff consider providing food vouchers to clients rather than meal delivery.

Michael Nigh moved for approval; Jack Edelstein was second; all in favor.

9. Receive and file VC CoC Committee, Workgroups and Staff updates (Presenter: Felipe Flores)

Felipe Flores provided updates on VC CoC committee and staff work. The Housing and Services Committee is finalizing a Supportive Services Plan to standardize services and best practices across the continuum. The HMIS Steering Committee continues to review onboarding requests for new projects and updated the Supportive Services Agreement to reflect preferences for Encampment Resolution Funding (ERF). The Data, Performance & Evaluation Committee continues to review quarterly system performance reports and determined areas for improvement such as returns to homelessness and length of stay in emergency shelters. The Public Information and Outreach committee is working to gather and publish Project Room Key success stories, create infographics on grant summaries, and is developing a new quarterly newsletter highlighting community partners' work and special initiatives. The Veteran Subcommittee Meeting has been meeting bimonthly using a One Team approach to update the By Name List, complete VASH referrals, and coordinate connections to housing, services, and benefits. The Youth Collaborative Workgroup continues to meet with over 20 youth providers participating. MESA provided the update that they will be opening transitional housing to TAY beginning this Summer and are currently recruiting to hire a full-time case manager. Felipe further shared that CoC staff continues to develop a Shared Housing Model in Ventura County and recently toured a master-leasing site in LA through LAHSA. Staff have also released the new RFP to partner with people with lived experience and have been providing training to Ventura County Probation Officers to ensure unhoused clients with criminal justice involvement are connected to services.

Dawn Dyer thanked Felipe for the report and expressed excitement for the US Vets units that are expected to come online later this year. Elizabeth Stone (attendee) suggested implementing a matched savings account program for PRK.

Additional items not on the agenda: Jenn Harkey shared the Scaling Services to Meet People's Needs document by the National Alliance to End Homelessness which focuses on social services, housing, and alignment with healthcare.

Next meeting set for July 10th, 2024
Meeting adjourned at 3:03pm

July 10, 2024

VC CoC Governance Board

SUBJECT: Approval of the Newly Developed Countywide Supportive Housing Services Plan Guidebook

BACKGROUND: In May 2023, the VC CoC Board approved the opening of a Request for Proposal (RFP) to seek applications from potential providers for developing the countywide supportive services plan. Despite our efforts, staff did not receive applications in response to the RFP. Subsequently, the responsibility for drafting the plan was moved to the Housing and Services committee. In January 2024, staff was informed that California Housing and Community Development (HCD), in partnership with the Corporation of Supportive Housing (CSH), developed a plan utilizing best practices for homeless services providers to adopt and revise to meet community needs.

DISCUSSION: Over the past several months, the VC CoC Housing and Services Committee has reviewed the draft plan, discussed best practices and incorporated feedback from various community partners. Their extensive review and input have been invaluable in modifying a plan that is both practical and responsive to the needs of our homeless community. Furthermore, to ensure the plan remains relevant and effective, it will be reviewed annually. This annual review will allow us to incorporate new insights, address emerging challenges, and continuously improve the support services provided. VC CoC Staff are confident that this plan will significantly contribute to our ongoing efforts to combat homelessness and provide essential services to those in need.

RECOMMENDATION: Approve the Countywide Supportive Housing Services Plan Guidebook.

Exhibit 1: Draft Supportive Housing Services Plan Guidebook

Supportive Housing Services Plan Guidebook



Providing Evidence-Based Strategies and Solutions for Housing Stability

The Housing and Community Development office in California has partnered with the Corporation for Supportive Housing to develop best practice guidelines for supportive housing providers and developers in creating organizational supportive service plans. This collaborative effort involved the Ventura County Continuum of Care and the Housing and Services Committee in adopting and revising the plan.



VENTURA COUNTY
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ENDING HOMELESSNESS
IN VENTURA COUNTY



Preface

In addressing the complex and multifaceted issue of homelessness, a holistic and coordinated approach is essential. The Supportive Services Plan outlined in this document is designed to serve as a comprehensive guide for homeless service providers, offering a structured framework to enhance service delivery and promote sustainable outcomes for individuals and families who have entered supportive housing.

This plan recognizes the diverse needs of the homeless population and emphasizes the importance of personalized, client-centered services. It integrates best practices and evidence-based strategies to address the immediate needs, while also providing pathways to long-term stability through access to healthcare, mental health services, substance abuse treatment, employment assistance, and housing solutions.

Our goal is to empower service providers with the tools and knowledge required to deliver effective, compassionate, and respectful care. By fostering collaboration among community partners, leveraging available resources, and continuously evaluating and improving our methods, we aim to create a supportive network that not only meets the urgent needs of those experiencing homelessness but also facilitates their journey towards self-sufficiency and improved quality of life.

A supportive housing program's mission, vision, values, and philosophy should be rooted in Housing First principles. Housing First is the philosophy that homelessness can be most effectively ended by providing someone with access to safe, decent, and affordable housing. Research has demonstrated that this approach is effective in promoting housing stability, particularly among people who have been homeless for long periods of time and have serious psychiatric disabilities, substance use disorders and/or other disabilities.

We extend our gratitude to the Housing and Services Committee which included our homeless service providers, City partners, education partners, healthcare providers, mental health providers, advocates, and the Making Spaces Project.



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Supportive Housing Services Plan Guidebook for Service Providers

I. Introduction:

The purpose of this Supportive Housing Services Plan Guidebook (SHSP) is to provide guidance to permanent supportive housing programs that serve those who have experienced:

- homelessness,
- are at-risk of experiencing homelessness,
- have barriers to housing including extremely low income, disabilities, poor rental or credit histories and,
- justice-involved histories

Permanent, stable, supportive housing provides a strong foundation for individuals and their households to meet critical needs such as safety, and security and other essential needs such as healthcare, income and employment, education, and community involvement. Service providers should coordinate with property management providers to ensure that tenants have access to services both on-site and off-site to maintain stable housing. Other components of delivering quality supportive services within supportive housing include providing a variety of service offerings, frequencies to best meet the needs of individual tenants, ensure that all services offered to tenants are voluntary with a Housing First, trauma-informed, person-centered, culturally responsive, and strengths-based approach.

II. Key Skills:

Providing supportive services to recently housed homeless individuals requires a diverse set of skills. Here are some key skills that can support a successful supportive services approach:

- 1. Empathy and Compassion:** Being able to understand and connect with individuals who have experienced homelessness is crucial
- 2. Active Listening:** The ability to listen attentively and understand the needs and concerns of the individuals you are supporting.
- 3. Communication Skills:** Clear and effective communication is essential for building trust and rapport with clients.
- 4. Problem-Solving Skills:** Being able to assess challenges and come up with practical solutions to help individuals navigate their new living situation.



5. Cultural Competence: Understanding and respecting the diverse backgrounds and experiences of the individuals you are working with.

6. Patience and Resilience: It's important to be patient and persistent in supporting individuals as they transition into stable housing.

III. Staffing Ratios by Service Provision Models:

A supportive housing program can deploy multiple service models to be utilized with different tenants. These services must be rooted in cultural humility and be culturally responsive to the needs of individual tenants. Cultural humility requires an understanding of the historical context of various cultures and populations, as well as an ability to actively engage in self-reflection when interacting with individuals from different cultural backgrounds. Culturally responsive services respect an individual's cultural beliefs, philosophies, practices, traditions and values.

Based on the population being served and the service delivery model being used, staffing ratios can differ. When working with different populations and utilizing specific service models (mentioned below), there are best practice guidelines on staffing ratios.

As supportive housing programs identify populations to be served, service providers can identify service models to utilize and form consensus on appropriate staffing ratios. Common service provision models in supportive housing include:

(You may find these service provision models defined on page 12 under [KEY TERMS](#))

Assertive Community Treatment (ACT)

- ACT is a multidisciplinary team approach with assertive outreach in the community.
- Team-based model that is recovery oriented (teams typically include: clinical expert, nurse, peer support worker, general case manager, housing specialist)
- 1:10 staffing ratio
- Offers direct behavioral health care
- 24/7 availability of at least 1 staff/team member

Intensive Case Management (ICM)

- ICM is a team-based approach that supports individuals through a case management approach, the goal of which is to help participants maintain their housing and achieve an optimum quality of life.
- Individual or team-based model
- 1:12 – 1:15 staffing ratio
- Includes crisis assessments, interventions, and de-escalations



Tenancy Support Services (TSS)

- TSS is a long-term, voluntary case management approach with services targeted in the following buckets: pre-tenancy, tenancy-sustaining, housing stabilization, and care coordination
- Individual or team-based approach
- Long-term, voluntary services
- 1:20 staffing ratio
- Individual or team-based approach
- Services are focused on sustaining tenancy and housing stabilization

Critical Time Intervention (CTI)

- CTI is a service provision approach used with participants who are able to work towards independent living within ~9 months.
- 1:15 staffing ratio
- 3-phased intervention:
 1. Transition to community
 2. Try Out
 3. Transfer of Care
- Services focused on building strong systems of community and supports for Veterans, persons exiting institutions

Community partnerships are also essential to quality supportive housing programs. Service providers are encouraged to make formal and informal relationships with community supports sometimes referred to ancillary services such as independent living skill training, health and medical services, substance abuse services, employment services, and family support services.

IV. Staffing Ratios by Population:

Service provider staff generally fall into 3 categories: staff on-site during standard 9:00 AM-5:00 PM working hours, staff off-site during standard 9:00Am-5:00PM working hours (scattered site case management model) and staff on-site 24 hours a day. Service provider staffing can be a combination of all three, where a certain number of staff are on-site during working hours, and a lesser number of staff are on-site around the clock or staff are available between 9:00AM-5:00PM for scattered site models. Staff in the latter category are typically provided with a unit in the building to reside in and are always 'on call' for tenants.

Based on intended population(s) to be served and selected service delivery models, staffing ratios can vary. It is important for supportive housing programs to refer to the funding requirements and program guidelines to ensure the program meets the staffing ratios required by each funder.



In the field of homeless services, there is *no one-size-fits-all staffing ratio* that is considered a universal best practice, as it can vary depending on factors such as the specific needs of the homeless population being served, the complexity of their situations, available resources, and program goals. However, there are some general guidelines and recommendations that organizations may consider when determining staffing ratios for case workers and homeless individuals:

Below are general best practice standards based on population:

- Frequent users of crises systems – 10:1
- Transitional aged youth (TAY) – 15:1
- Chronic homeless – 15:1
- Families – 12:1.5
- Non-chronic individuals with mental health – 20:1

V. Things to Consider When Providing Supportive Services:

Organizations in the field of homeless services can use these guidelines and considerations to determine an appropriate ratio that meets the needs of the population they to ensures quality care and support for homeless individuals. Regular evaluation and adjustment of staffing ratios based on client outcomes and feedback can help organizations optimize their service delivery.

