

NARRATIVE APPLICATION

**HOMELESS HOUSING, ASSISTANCE AND PREVENTION
(HHAP) PROGRAM**

**CALIFORNIA HOMELESS COORDINATING
AND FINANCING COUNCIL**

Submitted By:

**BAKERSFIELD/KERN CONTINUUM OF CARE
&
BAKERSFIELD-KERN REGIONAL HOMELESS
COLLABORATIVE (BKRHC)**

February 2020

1. SUMMARY OF HOMELESSNESS IN THE COC

A. Longitudinal System Assessment. The applicant, the Bakersfield-Kern Regional Homeless Collaborative (BKRHC), also known as the Bakersfield/Kern County Continuum of Care (CA CoC-604), is submitting its HUD October 2017–September 2018 Longitudinal System Assessment (LSA) with this application. Electronic copies of this LSA were also provided to the City of Bakersfield and County of Kern Planning Departments in January 2020. The region served by the BKRHC is all of Kern County, and the data reflects all persons experiencing homelessness in the county who were entered into HMIS during this period.

B. LSA Data:

1. Total number of households served in:
 - 1) Emergency Shelter, Safe Haven, and Transitional Housing - 2,020
 - 2) Rapid Rehousing - 570
 - 3) Permanent Supportive Housing - 982
2. Total number of disabled households served across all interventions - 2,096
3. Total number of households experiencing chronic homelessness served across all interventions - 556
4. Total number of 55+ households served across all interventions - 893
5. Total number of unaccompanied youth served across all interventions - 204
6. Total number of veteran households served across all interventions - 559
7. Number of individuals served across all interventions who were:
 - 1) Female - 1,463
 - 2) Male - 2,417
 - 3) Transgender - 6
 - 4) Gender Non-Conforming - 1
8. Total number of individuals served across all interventions who were:
 - White, Non-Hispanic/Non-Latino (only) - 1,739
 - White, Hispanic/Latino (only) - 1,082
 - Black or African American (only) - 876
 - Asian (only) - 7
 - American Indian or Alaska Native (only) - 82
 - Native Hawaiian/Other Pacific Islander (only) - 24
 - Multiple races - 70

2. DEMONSTRATION OF REGIONAL COORDINATION

A. Coordinated Entry System (CES)

The BKRHC Coordinated Entry System (CES) was implemented for the county's homeless population in October 2018, and was expanded to include persons at risk of homelessness in May 2019. As detailed in the *BKRHC Coordinated Entry System Policies and Procedures Manual*, the CES is a low-barrier, countywide system that utilizes a standardized, evidence-based triage tool (VI-SPDAT) to assess, prioritize and link persons to housing and services according to their level of vulnerability and service needs.

The CES is a portal through which people in fragile circumstances can quickly access services appropriate to their needs, rather than have to search for assistance on their own through trial-and-error. Assessments are provided without regards to where or how people present, and can be obtained by phone, agency visits, and outreach events and activities. All agencies receiving federal homeless funds, including HUD, VA and other funds, and state HEAP, CESH, and HHAP funds are required to participate in the CES to access CoC housing and services.

1. Description of how CES functions, including:

- a. Entity responsible for operation of CES: Community Action Partnership of Kern (CAPK), Rebecca Moreno, Program Coordinator, rmoreno@capk.org.
- b. Process for assessment and identification of housing needs for individuals and families that are experiencing or at risk of experiencing homelessness. The CES is a Housing First system that assesses and prioritizes eligible individuals and families for housing and services, with emphasis on placing them in housing as quickly as possible based on vulnerability and length of time homeless. Assessment occurs in two phases:
 - 1) *Phase I: Access Points.* This phase involves completion of the Quick Referral Tool (QRT) to screen applicants and quickly connect them to an Assessment Point. Access points include numerous public and private agencies and organizations throughout the county that have been trained by CAPK in the use of the QRT.
 - 2) *Phase II: Assessment Points.* Phase II is conducted by designated Assessment Points that utilize the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) Version 2.0 to calculate vulnerability scores. The appropriate VI-SPDAT is used for the specific population being assessed, i.e. Family-VI-SPDAT for families, Youth-VI-SPDAT for youth, PR-VI-SPDAT for persona at-risk. Once an individual has been scored, the information is entered into the Homeless Management Information System (HMIS) for automatic prioritization and referral.

Designated assessment points for the homeless population within the CoC include: CAPK/2-1-1 Program (all), California Veterans Foundation

(Veterans), Bakersfield Homeless Center (families), Flood Bakersfield Ministries (Singles), and Mission at Kern County (singles). Assessment Points for at-risk persons include: CAPK (all), CVAF (Veterans), and the Housing Authority of the County of Kern (all others). Assessment Points must confirm receipt of the QRT within two business days.

- c. How people are referred to available housing through CES. Individuals and families who are at risk of or are experiencing homelessness within the county are referred or matched to housing and services in a uniform, coordinated way, based on use of the VI-SPDAT. All federal and state mandated homeless programs, along with programs voluntarily participating, are required to use the CES process as the only referral source from which to consider filling vacancies in housing and services. The BKRHC maintains a list of all resources that can be accessed through referral from the CES. Each BKRHC project publicizes its specific eligibility criteria on the BKRHC website.

The process for making a referral (match) is broken into five parts:

- 1) Providers conduct weekly scheduled phone conferences to make known current vacancies and review the newly generated prioritization list. The meetings are open to all providers covered under the confidentiality and data-sharing agreement. At the meeting, individuals are assigned to housing vacancies with a match to eligibility criteria for the program. A minimum of three (3) providers must be present at the meeting. For homeless prioritization calls, one of the three agencies on the call must be from CAPK. The lead agency takes roll call of the phone meeting and a record is kept for historical purposes.
- 2) Individuals are matched to the referring agency when possible, except when: 1) the individual requests to work with a different agency, or 2) the referring agency does not have any available beds/voucher. The lead agency coordinating the case conference matches individuals to available programs.
- 3) The BKRHC uses a "Housing Navigator" model to ensure efficient and effective enrollment and subsequent movement from one BKRHC project to another. While specific "Housing Navigator" functions will vary from agency to agency, typical duties include the following: working closely with referring agencies regarding eligibility determinations; developing a Housing Stability Plan; completing housing applications; performing housing search and placement; outreaching and negotiating with landlords; assisting with interpreting and completing rental applications; and addressing any barriers to housing admission.
- 4) Agencies will attempt to make contact with matched individuals for seven (7) business days and the individual will have three (3) business days to decide whether to accept proposed housing once eligibility is established. Individuals will not lose ranking on the list for declining housing. HUD provides detailed recordkeeping requirements for all providers and

explanation of key terms. If an individual declines the housing offer, the Housing Choice Form must be used to document this choice. These forms are kept with the referring agency and are made available upon request.

- 5) Matching calls happen each Wednesday at 3:30 pm at minimum. Providers (or case managers working with individuals) should have one representative on the call if possible. The call is to make the match process transparent. The agency that entered the individual into HMIS is contacted when the individual is matched regardless of whether the entering agency is on the call.

Upon referral individuals receive detailed information about what to expect from the project and what their responsibilities will be. If an individual is prioritized for PSH but no PSH resources are available, that individual is offered any other resource available in the KCHC geographic area. Case Conferencing opportunities for challenging individual circumstances are held monthly during the CES working group meeting. All members in attendance must have a signed HMIS Memorandums of Understanding in place. Individuals are not screened out because of perceived barriers to housing or services including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record. In addition, housing and homeless programs must lower their screening barriers in partnership with the CES and will avoid steering people towards any particular program or provider simply because they presented at that location.

