Homeless Housing, Assistance and Prevention Round 3 Application

Application Information

This Cognito platform is the submission portal for the Cal ICH HHAP-3 Application. You will be required to upload a full copy of the HHAP-3 Data Tables Template *and* enter information into the portal from specific parts of the HHAP-3 Local Homelessness Action Plan and Application Template as outlined below.

Please review the following HHAP-3 resources prior to beginning this application:

- [HHAP-3 Notice of Funding Availability (NOFA)](#)

- [HHAP-3 Local Homelessness Action Plan & Application Template](#) and

- [HHAP-3 Data Tables Template](#)

Application Submission for HHAP-3 Funding

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1. **Part I: Landscape Analysis of Needs, Demographics, And Funding**: the information required in this section will be provided in <u>Tables 1, 2, and 3 of the HHAP-3 Data Tables Template file</u> uploaded in the *Document Upload* section.

2. **Part II: Outcome Goals and Strategies for Achieving Those Goals:** the information required in this section will be provided in <u>Tables 4 and 5 of the HHAP-3 Data Tables Template file</u> uploaded in the *Document Upload* section, **AND** copy and pasted into the fields in the *Outcome Goals and Strategies* section of this application form.

3. **Part III: Narrative Responses:** the information required in this section will be provided by <u>entering the responses to the narrative questions</u> within the *Narrative Responses* section of this application form. Applicants are <u>NOT</u> required to upload a separate document with the responses to these narrative questions, though applicants may do so if they wish. The responses entered into this Cognito form will be considered the official responses to the required narrative questions.

4. **Part IV: HHAP-3 Funding Plans:** the information required in this section will be provided in <u>Tables</u>

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- **Document Upload**: In this section, upload (1) the completed HHAP-3 Data Tables Template as an Excel file, (2) evidence of meeting the requirement to agendize the local homelessness action plan and outcome goals at a regular meeting of the governing board where public comments may be received, and (3) any other supporting documentation you may wish to provide to support your application.

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I have reviewed the HHAP-3 NOFA and application template documents
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I am a representative from an eligble CoC, Large City, and/or County
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Eligible Applicant Name
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Eligible Jurisdiction 2

Eligible Applicant Name
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Eligible Jurisdiction 3

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Click **+ Add Eligible Jurisdiction** above to add additional joint applicants as needed.

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Funds awarded based on this application will be administered by the following Administrative Entity:

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Contact Person
Denise Cloward

Title
ATCAA Housing Director

Contact Person Phone Number
(209) 223-1485

Contact Person Email
dcloward@atcaa.org

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Narrative Responses

Copy and paste your responses to Part III. Narrative Responses from the [HHAP-3 Local Homelessness Action Plan & Application Template](#) into the form below.

Question 1

A demonstration of how the jurisdiction has coordinated, and will continue to coordinate, with other jurisdictions, including the specific role of each applicant in relation to other applicants in the region.

Question 1 Response
Our CA-526 CoC is supported through registered organizations that are
recognized as General Membership participants, representing the full
geographic area of our four (4) county regional commitment to end
homelessness. These organizations work collaboratively to support and advise
the Governing Board. Our CoC holds monthly (in-person and/or virtual)
meetings of the Governing Board, General Membership and the Executive
Committee to ensure communication efforts are effective.
The CSCoC Governing Board announces during our public monthly meetings
all funding opportunities and how to access information from our Website. Our
CA-526 publicizes all meetings following the Brown Act, CA-526 Website, Board
of Supervisors, local papers, radio and local events.
Time is allowed for public comment at each of the monthly Governing Board
meetings. All public comments are welcome throughout the agenda and are captured in the Minutes of each
meeting. Strong efforts have been and are being made to continue the success
of the Governing Board Committee groups to use all gathered information and
improve approaches to addressing homelessness across our region. All
meeting agenda and minutes are posted to the website monthly for
transparency and sharing information. Each County Homeless Task Force has
representation on the Governing Board and reports are part of standing items
on each Governing Board Agenda for reporting out activities of the Task Force
on a monthly basis. The four (4) county Homeless Task Forces also participate
in submitting material for the CSCoC Website.
HHAP Rating and Ranking process avoids conflicts of interest and follows CA-526 Governing Standards.
Governing Board has fair representation of all Counties in CoC region. Counties within the CA-526
selecting to not redirect collaborate on goals and strategies identified in applications to ensure measures
selected for review are tangible and coordinate with local and regional funding plans. 2022 CA-526 Action
Plan includes detailed list of regional partners and ongoing Subcommittee work. For access to all forms
and documents please visit- centralsierracoc.org.