- 1. Complexity of Cases:** If working with homeless individuals who have complex needs such as mental health issues, substance abuse problems, or chronic health conditions, a lower caseload size may be necessary to provide comprehensive support.
- 2. Available Resources:** The availability of resources such as funding, support staff, and training opportunities can impact the staffing ratio. Organizations with more resources may be able to support lower caseload sizes.
- 3. Continuum of Care:** Consider the level of care and support needed along the continuum of services for homeless individuals, from emergency shelters to transitional housing to permanent supportive housing. Staffing ratios may vary based on the type of program.
- 4. Regular Supervision and Support:** It's important for case workers to receive regular supervision, training, and support to effectively meet the needs of homeless individuals. Adequate support for case workers can impact the optimal staffing ratio.



VI. Staff Onboarding, Commitment to Training and Supervision:

Comprehensive onboarding procedures should be established for staff being brought into the supportive housing program. Onboarding for all staff should provide an overview of the supportive housing program's mission, vision, philosophy, and values, it should also include equity and inclusion trainings, crisis, and de-escalation strategies, as well as a baseline for core practices such as Housing First, trauma-informed care, strengths-based, person-centered, and culturally responsive approaches, while utilizing a harm reduction model.

On-going training and support to direct service staff is essential to successful supportive housing programs including but not limited to, organization-wide training program, onboarding, on-going training, and professional development opportunities for direct service staff and supervisors. Common ongoing training opportunities include; HMIS, case conferencing, addressing substance use, mental health 101, service planning, and working with landlords and property managers. Cross-training with on-site property management staff can be extremely beneficial for direct staff to understand each other's distinct roles and responsibilities and where overlap could occur. This is a proven strategy to improve communications and the complexities of each role. For the purposes of supervision, National Association of Social Workers (2013) states the following:

“Professional supervision is defined as the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place. Supervision encompasses several interrelated functions and responsibilities. Each of these interrelated functions contributes to a larger responsibility or outcome that ensures tenants are protected and that tenants receive competent and ethical services from service providers. During supervision, services received by the tenant are evaluated and adjusted, as needed, to increase the benefit to the tenant. It is the supervisor's responsibility to ensure that the supervisee provides competent, appropriate, and ethical services to the tenant. (p.6)”

Supervision should happen in a private, confidential space and occur 1x/week at minimum.

VII. Fair Housing:

The majority of fair housing responsibilities fall upon the property manager, but there must be coordination between the service staff and property manager to ensure that tenants' rights are protected. Supportive service providers' main responsibility around fair housing is assisting tenants who are seeking reasonable accommodations and advocating for tenants' reasonable accommodation requests.



By law, any party engaged in real estate transaction must make reasonable accommodations and modifications for persons with disabilities. The accommodation and modifications must be reasonable. “Reasonable” meaning that the cost of making the accommodation has to be financially reasonable, the definition of reasonable will vary based on the actor as well as the nature of the accommodation. The difference between accommodations and modifications is that accommodations are rules, policies, the way services are provided, parking locations, pet rules for assistance animals, rent due dates, and others. Modifications are structural changes made to existing premises such as to afford persons with disabilities full enjoyment of the premises, ramps, grab bars, adapting equipment and cabinets, and others. A service provider may help a tenant or prospective tenant request these accommodations and modifications or advocate on behalf of the tenant. A service provider may also inform tenants of how to access legal services and better understand their rights when fair housing concerns might arise. The Housing Rights Center provides [this resource](#) for filing a discrimination complaint.

VIII. Support Plan Steps:

When meeting with a recently housed individual, a case worker should take several steps to provide effective support and assistance during this transitional period. Here are some key steps that a case worker can take:

- 1. Establish Rapport:** Begin the meeting by building rapport and establishing a trusting relationship with the individual. Show empathy, active listening, and genuine interest in their well-being. You may find the Stages of Engagement Handout on [Attachment E](#).
- 2. Assessment of Needs:** Conduct a comprehensive assessment to identify the individual's *needs, goals, strengths, and challenges*. This may include housing stability, employment, health care, mental health, substance abuse, and social support. This can be completed at entry into supportive housing, intermittently, annually and at exit to evaluate progress and outcomes. You may find the Arizona Self-Sufficiency Matrix Template on [Attachment A](#).
- 3. Goal Setting:** Collaboratively set goals with the individual based on their needs and preferences. These goals should be specific, measurable, achievable, relevant, and time-bound (SMART).
- 4. Develop a Housing Support Plan:** Create a personalized support plan that outlines the steps needed to achieve the individual's goals. This plan should include specific actions, responsibilities, timelines, and resources needed. You may find the Housing Support Plan Template on **Error! Reference source not found..**
- 5. Connect with Resources:** Help the individual access needed resources and services, such as housing assistance, employment support, healthcare, mental health counseling, substance abuse treatment, and social services.



a) Healthcare Coordination:

- a. Facilitate access to comprehensive healthcare services, including mental health and substance abuse treatment.
- b. Collaborate with healthcare providers to address chronic health conditions (refer to [Cal AIM- Advancing and Innovating Medi-Cal](#)).

b) Mental Health Services:

- a. Provide mental health referrals for assessment and counseling services.
- b. Offer access to psychiatrists and support for individuals dealing with severe mental illness (refer to [Ventura County Behavioral Health](#)).

c) Substance Abuse Treatment:

- a. Integrate harm reduction strategies for individuals struggling with addiction (refer to [Ventura County Behavioral Health](#)).

d) Employment Support:

- a. Offer referrals to vocational training programs and supported employment services (refer to [Pathways to Employment](#)).
- b. Assist individuals in building job skills and securing sustainable employment.

e) Income Support:

- a. Help individuals access disability benefits, social security, and other income support programs.
- b. Refer individuals to [Human Services Agency](#) for access to CalFresh, CalWORKS, etc.
- c. Provide financial literacy training to enhance budgeting skills.

f) Legal Aid:

- a. Refer to the [Ventura County Public Defender's office](#) to address legal issues related to eviction prevention, criminal records, or outstanding fines.
- b. Advocate for individuals to access legal aid services.

g) Community Integration:

- a. Foster social connections through support groups and community activities.
- b. Collaborate with local organizations to create opportunities for inclusion and social engagement.

h) Education and Skill Development:

- a. Support individuals in pursuing educational goals, including completing high school or obtaining GEDs ([GED Resources](#)).
- b. Provide skill-building workshops to enhance independence and employability.

i) Peer Support Programs:

- a. Refer to peer support groups to provide mutual assistance and a sense of community (such as [Turning Point Foundation Wellness Peer Support](#)).



- b. Utilize individuals with lived experience as peer support specialists.

6. Provide Guidance and Advocacy: Offer guidance, advocacy, and practical assistance to help the individual navigate systems, overcome barriers, and access the support they need.

7. Monitor Progress: Regularly monitor the individual's progress towards their goals, adjust the support plan as needed, and celebrate achievements along the way.

8. Crisis Intervention: Be prepared to provide crisis intervention and support in case of emergencies, mental health crises, or other urgent situations.

9. Coordinate Care: Collaborate with other service providers, community agencies, and support networks to ensure coordinated and holistic care for the individual.

10. Empowerment and Self-Advocacy: Empower the individual to advocate for themselves, build self-efficacy, and develop skills to maintain housing stability and overall well-being.

Effective case management for homeless subpopulations involves tailored approaches to address the specific needs and challenges of diverse groups.

Here are best practices and case management models for several homeless subpopulations:

1. Youth Homelessness:

- a. **Trauma-Informed Care:** Recognize and address trauma experiences, providing a safe and supportive environment.
- b. **Education Support:** Assist with educational needs, including school enrollment, GED programs, and access to tutoring.
- c. **Employment Support:** Assist with employment needs, including access to resume building, career development/fair, and job search.
- d. **Care Plan:** Assist with creating a care plan tailored to the individual to provide extra support/ services/ resources on self-reported critical issues.
- e. **Family Reunification:** Explore options for reconnecting with family and involve family members, as defined by the youth, in the support process. Treat the need for connection with the same urgency as physical needs.
- f. **Youth Voice:** Youth are experts on their respective situations and should be treated as such. Empower youth to lead discussions about their futures, while providing the support they need to reach their goals. Asking questions is a way to ensure that young adults take the lead on their case planning (You may refer to [Interface Children and Family Services- Runaway and Homeless Youth Provider](#)).

2. Veterans:

- a. **Access to VA Services:** Facilitate enrollment in Veterans Affairs (VA) healthcare and other veteran-specific services (You may refer to [Veteran Affairs- Captain Rosemary Bryant Mariner Outpatient Clinic](#)).



- a. Military Culture Competency: Learn to understand and navigate military culture.
 - b. Employment Assistance: Provide targeted employment services and access to job training programs through [CalVET](#)
- 3. Families with Children:**
- a. Child-Centered Approach: Prioritize the well-being and stability of children in service planning.
 - b. School Enrollment Assistance: Ensure children's access to education by assisting with school enrollment and transportation through [VCOE Homeless Liaison Program](#).
 - c. Childcare Support: Connect parents with affordable and reliable childcare services through [Child Development Resources](#) or [Children's Home Society](#).
- 4. Individuals with Mental Health Challenges:**
- a. Integrated Care Models: Collaborate with mental health providers for integrated care services.
 - b. Crisis Intervention Plans: Develop and implement crisis intervention plans for mental health emergencies.
 - c. Medication Management: Ensure access to psychiatric services and support with medication adherence.
- 5. Substance Abuse Disorders:**
- a. Harm Reduction Strategies: Implement harm reduction approaches for individuals dealing with substance abuse.
 - b. Access to Treatment: Connect individuals to substance abuse treatment programs and support their recovery.
 - c. Integrate substance abuse treatment with supportive housing models.
- 6. LGBTQIA+ Homelessness:**
- a. Culturally Competent Services: Provide LGBTQIA+ inclusive and culturally competent case management.
 - b. Safe Spaces: Create environments that are inclusive and sensitive to the unique needs of LGBTQIA+ individuals.
 - c. Community Connection: Facilitate connections with LGBTQIA+ community resources and organizations.
- 7. Chronic Homelessness:**
- a. Housing First Model: Prioritize immediate access to stable housing without preconditions.
 - b. Healthcare Coordination: Integrate healthcare services for individuals with chronic health conditions.
 - c. Multi-Disciplinary Teams: Utilize multidisciplinary teams to address complex needs.



