

Kings/Tulare Continuum of Care on Homelessness

Application Narrative Template

Summary of Homelessness in the CoC

See attached Excel file of the HUD Longitudinal System Assessment (LSA) from October 1, 2017 – September 30, 2018.

Demonstration of Regional Coordination

A. Coordinated Entry System (CES) Information

The Coordinated Entry System is operated by the Kings/Tulare Homeless Alliance. The CES utilizes the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) and the vulnerability Index and Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT) tools. These assessment tools assist in consistently evaluating the level of need and appropriate services for all clients seeking services.

Navigators and Street Outreach teams coordinate weekly outreach with local law enforcement, faith-based, and service providers to cover the bi-county region and identify encampments and other hot spots. Assessments are also available at a low-barrier warming center, special events and drop-in center sites. Teams build rapport by using trauma informed communication with persons experiencing homelessness that otherwise may not be willing to accept services. CES connects households with children to homeless education liaisons as well as mainstream benefit providers to offer services to families with children. 211 hotline and mobile app link homeless who have not been assessed with the CES team.

CES is affirmatively marketed throughout the bi-county region to reach persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach. Trainings covering cultural and linguistic competence, as well as safety planning, are required of all staff administering the standardized assessment.

The VI-SPDAT score together with the length of time in which households have been homeless are used to prioritize vulnerability to ensure they receive services in a timely manner. Frequent contact is made by housing navigators and outreach staff for the collection of documents to rapidly refer households prioritized for housing programs. Housing providers and navigators have required timeframes and guidelines to contact prioritized households who have been referred to a housing program to reduce the length of time households experience homelessness.

The local Homeless Management Information System (HMIS) software, Client Track, allows us to manage referrals, manage measurement score (for example, the VI-SPDAT score) and allows us to create customized assessments and reports. All assessments are entered into HMIS by Providers and the Housing Navigator as close to real time as possible. This process allows the Housing

Navigator to maintain a real-time Housing Priority List. As housing opportunities become available, the Housing Navigator selects households from the Housing Priority List based on a combination of VI-SPDAT score, length of time homeless and program requirements (e.g. disabling condition, chronic homeless status, etc.). All referrals for ESG and CoC funded projects are made by the Housing Navigator and are based on matching the appropriate intervention with the highest-scoring household in that category.

Case Management Roundtables are held monthly to staff cases and discuss challenges and successes related to the coordinated entry and housing priority list process. Before a client is referred to a particular project, they are asked if they are willing to be placed in that city (if the project is master leased or SBRA). If they deny the opening for a master leasing/SBRA opening, they are placed back on the Housing Priority List until another opening becomes available. If the project type is TBRA, RRH, etc., the client works closely with the receiving agency to locate a unit that meets their needs.

The CES Written Standards include a formal grievance policy that outlines the process by which a complaint can be filed and how it will be handled. Below is the complete Grievance Policy:

Definitions:

Complaint – When a client or community member doesn't like particular procedures, the outcome of a process, style differences between staff, timeframe of staff responses, or behavioral styles that may feel abrupt or too direct when compared to other staff styles. A complaint may be handled in an informal conversation with staff person or supervisor, if necessary.

Discrimination Complaint – Any participant who believes he or she has been discriminated against on the basis of race, color, religion, sex, national origin, disability, familial status, actual or perceived sexual orientation, gender identity, or marital status, may file a discrimination complaint by completing and submitting the agency's discrimination complaint Form. The Alliance investigates complaints received no more than 180 days after the alleged incident.

Grievance – When a client or community member states that they have been harmed by staff behavior and that behavior significantly deviates from appropriate, professional behavior or when a client's complaint is not resolvable with the staff person's supervisor. Filing a grievance is a formal procedure that will include management involvement and possible oversight from the relevant agency's Executive Director.

POLICY:

It is important to have a mechanism for clients to address grievances or complaints promptly. Clients need to feel that their concerns are well heard, that they are treated respectfully, and that the agency makes every effort to formally investigate complaints in a fair and thorough manner. Clients need to know that we are engaged in continuous improvement of our services.