Question 2

A demonstration of the applicant's partnership with, or plans to use funding to increase partnership with:

- Local health care and managed care plans
- Public health systems
- Behavioral health
- Social services

- Justice entities

- People with lived experiences of homelessness

- Other (workforce system, services for older adults and people with disabilities, Child Welfare, education system)

Question 2 Response

Administrative entity for HHAP funding is the CoC Collaborative applicant, HMIS Lead Agency, and CA-526 facilitator. CDSS in 4 rural Counties participate in local CoC Board and decision-making process to ensure representation is fair and accountable. Social Services funding across region as shown in the application funding chart, continues to support most crisis response systems at the highest level. Social Services Contracts and MOU's are shared with CoC partners/housing and homeless providers to create streamline services for intake and referrals. All CoC HUD funded PSH projects have close connections with Behavior Health and case management wrap around support. Local Behavior Health and other CDSS providers assist in ongoing CES determination committee calls to connect clients as needed. CES determination committee meetings weekly, also continue to share prioritized clients and pathways for services. Department of Health Care Service (DHCS) has completed presentations to CA-526 and ongoing collaboration is in place to connect Local Health Care Action Plan detail sharing capacity. Landscape analysis and other demographics regarding HHAP information shared/ connected to local health plan submission for ongoing system development. Local Managed Care Plan and Community Support (HHIP) in collaboration to meet targeted deadlines. Prioritized goals include CES updates and data sharing training to maximize connections into local health care plan. This collaboration includes ongoing Management Care Plan coordination, and Community Support services referral connections. Homeless Task forces are developed and work in all 4 counties that include, local justice entities, congregations, local day center providers and a network of community planning and supportive services groups. HHAP R3 funding to include outreach and engagement from local officers connected to street navigator positions. Community Corrections Partnership are dedicated to sharing challenging clients in system of care for effective and efficient housing referral options. Task force meetings in all counties include people with lived experience, along w CA-526 Committees and Board. HHAP R3 RFP process submitted with application for reference. List of CA-526 participating Agencies include:

Participating Entities
Anthem Blue Cross   California Health & Wellness
Mark Twain Medical Center   Sutter-Amador Hospital
Adventist Health Sonora
Amador County H&HS   Calaveras H&HS
Mariposa County H&HS   Tuolumne County H&HS
Tuolumne County Behavioral Health
Amador County Behavioral Health
Amador-Tuolumne Community Action Agency   Berkeley Food & Housing
Depart of Veterans Affairs   Area 12 Agency on Aging
Calaveras Veterans Services   Sierra Hope
Alliance for Community Transformations   Operation Care
Veterans Service Office   Victory Village
Calaveras-Mariposa Community Action Agency
Tuolumne County Com. Resources Housing Division
City of Jackson Police Dept.
Homeblessedness Corp.   Resiliency Village
Tuolumne County Homeless Services
Steve Christensen   First 5 Calaveras
Mother Lode Job Training

Southern Sierra Miwuk Nation

Question 3

A description of specific actions the applicant will take to ensure racial and gender equity in service delivery, housing placements, and housing retention and changes to procurement or other means of affirming racial and ethnic groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services.

Note: These actions should be aligned with the equity-focused Outcome Goals and related strategies described in previous Parts, but should not need to be limited to those strategies.

Question 3 Response
The CSCoC has adopted a major focus to address equity in the areas of race, ethnicity, and gender. We are updating our Coordinated Entry System (CES) and Homeless Management Information System (HMIS) to include priorities in delivery of service, housing placement, housing retention and other means of affirming racial, ethnic and gender groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services. We have included in our Request for Proposal (RFP) documents a goal the CSCoC approved: "Advancing Racial Equality: Grantees should prioritize the advancement of racial equity at all levels of the homeless response system. The CSCoC asks applicants to be leaders in their homeless response systems, facilitating partnerships among service organizations and promoting racial equity practices. Applicants must respond to disproportionality in access to services, service provision and outcomes. Applicants may not simply rely on delivering a standardization of services to address equity – applicants have the responsibility to examine their data to ensure all eligible persons receive equitable services, support, and are served with dignity, respect, and compassion regardless of circumstances, ability, or identity."
RACIAL EQUITY GOAL: Increase awareness among employers of the importance of providing access to local street outreach to migrant farmers, laborers for construction, seasonal employees and part time service industry employees with language appropriate information to be connected to Coordinated Entry System leading to successful placement. Improve Written Standards to prioritize minorities for placement into housing. Heighten efforts to identify and resolve inequities in the CSCoC documents, policies, and structure.
TRIBAL CONNECTIONS GOAL: Increase awareness of the CSCoC regarding Tribal Entities, both federal land and non-federal land. Provide outreach to all recognized Tribal Entities to include representatives on our General Membership and share lived experiences of Indigenous Persons.
Our Written Standards include 7 Fair Housing, Antidiscrimination, Equal access per HUDs CoC Program Interim Rule 24 CFR 578.93(C), and others. In our Policies and Procedures, pages 12, 22 and 40 prioritization of most vulnerable populations specific to racial equity are addressed. Our Local Housing Authority participates in additional outreach to Native American Tribal Council members. The CSCoC approach to advancing equity in both race and gender, we began with our decision-making process by recognizing and working to redress inequities in our programs. To this is end some of our members have participated in training regarding equity and we will continue to schedule similar training over the next few years.
Terms and definitions can be ambiguous at times, so it is important to provide clarify when discussing equity. Equity means a consistent and systematic fair, just and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.
The CSCoC will conduct an equity assessment of all of our documents, procedures and policies to determine if underserved communities face systemic barriers to accessing services in our four (4) county region. Some of these barriers might include enrollment and access to benefits and services regarding

housing, employment, safety, and others. Policies and Procedures will be revised accordingly to address any potential equity issues. We will continue to require funded entities to abide by our Policies and Procedures and Written Standards as they are revised to include equity.