2. Describe how utilization of CES is promoted, specifically:

- a. The outreach conducted to ensure all individuals experiencing homelessness, including those with multiple barriers, are aware of the CES assessment and referral process. CAPK, the CES Administrator, and other BKRHC representatives have conducted widespread, countywide marketing to inform service providers, the public, and the homeless population about the CES assessment and referral process and how to access it. This includes presentations to community groups, non-profit agencies, public employees, public service media announcements, bus advertisements, flyers, United Way resource cards, group emails, social media, and the BKRHC websites.

Street outreach has proven to be the most effective means of marketing CES to people with multiple barriers, both by informing local service providers and the homeless population directly about CES, and by actively seeking out and engaging the most isolated, vulnerable unsheltered people in all corners of the county. Street outreach workers are authorized to bypass the Quick Referral Tool and perform CES assessments with people they encounter.

- b. The grievance or appeal process for customers. CES customers who believe that they have experienced discrimination or been unfairly denied services may file a grievance with the BKRHS according to the following procedure:
 - 1) The customer may submit a written or verbal complaint to the BKRHC Executive Director by letter, email, or in person.

- 2) The Executive Director will respond to the customer within five business days of receiving the complaint.
 - 3) The Executive Director will select a group of panelists from the BKRHC CES Committee to review and respond to the complaint, exclusive of any committee member agency or individual that the complaint has been made against.
 - 4) The Executive Director will report the panel's findings about the complaint to the Governing Board of the BKRHC for a decision.
- c. How culturally responsive services are provided to people experiencing homelessness. All people who are at risk of or are experiencing homelessness in the county have fair, non-discriminatory, and equal access to the CES process, regardless of where or how they present for services.
- 1) Equal access means that people can easily access CES, whether in person, by phone, or some other means, and that the process for accessing help is well known and advertised throughout the county.
 - 2) Non-discriminatory means that the BKRHC, including its CES, may not discriminate on the basis of race, color, religion, ancestry, national origin, sex, pregnancy, age, disability, familial status, actual or perceived marital status, gender identity or gender expression, real or perceived sexual orientation, veteran status, source of income, actual or perceived status as a victim of domestic violence, dating violence, sexual assault or stalking.
 - 3) No religious practice or affiliation requirement will be imposed upon individuals.
 - 4) If an individual's self-identified gender or individual composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating an alternative accommodation that is appropriate and responsive to the individual's needs.
 - 5) The CES is accessible to individuals with disabilities and there are methods by which individuals can access entry points that overcome physical and communication accessibility barriers within the CES.
 - 6) Providers shall demonstrate sensitivity to individual's primary language and cultural background.
3. Description of the current challenges preventing successful CES operation, if any, and how these challenges will be addressed. The major challenge facing the CES operation is to fully integrate it into the Homeless Management Information System (HMIS). The BKRHC is currently working with the HMIS Administrator and software vendor to automate the CES process. Currently, the Quick Referral

Tools and Assessments are entered and tracked within HMIS, but the housing referral and match process is done externally. By fully integrating CES into HMIS software, the BKRHC will increase the accuracy of matches to housing and reduce the time it takes to notify a provider of a match to their agency.

B. Prioritization Criteria

1. Describe criteria used to prioritize assistance for people experiencing homelessness. The CES is designed to assess and prioritize customers quickly without preconditions or service participation requirements. The prioritization standards established by the BKRHC Housing Committee and approved by its Governing Board ensure that individuals with the longest history of homelessness and greatest service needs receive priority for any type of housing and homeless assistance available within the BKRHC including Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and other interventions. All HUD-funded PSH beds are prioritized in accordance with HUD notice CPD16-11.

The VI-SPDAT Version 2.0 assessment tool utilized by CES takes into account a number of factors when assigning a vulnerability score to clients, including:

- Significant challenges or functional impairments, including physical, mental, developmental, or behavioral challenges, which require a significant level of support in order to maintain permanent housing.
- High utilization of crisis or emergency services to meet basic needs.
- Extent to which people, especially youth and children, are unsheltered.
- Vulnerability to illness or death.
- Risk of continued or new homelessness.
- Vulnerability to victimization, including physical assault, trafficking, or sex work.

2. Describe how CES, pursuant to 24 CFR 578.8(a)(8), is used for this purpose. VI-SPDAT vulnerability scores range from 0 to 16. Applicants who receive a score of 0-3 are considered non-vulnerable; those with a score of 4-7 are referred to rapid rehousing (RRH); and those with scores of 8 or above are referred to permanent supportive housing (PSH). Factors affecting placement on the BKRHC Housing Committee's Prioritization Lists for the various type of housing include:

a) Permanent Supportive Housing:

- 1st – Chronically homeless (disabled) with a vulnerability score of 9 or higher and longest length of homelessness (LOH).
- 2nd – Disabled non-chronically homeless with a score of 9 or higher and longest LOH.
- 3rd – Disabled homeless with 8 or lower and longest LOH.
- 4th – Disabled homeless from transitional housing with a 9 or higher and longest LOH.
- 5th - Non-disabled homeless with a 9 or higher and longest LOH.

b) Rapid Rehousing:

- 1st – Fleeing domestic violence
- 2nd – Literally homeless

- 3rd – Temporary shelter
- 4th – Graduating from/recently left transitional housing program

c) Bridge Housing:

- 1st – PSH matches (awaiting housing placement)
- 2nd – RRH matches

d) Transitional Housing:

- 1st – Individuals not eligible to be matched for PHS or RRH
- 2nd – Individuals who declined PHS or RRH offer.

C. Coordination of Regional Needs

1. How BKRHC has partnered with the City of Bakersfield and County of Kern to identify share of regional need to address homelessness.

In 2018, the Bakersfield/Kern County Continuum of Care established a State Funding Workgroup with representatives from service providers, City of Bakersfield, County of Kern, and subject matter experts. The purpose of the workgroup is to plan and coordinate the utilization of one-time State funding, including HEAP, CESH, and HHAP, to best meet the needs to address homelessness within the County of Kern and City of Bakersfield. The workgroup has been meeting regularly to coordinate the funding and determine how best to allocate the funds within the City, County, and Continuum of Care.

Based on a comprehensive assessment of needs related to homelessness in Kern County and Bakersfield, the workgroup recommended HHAP allocations for the CoC, County of Kern, and City of Bakersfield to address the regional needs. This recommendation was considered and then approved by the BKRHC Executive Board (which has representatives from the County, City, and CoC) on February 3, 2020.

2. BKRHC's identified share of regional need, and how requested funds will help meet it.

The BKRHC service area encompasses all of the County of Kern and City of Bakersfield so the needs for the entire region can be partially met through the BKRHC allocation. Therefore, the BKRHC, City, and County allocated the share of regional need based on which entity was best suited to help address the need. The regional needs allocated to BKRHC include:

Need: Infrastructure Development – CES

The BKRHC coordinated entry system reports that 2-1-1/CES Kern has received about twice the calls for assistance in 2019 from people who are at risk of or experiencing homelessness than originally anticipated based on the 2018 PIT Count. This has caused a backlog of people waiting to be assessed by housing navigators. Funds are needed to hire additional personnel to ensure that the CES can respond to calls for help in a timely manner.

How funds will meet need:

The CoC will allocate \$78,000, which along with \$42,000 allocated by the City, will fund the hiring of one new FTE for CES for two years to address the increased volume of calls and referrals to CES.

Need: Landlord Incentives

A CoC member agency administers a risk mitigation fund used as an incentive to recruit landlords willing to rent to homeless people. The fund provides an added protection for landlords by guaranteeing up to \$2,500 in damage repairs above the usual security deposit. It has been especially useful in the current housing market where there is a significant shortage of affordable housing units. Additional funds are needed to replenish and expand the fund, which is down to about \$7,700 at present.

How funds will meet need:

The CoC allocate \$30,000 to fund the Risk Mitigation fund for another two years based on current utilization rates.