PROCEDURE:

1. The person making the grievance or complaint will be asked if they have adhered to grievance procedures provided by the organization they are making a grievance or complaint about. If the person making the grievance or complaint has not gone through the grievance procedure provided by the organization, the CoC will recommend that the person do so and document that procedure. If the resolution provided by that organization was not satisfactory to the complainant, he/she may put the problem in writing and submit it to the Executive Director of the CoC. The Grievance form is located in Appendix E. If the complainant does not want his/her name attached to the complaint, his/her anonymity will be protected. If the complainant is unwilling to put the concern in writing, the Executive Director or another CoC member will document what has been said.
2. Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution.
3. Once a complaint or grievance has been submitted, the Executive Director of the CoC will approach the program's representative, explain the complaint or grievance, and ask for a response to the charge(s). Responses will be documented. It will be up to the Executive Director to decide if the matter needs to be discussed by the Board of Directors of the CoC. A second complaint or grievance will be handled in the same manner.
4. If a program receives a third complaint, the Board of Directors of the CoC will review the situation and recommend action. The Executive Director of the program being reviewed will be asked to respond to the Board of Directors.
5. All complaints or grievances involving vulnerable adults or children will be immediately turned over to the appropriate county office.

The predominant challenge of our CES is that our region is significantly under resourced. On average, we have five housing opportunities available each month throughout the bi-county region. The lack of housing for people experiencing homelessness results in long wait times to receive assistance and an increase in the number of people experiencing chronic homelessness. We are using the recent influx of state funding to partner with jurisdictions, county agencies, and affordable housing developers to increase the number of housing opportunities for people experiencing homelessness.

B. Prioritization Criteria

In accordance with our CES Written Standards:

Emergency shelters will prioritize individuals/families that:

1. Have the most urgent and severe needs; and
2. Cannot be diverted; and
3. Can be safely accommodated in the shelter; and
4. Are not in need of emergency medical or psychiatric services or are dangers to self or others.

Rapid Rehousing assistance will prioritize households with a vulnerability score in the range of 4 to 9 based on the VI-SPDAT or VI-F-SPDAT. Referrals will be based on the highest score in the

RRH range of 4 to 9. Homeless veteran households will be further prioritized in CoC-funded RRH projects. Eligible households:

1. Must be literally homeless as defined by HUD (See Table 3 above) and reside in Kings or Tulare County; AND
2. The household must be at or below 30% AMI at the time they are admitted to the program and be at or below 50% AMI at the time of reassessment(s); AND
3. Households cannot be residing in subsidized housing or receiving a duplicate housing subsidy.

For **Permanent Housing**, the Alliance has adopted the order of priority as outlined in HUD's Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status (Notice), which can be found at:

<https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf>.

1. First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - a. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - b. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs according to Section I.D.3 of the Notice.
2. Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:
 - a. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
 - b. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

3. Third Priority—Individuals and Families with the Most Severe Service Needs. An individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - a. The homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than twelve months; and
 - b. The CoC or CoC program recipient has identified the homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

4. Fourth Priority—All Other Homeless Individuals and Families. An individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - a. The homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions is less than 12 months; and
 - b. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

C. Coordination of Regional Needs

We coordinate with both Kings and Tulare Counties on a regular basis. Current partnerships include co-staffing pop-up navigation centers, combining staff for street outreach efforts, bi-directional referrals, monthly case management and multi-disciplinary team meetings, and county-level coalitions.

As a bi-county CoC, we don't define "share of regional need" between a county entity and the CoC. Rather, we meet regularly to identify ways to leverage resources and combine efforts in a collaborative approach. A recent example of cross sector collaboration was the development of PHIL: Pool for Homeless Initiatives Locally. PHIL has allowed for the creation of projects more comprehensive and integrated than has ever before been possible in Kings and Tulare counties. Two brand new bridge housing projects (the first of their kind in our region) were funded using money from the state (CESH, HEAP, and HMIOT). Tulare County would not have been able to fund a bridge housing project unilaterally with its HMIOT allocation. Similarly, the two bridge housing projects would have had a significant funding shortfall without the HMIOT funding. Through PHIL, local applicants were able to easily identify available funding sources and conceptualize projects – like these bridge housing projects – that integrated a wide range of

funding sources unlike ever before in our region. Essentially, PHIL fostered higher quality homeless projects by clearly emphasizing to applicants the role that leveraging limited resources has in creating new and vital community projects.