Question 4

A description of how the applicant will make progress in preventing exits to homelessness from institutional settings, including plans to leverage funding from mainstream systems for evidence-based housing and housing-based solutions to homelessness.

Note: Such mainstream systems could include:

- Physical and behavioral health care systems and managed care plan organizations
- Public health system
- Criminal legal system and system for supporting re-entry from incarceration
- Child welfare system
- Affordable housing funders and providers
- Income support programs
- Education system
- Workforce and employment systems
- Other social services and human services systems

Question 4 Response
The largest portion of HHAP R 3 funding will be awarded to projects adding new Temporary or existing shelter beds as Counties continue to strengthen both short- and long-term housing goals. Street outreach and engagement projects both new and existing will also be funded and offer more efficient connections into systems of care across the region. Funding will be used to enhance street outreach services and service coordination efforts that include new opportunities to connection into current health systems. New partners regionally connected to CDSS and other housing funds include contracted Agencies with Sobriety homes, Behavior Health, Public Health, Law Enforcement Street Navigators, and current Housing RR/ES providers. Current existing funding in CA-526 region including: CDSS, COC, ESG, and previous HHAP rounds continue to support sanctioned shelter operations, PSH projects, Rapid Re Housing, Homeless Prevention, and HMIS capacity funding. Most Counties have additional funding for building and renovations secured or in process to proceed with long term affordable housing goals. These sources include No Place Like Home, Permanent Local Housing Allocations, and Community Development Block grants. Capacity to add additional case management services also established through local CDSS funding sources. CA-526 continues to work closely with local Housing Authority to provide Emergency Vouchered Placements and long-term housing solutions. Gaps to focus on in underserved subpopulations in CA-526 include those who are literally homeless and suffering from mental illness, these include Households without children, those suffering from domestic violence, African Americans, Veterans, 18-24 youth populations, and American Indian Alaskan Natives. Strategic actions in region to complete these efforts include dedicated youth beds in all projects, updates to Coordinated Entry priorities, additional street outreach services, and connection with Tribal Entities. Letters of Intent submitted to support these regional efforts and goals connected to HHAP R 3 include: 1. The City of Jackson (Amador County) Street Outreach, Services Coordination. 2. Victory Village (Amador County) Operating Subsidies, Rapid Rehousing, Outreach, Interim sheltering, Supportive Services, and Homeless Prevention to local Homeless Veterans. 3. ATCAA (Amador County) Operating Subsidies, Service Coordination Emergency Shelter. 4.

Calaveras Health and Human Services (Calaveras County) Prevention, Diversion, Rapid Rehousing, Interim Housing, Systems Support. 5. Sierra Hope (Calaveras County) Operating Subsidies, ES, Rapid Re Housing, Systems support, Prevention diversion. 6. Tuolumne PD (Tuolumne County) Street Outreach, Services Coordination. 7. Victory Village (Tuolumne County) Operating Subsidies, Rapid Rehousing, Outreach, Interim sheltering, Supportive Services, and Homeless Prevention to local Homeless Veterans. 8. Resiliency Village (Tuolumne County) Operating Subsidies, Shelter improvements low barrier, increase privacy. 9. Tuolumne County (Tuolumne) Interim sheltering (new pallet homes) 10. Mariposa County Health and Human Services (Mariposa) Operating Subsidies ES.

CA-526 Regional Strategic Plan Goals approved FY2022/23 1. Strengthen Continuum of Care Administrative Capacity to increase resources for the crisis response system. 2. Move People who are experiencing homelessness into permanent housing as quickly as possible. 3. Help formerly homeless households retain their housing. 4. Prevent and divert new households from becoming homeless.

All CA-526 regional shelters have close connections with APS/CPS and offer expungement of records as onsite/offsite services. All local homeless task force meetings connect in with law enforcement for ongoing cross sectional partnering. Agencies delivering housing services are trained in trauma informed care to understand specific populations and needs related to housing stability. Shelters and projects continue to serve low barrier, offering services to those exiting institutional settings and open communications with local PD is ongoing as circumstances arise. Street Outreach services offered through City and local PD funded by HHAP R3 and ESG Street Outreach. Services include transportation, weekly connections, and mobile shower units. Training in HMIS to law enforcement in process/complete in some Counties to ensure those in encampments or released have timely opportunities to CES, services, and housing services available. Ongoing Community Correction Partnership meetings to ensure those needing probation or parole are discussed and wrap around services met. New projects regionally adding beds in ES, Transitional, Veterans, pallet structures, or outreach include local law enforcement participation and collaborations as allowable to date.

Our CSCoC is collaborating with several health focused entities in the four (4) county region. General Members to our CSCoC include Adventist Health Sonora; Anthem Blue Cross; California Health & Wellness; Mark Twain Medical Center; Sutter Amador Hospital and health services provided in all four (4) counties by county departments of Health and Human Services.