Need: Prevention/Diversion

Preventing homelessness is much less expensive than resolving it, yet only limited funds have been available for this purpose to date. HMIS reported 1,668 households as having experienced homelessness for the first time between January and December 2018 (in HUDX SPM). Many of these homeless episodes could have been prevented if the BKRHC had been able to intervene before these people lost their housing.

How funds will meet need:

The CoC allocate \$550,000 to fund Prevention/Diversion services for an estimated 150 households, thereby helping decrease the number of people becoming homeless.

Need: Rapid Re-Housing

About 60% of people assessed by CES qualify for rapid rehousing (RRH) assistance. Between January and December 2018 there were a total of 1,400 new and existing homeless households who required RRH, of which 256 were family households and 1,144 single adult households. At an average cost of \$2,888 for single households and \$3,920 for families with children, the cost of providing RRH for these households is estimated at \$4,307,392 annually. A total of \$2,142,641 of RRH funding is available this year, leaving a shortfall of \$2,164,751 of what is actually needed for these households.

How funds will meet need:

The CoC will allocate \$50,000 for Rapid Re-Housing services. When combined with \$112,838.75 from the City HHAP funds and \$415,212.76 from County HHAP funds, an estimated 179 households will be provided rapid-rehousing services. While this is significantly less than the need, it will help meet part of the need to move individuals and families rapidly into housing.

Need: Rental Assistance - PSH

PSH rental assistance is a priority for use of HHAP funds to address the recent increase in homelessness, particularly for the most vulnerable homeless people. About 30% of people assessed by CES qualify for PSH. There were a total of 716 new homeless people living in about 515 households between January and December 2018 who required PSH. At \$7,800 per house-

hold, the cost of providing them with PSH is estimated at \$4,017,000 a year. However, only about \$2,253,409 (25%) of the BKRHC's total PSH budget is actually available for new households. Thus, it is estimated that an additional \$1,763,591 is needed annually for PSH above what is currently available.

How funds will meet need:

The CoC will allocate \$405,069.87 for PSH rental assistance. When combined with \$70,838.75 of City HHAP funds, an estimated 33 households will be provided PSH rental assistance for two years. While this is significantly less than the need, it will help meet part of the need to move individuals and families into permanent supportive housing.

Need: Innovative Solutions – Respite Care

Respite care fills a critical niche by offering short-term residential care and medical oversight for homeless people who are too sick to recover on the streets or in a shelter but not sick enough to need a hospital. Kern Health Services (KHS), a local managed Medi-Cal provider, estimates that it could fill 15 to 20 beds on a daily basis, and plans to help fund a respite care program for its homeless patients discharged from local hospitals. Start-up funds amounting to \$250,000 are needed to secure and renovate a suitable facility. Operating funds will be supplied by KHS and partnering hospitals.

How funds will meet need:

The CoC will allocate \$250,000 to provide start-up costs for a medical respite care facility that will serve 15-20 homeless people needing respite care.

Need: Youth Emergency Shelter

Homeless youth often do not access the existing shelter resources in the City of Bakersfield and County of Kern because there are no beds available and the youth are frequently resistant to staying in a shelter facility will older adults. Youth specific emergency shelter beds are needed to meet this need.

How funds will meet need:

The CoC will allocate \$125,339.76 in Youth HHAP funds to provide funding for five youth specific emergency shelter beds for three years.

D. Creating Sustainable, Long-Term Housing Solutions

1. BKRHC involvement in efforts to create sustainable, long-term housing solutions for people experiencing homelessness across the county.

The BKRHC believes that ending homelessness will ultimately depend on remedying the affordable housing shortage in Kern County, and recognizes that this will require both a significant increase in rental assistance and development of new housing units affordable to low- and very-low income households. Since 2008, the BKRHC has operated on the basis of 10-year plans to end homelessness that identify specific objective, goals and strategies for providing long-term housing solutions to people at risk of or experiencing homelessness.

The BKRHC has chosen the Housing Authority of the County of Kern (HA) as the lead agency responsible for identifying and developing needed housing resources, working in partnership with the county, cities, and low-income housing providers. The second 10-year plan adopted in 2018 has as one of its major ob-

jectives increasing “the affordable housing inventory for homeless individuals and families by 10,470 new beds,” including: 8,591 permanent supportive housing (PSH), beds broken down by subpopulations, and 1,879 new rapid rehousing (RRH) beds. The BKRHC reviews the plan annually to record progress in meeting these objectives, evaluates current demand for housing, and modifies these target numbers as needed.

The Housing Authority regularly applies for all possible federal Housing Choice Voucher (HCV) Program, CoC Program, and State HHC rental subsidies, and has recently augmented these funds with state HEAP and CESH allocations. The Housing Authority and its affiliate non-profit Golden Empire Affordable Housing, Inc. (GEAHI) are also involved in developing new low-income housing projects throughout the county, including several MHSA and NPLH permanent supportive housing programs targeted to people with behavioral disorders. The Housing Authority also participates in the Kern County Affordable Housing Coalition, which consists of affordable housing developers and city/county planners.

Under Housing First, the BKRHC is committed to finding housing for its clients with minimal delay, and has taken several steps to increase access to affordable housing units, which are in high demand locally. Several agencies have employed housing locators to locate available units, and have also employed housing navigators to help clients negotiate with landlords and place clients in housing as quickly as possible. The Housing Authority has a Risk Mitigation fund guaranteed landlords up to \$2,500 above the usual damage deposit as an incentive for them to rent to homeless clients.

A Move-In fund administered by the United Way of Kern County (UWKC) is also available to help clients overcome financial barriers that would prevent them from accessing or maintaining housing, including the purchase of appliances such as refrigerators and stoves needed to pass HUD habitability inspections. Additionally, Bridge Housing is available for people who have been approved for rental assistance but are waiting on a suitable housing placement.

Continuing case management once clients are placed in housing ensures long-term housing sustainability. Case managers help clients in permanent supportive housing implement individualized service plans to help clients with transportation and link them to disability benefits, employment services, health care, behavioral health treatment, and other services needed to maintain stable housing. Clients are monitored and provided with aftercare services for as long as needed. Clients receiving rapid rehousing services are also provided with up to six month of aftercare services to help ensure their housing.

The CoC Planning and Performance Committee is responsible for monitoring progress in meeting and improving its housing objectives, using quarterly System Performance Reports (SPM) from HMIS that include measures such as length of time people remain homeless, number of people obtaining permanent housing, and the extent of returns to homelessness.

3. RESOURCES ADDRESSING HOMELESSNESS

A. Existing Programs and Resources

1. List of Homeless Funds. The following table contains an exhaustive list of all funds, shown by program and annual dollar amount, currently used by BKRHC member agencies to provide countywide housing and services to Kern’s homeless population. These funds, amounting to a combined total of more than \$40,000,000 in the current year, include direct federal and state grants and formula-based allocations, local government funds, and private funding sources.
 - a) Federal Funding for local homeless activities provided directly or administered through the state or local governments includes: HUD CoC, HVC, HOPWA, CDBG, HOME, ESG, and NSP; VA GPD and SSVF; and HHS HRSA and SAMHSA. The CoC has applied for a 2019 YHDP grant.
 - b) State Funding includes: HEAP, CESH, CalWORKS HSP, NPLH, PHLA, HDAP, WPC, MHSA, and Cal OES DV.
 - c) Local government funds originating within the City of Bakersfield and County of Kern include sales tax and general fund dollars. Private funds include private foundations, corporate contributions, and local fundraising donations.