The funds allocated to the CoC will be split amongst Kings and Tulare Counties in accordance with the 2020 point in time results. The CoC share identified for the Kings County region will be combined with the County HHAP funds, NPLH, WPC, and other funds to develop and operate a permanent housing complex. The CoC will receive the Tulare County HHAP allocation and will combine it with the CoC share for Tulare County to provide continued operational support for the two new bridge housing projects.

D. Creating Sustainable, Long Term Housing Solutions

The CoC works with local jurisdictions on creating long-term housing solutions for people experiencing homelessness. For example, we combined several funding streams through PHIL in order to gather sufficient resources for the acquisition and rehabilitation of two bridge housing projects. We have also collaborated with two affordable housing developers on three new projects that have set-aside units for people experiencing homelessness: Finca Serena (25 units), Sequoia Commons (6 units), and NPLH project (5 units). The Housing Authority, Tulare County HHSA, and the CoC collaborated on the HUD Mainstream Voucher Program, which resulted in an award of 45 vouchers for people experiencing homelessness.

We are also in the process of implementing a new homeless plan in Tulare County, which calls for a Housing Development Committee charged with planning a 5-year pipeline and asking local jurisdictions to commit resources toward developing housing projects locally. In Kings County, we are currently in the gaps analysis stage and are meeting monthly to identify funding, land, and collaborative opportunities that will yield long-term housing solutions.

Resources Addressing Homelessness

A. Existing Programs and Resources

The Kings/Tulare region currently has \$9,977,597 in funding dedicated to serving people experiencing homelessness.

The resources with an asterisk in the table below have been combined to create the following projects:

- 22-bed bridge housing project (acquisition, rehab, and operating costs)
- 11-bed master leasing project (rehab and operating costs)
- 30-bed navigation center (rehab and operating costs)
- Housing Stabilization Program
- 45 Mainstream Voucher Program

Funding Source	Federal	State	Local
BFH		\$250,000	
CoC*	\$2,335,093		
CDBG*	\$720,991		
CESH*		\$1,957,084	
ESG* (through State)	\$188,073		
General Fund*			\$50,000
HEAP*		\$2,635,249	
HDAP*		\$291,046	
HMIOT*		\$459,000	
HSP		\$1,016,061	
Private Sector*			\$75,000
Total	\$3,244,157	\$6,608,440	\$125,000

The Housing Support Program (HSP) in both counties works closely with the Coordinated Entry System to accept and track referrals. Additionally, Kings County HSA uses the VI-SPDAT and HMIS for HSP clients and Tulare County HHSA will be following suit later this year.

The bi-county region has a tremendous system of passionate, impactful providers dedicated to addressing homelessness. While resources specific to homelessness are limited, they are being targeted to the people who most need them, with programs that are using the best available approaches and a system that works hard to connect people as quickly as possible. At the same time, the region continues to struggle with some of the highest rates of people becoming homeless for the first time, people returning to homelessness from permanent housing, and people living without shelter, as compared with comparably sized Continuums of Care in California. The fact is, the region does not have nearly enough services available to meet the growing need. Barriers include:

Minimal resources and infrastructure for best practices - Both the Landlord Mitigation and Flexible Housing Funds are extremely valuable programs in helping to get people connected to units faster. However, these pilot programs are new and have minimal resources to support infrastructure or staffing for administration of the program and will need continued investment over time.

Insufficient housing stock - Lacking The pace of affordable housing development dedicated to people who are extremely low-income or in Permanent Supportive Housing is not nearly enough to keep up with the need.

Understaffed outreach teams - There is a large number of people experiencing long-term homelessness who require intensive engagement and support.

Not enough shelters – There is only one low-barrier shelter option in the bi-county and there are not nearly enough shelter beds to meet the need.