Housing and Homelessness Incentive Program (HHIP)

Our CSCoC is participating in discussions regarding the HHIP Local Homelessness Plan (LHP) in an effort to make the strongest impact with funding to support partnerships and referrals for our homeless and/or at risk of homelessness population. Working on a unified approach with each of the four (4) counties helps guaranteed alignment with our Strategic Action Plan and HHAP -3 priorities.

The CES and HMIS are currently up and running on our CSCoC regional area, so being able to include additional clients funding from other sources at the county level will enhance and strengthen our data system. Being able to connect our CSCoC providers and projects to local street medicine teams providing healthcare to homeless will increase the number of people accessing services. Improving health, including mental health and substance use disorders, is a first step in moving people to permanent housing, and to help those currently housed remain in their homes.

Question 5

Specific and quantifiable systems improvements that the applicant will take to improve the delivery of housing and services to people experiencing homelessness or at risk of homelessness, including, but not limited to, the following:

(I) Capacity building and workforce development for service providers within the jurisdiction, including removing barriers to contracting with culturally specific service providers and building the capacity of providers to administer culturally specific services.

(II) Strengthening the data quality of the recipient's Homeless Management Information System.

(III) Increasing capacity for pooling and aligning housing and services funding from existing, mainstream, and new funding.

(IV) Improving homeless point-in-time counts.

(V) Improving coordinated entry systems to strengthen coordinated entry systems to eliminate racial bias, to create a youthspecific coordinated entry system or youth-specific coordinated entry access points, or to improve the coordinated entry assessment tool to ensure that it contemplates the specific needs of youth experiencing homelessness.

Question 5 Response
The CSCoC is including in this plan the following specific and quantifiable system activities we have/will take to improve the delivery of housing and services to people experiencing homelessness or at risk of homelessness. Our CSCoC currently participates with the local Workforce Development System, and we have secured Memoranda of Understanding supporting data collection and sharing capacity efforts. Referrals from our Coordinated Entry System and business tax forms provides incentives locally to hire homeless or at risk of homelessness. Workforce Development program representatives participate in many of our CSCoC Committees including HMIS, Review, Rank and Fund, and Point-In-Time Count.
We have a contract in place for revising our HMIS policies and procedures to ensure capacity across all systems. Revisions include workflow charts specific to all counties and funded partners, financial capacity pro forma, regional training schedules, data sharing, data analysis and reporting systems to the Governing Board, and ongoing data policy development. Tribal entities across the region are invited to join our CSCoC. We currently have one new Tribal entity in our General Membership. All four (4) counties in our region have specific CES HUB Centers acting as repositories accessible on site. Limited English Proficiency study was completed, and we are now targeting Spanish speaking populations with new Spanish outreach materials in both Street Outreach and Social Media Advertisements. Revisions to our CES tool are being made to update Homeless Prevention mandates. We have committees working on revisions to include additional work with Veterans and Youth. We have strengthened our connections to local law enforcement, job training systems, social services, ER departments, VA providers, local school systems, domestic violence providers, disability services, two Community Action Agencies, LGBTQ+ service providers, mental health, formerly homeless and County Governmental entities. We are coordinating HMIS to include youth demographics, specific youth questions, and participating in ongoing work through our newly established Youth Advisory Committee/Youth Action Board.
Table 7
Capacity building & workforce development for service providers within the jurisdiction
Partner with Mother Lode Job Training to build capacity for training staff and clients
Develop and implement training sessions for responding to Requests for Proposals
Removing barriers to contracting with culturally specific providers
Provide training for providers targeting culturally specific areas of concern
Building capacity of providers to administer culturally specific services
Provide training for providers in administration of culturally specific services
Strengthen the data quality of our Homeless Management Information System
Work with CES/HMIS Committee to identify new data points and implement regionally
Increasing capacity for pooling & aligning housing & services funding from existing, mainstream, and new funding
Utilizing worksheet for identifying all funding sources and services landscape, plan to fill gaps
Improving homeless point-in-time counts
Increase capacity at each county through outreach and training
Improving coordinated entry system to strengthen CES systems to:
Eliminated racial bias

Develop and implement new policies, procedures and standards regarding racial and gender equity
Create youth-specific CES entry access points
Develop new communication methods to attract youth to access CES
Homeless Prevention
Develop and implement new HP policies and procedures to improve preventing homelessness
Improve CES assessment tool to ensure that it contemplates specific needs of youth experiencing homelessness
Working with Youth Advisory Committee and Youth Action Board to identify and resolve barriers to housing for youth

Question 6

Evidence of connection with the local homeless Coordinated Entry System.