Revenues Currently Received by BKRHC Agencies for Homeless Housing and Services in 2019-20

Source/Program	Description	Amount
Federal Grants		
HUD CoC	HUD Continuum of Care grants to 9 agencies for rapid rehousing (RRH), permanent supportive housing (PSH), transitional housing (TH), supportive services, HMIS, and planning.	\$5,921,458
HUD HCV	HUD Housing Choice Vouchers for rental assistance, administered by the Public Housing Authority.	\$4,426,264
VA GPD	Grant and Per Diem Program funds for PSH, TH, Bridge Housing, and supportive services for military veterans, implemented by California Veterans Assistance Foundation (CVAF).	\$942,141
VA SSVF	Funds supportive services for RRH and supportive services for veterans and their families, implemented by CVAF.	\$691,641
HUD HOPWA	Housing Opportunities Persons w/AIDS provides temporary housing, case management, housing placement, short-term rental assistance and other services, implemented by Clinical Sierra Vista (CSV).	\$180,000
HHS HRSA	Health Resources & Services Administration funds medical case management for people experiencing homelessness, including women needing maternal health care, implemented by CSV	\$519,783
HHS SAMHSA	Substance Abuse & Mental Health Services Administration grant to CSV for street outreach, case management, and behavioral health treatment.	<u>\$272,000</u>
Total		\$12,953,287
Federal Formula-Based Allocations		
FEMA EFSP	Emergency Food & Shelter Program funds for emergency shelters (ES), and one-time food, rental and utility assistance to people at risk of or experiencing homelessness, administered by United Way.	\$320,418
City ESG	HUD Emergency Solutions Grants Program formula allocation administered by City of Bakersfield for outreach, ES, prevention and RRRH.	\$308,712
County State ESG	ESG allocation administered by Kern County for outreach, ES, prevention, and RRH.	\$548,175
County Federal	ESG allocation administered by Kern County for outreach, ES, prevention,	\$409,344

ESG City CDBG/RDA	and RRH. HUD Community Development Block Grant and Redevelopment Agency funds, portion allocated for ES expansion and operations.	<u>\$1,335,000</u>
Total		\$2,921,649
<u>State of California Grants</u>		
CAL OES DV	Governor's Office of Emergency Services Domestic Violence grants for ES, TH, counseling, advocacy, and services for victims and their children.	\$306,254
NPLH	No Place Like Home Program funds awarded to Kern County for PSH development for people with behavioral health disorders.	\$4,758,368
HCD CESH I & II	California Emergency Solutions & Housing Program funds used by CoC for PSH rental subsidies, bridge housing beds, and landlord incentives.	\$967,217
City HEAP	City of Bakersfield Homeless Emergency Aid Program allocation used for ES development and PSH beds for youth.	\$1,206,162
CoC HEAP	RRH beds, ES beds, rural motel vouchers, PSH move-in costs, prevention, and PSH beds for youth.	\$887,751
DSS HDAP	Department of Social Services Housing and Disability Advocacy Program funds for outreach, case management, disability advocacy, and housing assistance for people with disabilities, administered by County.	\$257,000
DSS HSP	Housing Support Program funds case management and RRH for families experiencing homelessness enrolled in the County CalWORKS program.	\$914,928
WPC	Whole Person Care pilot program administered by Kern Medical, portion allocated to CoC members for ES development, medical respite care, PSH move-in costs, and housing navigators.	<u>1,698,467</u>
Total State Grants		\$10,996,147
<u>City of Bakersfield</u>		
City Measure N	New sales tax dollars allocated for ES development and CoC coordination.	\$4,155,000
City-Other	Various funds allocated for transitional jobs program for people experiencing homelessness, operated by Bakersfield Homeless Center.	<u>\$1,000,000</u>
Total City of Bakersfield		\$5,155,000
<u>County of Kern</u>		
KernBHRS MHSA	Mental Health Services Act funds used for outreach and case management for people with behavioral health disorders, and CoC coordination.	\$1,071,449
KernBHRS	Kern Behavioral Health & Recovery Services HMIS operations	\$100,000
HOME	Home Investments Partnership Program, portion of block grant allocated to PSH development for NPLH projects.	\$1,500,000
NSP	Neighborhood Stabilization Program funds used for NPLH projects.	\$315,160
General Fund	New shelter development, CoC Coordination (\$73,400)	\$1,959,533
PLHA SB 2	New shelter operating funds from Senate Bill 2 through the Permanent Local Housing Allocation.	<u>\$1,300,000</u>
Total County of Kern		\$4,430,982
<u>Private Funds</u>		
Kern Health Systems	Medi-Cal managed care provider donations for medical respite care and case management.	\$550,000
Private	Private donations and fundraising used primarily for ES operations.	<u>\$1,822,119</u>
Total		\$2,372,119
Grand Total All Homeless Funds		\$40,644,344

2. How are these resources integrated or coordinated with applicants from overlapping jurisdictions.

The resources listed above are received by one or more of the BKRHC's 34 member agencies who, between them, provide the vast majority of services to the City of Bakersfield and County homeless population. The services and activities they fund are integrated through the BKRHC's eight standing committees and workgroups, and through mutual referral and collaboration on behalf of clients by member agencies in the conduct of daily business.

The City of Bakersfield and County of Kern both participate in the BKRHC Executive Board, Governing Board, and various committees. They are also involved in helping to prepare the BKRHC's 10-Year Plan to End Homelessness, which contains the agreed upon objectives, goals and strategies around which all members and jurisdictions coalesce.

The HHAP allocation requested by the BKRHC will augment and not supplant funds for any existing services and is based on items identified in the gaps analysis of housing and service needs detailed in the following section. This analysis was used as a common starting point by the BKRHC, City of Bakersfield, and County of Kern for making decisions about the use of HHAP to address gaps in a coordinated, complementary manner.

3. Existing gaps in housing and homeless services for homeless populations.

As previously mentioned, the BKRHC has operated on the basis of a 10-year plan to end homelessness that includes measurable objectives, goals and strategies for providing housing and services to the homeless and at-risk populations. The Plan is reviewed on at least a bi-annual basis to assess progress, re-evaluate and make adjustments in response to intervening developments. A January 2020 review of the current Plan, adopted in May 2018, found the following gaps in housing and homeless services:

- a) HMIS. Kern County Behavioral Health and Recovery Services (KernBHRS) Department, which operates the HMIS database tracking system for the BKRHC, has indicated that funds are needed to cover additional software license and user fees due to the growing number of new and existing agencies participating in HMIS.
- b) CES. The Community Action Partnership of Kern (CAPK), operator of the BKRHC coordinated entry system, reports that 2-1-1/CES Kern has received about twice the calls for assistance in 2019 from people who are at risk of or experiencing homelessness than originally anticipated based on the 2018 PIT Count. This has caused a backlog of people waiting to be assessed by housing navigators. Funds are needed to hire additional personnel to ensure that the CES can respond to calls for help in a timely manner.
- c) Prevention/Diversion. Preventing homelessness is much less expensive than resolving it, yet only limited public funds have been available for this purpose to date. HMIS reported 1,668 households as having experienced homelessness for the first time between January and December 2018 (in HUDX SPM). Many of these homeless episodes could have been prevented if the BKRHC had been able to intervene before these people lost their housing.
- d) Street Outreach and Engagement. The BKRHC has had a net increase of street outreach workers in the past year, but has lost one of two positions dedicated specifically to outreaching and engaging veterans, who remain a high priority target population nationally. It's preferable that street outreach workers work in two-person teams; therefore, one additional outreach worker specific to veterans is needed at this time.

- e) Emergency Shelter. As reported in the January 2019 PIT Count, Kern County experienced a 51% increase in its homeless population, largely due to a 118% increase in the number of unsheltered people. This resulted in overcrowding at Kern's two largest shelters, the Mission at Kern and Bakersfield Homeless Center Family Shelter, both of which had been operating at near or full capacity the preceding year.

At that time the county had only two low-barrier shelter beds, no youth-specific beds, and no ES beds in rural areas. In response, the City of Bakersfield funded a 40-bed expansion at both large shelters, and funded development of a new 150-bed, low-barrier ES scheduled to open this fall. The County of Kern has also funded development of a low-barrier, 150-bed shelter, scheduled to open this spring.