8. Older Adults:

- a. Access to Senior Services: Connect older adults with services tailored to their age group (You may refer to [Ventura County Area Agency on Aging](#))
- b. Health and Mobility Support: Address health concerns and provide assistance with mobility challenges.
- c. Social Engagement: Facilitate social activities and connections to prevent isolation.

9. Criminal Justice System Involved:

- a. Reentry Planning: Develop plans to support individuals transitioning from incarceration to stable housing.
- b. Legal Assistance: Address legal issues such as outstanding fines or warrants to prevent re-entry into the criminal justice system, refer to [Ventura County Public Defender's Office](#).
- c. Behavioral Health Support: Refer to mental health and substance abuse services to address underlying issues.

By following these steps, a case worker can effectively support a recently housed individual in their journey towards stability, independence, and well-being. Tailoring case management approaches to the specific needs, experiences, and backgrounds of these diverse homeless subpopulations is essential for providing effective support and promoting long-term stability. Collaboration with community organizations, cultural competency training for staff, and ongoing assessment and adjustment of services are critical components of successful case management models for homeless subpopulations.

IX. Mitigating Case Management Participation:

Working with a recently housed homeless individual who is not interested in receiving case management services can present a challenge, but there are steps that a case worker can take to engage the individual and provide support in a respectful and client-centered manner. There is a persistent myth around reasons individuals decline supportive services, however, the declination may be a result of the services offered not meeting their immediate needs. Here are some recommendations for working with a recently housed homeless individual who is not interested in receiving case management (you may reference [Attachment C](#), [Attachment D](#) and [Attachment E](#) for further guidance).

- 1. Build Trust and Rapport:** Focus on building a trusting relationship with the individual by demonstrating empathy, active listening, and respect for their autonomy and choices.
- 2. Understand Their Perspective:** Take the time to understand the individual's reasons for not wanting to receive case management services. Validate their concerns and perspectives without judgment.



- 3. Explore Motivations and Goals:** Engage the individual in a conversation about their motivations, goals, and aspirations for their housing stability and overall well-being. Identify what matters most to them.
- 4. Offer Choice and Control:** Offer the individual choices and control over the support they receive. Collaboratively explore alternative ways to meet their needs and goals that align with their preferences. This could include a referral to another agency or organization for support.
- 5. Strengths-Based Approach:** Focus on the individual's strengths, resources, and resilience. Help them recognize their own capabilities and potential for growth and positive change.
- 6. Provide Psychoeducation:** Offer information and psychoeducation about the benefits of case management services, how they can support the individual in achieving their goals, and the available resources and support.
- 7. Respect Boundaries:** Respect the individual's boundaries and pace of engagement. Avoid pushing or coercing them into receiving services, as this may lead to resistance.
- 8. Maintain Open Communication:** Keep the lines of communication open and check in with the individual periodically to see if their needs or preferences have changed. Show genuine interest in their well-being.
- 9. Collaborate with Peers and Support Networks:** Engage the individual's peers, friends, family members, or other support networks to provide additional encouragement and reinforcement of the benefits of case management.
- 10. Provide Ongoing Support:** Even if the individual initially declines case management, continue to offer support, information, and assistance as needed. Be available to help when they are ready to reconsider.
- 11. Regular Communication:** Maintain regular communication through in person check-ins, and keep individuals informed about available resources and upcoming appointments.
- 12. Advocacy:** Advocate for individuals in accessing entitlements, benefits, and legal assistance and help navigate systems such as healthcare, social services, and housing programs.

By taking a client-centered, empathetic, and collaborative approach, a case worker can work towards engaging a recently housed homeless individual who is not interested in receiving case management services and ultimately support them in their journey towards stability and well-being.



X. Eviction Prevention/ Housing Retention:

The policies created under your eviction prevention strategy should be reviewed and revised on a regularly scheduled basis in collaboration with tenants. Procedures can be changed anytime in response to program changes or quality improvement strategies.

Housing retention and housing stability are critical to successful supportive housing programs. Eviction prevention strategies should focus on promoting stable tenancy through tenant skill-building and proactive intervention. Strong eviction prevention strategies should:

- **Develop** Standardized and Clear Processes.
- **Rules are written** to appropriately serve tenants with the greatest need and vulnerability, allowing tenants maximum choice in terms of substance use and housing
- **Integrate commonly used** mitigation strategies into staff trainings and workflows
- **Utilize multi-disciplinary approaches**, creative problem solving, and solutions focused brainstorming, coordinated entry system at risk cases must be presented including presenting cases at risk of returning to homelessness through Pathways to Home case conferencing. Case Conference form for at risk cases can be found [here](#).
- **Utilize referrals** for additional supports as needed to prevent eviction (legal referrals)

XI. Outcomes:

Below are examples of positive supportive housing outcome measures and a target goal. It is recommended that organizations know their baseline performance with regard to these outcomes and use them to set aggressive targets for improvement. In addition to understanding baseline performance, programs should be sure to incorporate the outcome measures and target goals outlined in each funding program. For example, the NOFA and/or Funding Guidelines. The goals listed below might not be adequate for all organizations.

Outcome Measures – Service Providers	
The percentage of current and exited tenants who remain in supportive housing for at least 12 months or exit to other permanent housing. (HUD COC NOFA)	85%
The percentage of tenants who exit to permanent housing (including other supportive housing) after leaving supportive housing. (Move-on strategy: for participants who no longer need support).	75%
The percentage of tenants who have been in supportive housing one or more years self-report that their mental health has improved or stabilized since entering supportive housing.	70%
The percentage of all tenants with mental health challenges who have a behavioral health care provider in the community.	70%
The percentage of tenants who have been in supportive housing for one year or more, self-report that their physical health has improved since entering supportive housing.	70%



The percentage of tenants who have a primary health care provider in the community.	70%
The percentage of tenants who agree with the statement, "Staff helped me (or will help me) obtain information I needed so that I could take charge of managing my health."	80%
The percentage of tenants who have been in supportive housing for one year or more, have increased their income or maintained their existing entitlement benefits (such as Supplemental Security Income) since entering supportive housing. (HUD CoC NOFA)	60%
The percentage of tenants who have been in supportive housing for at least 12 months, were employed in a part-time, fulltime, or transitional job at some point during the past 12 months.	12%
The percentage of tenants who report that they are satisfied with their housing overall	75%
The percentage of tenants who report satisfaction with the location and safety of their housing.	75%
The percentage of tenants who report that they are satisfied with the services that are available to them.	75%
The percentage of tenants who have been in supportive housing for one year or more, report that they participate in one or more community organizations or activities.	60%
The percentage of tenants who have been in supportive housing for one year or more, report that they have strengthened their social support network since moving into supportive housing.	75%
The percentage of tenant households who have voluntarily utilized at least one supportive service in the last year.	70%
The percent of tenant households who exit to permanent housing destinations return to homelessness. (HUD CoC NOFA)	<5%

XII. Things to Avoid When Providing Supportive Services:

Avoid:

- Assuming a One-Size-Fits-All Approach
- Stigmatizing or judging individuals or making assumptions about their circumstances
- Assuming that youth or adults do not have insight on what is best for their respective situations
- Acting on behalf of the youth or adults without agreement
- Imposing conditions on support or use compliance requirements that hinder individuals from receiving assistance
- Overlooking mental health or disregarding signs of distress



- Neglecting follow-up and ongoing support after initial stabilization or assume that stability is achieved without continued assistance
- Isolating individuals from social connections or community activities
- Ignoring legal issues that may impede housing stability
- Disregarding cultural competency or cultural differences
- Rushing the process or overwhelming individuals with too many expectations too quickly
- Neglecting self-care for the individual and case manager

XIII. KEY TERMS

Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) is a multidisciplinary team approach with assertive outreach in the community. The ACT model offers consistent service delivery, caring, person-centered relationships with demonstrated results of a positive effect on outcomes and quality of life. Research shows that ACT reduces hospitalization, increases housing stability, and improves quality of life for people with the most severe symptoms of mental illness.

Critical Time Intervention (CTI)

Critical Time Intervention (CTI) is a time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods.

Housing First

"Housing First" means the evidence-based model that uses housing as a tool, rather than a reward, for recovery and centers on providing or connecting homeless people to permanent housing as quickly as possible. Housing First providers offer services as needed and requested on a voluntary basis and do not make housing contingent on participation in services. "Housing First" includes time-limited rental or services assistance, so long as the housing and service provider assists the recipient in accessing permanent housing and in securing longer term rental assistance, or employment.

Harm Reduction

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs "where they're at," and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.



Intensive Case Management (ICM)

Intensive Case Management (ICM) is a team-based approach that supports individuals through a case management approach to help participants maintain their housing and achieve an optimum quality of life through developing plans, enhancing life skills, addressing health and mental health needs, engaging in meaningful activities, and building social and community relations. ICM has a moderately strong evidence base, and it is designed for clients with lower acuity, but who are identified as needing intensive support for a shorter and time-delineated period.

Person-Centered Care

Person-Centered Care in which individuals' goals, values, and preferences guide the care they receive. Essential elements include: an individualized, goal-oriented care plan based on the person's preferences, ongoing review of the person's goals and care plan, care supported by an interprofessional team, one lead point of contact on the team, active coordination among all health care and supportive service providers, and performance measurement using feedback from the person and caregivers.

Strengths-Based Approach

Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing and being supported, as well as the elements that the person seeking support brings to the process (Duncan and Hubble, 2000). Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services (Morgan and Ziglio, 2007).

Tenancy Support Services (TSS)

Tenancy Support Services (TSS) is a voluntary and long-term housing focused case management model that provides supportive housing services at a low caseload ratio. Services include the core supportive housing services: pre-tenancy, tenancy-sustaining, housing stabilization, and care coordination. Behavioral health and other clinical services are not included in this model's service plan, yet coordination with other community providers is key.

Transitional Aged Youth (TAY)

The U.S. Housing and Urban Development (HUD) definition of Transition Age Youth includes young people, between the ages of 18 to 25, who are approaching transition from child-serving system(s) (e.g., child welfare, juvenile justice, education, behavioral health) due to "aging out" – leaving a formal system of care because of reaching a certain age – or other circumstances (i.e., achievement of case plans, graduation, etc.). While TAY have a complex set of needs and face many challenges, they also have the potential to lead successful adult lives when offered resilience-building resources, strategies, and support.