Transportation - Access to services is challenging for people experiencing homelessness. Service providers and outreach workers spend considerable time transporting clients to appointments, but significantly more transportation support is needed to help people get to appointments and access benefits and services.

High rate of first time homelessness - Our region has almost 30% more people who are experiencing first time homelessness than other comparable CoCs in California.

B. HHAP Funding Plans

The CoC intends to use HHAP funds as follows:

66%	Operating subsidies to support existing bridge housing/navigation centers without a source of ongoing funding: <ul style="list-style-type: none">▪ 30-bed navigation center (open date 4/1/20)▪ 22-bed bridge housing project (open date 3/1/20)
12%	Delivery of permanent housing
10%	Systems Support to maintain a homeless services and housing delivery system
5%	HMIS infrastructure support
7%	Administrative costs

The youth set-aside will be used for operating support subsidies. Eden House (bridge housing) and Porterville Welcome Center (navigation center) both have a youth service component. Both projects are required to serve a set number of youth as a part of the funding requirement.

All projects funded through HHAP are required to sign an Agency Partnership Agreement committing to following the Coordinated Entry System written standards, participating in case management roundtables, implementing projects based on evidenced based practices including Housing First, trauma-informed care, and strengths based projects that are client focused and culturally competent.

Utilizing our allocation of funding with the focus areas outlined above ensures that we are able to continue the operations of low-barrier shelter programs in our region. Further, we are collaborating with Kings Human Services Agency, Kings Public Health, Kings Behavioral Health, and a developer to build an affordable housing project with a 50% set aside for people experiencing homelessness. Both of these strategies are identified in our homeless plans.

Partners Addressing Homelessness

Our partners for the projects we intend to fund with HHAP include:

Partner	Description of Partnership
Anthem Blue Cross	Provides flex funds for Anthem members to cover move-in costs, security/utility deposits, etc. for clients exiting the bridge and/or navigation centers.
City of Hanford	Provides funding for supplies in new mobile health outreach van.
City of Porterville	Purchased site for navigation center and provides match for operation expenses.
City of Visalia	Funds (1) housing navigator, provides funding for acquisition of bridge housing project.
Family Healthcare Network	Health homes service provider. Supports eligible clients with housing location and support services.
Housing Authority of Tulare County	Provides (45) mainstream vouchers and has plans to allocate project-based vouchers for permanent housing projects.
Kaweah Delta Hospital	Has a frequent utilizer program that provides housing navigation, outreach, and supportive services to people experiencing homelessness.
Kings Co. Behavioral Health	Supporting the new permanent housing project by allocating NPLH, Whole Person Care, and Full Service Partnership funds.
Kings Co. Human Services Agency	Will provide outreach, support services, and social security advocacy to clients.
Kings Co. Public Health	Provides medical services via the mobile health outreach van.
Kings United Way	Operates the HMIS and 211 systems.
Kingsview	Operates the PATH program and will assist with outreach and navigation services.
Mental Health Systems	Service provider of the bridge housing project.
Self-Help Enterprises	Affordable housing developer for the bridge housing project.
Tulare Co. Health & Human Services Agency	Will provide outreach, case management, mental health, substance use, and social security advocacy to clients.
Tulare Co. Office of Education	Will accept referrals for homeless students that need specialized services to attend school. Will also send referrals for housing assistance.
Tulare Co. Workforce Investment Board	Will accept referrals for the ECO program, a homeless work program.
Turning Point of Central California	Service provider of the housing navigation center project.
UPholdings	Affordable housing developer for the permanent supportive housing project.
Uplift	Youth provider that will refer clients to bridge, navigation center, and permanent housing project. Will also accept referrals for TAY project.

We have a very strong partnership with both Kings and Tulare counties, local jurisdictions, and private sector partners. With two new homeless plans recently completed, we are working on ways to enhance collaboration and find creative ways to maximize the scarce resources in our community. Our primary barrier is having sufficient funding for systems support to maintain a homeless services and housing delivery system. We plan to address this by allocating some of the HHAP funds for staffing and overall systems support.