Additional shelter needs include:

- 1) *Shelter Operating Costs*. The combined 80 expansion of the above mentioned shelters will necessitate additional funds to cover operating costs, estimated at about \$640,000 annually (\$8,000/bed). Operating funds will also be needed for the two new low-barrier shelters, estimated at a combine total of \$2,400,000 per year.
 - 2) *Rural Communities*. Several rural communities and smaller cities also saw significant increases in their homeless populations, sufficient to merit creation of temporary shelter/navigation centers in their areas.
- f) Medical Respite Care. Respite care fills a critical niche by offering short-term residential care and medical oversight for homeless people who are too sick to recover on the streets or in a shelter but not sick enough to need a hospital. Kern Health Services (KHS), a local managed Medi-Cal provider, estimates that it could fill 15 to 20 beds on a daily basis, and plans to help fund a respite care program for its homeless patients discharged from local hospitals. Start-up funds amounting to \$250,000 are needed to secure and renovate a suitable facility. Operating funds will be supplied by KHS and partnering hospitals.
- g) Case Management. Case management is a core homeless service needed to engage and connect people experiencing homelessness to permanent housing and ensure that they have adequate support in place to remain in housing once placed. Most CoC member agencies that provide this service have high case manager to client ratios, ranging from 1:40 to 1:65, in comparison to the industry standard of 1:25.

About 90% of homeless people assessed by CES have VI-SPDAT scores high enough to qualify for permanent supportive housing (PSH) or rapid rehousing (RRH). Using the preferred 1:25 case manager to client ratio, it's estimated that a total of 114 case managers are needed to serve a combined total of 2,847 new and existing clients recommended for PSH or RRH interventions, as reported for 2018. These are 41 more case management positions

than currently exist within the CoC. Assuming an average cost (including salary and benefits) of about \$60,000 per position, it's further estimated that about \$2,460,000 would be needed to create these positions.

- h) Permanent Supportive Housing. PSH is a priority for use of HHAP funds to address the recent increase in homelessness, particularly for the most vulnerable homeless people. About 30% of people assessed by CES qualify for PSH. To date, most new PSH beds have been created with HUD Housing Choice Vouchers (HCV). Annual federal HCV allocations have not been sufficient to keep pace with the need, however. Households who formerly experienced homelessness occupy about 75% of the BKRHC's PSH bed inventory, leaving only 25% of the PSH stock for households who are currently experiencing homelessness.

There were a total of 716 new homeless people living in about 515 households (average of 1.39 persons/household) between January and December 2018 who required PSH. At \$7,800 per household, the cost of providing them with PSH is estimated at \$4,017,000 a year. However, only about \$2,253,409 (25%) of the BKRHC's total PSH budget is actually available for new households. Thus, it is estimated that an additional \$1,763,591 is needed annually for PSH above what is currently available.

- i) Rapid Rehousing. About 60% of people assessed by CES qualify for rapid rehousing (RRH) assistance. RRH is a quick and cost effective means of housing people experiencing homelessness, at an average cost of \$2,888 for single households and \$3,920 for families with children. Between January and December 2018 there were a total of 1,400 new and existing homeless households who required RRH, of which 256 were family households and 1,144 single adult households. The cost of providing RRH for these households is estimated at \$4,307,392 annually, including \$1,003,520 for families and \$3,303,872 for single adults. A total of \$2,142,641 of RRH funding is available this year, or about one-half (\$2,164,751) of what is actually needed for these households.
- j) Landlord Incentives/Risk Mitigation Fund. The Housing Authority of the County of Kern (HA) administers a risk mitigation fund used as an incentive to recruit landlords willing to rent to homeless people. The fund provides an added protection for landlords by guaranteeing up to \$2,500 in damage repairs above the usual security deposit. It has been especially useful in the current housing market where there is a significant shortage of affordable housing units. Additional funds are needed to replenish and expand the fund, which is down to about \$7,700 at present.

B. HHAP Funding Plans

1. Explain how BKRHC plans to use full amount of HHAP funds (including youth set-aside) and how it complements existing funds to close the identified gaps in housing and homeless services.

Infrastructure Development – CES

The CoC will allocate \$78,000, along with \$42,000 allocated by City HHAP, to fund the hiring of one new FTE employee for CES for two years to address the increased volume of calls and referrals to CES. This complements the \$236,838 each year that is allocated by HUD for CES and the \$57,000 in one-time CESH funding that was allocated for CES and increases the capacity of CES to handle the volume of calls and referrals.

Landlord Incentives

The CoC will allocate \$30,000 to fund the Risk Mitigation fund for another two years based on current utilization rates. This complements the \$23,402 in CESH I & II funding allocated to the Risk Mitigation fund and extends it for another two years beyond the existing funding.

Prevention/Diversion

The CoC allocate \$550,000 to fund Prevention/Diversion services for an estimated 150 households, thereby helping decrease the number of people becoming homeless. This complements the \$123,754 in FEMA, ESG and HEAP funds allocated to prevention/diversion to significantly increase the number of household served.

Rapid Re-Housing

The CoC will allocate \$50,000 for Rapid Re-Housing services. When combined with \$112,838.75 from the City HHAP funds and \$446,618.31 from County HHAP funds, an estimated 179 households will be provided rapid-rehousing services. While this is significantly less than the need, it will help meet part of the need to move individuals and families rapidly into housing. This complements the \$2,142, 641 in existing RRH funds available through HUD CoC, VA SSVF, HUD ESG, HEAP, and CalWORKs HSP to serve additional homeless households.

Rental Assistance - PSH

The CoC will allocate \$405,069.87 for PSH rental assistance. When combined with \$70,838.75 of City HHAP funds, an estimated 33 households will be provided PSH rental assistance for two years. While this is significantly less than the need, it will help meet part of the need to move individuals and families into permanent supportive housing. This complements the \$9,013,636 in existing HUD CoC, HUD HCV, VA Per Diem, and CESH I & II funds allocated to PSH rental assistance. Only approximately ¼ of these existing funds are available for current people experiencing homelessness as a majority of the funds are utilized to support the ongoing housing needs of formerly homeless people. Therefore, the new HHAP rental assistance funds will assist additional currently homeless households with PSH.

Innovative Solutions – Respite Care

The CoC will allocate \$250,000 to provide start-up costs for a medical respite care facility that will serve 15-20 homeless people needing respite care. This will complement the \$350,000 allocated by Kern Health Systems to fund the remaining start-up costs needed to open the respite care facility.

Youth Emergency Shelter

The CoC will allocate \$125,339.76 in Youth HHAP funds to provide funding for five youth specific emergency shelter beds for three years. There are currently no funds dedicated to youth specific emergency shelters and this will complement the existing and new HHAP funds allocated to rental assistance for homeless youth.

2. How it will be ensured that HHAP-funded projects will align and comply with the core components of Housing First, as defined in Welfare and Institutions Code 8255(b).

The Bakersfield-Kern Regional Homeless Collaborative (BKRHCO), then known as the Kern County Homeless Collaborative (KCHC), formally adopted the Housing First model in its original 2008 10-Year Plan (*Home First! A Ten Year Plan to End Chronic Homelessness*), and reconfirmed its commitment to this approach when it updated and expanded the Plan in May 2018 (*Home at Last! Kern County's Plan to End Homelessness by 2028*).

By "Housing First," the BKRHC refers to the evidence-based homeless assistance model that helps homeless people access permanent housing as quickly as possible without preconditions, such as sobriety, participation in treatment, or transitional services. Underlying this approach is the truism that housing will immediately end homelessness and provide a stable platform from which people can pursue goals, address their needs, and improve the quality of life. Client choice in housing and services is also seen as fundamental to their success.

All BKRHC member agencies provide homeless services in a manner that aligns and complies with the core components of Housing First. All clients will be assessed, prioritized, and linked to housing and services through the low-barrier CES using the VI-SPDAT triage survey, as previously described. Referrals to CES will be received from a variety of sources countywide, including street outreach, shelters, service agencies, community groups, law enforcement, friends, family, and self-referrals.