Trauma-Informed Care

Trauma of all sorts – physical, race, emotional or sexual – is known to be both a cause and a result of homelessness. A variety of studies have shown that domestic violence can lead to homelessness for women and their children, that childhood abuse is a potential risk factor for later homelessness, that Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and (LGBTQIA+) youth often leave home because of negative and sometime violent reactions to their coming out process. There is also a correlation between people experiencing homelessness and addictions and/or mental health. People experiencing homelessness often suffer from depression and/or post-traumatic stress disorder. These may be the cause or result of homelessness. All of this means that staff and volunteers working with people experiencing homelessness need to create and implement trauma-informed services to provide the best possible care.

Trauma-informed care is a strengths-based service delivery approach "that is grounded in an understanding of and responsiveness to the impact of trauma; that emphasizes physical, psychological, and emotional safety for both providers and survivors; that creates opportunities for survivors to rebuild a sense of control and empowerment." (Hopper, Bassuk, and Olivet, 2010, p.82).



XIV. Evidence Based Practice Works Cited:

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"Strengths-based Approaches for Working with Individuals," <https://www.iriss.org.uk/resources/insights/strengths-based-approaches-working-individuals>

"Tenancy Services," <https://www.csh.org/wp-content/uploads/2022/07/Tenancy-Support-Service-Model.pdf>

"Trauma-Informed Guiding Principles for Working with Transition Age Youth: Provider Fact Sheet," <https://www.nctsn.org/sites/default/files/resources/fact-sheet/trauma-informed-guiding-principles-for-working-with-transition-age-youth-provider-fact-sheet.pdf>



"Trauma-Informed Care," <https://case.edu/socialwork/centerforebp/practices/trauma-informed-care>

"Trauma Informed Care," <https://case.edu/socialwork/centerforebp/practices/trauma-informed-care>

"Housing First and Access to Housing," <https://www.csh.org/toolkit/supportive-housing-quality-toolkit/housing-and-property-management/housing-first-model/>

"Confidentiality and Conflicts of Interest," [https://www.hudexchange.info/trainings/service-coordinators-in-multifamily-housing-online-learning-tool/4.1-confidentiality-and-coi.html#:~:text=You%20may%20only%20share%20information,or%20information%20can%20be%20sh](https://www.hudexchange.info/trainings/service-coordinators-in-multifamily-housing-online-learning-tool/4.1-confidentiality-and-coi.html#:~:text=You%20may%20only%20share%20information,or%20information%20can%20be%20shared.)

"Trauma-Informed Housing," <https://traumainformedhousing.poah.org/download-toolkit>

"Social Work Supervision,"
<https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLb14BuwI%3D&portalid=0>

"Provision of Peer Support at the Intersection of Homelessness and Problem Substance Use Services: A Systematic 'State of the Art' Review,"
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-8407-4>

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XV. Attachment A

Self-Sufficiency Matrix Participant Name _____ DOB __/__/____

Assessment Date __/__/____

Initial Interim Exit Program Name _____ HMIS ID _____

Domain	1	2	3	4	5
Housing	Homeless or threatened with eviction.	In transitional, temporary, or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.
Employment	No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.
Income	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.
Food	No food or means to prepare it. Relies to a significant degree on other sources of free or	Household is on food stamps.	Can meet basic food needs but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.
Child Care	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	Affordable subsidized childcare is available but limited.	Reliable, affordable childcare is available, no need for subsidies.	Able to select quality childcare of choice.
Children's Education	One or more school-aged children not enrolled in school.	One or more school-aged children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All school-aged children enrolled and attending on a regular basis.
Adult Education	Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	Has completed education/training needed to become employable. No literacy problems.
Health Care Coverage	No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. Children) have medical coverage.	All members can get medical care when needed but may strain budget.	All members are covered by affordable, adequate health insurance.
Life Skills	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.



Family /Social Relations	Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable, and communication is consistently open.
Mobility	No access to transportation, public or private; may have car that is inoperable	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured
Community Involvement	Not applicable due to crisis situation; in "survival" mode	Socially isolated and/or no social skills and/or lacks motivation to become involved	Lacks knowledge of ways to become involved	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community
Parenting Skills	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate	Parenting skills are well developed
Legal	Current outstanding tickets or warrants	Current charges/trial pending, noncompliance with probation/parole	Fully compliant with probation/parole terms	Has successfully completed probation/parole within past 12 months, no new charges filed	No active criminal justice involvement in more than 12 months and/or no felony criminal history
Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns
Substance Abuse	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use	No drug use/alcohol abuse in last 6 months
Safety	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	Safety is threatened/temporary protection is available; level of lethality is high	Current level of safety is minimally adequate; ongoing safety planning is essential	Environment is safe, however, future of such is uncertain; safety planning is important	Environment is apparently safe and stable



Disabilities	In crisis – acute or chronic symptoms affecting housing, employment, social interactions, etc.	Vulnerable – sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Safe – rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Building Capacity – asymptomatic – condition controlled by services or medication	Thriving – no identified disability
Other	In Crisis	Vulnerable	Safe	Building Capacity	Empowered

LifeWorks Self-Sufficiency Matrix, a modified version of the Arizona Self-Sufficiency Matrix – last updated 2017

Adopted from the [LifeWorks Self-Sufficiency Matrix](#)

DRAFT



XVI. Attachment B

Housing Support Stability Plan

Client Name: _____ HMIS ID: _____

Goal	Strategies & Steps	Target Date	Goal Achieved (Yes/No) If No, Why?

Client Signature: _____

Date: _____

Case Manager Signature: _____

Date: _____

Adopted from California Housing and Community Development



XVII. Attachment C

Stages of Common Language Development

Stages	Goals & Interventions
Understand Language	<ul style="list-style-type: none"> » Attempt to understand a homeless person’s world by learning the meaning of his/her/their gestures, words, values, and actions. » Interventions include: observing, listening, reflection, and directly asking what particular words and phrases mean, as well as learning what is important to the client.
Utilize Language	<ul style="list-style-type: none"> » Promote understanding by developing and using a mutually agreeable set of terms. Build, modify, and use gestures, words, and phrases from the playground of common language based on the client’s cues. » Interventions include: utilizing common language to ask client questions, explore the outreach worker’s role, verbalize client’s aspirations, and jointly define goals.
Bridge Language	<ul style="list-style-type: none"> » Connect and integrate the common language developed between the client and worker with other systems of language as defined by available services and resources (i.e., housing authorities, Social Security, medical services, mental health, clinic, self-help groups, vocational programs, etc.). » Interventions include: connecting resources and services directly to client’s goals, reframing commonly used words and phrases by targeted resources and services to be consistent with the playground of language developed by the client/worker. » Preparing for interviews via role play and accompanying the client may also be helpful. » Prepare intake personnel of needed resources and services for the language that the client speaks. If certain phrases or terms may trigger a negative reaction, reframe and redefine these terms whenever possible, or seek accommodation.

from: Levy, J. S. (2013). *Pretreatment guide for homeless outreach & Housing First: Helping couples, youth, and unaccompanied adults*.

Ann Arbor, MI: Loving Healing Press, Inc.



XVIII. Attachment D

Pretreatment Principles & Applications

Principles	Application/In Action
Promote Safety	<ul style="list-style-type: none"> » Engage with homeless individuals in order to reduce the risk of harm and to enhance safety (e.g., provide warm blankets on a cold night) » Stabilize acute symptoms via crisis intervention and utilize opportunity for further work
Relationship Formation	<ul style="list-style-type: none"> » Attempt to engage with homeless people in a manner that promotes trust, safety, and autonomy, while developing relevant goals » Stages: <ul style="list-style-type: none"> ✓ Pre-Engagement ✓ Engagement ✓ Contracting
Common Language Construction	<ul style="list-style-type: none"> » Attempt to understand a homeless person’s world by learning the meaning of his/her/their gestures, words, and actions » Promote mutual understanding and jointly define goals » Stages include: <ul style="list-style-type: none"> ✓ Understanding ✓ Utilizing ✓ Bridging Language
Facilitate & Support Change	<ul style="list-style-type: none"> » Prepare clients to achieve and maintain positive change by pointing out discrepancy; exploring ambivalence, reinforcing healthy behaviors, and developing skills, as well as needed supports » Utilize Change Model & Motivational Interviewing Principles » Stages include: <ul style="list-style-type: none"> ✓ Pre-contemplation ✓ Contemplation ✓ Preparation ✓ Action ✓ Maintenance
Cultural & Ecological Considerations	<ul style="list-style-type: none"> » Prepare and support homeless clients for successful transition and adaptation to new relationships, ideas, services, resources, treatment, and housing, etc.

from: Levy, J. S. (2013). *Pretreatment guide for homeless outreach & Housing First: Helping couples, youth, and unaccompanied adults*. Ann Arbor, MI: Loving Healing Press, Inc.



XIX. Attachment E

Stages of Engagement

Ecological Phase	Developmental Stage	Intervention / Action
Pre-Engagement	Trust vs. Mistrust Issues of Safety	Observe; Identify potential client; Respect personal space; Assess safety; Attempt verbal and non-verbal communication; Offer essential needed item, while listening for client language; Establish initial communication
Engagement	Trust vs. Mistrust Issues of Dependency Boundary Issues	Communicate with empathy and authenticity; Learn client's language; Actively listen by reflecting client's words, ideas, and values; Identify and reinforce client's strengths; Provide unconditional regard; Avoid power struggles; Emphasize joining the resistance; Introduce roles, begin & continue development of healthy boundaries; Establish on-going communication; Identify current life stressors
Contracting	Autonomy vs. Shame Issues of Control Initiative vs. Guilt	Further define roles and boundaries; Address shame by universalizing human frailty and reviewing client strengths; Negotiate reachable goals to alleviate life stressors; Explore client history about goals; Determine eligibility for resources and services regarding client interests; Further define shared objectives by utilizing client language; Review & reinforce current coping strategies, jointly consider housing options

from: Levy, J. S. (2013). *Pretreatment guide for homeless outreach & Housing First: Helping couples, youth, and unaccompanied adults*.

Ann Arbor, MI: Loving Healing Press, Inc.

July 10, 2024

VC CoC Governance Board

SUBJECT: Review and Approval to Request Letters of Intent for the FY24 Housing and Urban Development (HUD) Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).