Solutions to Address Homelessness

Our performance measurements for projects funded with HHAP are outline in the table below:

Strategy	Goal	Measurement
Increase shelter/housing options for those unsheltered	The total number of individuals served across all HHAP projects will be 155.	# of enrolled clients during the program period.
Increase permanent housing retention/exits	The total percentage of individuals to be successfully placed in permanent housing across all HHAP funded projects will be 75%.	% of successful exits from HMIS System Performance Measure, Metric 7b.1, line 4.
Increase affordable housing stock	Develop one new affordable housing complex with homeless set-aside units.	# of PSH units on Housing Inventory Chart.



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

APPLICANT INFORMATION

CoC / Large City / County Name:	Visalia/Kings, Tulare Counties	Receiving Redirected Funds? Y/N	Yes
Administrative Entity Name:	Kings/Tulare Continuum of Care	Total Redirected Funding	\$ 888,348.78

HHAP FUNDING EXPENDITURE PLAN*

ELIGIBLE USE CATEGORY	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25	TOTAL
Rental Assistance and Rapid Rehousing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Operating Subsidies and Reserves	\$ -	\$ 704,131.12	\$ 704,131.12	\$ 57,113.23	\$ -	\$ 1,465,375.47
Landlord Incentives	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Outreach and Coordination (including employment)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Systems Support to Create Regional Partnerships	\$ -	\$ -	\$ 71,391.55	\$ 71,391.55	\$ 71,391.54	\$ 214,174.64
Delivery of Permanent Housing	\$ -	\$ -	\$ 205,186.69	\$ -	\$ -	\$ 205,186.69
Prevention and Shelter Diversion to Permanent Housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
New Navigation Centers and Emergency Shelters	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Strategic Homelessness Planning, Infrastructure Development, CES, and HMIS (up to 5%)	\$ -	\$ 26,771.83	\$ 26,771.83	\$ 26,771.83	\$ 26,771.83	\$ 107,087.32
Administrative (up to 7%)	\$ -	\$ 37,480.56	\$ 37,480.56	\$ 37,480.56	\$ 37,480.56	\$ 149,922.24
						\$ 2,141,746.36
			TOTAL FUNDING ALLOCATION			
	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25	TOTAL
Youth Set-Aside (at least 8%)	\$ -	\$ 57,113.24	\$ 57,113.24	\$ 57,113.23	\$ -	\$ 171,339.71

*Narrative should reflect details of HHAP funding plan

COMMENTS:

FINAL



Sanja K. Bugay
Director

Human Services Agency

County of Kings - State of California

*Child Welfare & Adult Services
Benefits & Employment Training Services
Adoption & Foster Home Licensing Services*

February 13, 2020

Machael Smith, Executive Director
Kings/Tulare Continuum of Care on Homelessness
525 W Center Ave
Visalia, CA 93231

Dear Mrs. Smith:

RE: Letter of Support – Homeless Housing, Assistance, and Prevention (HHAP) Program

On behalf of the Kings County Human Services Agency, I am pleased to express support of the Homeless Housing, Assistance and Prevention (HHAP) program funding that Kings/Tulare Continuum of Care on Homelessness is pursuing through the NOFA issued on December 6, 2019.

As an organization, your efforts and commitment to addressing homelessness in our region have proven invaluable. Our collaboration along with that of other key stakeholders in Kings County has and will continue to align our efforts, streamline services and leverage our resources to improve outcomes. Partnering on this funding opportunity supports these efforts.

Your plan to utilize this funding is in line with Kings County's goals and priorities for addressing homelessness and supports the gaps in services. Our collaboration on this funding opportunity resulted the decision to each commit a portion of our HHAP allocations towards operating support for the same permanent supportive housing project. This permanent supportive housing project will support long-term success in our effort to combat homelessness.

I look forward to our continued alliance and our monthly collaborative meetings. Our collaborative participation will give us an opportunity to discuss and evaluate HHAP progress. Only by building core infrastructure through these types of partnerships, can we meet the unique needs of our community and improve outcomes for all.

If you have any questions about this letter of support, please don't hesitate to contact me at 559-852-2200 or via email at Sanja.Bugay@co.kings.ca.us.

Sincerely,

Sanja K. Bugay, Director
Kings County Human Services Agency