CES will place clients on a Housing Waiting List based on their VI-SPDAT vulnerability scores, and assign them housing vouchers as they become available during weekly Housing Case Conferences. Housing placement will be provided regardless of income, credit history, sobriety, criminal convictions unrelated to tenancy, housing "readiness", or other traditional barriers. HHAP tenants will sign a lease and have all the rights and responsibilities of any other renters, under California laws.

Supportive services will be voluntary and will be client-driven, based on individualized service plans that reflect client preferences and goals. Retention of housing will be subject to compliance with the lease, and will not be conditioned on continued services, or use of alcohol or drugs. Case managers will be trained in and employ client-centered, non-judgmental, evidence-based practices such as motivational interviewing.

Supportive service providers will incorporate a harm reduction approach to drug and alcohol use, offering voluntary services based on client choice that do

not mandate sobriety but instead assist clients to avoid risky behaviors and develop safer, more constructive lifestyles. Housing options will include units designed to accommodate people with physical disabilities, and are located in secure, safe settings near transportation, shopping, services and community amenities.

4. PARTNERS ADDRESSING HOMELESSNESS

A. Collaborating Partner Efforts

The BKRHC is the HUD recognized continuum of care (CA CoC-604) regional jurisdiction responsible for ending homelessness in Kern County. It a newly formed non-profit organization whose membership covers the full spectrum of public and private homeless service providers and agencies that interface with the homeless population. The CoC also works in collaboration with numerous partner agencies and community groups who participate in its standing committees and collaborative projects such as the annual PIT Count.

1. Description of collaborative partners who will be working with BKRHC on identified HHAP projects and how it will be partnering with them.

The BKRCH is the administrative entity applying for HHAP funds on behalf of the Bakersfield/Kern County CoC for activities specified in the budget and application narrative, and will allocate and administer HHAP funds to members on the basis of a request for proposals (RFP) process. Non-members who may apply for and receive funds will be required to participate in HMIS and become dues paying members of the CoC. The region covered by the BKRHC includes all of Kern County.

The BKRHC was created in October 2019 to support the Collaborative by serving as its fiscal agent and applicant for HUD CoC and state HHAP grants; providing planning, logistical and administrative support; and acting as its spokespeople. Previously, the United Way of Kern County (UWKC) acted as its fiscal agent and collaborative applicant, and most other functions were performed volunteers. The BKRHC employs several full-time staff including an executive director who reports to the Executive Board, which is composed of directors appointed by the City, County and CoC. Five percent (5%) of the CoC's HHAP allocation will be used for grant administration.

Creation of the new non-profit has increased the involvement of the City of Bakersfield and County of Kern jurisdictions in the CoC, and opened the door to greater participation by their various departments. City representation in the CoC includes the Planning, Code Enforcement, and Police departments. County representation includes the Chief Administrator's Office, and the Planning, Behavioral Health, Public Health, Human Services, Aging and Adult Services, and Probation departments, as well as the Sheriffs Office and Employers Training Resource.

Membership also includes: Bakersfield College (BC), the Kern County Superintendent of Schools (KCSOS) McKinney-Vento representatives, and the Kern

County Network for Children. Other members include the Housing Authority of the County of Kern, United Way of Kern County (UWKC), Kern Health Systems, and the Kern Hospital Authority, in addition to numerous non-profit shelter, outreach, case management, health care, disability, and legal services providers.

Collaboration between BKRHC member agencies around the provision of housing and services occurs in 11 standing committees, under oversight and direction of a Governing Board elected by the CoC membership. These committees, most of which meet on a monthly basis, include: CoC Planning and Performance, PIT Count, Homeless Prevention and Discharge, HMIS/Data Quality, Outreach, Housing, Resource Development, SOAR (SSI/SSDI Outreach, Access and Recovery), Homeless Youth, and the Youth Action Board.

One seat on the Governing Board is reserved for a person who is currently or has previously been homeless. The Youth Action Board is composed entirely of youth (18 to 24 years), two-thirds of who are currently or previously homeless. Additionally, several CoC member agencies have staff persons, including outreach workers and case managers, with lived experience of homelessness.

In addition to participating together in the BKRHC, the CoC, City, and County routinely share information about homelessness. The BKRHC shares HMIS PIT Counts and System Performance reports with the City and County, as well as the 10-Year Plan for inclusion in their Consolidated and Annual Action plans. Members also participate in stakeholder focus groups, complete ESG Priority surveys, and provide annual presentations to the City Council and Board of Supervisors about the state of homelessness in Kern County.

Although it is not known yet all the agencies who will receive HHAP funds from the BKRHC or the City and County jurisdictions, it is possible to describe how collaborative agencies currently partner to address needs identified in the gaps analysis summarized in Section 3.A.3

Outreach. Several agencies including Flood Bakersfield Ministries (Flood), Clinica Sierra Vista (CSV), and the California Veterans Assistance Foundation (CVAF) conduct street outreach activities throughout the county to ensure that the most vulnerable, isolated persons are engaged in services. These agencies coordinate outreach areas to avoid overlap and duplication of services. The outreach teams network with and receive referrals from local service providers, law enforcement, and the public in all communities, and contact emergency responders if and when needed.

CES. CAPK operates the CES system used in Kern County, as described in Section 2.A. CES receives referrals from numerous agencies and community groups countywide who have been trained by CAPK in the use of a Quick Referral Tool (QRT) screening survey. The BKRHC will allocate HHAP funds will be used to increase CES staffing to ensure timely assessments, per Section 5.A.1.

HMIS. KernBHRS administer the HMIS system used to track and report client services and outcomes, and provides training to users who enter data in the sys-

tem. Currently there are 19 agencies and 78 active users entering data. The HMIS/Data Quality Committee oversees HMIS operation.

Emergency Shelters. Kern County's two main emergency shelters are the Mission at Kern men's dormitory and the Bakersfield Homeless Center (BHC) Family Shelter. Domestic violence shelters include the Alliance Against Family Violence (AAFV) Bakersfield and Delano shelters, ALPHA House in Taft, and the Women's Center – High Desert (WCHC) in Ridgecrest. All shelters are full service programs, offering food, clothing, hygiene, and supportive services ranging from case management to childcare. Between them, they offer a total of 593 beds, more than three-quarters of which are concentrated in Metro Bakersfield.

Additionally, Flood Bakersfield Ministries coordinates a motel voucher program in rural communities. The City of Bakersfield and County are both developing new 150-bed, low-barrier ES/navigation centers in Metro Bakersfield, expected to open sometime later this year. Eight percent (8%) of the BKRHC's HHAP funds will be used to operate five new youth specific low-barrier beds in an existing ES, per Section 5.A.7.

Respite Care. The BKRHC plans to use HHAP funds to start up a new 15-20 bed medical respite care facility for persons discharged from hospitals who are too ill to sleep in an emergency shelter or on the streets, per Section 5.A.6. The program will probably be operated by CoC member agency Kern Health Systems in partnership with a local hospital. Case management services will be provided to respite care residents by partner agencies listed below, under CM in this section.

Transitional Housing: Four BKRHC member agencies operate a combined total of 10 transitional housing programs with 185 beds, all in Bakersfield, including: 1 DV (AAVF), 4 Veterans' (CVAF), 1 Family (HA), and 5 privately funded faith-based programs (Mission). Under the Housing First approach, public funding of TH has diminished considerably, resulting in a 25% decrease in TH beds over the past 10 years. In addition to 24-hour residential care, all of these facilities offer case management and supportive services, including childcare for the DV and women's programs.

Bridge Housing: Two agencies, including the Housing Authority and CVAF, provide bridge housing (BH) to individuals and families who have a PH voucher but require short-term housing (up to 90 days), typically in a motel or hotel, while awaiting a suitable PH placement.