BACKGROUND: Each year the U.S. Department of Housing and Urban Development (HUD) releases a Notice of Funding Opportunity (NOFO) for the Continuum of Care (CoC) funding competition among approximately 400 CoCs. The FY24 HUD CoC NOFO is anticipated to be released in July 2024 with approximately \$3.6 million available for the Ventura County CoC program renewals and possibly additional bonus funding for competitive awards. The Ventura County CoC begins its local process by initiating a local funding competition by requesting Letters of Intent (LOI) for renewal projects and soliciting new applications for any reallocated funding.

The Ventura County CoC is expected to rank projects through a local scoring process including a focus on best practices, timely spending of funds and contributions to the CoC's overall system performance. The VC CoC's adopted Ranking and Selection Criteria is updated and used annually to score new and renewal projects.

DISCUSSION: The Ventura County CoC will be requesting Letters of Intent (LOIs) to be submitted to VC CoC Staff by August 7, 2024. All applicants intend to renew their funded projects which include Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), Safe Haven (SH) and Homeless Management Information System (HMIS) projects. The VC CoC Data, Performance & Evaluation Committee will conduct the preliminary scoring and ranking of renewal projects on August 21, 2024. Projects will be scored using the criteria found in the VC CoC Rank and Review Policy.

RECOMMENDATIONS: Approve VC CoC Staff to request Letters of Intent for the FY24 Housing and Urban Development (HUD) Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).

July 10, 2024

VC CoC Governance Board

SUBJECT: Review and Approve Policy Updates to Align with the Violence Against Women Act (VAWA) and Emergency Transfer Plan (ETP) Provisions.

BACKGROUND: The Violence Against Women Act (VAWA) is a federal law that, in part, provides housing protections for people applying for or living in units subsidized by the federal government who have experienced domestic violence, dating violence, sexual assault, or stalking, to help keep them safe and reduce their likelihood of experiencing homelessness. VAWA applies to many U. S. Department of Housing and Urban Development (HUD) programs, including the Continuum of Care (CoC) and Emergency Solutions Grant (ESG) Programs.

Recently, the VAWA Reauthorization Act of 2022 (VAWA 2022) both renewed and expanded VAWA's protections for people fleeing domestic violence, dating violence, sexual assault, and stalking. VAWA 2022 also amended the McKinney-Vento Homeless Assistance Act to add a new eligible CoC Program activity related to facilitating emergency transfer requests and monitoring compliance with VAWA confidentiality provisions.

DISCUSSION: HUD has emphasized the importance of each CoC and ESG recipient to implement VAWA 2022 and its provisions. Each CoC is now required to develop or update their Emergency Transfer Plan (ETP) that provides for the emergency relocation of tenants or program participants who are victims of domestic violence, dating violence, sexual assault, or stalking for safety purposes.

Thanks to a special VAWA training offered by ICF: Strategic Consulting & Communications, a consultant for the State Department of Housing and Community Development (HCD), the Ventura County CoC was selected to participate to update policies in alignment with VAWA 2022. Cohort participants were comprised of 7 fellow CoCs. Our CoC included participation from our local CoC funded Domestic Violence (DV) service provider, the Coalition for Family Harmony. Upon completion of the special training by ICF, VC CoC staff has updated its ETP and provisions to now include the following:

1. Clear definition of eligibility for participants/clients: Qualifications.
2. Description of documentation required to submit an emergency transfer.
3. Additional participant/client confidentiality and security measures.
4. Further detail on timing and availability of housing units.
5. List of local resources and links to services.
6. Section on termination of assistance and/or service denials.

RECOMMENDATION: Approve Policy Updates to Align with the Violence Against Women Act (VAWA) and Emergency Transfer Plan (ETP) Provisions.



Housing Providers with ESG and CoC Program Funds Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Content

- I. Description
- II. Eligibility
- III. Emergency Transfer Request
- IV. Confidentiality
- V. Timing & Availability
- VI. Safety & Security of Tenants
- VII. Resources and Links to Services
- VIII. Denials for Service
- IX. Appendix D (HUD Form 5382) – Certification
- X. Appendix E (HUD Form 5383) – Transfer Request Form

I. Description

[Housing Provider Name] is concerned about the safety of its tenants, assisted through the Ventura County Continuum of Care (CoC). In accordance with the Violence Against Women Act (VAWA)¹, HP's within the CoC will allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request emergency transfer of assistance between housing units when there is imminent risk of harm. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.¹ The ability of HP to honor such request for tenants currently receiving assistance, however, may depend upon:

1. A preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and
2. Whether HP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

Furthermore, this plan identifies:

1. Tenants who are eligible for an emergency transfer
2. Documentation needed to request an emergency transfer
3. Confidentiality protections
4. How an emergency transfer may occur, and
5. Guidance to tenants on safety and security

¹ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that **[name of (rental) assistance program]** is in compliance with VAWA. However, tenants must understand and acknowledge that transfers to other units is dependent upon availability.

II. Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if:

1. The tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit
2. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

III. Emergency Transfer Request Documentation

HP will make the Emergency Transfer Plans available to tenants upon request.

To request an emergency transfer, the tenant shall notify HP's management office and submit a written request for a transfer to **[HP to insert location]**. HP will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Tenant's written request to the HP, where the tenant self-certifies that they meet the criteria in the general qualifications section of this policy, is sufficient documentation to meet the VAWA requirements. The types of transfers that can take place are:

- *External emergency transfer* refers to an emergency relocation of a tenant to another unit where the tenant would be categorized as a new applicant; that is, the tenant must undergo an application process in order to reside in the new unit.

- *Internal emergency transfer* refers to an emergency relocation of a tenant to another unit where the tenant would not be categorized as a new applicant; that is, the tenant may reside in the new unit without having to undergo an application process.

The housing provider and CoC Coordinated Entry System staff will take every reasonable effort to locate alternate safe housing for tenants requesting emergency transfer that meet VAWA eligibility as defined in section I. Housing comparable to that being vacated and which is acceptable to the tenant is preferred, however, an alternate form of housing that is safe may be offered as an immediate, temporary response. Efforts to identify alternate housing and client acceptance or refusal of the housing offered will be documented in a tenant record maintained by the agency receiving the request for transfer.

IV. Confidentiality

All persons assisting with the emergency transfer, (including non CoC HP's), will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. **This specifically includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant.** See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

To safeguard client data, HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law. HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

1. You give written permission to HP to release the information on a time limited basis
2. HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program
3. A law requires HP or your landlord to release the information

If a participant seeks the protections granted under VAWA (including, but not limited to an emergency transfer,) HP may, but is not required to, request in writing that the applicant or tenant submit documentation of the occurrence of domestic violence. If the HP requests such documentation, the tenant may submit any one of the following:

1. The HUD-approved certification form (HUD-5382 – Appendix D, attached) that was provided along with the Notice of Occupancy Rights Under VAWA
2. A signed Affidavit
3. A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
4. At the discretion of a covered housing provider, a statement or other evidence provided by the applicant or tenant.

It is at the discretion of the tenant or applicant which one of the above forms of documentation to submit.

V. Emergency Transfer Timing and Availability

HP cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. HP will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. HP may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If HP has no safe and available units for which a tenant who needs an emergency is eligible, HP will assist the tenant in identifying other HP's, or reach out to partner motel operators, who may have safe and available units to which the tenant could move. It will be the tenants choice to select, choose or decline available housing options. At the tenant's request, HP will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Tenant transfer to a temporary safe housing location may be necessary for safety. In these instances, transfer may involve movement between housing types (such as moving from a permanent, or marketplace unit to an emergency safe house or sponsor-based facility). It is recommended that a housing provider make a direct referral to a Victim Service Provider for safe shelter or transitional housing through a domestic violence program. Immediate placement with a known hotel-motel provider will be used as a last resort and will be limited only to the time necessary to locate a more secure setting.

When necessary, the HP will notify the Coordinated Entry System, Pathways to Home, to request an emergency transfer to another HP if possible and allow the tenant to choose if the proposed transfer would be safe and appropriate for their needs. Confidentiality of the tenant will be maintained by using a unique identifier during case conferencing.

If a need to create a waitlist arises by the Victim Service Providers, priority will be given only to the extent necessary to facilitate transfer between housing units of the same housing type and to the extent that it does not violate Fair Housing regulations.

VI. Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Some cases of violence may require involvement of the Office of the Public Defender or other law enforcement agencies such as the Drug Enforcement Agency. In these cases, the responsible housing agency will assist the tenant in connecting with these external organizations. Information about the case continues to be governed by the terms and conditions described under confidentiality.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter (listed below in section VII), for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

VII. Resources and Links to Services

Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking include:

Coalition for Family Harmony

(Domestic Violence Shelter)

Emergency Hotline 800-300-2181

Office 805-983-6014

Email: admin@thecoalition.org

Interface Children & Family Services

(Domestic Violence Shelter, Navigation and Supportive Services)

Emergency Hotline 800-636-6738

Office 805-485-6114 or 2-1-1

Text your zip code to 898211

Ventura County Family Justice Center

(Restraining Orders, Court Accompaniment, Counseling)

3170 Loma Vista Road, Ventura, CA 93003

Call 805-652-7655 or 2-1-1

Text 805-947-7981

Email: vcfjc.coop@ventura.org

VIII. Termination of Assistance or Denials for Service

An applicant for assistance or tenant assisted under a covered HP may not be denied admission to, denied assistance under, terminated from participation in, or evicted from the housing on the basis or as a direct result of the fact that the applicant or tenant is or has been a victim of domestic violence if the applicant or tenant otherwise qualifies for admission, assistance, participation, or occupancy. A referral should be made to the Housing Rights Center if tenants require legal assistance for fair housing rights.

A tenant in a HP may not be denied tenancy or occupancy rights solely on the basis of criminal activity directly relating to domestic violence if:

1. The criminal activity is engaged in by a member of the household of the tenant or any guest or other person under the control of the tenant, and
2. The tenant or an affiliated individual of the tenant is the victim or threatened victim of such domestic violence.

An incident of actual or threatened domestic violence shall not be construed as a serious or repeated violation of a lease executed under a covered housing program by the victim or threatened victim of such incident; or good cause for terminating the assistance, tenancy, or occupancy rights under a covered housing program of the victim or threatened victim of such incident.

Under this ETP, the conditions for termination of housing assistance or eviction from occupancy remain consistent with existing policies for any recipient, such as failure to pay rent. These policies consider the safety of tenants but do not permit the removal of assistance based on the mere fact of being a victim of violence.

HP is not liable for the protection of tenants (damages, injury, harm) resulting from tenant refusal of safe housing, or from actions of individuals not under the direct control of HP. The responsibilities of agency and HP staff do not extend beyond the ordinary protections of clients as mandated by law.