Question 6 Response
CSCoC Coordinated Entry System
Our CSCoC Coordinated Entry System (CES) covers all four (4) counties in our region. Through efforts of the CSCoC, all projects funded by the CSCoC are required to participate in both the HMIS and CES. Our CES covers 100% of our regional area. When State/Federal funds are available for allocation, the Request for Proposal (RFP) documents state clearly, if funded, the agency awarded funding will participate fully in the HMIS and CES. Once funded, sub-contractors are monitored on a regular basis, both for use and compliance with HMIS and CES.
All CES Housing Resource Coordinators and staff have received Trauma Informed Care mandated training on a regular basis. Training sessions are delivered by local Mental Health staff, First Five, and Youth Service providers in both Amador and Tuolumne counties, and other counties receive similar training through their Health and Human Services departments.
System decentralization reaches people who are least likely to apply for homeless assistance in the absence of special outreach in all areas: Our CSCoC currently collaborates with law enforcement, street outreach, local and regional health systems, and mobile crisis units in all four (4) counties in our region, identifying and referring individuals and families to the appropriate intake or HUB site working in their specific location to assure prompt service delivery.
CES scoring system prioritizes people most in need of assistance: In the CES Policies and Procedures we state "Households are prioritized for a full continuum of housing and service interventions according to CSCoC and ESG Written Standards, which prioritize those who are most vulnerable and with the most immediate needs for referral and placement into appropriate housing interventions – those with the highest Modified VI-SPDAT scores are prioritized highest for longer term housing solutions".
Our CSCoC is currently working on CES data sharing efforts in connection with local health systems and revisions to our policies and procedures. Revision will revisit capacity of regional systems and efforts to strengthen workflow charts, data analysis teams, and additional ongoing regional monitoring needs.

Certification

I certify that all information included in this Application is true and accurate to the best of my knowledge.
Yes

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Contact Person Phone Number
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Contact Person Email
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Narrative Responses

Copy and paste your responses to Part III. Narrative Responses from the [HHAP-3 Local Homelessness Action Plan & Application Template](#) into the form below.

Question 1

A demonstration of how the jurisdiction has coordinated, and will continue to coordinate, with other jurisdictions, including the specific role of each applicant in relation to other applicants in the region.

Question 1 Response
Our CA-526 CoC is supported through registered organizations that are
recognized as General Membership participants, representing the full
geographic area of our four (4) county regional commitment to end
homelessness. These organizations work collaboratively to support and advise
the Governing Board. Our CoC holds monthly (in-person and/or virtual)
meetings of the Governing Board, General Membership and the Executive
Committee to ensure communication efforts are effective.
The CSCoC Governing Board announces during our public monthly meetings
all funding opportunities and how to access information from our Website. Our
CA-526 publicizes all meetings following the Brown Act, CA-526 Website, Board
of Supervisors, local papers, radio and local events.
Time is allowed for public comment at each of the monthly Governing Board
meetings. All public comments are welcome throughout the agenda and are captured in the Minutes of each
meeting. Strong efforts have been and are being made to continue the success
of the Governing Board Committee groups to use all gathered information and
improve approaches to addressing homelessness across our region. All
meeting agenda and minutes are posted to the website monthly for
transparency and sharing information. Each County Homeless Task Force has
representation on the Governing Board and reports are part of standing items
on each Governing Board Agenda for reporting out activities of the Task Force
on a monthly basis. The four (4) county Homeless Task Forces also participate
in submitting material for the CSCoC Website.
HHAP Rating and Ranking process avoids conflicts of interest and follows CA-526 Governing Standards.
Governing Board has fair representation of all Counties in CoC region. Counties within the CA-526
selecting to not redirect collaborate on goals and strategies identified in applications to ensure measures
selected for review are tangible and coordinate with local and regional funding plans. 2022 CA-526 Action
Plan includes detailed list of regional partners and ongoing Subcommittee work. For access to all forms
and documents please visit- centralsierracoc.org.

Question 2

 A demonstration of the applicant's partnership with, or plans to use funding to increase partnership with:

- Local health care and managed care plans

- Public health systems

- Behavioral health

- Social services

- Justice entities

- People with lived experiences of homelessness

- Other (workforce system, services for older adults and people with disabilities, Child Welfare, education system)

Question 2 Response

Administrative entity for HHAP funding is the CoC Collaborative applicant, HMIS Lead Agency, and CA-526 facilitator. CDSS in 4 rural Counties participate in local CoC Board and decision-making process to ensure representation is fair and accountable. Social Services funding across region as shown in the application funding chart, continues to support most crisis response systems at the highest level. Social Services Contracts and MOU's are shared with CoC partners/housing and homeless providers to create streamline services for intake and referrals. All CoC HUD funded PSH projects have close connections with Behavior Health and case management wrap around support. Local Behavior Health and other CDSS providers assist in ongoing CES determination committee calls to connect clients as needed. CES determination committee meetings weekly, also continue to share prioritized clients and pathways for services. Department of Health Care Service (DHCS) has completed presentations to CA-526 and ongoing collaboration is in place to connect Local Health Care Action Plan detail sharing capacity. Landscape analysis and other demographics regarding HHAP information shared/ connected to local health plan submission for ongoing system development. Local Managed Care Plan and Community Support (HHIP) in collaboration to meet targeted deadlines. Prioritized goals include CES updates and data sharing training to maximize connections into local health care plan. This collaboration includes ongoing Management Care Plan coordination, and Community Support services referral connections. Homeless Task forces are developed and work in all 4 counties that include, local justice entities, congregations, local day center providers and a network of community planning and supportive services groups. HHAP R3 funding to include outreach and engagement from local officers connected to street navigator positions. Community Corrections Partnership are dedicated to sharing challenging clients in system of care for effective and efficient housing referral options. Task force meetings in all counties include people with lived experience, along w CA-526 Committees and Board. HHAP R3 RFP process submitted with application for reference. List of CA-526 participating Agencies include:

Participating Entities

Anthem Blue Cross	California Health & Wellness
Mark Twain Medical Center	Sutter-Amador Hospital
Adventist Health Sonora	
Amador County H&HS	Calaveras H&HS
Mariposa County H&HS	Tuolumne County H&HS
Tuolumne County Behavioral Health	
Amador County Behavioral Health	
Amador-Tuolumne Community Action Agency	Berkeley Food & Housing
Depart of Veterans Affairs	Area 12 Agency on Aging
Calaveras Veterans Services	Sierra Hope
Alliance for Community Transformations	Operation Care
Veterans Service Office	Victory Village
Calaveras-Mariposa Community Action Agency	
Tuolumne County Com. Resources Housing Division	
City of Jackson Police Dept.	
Homeblessedness Corp.	Resiliency Village
Tuolumne County Homeless Services	
Steve Christensen	First 5 Calaveras
Mother Lode Job Training	

Southern Sierra Miwuk Nation

Question 3

A description of specific actions the applicant will take to ensure racial and gender equity in service delivery, housing placements, and housing retention and changes to procurement or other means of affirming racial and ethnic groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services.

Note: These actions should be aligned with the equity-focused Outcome Goals and related strategies described in previous Parts, but should not need to be limited to those strategies.

Question 3 Response
The CSCoC has adopted a major focus to address equity in the areas of race, ethnicity, and gender. We are updating our Coordinated Entry System (CES) and Homeless Management Information System (HMIS) to include priorities in delivery of service, housing placement, housing retention and other means of affirming racial, ethnic and gender groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services. We have included in our Request for Proposal (RFP) documents a goal the CSCoC approved: "Advancing Racial Equality: Grantees should prioritize the advancement of racial equity at all levels of the homeless response system. The CSCoC asks applicants to be leaders in their homeless response systems, facilitating partnerships among service organizations and promoting racial equity practices. Applicants must respond to disproportionality in access to services, service provision and outcomes. Applicants may not simply rely on delivering a standardization of services to address equity – applicants have the responsibility to examine their data to ensure all eligible persons receive equitable services, support, and are served with dignity, respect, and compassion regardless of circumstances, ability, or identity."
RACIAL EQUITY GOAL: Increase awareness among employers of the importance of providing access to local street outreach to migrant farmers, laborers for construction, seasonal employees and part time service industry employees with language appropriate information to be connected to Coordinated Entry System leading to successful placement. Improve Written Standards to prioritize minorities for placement into housing. Heighten efforts to identify and resolve inequities in the CSCoC documents, policies, and structure.
TRIBAL CONNECTIONS GOAL: Increase awareness of the CSCoC regarding Tribal Entities, both federal land and non-federal land. Provide outreach to all recognized Tribal Entities to include representatives on our General Membership and share lived experiences of Indigenous Persons.
Our Written Standards include 7 Fair Housing, Antidiscrimination, Equal access per HUDs CoC Program Interim Rule 24 CFR 578.93(C), and others. In our Policies and Procedures, pages 12, 22 and 40 prioritization of most vulnerable populations specific to racial equity are addressed. Our Local Housing Authority participates in additional outreach to Native American Tribal Council members. The CSCoC approach to advancing equity in both race and gender, we began with our decision-making process by recognizing and working to redress inequities in our programs. To this is end some of our members have participated in training regarding equity and we will continue to schedule similar training over the next few years.
Terms and definitions can be ambiguous at times, so it is important to provide clarify when discussing equity. Equity means a consistent and systematic fair, just and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.
The CSCoC will conduct an equity assessment of all of our documents, procedures and policies to determine if underserved communities face systemic barriers to accessing services in our four (4) county region. Some of these barriers might include enrollment and access to benefits and services regarding

housing, employment, safety, and others. Policies and Procedures will be revised accordingly to address any potential equity issues. We will continue to require funded entities to abide by our Policies and Procedures and Written Standards as they are revised to include equity.

Question 4

A description of how the applicant will make progress in preventing exits to homelessness from institutional settings, including plans to leverage funding from mainstream systems for evidence-based housing and housing-based solutions to homelessness.

Note: Such mainstream systems could include:

- Physical and behavioral health care systems and managed care plan organizations
- Public health system
- Criminal legal system and system for supporting re-entry from incarceration
- Child welfare system
- Affordable housing funders and providers
- Income support programs
- Education system
- Workforce and employment systems
- Other social services and human services systems