The CoC Planning and Performance Committee monitors ES and TH occupancy rates on a quarterly basis, as tracked by HMIS.

Permanent Housing. A major objective of the BKRHC, as detailed in its 10-Year Plan is to increase affordable housing" by 10,470 PSH and RRH beds, or 1,047 beds per year. In 2019, there were 2,405 PSH beds and 577 RRH beds in the CoC's inventory. The Housing Authority uses HUD CoC Program and Housing Choice Vouchers (HCV) to provide the bulk of PSH housing beds, which it does in close partnership with several case management providers. The UWKC adminis-

ters a Move-In Fund to help clients cover costs, such as credit checks, application fees, and basic appliances that are needed to access and maintain PSH housing. A significant portion of the BKRHC's HHAP request will be used towards rental assistance for PSH to augment limited federal HCV dollars, which have not been sufficient to meet existing needs, per Section 5.A.5.

Rapid Rehousing: Two agencies, including the BHC and CVAF, provide rapid rehousing services, including funds for deposits, short-term (6 month) rental subsidies, and brief case management. HHAP funds will also be used to provide RRH services for an additional 178 households, as detailed in Section 5.A.4.

Housing Development: The Housing Authority and Golden Empire Affordable Housing (GEAHI) have partnered with KernBHRS, the City of Bakersfield, and the County, to develop and operate three supportive housing facilities in Bakersfield, including one HUD SRO and two MHSA projects. Currently, the Housing Authority and KernBHRS have been awarded funds for two NPLH projects and have another application pending.

As described in Sections 2.A & B, CES is the means by which all homeless persons are assessed and prioritized on the Housing Prioritization List, from which they are placed in housing during weekly case conferences held by the Housing Committee. The CoC Planning and Performance Committee also monitors housing placements and retention on a quarterly basis, using HMIS.

Case Management. Case management is the core homeless service connecting clients to housing, and the primary means of integrating supportive services. It is a voluntary service based on client choice and with integrated service plans that link clients to mainstream services such as benefits, employment, health care, behavioral health care, and other supports needed to maintain stable housing.

Ten CoC member agencies provide case management or housing navigation services, including: the BHC, Mission, Flood, KernBHRS, AAFV, WCHD, CAPK, CVAF, GBLA, HA, and the Independent Living Center of Kern County (ILCKC). Between them, they currently employ 73 case managers who variously provide brief CM to prevent loss of housing, short-term (up to 6-months) CM to provide RRH services, and long-term, ongoing CM for clients in PSH, in partnership with the Housing Authority.

Benefits counseling training is offered to CoC case managers by the SOAR Committee. Case management-related outcomes including housing placements, housing retention, changes in earned and non-earned income are monitored quarterly by the CoC Planning and Performance Committee using HMIS.

Prevention. The CES began assessing, prioritizing and referring persons at-risk of experiencing homelessness using the Pro-VI-SPDAT on May 19, 2019. The BHC has primary responsibility for providing prevention services to this population, including financial assistance for rental arrears, utility assistance, food, brief case management, and landlord mediation. Prevention strategies are dis-

cussed within the Prevention and Discharge Committee. HHAP funds will be used to augment existing prevention funds, per Section 5.A.3.

2. Description of barriers experienced in partnering, and how these will be addressed.

The BKRHC does not anticipate any significant barriers in partnering on the HHAP-funded activities, either between itself and other jurisdictions or between its members. The BKRHC is a well established collaborative whose members have long-standing working relations in their mutual interest of ending homelessness. The members experience in partnering with each other extends from work within the democratic structures of the BKRHC governing board and standing committees, to collaborating as working groups on community outreach activities, such as the PIT County and Veterans' Stand Down. Members also share a common CES, HMIS database, and system performance measures system. Any barriers that might arise involving access to services, inter-agency cooperation, duplication of services, or service gaps, can be brought up, discussed and resolved within the committee venues or taken to the governing board or executive board for a decision, if necessary.

5. SOLUTIONS TO ADDRESSING HOMELESSNESS

A. Explain how HHAP funds will directly impact measurable goals included in CESH Strategic Plan and by how much, including number of individuals to be successfully placed in permanent housing with HHAP funding.

As shown in the budget request, the BKRHC proposes to allocate its HHAP funds for 1) CES Infrastructure Development, 2) Landlord Incentives, 3) Prevention/ Diversion, 4) Rapid Rehousing, 5) Rental Assistance, 6) Innovative Solutions – Medical Respite Care, and 7) Youth Specific Emergency Shelter. Of these proposed activities, CES, Landlord Incentives, and Rental Assistance were included in the CoC's two CESH Strategic Plans. The CoC did not use CESH funds for Prevention/Diversion, Medical Respite Care, and Youth Specific ES. Only 5% of the HHAP budget will be allocated for CoC Administration to allow additional funds for services.

The total number of individuals served using HHAP funds is expected to be 536. 50% of these individuals will be placed in permanent housing.

Descriptions of and measurable goals for these activities are provided below:

- 1) Infrastructure Development – CES: Fund 1.00 FTE Housing Navigator for two years to assess, prioritize and refer persons at-risk of or experiencing homelessness. BKRHC has operated a HUD-compliant CES since April 2018, supported by a CES Committee that oversees its activities.

Goals

- a) Number of homeless persons served: 2,500 persons, including 500 at-risk persons, and 2,000 homeless persons, including 1,000 unsheltered persons.
- b) Length of time before assessment: 75% of CES participants will be assessed in 7 days or less.
- c) Percentage of individuals placed in Permanent Housing: 70%

- 2) Landlord Incentives – Risk Mitigation: Funds for two years to enhance existing risk mitigation fund to rent to additional homeless persons. Currently, the CoC can provide a risk mitigation allowance of up to \$2,500 per unit above the damage deposit to make it more attractive for landlords to rent to its clients. The CoC has been successfully operating this program since 2018. Funds have been paid out on less than 5% of units enrolled in program.

Goals

- a) Number of persons to be served: 118, including 78 unsheltered persons
 - b) Number of persons exiting the program into permanent housing: 100
 - c) Number of person who will retain housing after 24 months: 90
 - d) Percentage of individuals placed in Permanent Housing: 84%
- 3) Prevention/Diversion: Three years of funding to enhance existing prevention-diversion services, including rental and utility assistance, nutrition, transportation, landlord mediation, legal services, and/or help with identifying housing arrangements that are alternatives to shelter or sleeping unsheltered.

Goals

- a) Number of households to be served: 155 households with 202 persons.
 - b) Number of households prevented from becoming homeless: 135 households (90%) with 176 persons.
 - c) Percentage of individuals placed in Permanent Housing: 0%
- 4) Rapid Rehousing. One-year funding to provide rapid rehousing services to additional homeless individuals and families.

Goals

- a) Number of persons served: 18 households with 23 persons.
 - b) Number of households/persons placed in RRH: 15 households with 20 persons.
 - c) Number of persons who will retain housing after 24 months: 27
 - d) Percentage of individuals placed in Permanent Housing: 87%
- 5) Rental Assistance: Funds for two years of Permanent supportive housing rental assistance for individuals and families experiencing homelessness. The CoC currently administers rental assistance for more than 2,000 PSH beds that include case management assistance to maintain housing.

Goals

- a) Number of households and persons to be served: 29 households with 38 persons.
- b) Number of households/persons placed in PSH: 25 households with 33 persons, including 12 unsheltered persons.
- c) Number of persons who will retain housing after 24 months: 30
- d) Percentage of individuals placed in Permanent Housing: 86%

- 6) Innovative Solutions – Medical Respite Care: Funds moved from HEAP allocation to HHAP for start-up costs for 15- to 20-bed respite care facility providing short-term (up to 4 months) residential care and medical oversight for homeless persons who are too sick to recover on the streets or in a shelter but not sick

enough to need a hospital. This will replace a similar program that ran between 2015 and 2017 but was closed due to loss of funds. Local managed health care and hospital partners will provide services.