Appendix A - Certification

*Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and
Alternative Documentation (HUD Form 5382)*

CERTIFICATION OF U.S. Department of Housing and Urban Development OMB Approval No. 2577-0286
DOMESTIC VIOLENCE, and Urban Development Exp. 06/30/2017
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. **Date the written request is received by victim:**
2. **Name of victim:**
3. **Your name (if different from victim's):**
4. **Name(s) of other family member(s) listed on the lease:**
5. **Residence of victim(s):**
6. **Name of the accused perpetrator (if known and can be safely disclosed):**
7. **Relationship of the accused perpetrator to the victim:**
8. **Date(s) and times(s) of incident(s) (if known):**
9. **Location of incident(s):**

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

Appendix B – Emergency Transfer Plan

An Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (HUD Form 5383)

EMERGENCY TRANSFER REQUEST FOR CERTAIN VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING **U.S. Department of Housing and Urban Development** OMB Approval No. 2577-0286 Exp. 06/30/2017

Purpose of Form: If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider’s emergency transfer plan for more information about the availability of emergency transfers.

The requirements you must meet are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.

(2) You expressly request the emergency transfer. Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider’s emergency transfer plan for more details.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. Such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER

1. **Name of victim requesting an emergency transfer:**

2. **Your name (if different from victim's)**

3. **Name(s) of other family member(s) listed on the lease:**

4. **Name(s) of other family member(s) who would transfer with the victim:**

5. **Address of location from which the victim seeks to transfer:**

6. **Address or phone number for contacting the victim:**

7. **Name of the accused perpetrator (if known and can be safely disclosed):**

8. Relationship of the accused perpetrator to the victim:

9. Date(s), Time(s) and location(s) of incident(s):

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11.

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

12. If voluntarily provided, list any third-party documentation you are providing along with this notice:

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

July 10, 2024

VC CoC Governance Board

SUBJECT: Receive a Notice of an Unscheduled Board Member Vacancy and Approve a Nomination for the People’s Self Help Housing Director to Fill this Board Seat.

Current VC CoC Board member, Juliana Gallardo, will be taking a leave of absence through December 31, 2024. Juliana has nominated the Director of Multifamily Housing Development at People’s Self-Help Housing (PSHH), Katherine Aguilar, to fill this Board seat during her absence. Katherine has been working in the affordable housing industry for nearly a decade. As the Director of Multifamily Housing Development, she works with the Chief Real Estate Development Officer to oversee all phases of development. Prior to joining PSHH, Katherine worked at LA Family Housing, Abode Communities, California Home Builders, and the Housing Authority of the County of Los Angeles where she secured project entitlements, financing awards, and monitored construction of permanent supportive housing projects. Katherine is passionate about providing a holistic approach to development. She is a Local Initiatives Support Corporation (LISC) AmeriCorps Alumni and participated in the LISC Housing Development Training Institutes. She holds a Bachelor of Arts in Geography and a Master’s degree in Urban & Regional Planning - both from UCLA. Katherine loves numbers and is an avid runner, completing various half-marathons and the LA Marathon from Dodger Stadium to Santa Monica Pier.

Board Member	Anticipated Leave of Absence	Board Term End Date
Juliana Gallardo	8/1/24 – 12/31/24	12/31/2026

Per the VC CoC Governance Charter section 6.07E: *Whenever an unscheduled vacancy occurs on the CoC Board whether due to resignation, death, termination or other causes, the Governing Board may appoint such a qualified person(s) necessary to fill the vacancy. The person(s) appointed shall serve the unexpired term of the previous Board Member and is subject to re-election by the Board and ratification by the full Alliance voting membership.*

RECOMMENDATION: 1) Receive and file the unscheduled vacancy; and 2) Review and approve the nomination of People’s Self-Help Housing (PSHH) Director, Katherine Aguilar, to fill this vacancy.

July 10, 2024

VC CoC Governance Board

SUBJECT: Receive and File a Report on the Homeless Housing Assistance and Prevention (HHAP) Program.

BACKGROUND: At the onset of the Covid-19 pandemic, the CA State Department of Housing and Community Development (HCD) initially awarded the VC CoC \$1,966,090.75 in grant funds under HHAP 1 CoC and \$1,821,442.40 in HHAP 1 County. Thanks to the demonstrated need and effective use of funds by community partners, additional allocations were awarded through rounds 2, 3 and 4, bringing the award total to \$16,171,733.15.

DISCUSSION:

For HHAP 1 CoC, a total of \$1,966,090.75 was awarded and 6 projects were funded: Street to Home Emergency Shelter, HMIS/CES Agency & User Support Project, Landlord Engagement Program, Proactive Outreach Program, Our Place Safe Haven, and Mobile Veteran's Outreach. With this round of funding, our partners provided services to 1264 persons and placed 249 persons into shelter and 299 persons into permanent housing. There is \$47,278.58 remaining in this round.

For HHAP 1 County, a total of \$1,821,442.40 was awarded and 4 projects were funded: Supportive Services for PSH, Family Emergency Shelter, Street to Home RRH, and Emergency Shelter for TAY. With this funding, partners were able to provide additional supportive services to those in Permanent Supportive Housing. In total, our partners served 695 persons, sheltered 48 persons, and placed 463 persons into permanent housing. There is \$341,395.76 remaining in this round.

For HHAP 2, a total of \$1,762,942 was awarded and 13 projects were funded: Rapid Rehousing, Street Outreach, Bridges to Home Rapid Rehousing, Supportive Services for PSH, Oxnard Navigation Center, Harvard Shelter, Street Outreach, Safe Haven Shelter, Shelter for TAY, and VCBH Youth Homeless Prevention, Services Coordination, Rapid Rehousing, and Navigation Center. With this round of funding, our partners served 1237 persons and placed 207 individuals into shelter and 414 persons into permanent housing. There is \$523,713.30 remaining in this round.

For HHAP 3, a total of \$4,829,424.43 was awarded and 7 projects were funded: Silverlinings Permanent Supportive Housing, Harvard Shelter Interim Sheltering, Whole Person Care Recuperative Care Interim Sheltering, Housing Navigation Location Services Operating Subsidies, Rapid Re-housing, Interim Sheltering TAY (Motel vouchers, CSUCI campus emergency housing), and Homeless Prevention (TAY). This round of funding extended services to our local colleges California State University Channel Islands

(CSUCI) and Oxnard College. With this funding so far, our providers have been able to serve 1012 persons, shelter 269 persons, and place 225 persons into permanent housing. There is \$2,868,622.23 remaining in this round.

For HHAP 4, a total of \$5,791,833.57 was awarded and 12 projects were funded: Camarillo Hotel Voucher Program, Whole Person Care Recuperative Care Interim Sheltering, National Health Foundation Interim Sheltering, Rapid Rehousing for Recuperative Care, H2H Rapid Re-Housing, Stephenson's Place and Wooley House Operational Subsidies, United Way of Ventura County RRH/Landlord Engagement Program, Homeless Prevention and Diversion Program, Help of Ojai Homeless Prevention, CSUCI Basic Needs Homeless Prevention Program, MESA Services Coordination, and Many Mansions Expanded PSH & Services (operational subsidies). With this round of funding starting on 7/1/2023, our partners have been able to serve 521 persons, shelter 62 persons, and permanently house 88 persons. There is \$5,025,143.81 remaining in this round.

With these funds, partners were able to sustain and expand vital Street Outreach (SO), Emergency Shelter (ES), Rapid Rehousing (RRH), Delivery of Permanent Housing (PH/PSH), Homeless Prevention (HP), Supportive Services, HMIS online training, Landlord Engagement, and services coordination throughout the County. This funding allowed providers to strengthen partnerships within our community and enhance service delivery. This funding provided financial stability and gap funding to allow programs to maintain operations and continue support for our unhoused community.

While our County, VC CoC and partners valued enormous program success with the awarded funds, our community appreciated immense relief and safety during the height of the pandemic. VC CoC staff have developed the attached infographic to display the HHAP program outcomes.

2020-2026: HHAP AWARDS

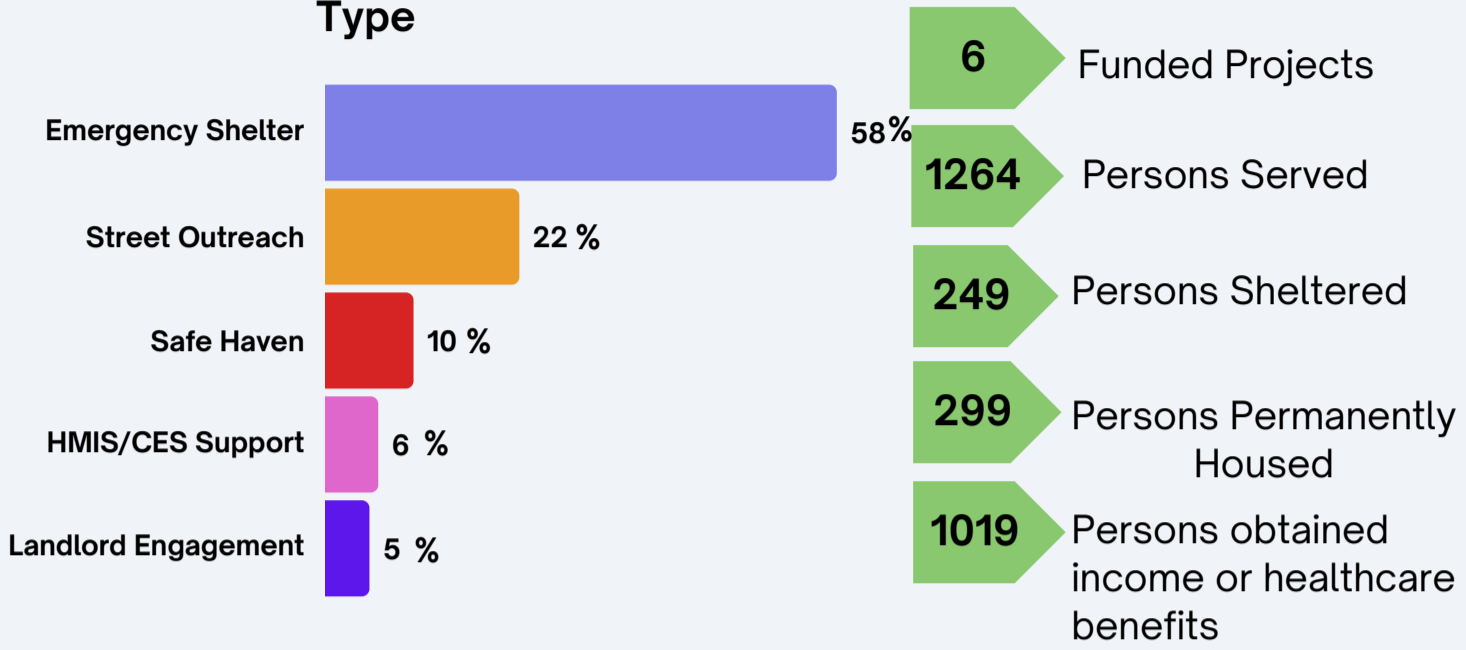
Former, Current and Future Funding Outcomes as of 6/2024