Question 4 Response
The largest portion of HHAP R 3 funding will be awarded to projects adding new Temporary or existing shelter beds as Counties continue to strengthen both short- and long-term housing goals. Street outreach and engagement projects both new and existing will also be funded and offer more efficient connections into systems of care across the region. Funding will be used to enhance street outreach services and service coordination efforts that include new opportunities to connection into current health systems. New partners regionally connected to CDSS and other housing funds include contracted Agencies with Sobriety homes, Behavior Health, Public Health, Law Enforcement Street Navigators, and current Housing RR/ES providers. Current existing funding in CA-526 region including: CDSS, COC, ESG, and previous HHAP rounds continue to support sanctioned shelter operations, PSH projects, Rapid Re Housing, Homeless Prevention, and HMIS capacity funding. Most Counties have additional funding for building and renovations secured or in process to proceed with long term affordable housing goals. These sources include No Place Like Home, Permanent Local Housing Allocations, and Community Development Block grants. Capacity to add additional case management services also established through local CDSS funding sources. CA-526 continues to work closely with local Housing Authority to provide Emergency Vouchered Placements and long-term housing solutions. Gaps to focus on in underserved subpopulations in CA-526 include those who are literally homeless and suffering from mental illness, these include Households without children, those suffering from domestic violence, African Americans, Veterans, 18-24 youth populations, and American Indian Alaskan Natives. Strategic actions in region to complete these efforts include dedicated youth beds in all projects, updates to Coordinated Entry priorities, additional street outreach services, and connection with Tribal Entities. Letters of Intent submitted to support these regional efforts and goals connected to HHAP R 3 include: 1. The City of Jackson (Amador County) Street Outreach, Services Coordination. 2. Victory Village (Amador County) Operating Subsidies, Rapid Rehousing, Outreach, Interim sheltering, Supportive Services, and Homeless Prevention to local Homeless Veterans. 3. ATCAA (Amador County) Operating Subsidies, Service Coordination Emergency Shelter. 4.

Calaveras Health and Human Services (Calaveras County) Prevention, Diversion, Rapid Rehousing, Interim Housing, Systems Support. 5. Sierra Hope (Calaveras County) Operating Subsidies, ES, Rapid Re Housing, Systems support, Prevention diversion. 6. Tuolumne PD (Tuolumne County) Street Outreach, Services Coordination. 7. Victory Village (Tuolumne County) Operating Subsidies, Rapid Rehousing, Outreach, Interim sheltering, Supportive Services, and Homeless Prevention to local Homeless Veterans. 8. Resiliency Village (Tuolumne County) Operating Subsidies, Shelter improvements low barrier, increase privacy. 9. Tuolumne County (Tuolumne) Interim sheltering (new pallet homes) 10. Mariposa County Health and Human Services (Mariposa) Operating Subsidies ES.

CA-526 Regional Strategic Plan Goals approved FY2022/23 1. Strengthen Continuum of Care Administrative Capacity to increase resources for the crisis response system. 2. Move People who are experiencing homelessness into permanent housing as quickly as possible. 3. Help formerly homeless households retain their housing. 4. Prevent and divert new households from becoming homeless.

All CA-526 regional shelters have close connections with APS/CPS and offer expungement of records as onsite/offsite services. All local homeless task force meetings connect in with law enforcement for ongoing cross sectional partnering. Agencies delivering housing services are trained in trauma informed care to understand specific populations and needs related to housing stability. Shelters and projects continue to serve low barrier, offering services to those exiting institutional settings and open communications with local PD is ongoing as circumstances arise. Street Outreach services offered through City and local PD funded by HHAP R3 and ESG Street Outreach. Services include transportation, weekly connections, and mobile shower units. Training in HMIS to law enforcement in process/complete in some Counties to ensure those in encampments or released have timely opportunities to CES, services, and housing services available. Ongoing Community Correction Partnership meetings to ensure those needing probation or parole are discussed and wrap around services met. New projects regionally adding beds in ES, Transitional, Veterans, pallet structures, or outreach include local law enforcement participation and collaborations as allowable to date.

Our CSCoC is collaborating with several health focused entities in the four (4) county region. General Members to our CSCoC include Adventist Health Sonora; Anthem Blue Cross; California Health & Wellness; Mark Twain Medical Center; Sutter Amador Hospital and health services provided in all four (4) counties by county departments of Health and Human Services.

Housing and Homelessness Incentive Program (HHIP)

Our CSCoC is participating in discussions regarding the HHIP Local Homelessness Plan (LHP) in an effort to make the strongest impact with funding to support partnerships and referrals for our homeless and/or at risk of homelessness population. Working on a unified approach with each of the four (4) counties helps guaranteed alignment with our Strategic Action Plan and HHAP -3 priorities.

The CES and HMIS are currently up and running on our CSCoC regional area, so being able to include additional clients funding from other sources at the county level will enhance and strengthen our data system. Being able to connect our CSCoC providers and projects to local street medicine teams providing healthcare to homeless will increase the number of people accessing services. Improving health, including mental health and substance use disorders, is a first step in moving people to permanent housing, and to help those currently housed remain in their homes.

Question 5

Specific and quantifiable systems improvements that the applicant will take to improve the delivery of housing and services to people experiencing homelessness or at risk of homelessness, including, but not limited to, the following:

(I) Capacity building and workforce development for service providers within the jurisdiction, including removing barriers to contracting with culturally specific service providers and building the capacity of providers to administer culturally specific services.

(II) Strengthening the data quality of the recipient's Homeless Management Information System.

(III) Increasing capacity for pooling and aligning housing and services funding from existing, mainstream, and new funding.