Goals

- a) Program will start up by: September 2020
- b) Number of persons served annually: 80 to 100
- c) Percentage of individuals placed in Permanent Housing: 60%

- 7) Youth Specific Emergency Shelter: Three years of funding of operating costs for five emergency shelter beds targeted to youth, 18 to 24 years old.

Goals

- a) Number of youth to be sheltered: 25 per year or 75 over 3 years
- b) Number of youth exiting to permanent housing: 67
- c) Percentage of individuals placed in Permanent: 89%



HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM (HHAP) ANNUAL BUDGET TEMPLATE

APPLICANT INFORMATION

CoC / Large City / County Name:

Bakersfield/Kern County COC

Receiving Redirected Funds? Y/N

No

Administrative Entity Name:

Bakersfield-Kern Regional Homeless Collaborative

Total Redirected Funding

\$ -

HHAP FUNDING EXPENDITURE PLAN*

ELIGIBLE USE CATEGORY	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25	TOTAL
Rental Assistance and Rapid Rehousing	\$ 252,534.93	\$ 202,534.94	\$ -	\$ -	\$ -	\$ 455,069.87
Operating Subsidies and Reserves	\$ 41,779.92	\$ 41,779.92	\$ 41,779.92	\$ -	\$ -	\$ 125,339.76
Landlord Incentives	\$ 15,000.00	\$ 15,000.00	\$ -	\$ -	\$ -	\$ 30,000.00
Outreach and Coordination (including employment)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Systems Support to Create Regional Partnerships	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Delivery of Permanent Housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Prevention and Shelter Diversion to Permanent Housing	\$ 183,333.00	\$ 183,333.00	\$ 183,334.00	\$ -	\$ -	\$ 550,000.00
New Navigation Centers and Emergency Shelters	\$ 250,000.00			\$ -	\$ -	\$ 250,000.00
Strategic Homelessness Planning, Infrastructure Development, CES, and HMIS (up to 5%)	\$ 39,000.00	\$ 39,000.00	\$ -	\$ -	\$ -	\$ 78,000.00
Administrative (up to 7%)	\$ 26,112.45	\$ 26,112.45	\$ 26,112.45	\$ -	\$ -	\$ 78,337.35
						\$ 1,566,746.98
						TOTAL FUNDING ALLOCATION
	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25	TOTAL
Youth Set-Aside (at least 8%)	\$ 41,779.92	\$ 41,779.92	\$ 41,779.92	\$ -	\$ -	\$ 125,339.76

*Narrative should reflect details of HHAP funding plan

COMMENTS:

FINAL



BAKERSFIELD

THE SOUND OF *Something Better*

Stephen Pelz
BKRHC Board Chairman
601 24th Street
Bakersfield, CA 93301

Subject: HHAP Grant Funding, Regional Coordination and Partnership

Dear Mr. Pelz:

On behalf of the City of Bakersfield (City), I am writing to assure you of our commitment to coordinate and partner with the Bakersfield Kern Regional Homeless Collaborative (BKRHC), as well as the County of Kern (County), in utilizing grant funds to be received under the State Homeless Housing, Assistance and Prevention Program (HHAP).

The City understands that the BKRHC is the non-profit organization responsible for administering the HUD recognized Continuum of Care (CA CoC-604) in the Bakersfield/Kern County region. We understand that to be maximally effective in ending homelessness we must ensure that HHAP-funded services and efforts to be conducted by the County, City, and BKRHC will supplement, but not duplicate, one another within our overlapping jurisdictions.

In 2018, our CoC established a State Funding Workgroup with representatives from the County, City, and subject matter experts which met regularly to plan and coordinate the utilization of one-time State funding, including HEAP, CESH, and HHAP, to best address homeless population needs within all three jurisdictions. Based on a comprehensive needs assessment related to homelessness, the Workgroup recommended HHAP allocations for all three regional jurisdictions, identifying which entity was best suited to help address the identified needs. These recommendations were then approved by the BKRHC Executive Board, which includes representatives from the County, City, and CoC, on February 3, 2020.

The State Funding Workgroup, including the BKRHC, County, and City will continue to meet on a regular and as needed basis to jointly plan and evaluate HHAP spending and projects, and will provide regular HHAP progress reports at monthly meetings to the BKRHC Executive Board. Also, per mutual agreement, the County's Coordinated Entry System (CES) will be used to assess, prioritize, and link persons at risk of or experiencing homelessness with the appropriate HHAP-funded service provider in their area. All HHAP recipient agencies will participate in the existing Homeless Management Information System (HMIS) used to track and report on client services and outcomes, data from which will be shared by all three HHAP jurisdictions.



BAKERSFIELD

THE SOUND OF *Something Better*

The City acknowledges that the City, County, and BKRHC have reviewed and agreed upon how HHAP funds will be spent within their respective jurisdictions, and that the HHAP spending plan and budget accurately addresses their share of the regional need to address homelessness.

Sincerely,

Christopher Boyle
Development Services Director

Kern County Administrative Office



County Administrative Center

1115 Truxtun Avenue, Fifth Floor Bakersfield, CA 93301 - 4639
Telephone 661-868-3198 FAX 661-868-3190 TTY Relay 800-735-2929

Ryan J. Alsop

County Administrative Officer

Stephen Pelz
Housing Authority of the County of Kern
BKRHC Executive Board Chair
601 24th Street
Bakersfield, CA 93301

Subject: HHAP Grant Funding, Regional Coordination and Partnership

Dear Mr. Pelz:

On behalf of the County of Kern (County), I am writing to assure you of our commitment to coordinate and partner with the Bakersfield-Kern Regional Homeless Collaborative (BKRHC), as well as the City of Bakersfield (City), in utilizing grant funds to be received under the State Homeless Housing, Assistance and Prevention Program (HHAP).

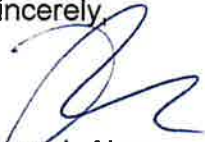
As you know, the County provides most of the social services to our most vulnerable populations and in addition participates in both the BKRHC Executive and Governing Board, which support our Continuum of Care. We understand that to be maximally effective in ending homelessness, we must ensure that HHAP-funded services and efforts to be conducted by the County, City, and BKRHC will supplement, but not duplicate, one another within our overlapping jurisdictions.

In 2018, our CoC established a State Funding Workgroup with representatives from the County, City, and subject matter experts which has met regularly to plan and coordinate the utilization of one-time State funding, including HEAP, CESH, and HHAP, to best address homeless population needs within all three jurisdictions. Based on a comprehensive needs assessment related to homelessness, the Workgroup recommended HHAP allocations for all three regional jurisdictions, identifying which entity was best suited to help address the identified needs. These recommendations were then approved by the BKRHC Executive Board, which includes representatives from the County, City, and CoC, on February 3, 2020.

The State Funding Workgroup, including the BKRHC, County, and City will continue to meet on a regular and as needed basis to jointly plan and evaluate HHAP spending and projects, and will provide regular HHAP progress reports at monthly meetings to the BKRHC Executive Board. Also, per our mutual agreement, the county's Coordinated Entry System (CES) will be used to assess, prioritize, and link persons at risk of or experiencing homelessness with the appropriate HHAP-funded service provider in their area. All HHAP recipient agencies will participate in the existing Homeless Management Information System (HMIS) used to track and report on client services and outcomes, data from which will be shared by all three HHAP jurisdictions.

The County acknowledges that the City, County, and BRHC have reviewed and agreed upon how HHAP funds will be spent within their respective jurisdictions, and that the HHAP spending plan and budget accurately addresses their share of the regional need to address homelessness.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Ryan J. Alsop', with a stylized flourish at the end.

Ryan J. Alsop
Kern County Chief Administrative Officer