HHAP 1 COC 4/30/2020 - 6/30/2025

Total Award Amount: \$1,966,091
Amount Remaining: \$47,279

% of Funding Allocated by Project Type

Funding Outcomes:

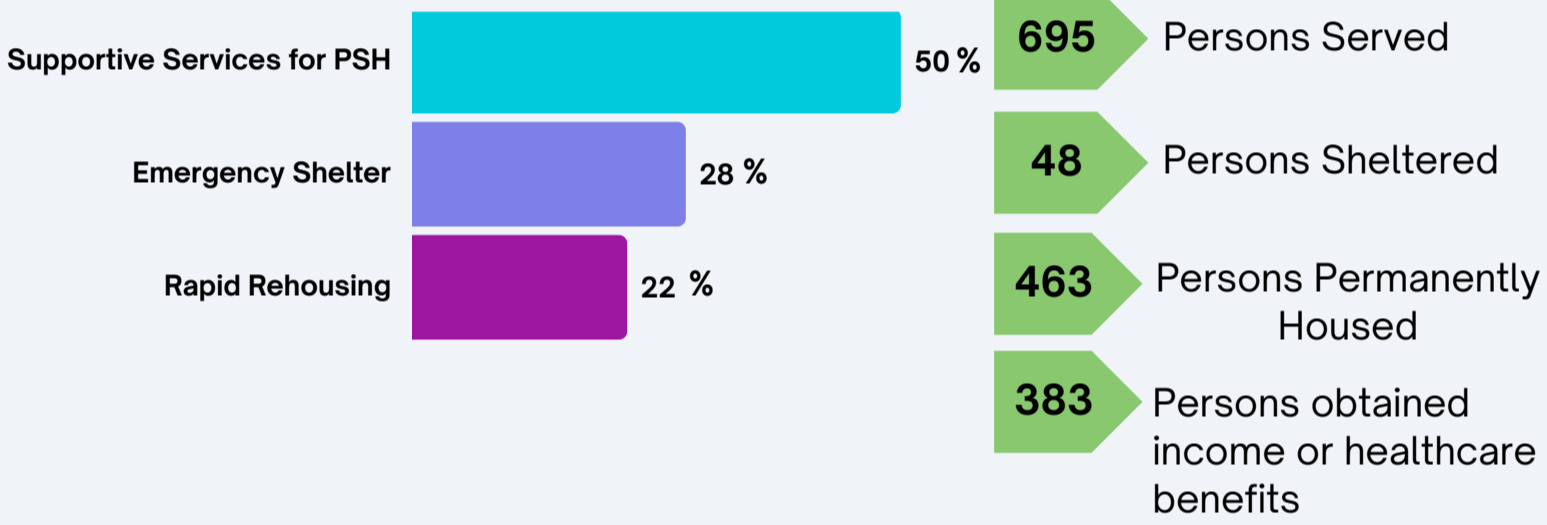


HHAP 1 COUNTY 4/30/2020 - 6/30/2025

Total Award Amount: \$1,821,442
Amount Remaining: \$341,396

Supportive Services for PSH

5 Funded Projects

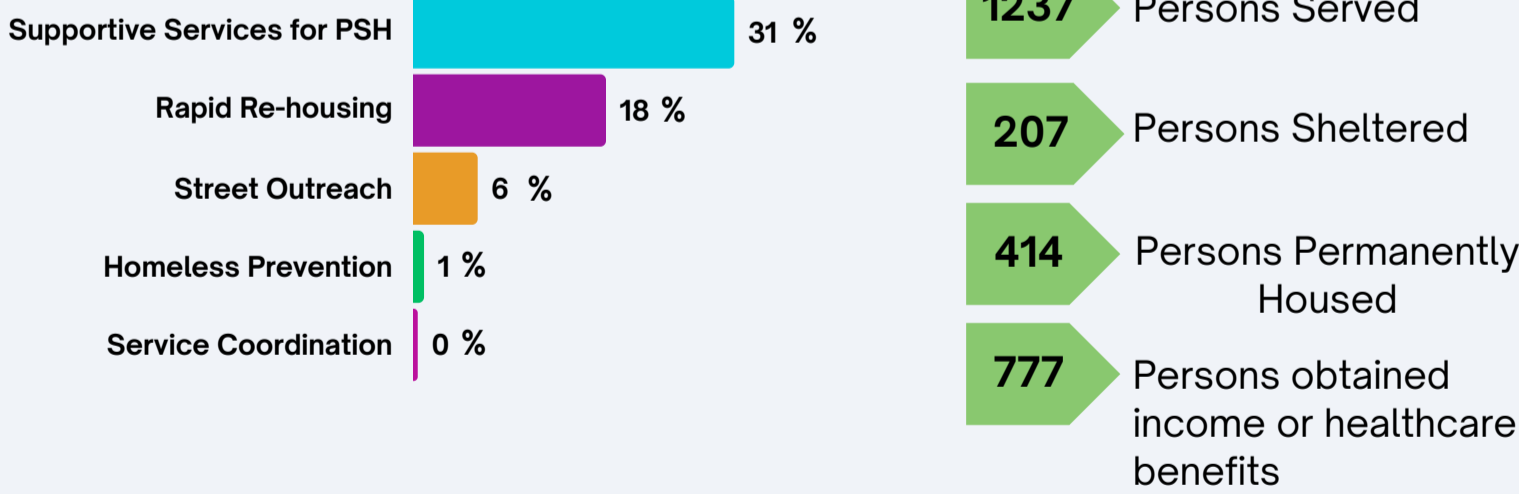


HHAP 2 7/1/2021 - 6/30/2026

Total Award Amount: \$1,762,942
Amount Remaining: \$523,713

Emergency Shelter

13 Funded Projects

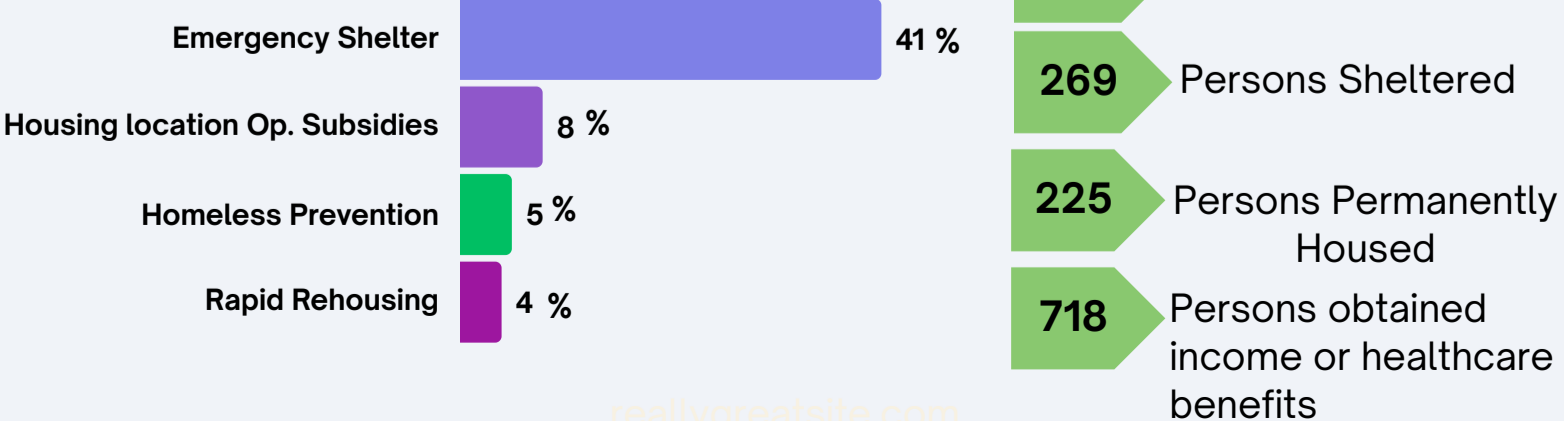


HHAP 3 7/1/2021 - 6/30/2026

Total Award Amount: \$4,829,424
Amount Remaining: \$2,868,622

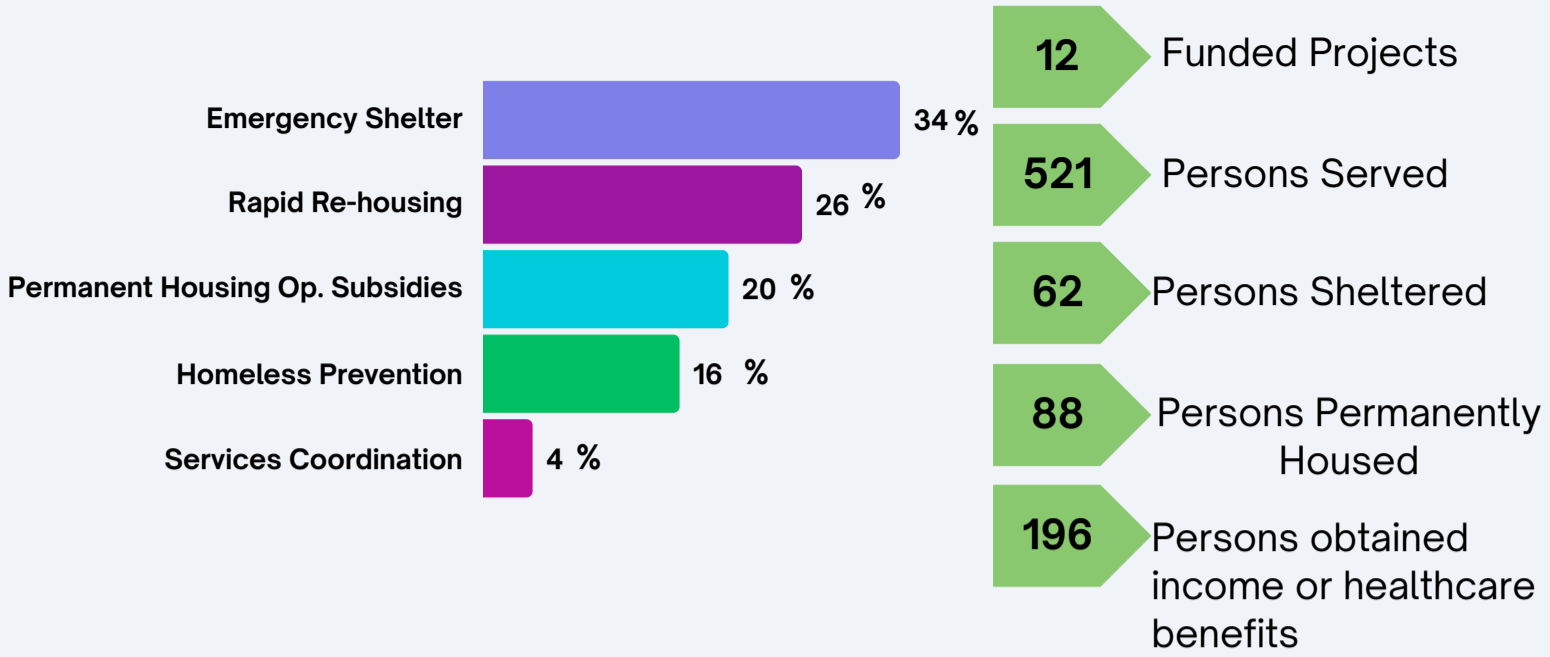
Permanent Supportive Housing

7 Funded Projects



HHAP 4 7/1/2023 - 6/30/2027

Total Award Amount: \$5,791,834
Amount Remaining: \$5,025,144



July 10, 2024

VC CoC Governance Board

SUBJECT: Receive and File a Report on the California Emergency Solutions and Housing (CESH) Grant Program

BACKGROUND: The California Emergency Solutions and Housing (CESH) Program, from the State Department of Housing and Community Development (HCD), provided funding to assist persons experiencing or at risk of homelessness as authorized by SB 850. With these funds, Continuums of Care were able to dedicate grant funds to sustain several critical programs.

DISCUSSION: The State HCD initially awarded the Ventura County Continuum of Care (VC CoC) \$701,401. A subsequent additional allocation of \$407,103 brought the total CESH award to \$1,108,504 (CESH Program Summary attached). Thanks to the total CESH funds allocated, the VC CoC contracted with several subrecipients to provide eligible activities within the CoC's service area, including:

1. Rapid Rehousing for rental assistance, housing relocation, and stabilization services to ensure housing affordability to individuals experiencing homelessness.