(IV) Improving homeless point-in-time counts.

(V) Improving coordinated entry systems to strengthen coordinated entry systems to eliminate racial bias, to create a youthspecific coordinated entry system or youth-specific coordinated entry access points, or to improve the coordinated entry assessment tool to ensure that it contemplates the specific needs of youth experiencing homelessness.

Question 5 Response
The CSCoC is including in this plan the following specific and quantifiable system activities we have/will take to improve the delivery of housing and services to people experiencing homelessness or at risk of homelessness. Our CSCoC currently participates with the local Workforce Development System, and we have secured Memoranda of Understanding supporting data collection and sharing capacity efforts. Referrals from our Coordinated Entry System and business tax forms provides incentives locally to hire homeless or at risk of homelessness. Workforce Development program representatives participate in many of our CSCoC Committees including HMIS, Review, Rank and Fund, and Point-In-Time Count.
We have a contract in place for revising our HMIS policies and procedures to ensure capacity across all systems. Revisions include workflow charts specific to all counties and funded partners, financial capacity pro forma, regional training schedules, data sharing, data analysis and reporting systems to the Governing Board, and ongoing data policy development. Tribal entities across the region are invited to join our CSCoC. We currently have one new Tribal entity in our General Membership. All four (4) counties in our region have specific CES HUB Centers acting as repositories accessible on site. Limited English Proficiency study was completed, and we are now targeting Spanish speaking populations with new Spanish outreach materials in both Street Outreach and Social Media Advertisements. Revisions to our CES tool are being made to update Homeless Prevention mandates. We have committees working on revisions to include additional work with Veterans and Youth. We have strengthened our connections to local law enforcement, job training systems, social services, ER departments, VA providers, local school systems, domestic violence providers, disability services, two Community Action Agencies, LGBTQ+ service providers, mental health, formerly homeless and County Governmental entities. We are coordinating HMIS to include youth demographics, specific youth questions, and participating in ongoing work through our newly established Youth Advisory Committee/Youth Action Board.
Table 7
Capacity building & workforce development for service providers within the jurisdiction
Partner with Mother Lode Job Training to build capacity for training staff and clients
Develop and implement training sessions for responding to Requests for Proposals
Removing barriers to contracting with culturally specific providers
Provide training for providers targeting culturally specific areas of concern
Building capacity of providers to administer culturally specific services
Provide training for providers in administration of culturally specific services
Strengthen the data quality of our Homeless Management Information System
Work with CES/HMIS Committee to identify new data points and implement regionally
Increasing capacity for pooling & aligning housing & services funding from existing, mainstream, and new funding
Utilizing worksheet for identifying all funding sources and services landscape, plan to fill gaps
Improving homeless point-in-time counts
Increase capacity at each county through outreach and training
Improving coordinated entry system to strengthen CES systems to:
Eliminated racial bias

Develop and implement new policies, procedures and standards regarding racial and gender equity
Create youth-specific CES entry access points
Develop new communication methods to attract youth to access CES
Homeless Prevention
Develop and implement new HP policies and procedures to improve preventing homelessness
Improve CES assessment tool to ensure that it contemplates specific needs of youth experiencing homelessness
Working with Youth Advisory Committee and Youth Action Board to identify and resolve barriers to housing for youth

Question 6

Evidence of connection with the local homeless Coordinated Entry System.

Question 6 Response
CSCoC Coordinated Entry System
Our CSCoC Coordinated Entry System (CES) covers all four (4) counties in our region. Through efforts of the CSCoC, all projects funded by the CSCoC are required to participate in both the HMIS and CES. Our CES covers 100% of our regional area. When State/Federal funds are available for allocation, the Request for Proposal (RFP) documents state clearly, if funded, the agency awarded funding will participate fully in the HMIS and CES. Once funded, sub-contractors are monitored on a regular basis, both for use and compliance with HMIS and CES.
All CES Housing Resource Coordinators and staff have received Trauma Informed Care mandated training on a regular basis. Training sessions are delivered by local Mental Health staff, First Five, and Youth Service providers in both Amador and Tuolumne counties, and other counties receive similar training through their Health and Human Services departments.
System decentralization reaches people who are least likely to apply for homeless assistance in the absence of special outreach in all areas: Our CSCoC currently collaborates with law enforcement, street outreach, local and regional health systems, and mobile crisis units in all four (4) counties in our region, identifying and referring individuals and families to the appropriate intake or HUB site working in their specific location to assure prompt service delivery.
CES scoring system prioritizes people most in need of assistance: In the CES Policies and Procedures we state "Households are prioritized for a full continuum of housing and service interventions according to CSCoC and ESG Written Standards, which prioritize those who are most vulnerable and with the most immediate needs for referral and placement into appropriate housing interventions – those with the highest Modified VI-SPDAT scores are prioritized highest for longer term housing solutions".
Our CSCoC is currently working on CES data sharing efforts in connection with local health systems and revisions to our policies and procedures. Revision will revisit capacity of regional systems and efforts to strengthen workflow charts, data analysis teams, and additional ongoing regional monitoring needs.

Certification

I certify that all information included in this Application is true and accurate to the best of my knowledge.
Yes