2. Flexible Housing Subsidies to establish or support the provision of rental subsidies for homeless individuals and families in permanent housing. Funds provided rental assistance, bridge subsidies to property owners waiting for approval from another source, vacancy payments, and project-based rental assistance for housing retention purposes.
3. Operations support for emergency shelters, including navigation centers, street outreach services diversion services, and financial assistance.
4. Systems support for activities necessary to maintain a comprehensive homeless services and housing delivery system, including Coordinated Entry System (CES) data, Homeless Management Information System (HMIS) reporting, and homelessness planning activities.

ESG CESH 2018-2020

Program Summary

Funded Activity Types

Rental Assistance, Housing Relocation and Stabilization Services

Funds could be used to ensure housing affordability for those experiencing homelessness or at risk of homelessness

Operating Support for Emergency Housing Interventions

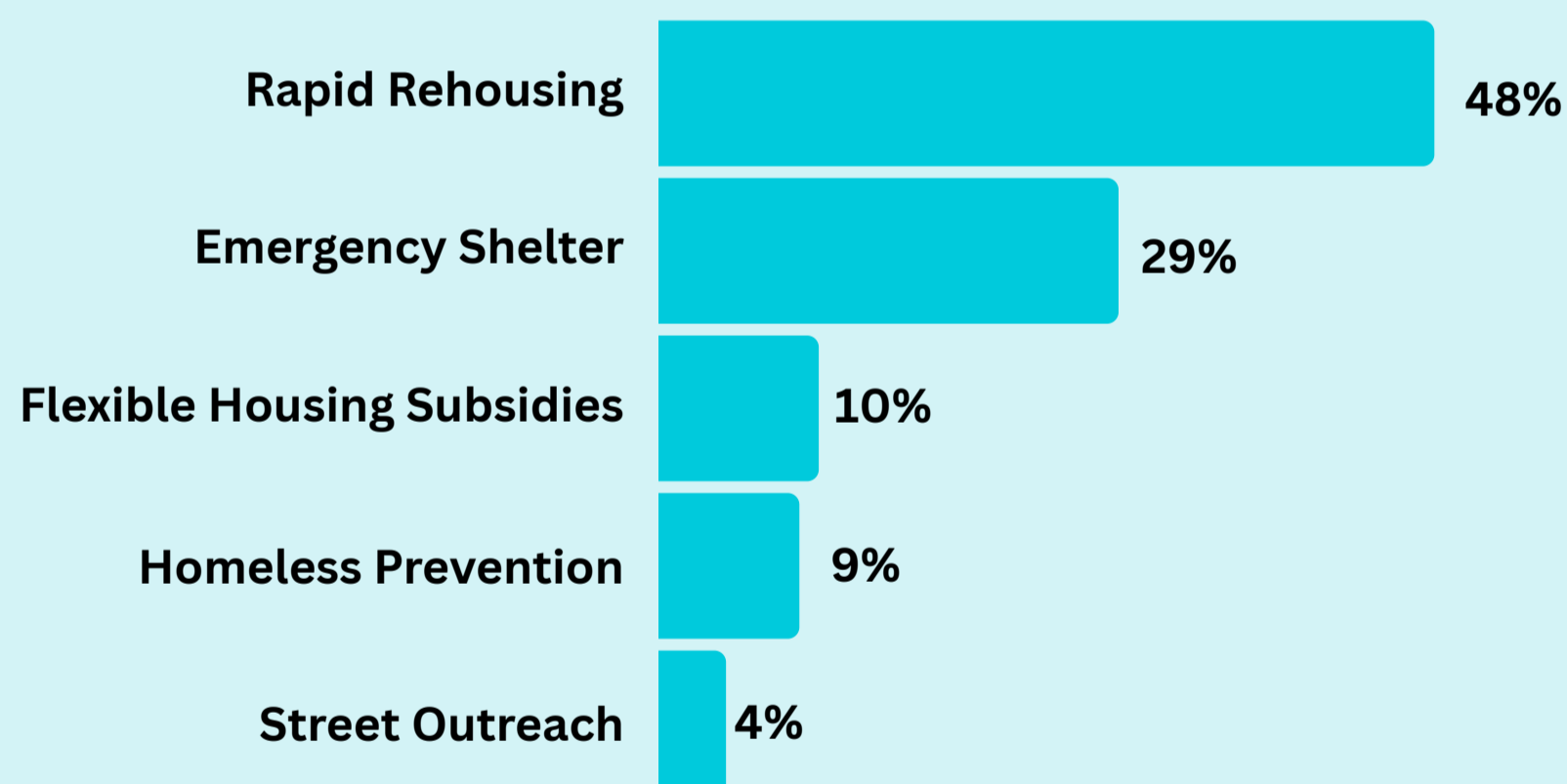
Funds could be used for emergency housing intervention activities such as navigation centers, street outreach services, or shelter diversion including homeless prevention activities

Flexible Housing Subsidies

Funds could be used to establish or support rental subsidies in permanent housing. Eligible uses include bridge subsidies to property owners waiting approval from another permanent rental subsidy source, vacancy payments, or project-based rent or operating reserves

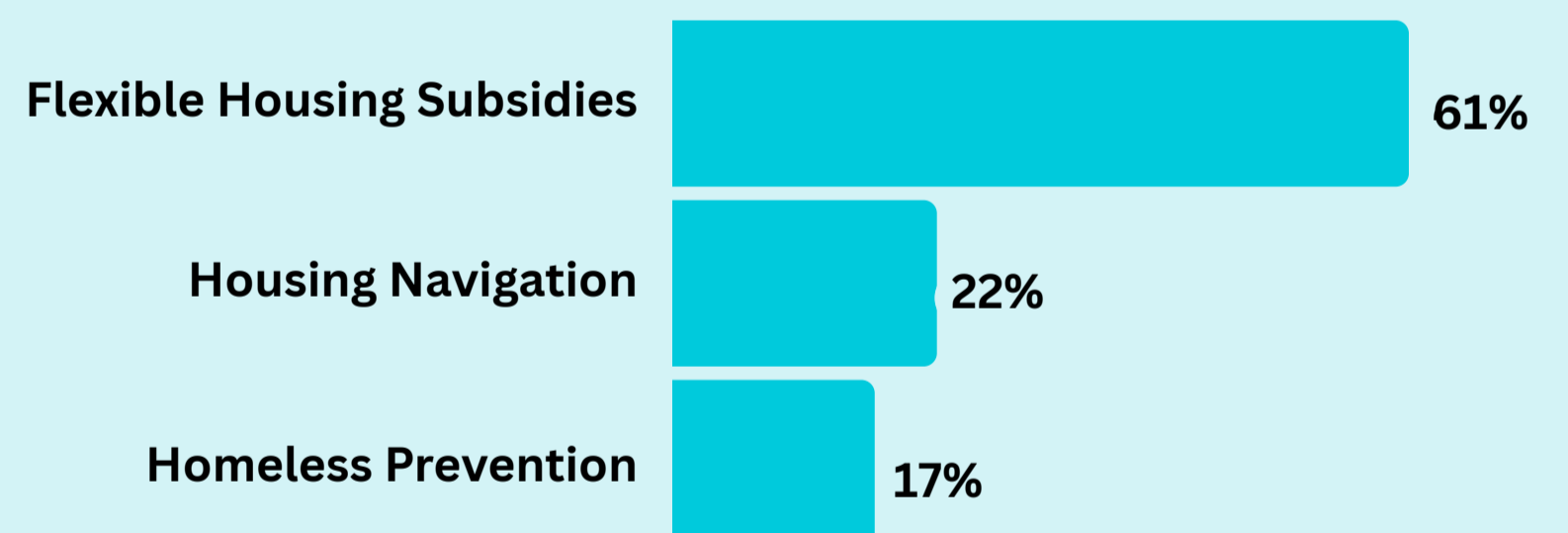
Fiscal Year 18-20 Project Summary

Budget: \$701,401



Fiscal Year 20-22 Project Summary

Budget: \$407,103



Total Award Amount: \$1,108,504

12 Projects Funded

5 Subrecipients Awarded

Total Program Summary

