



## Grant Cover Sheet For Local Innovation Grants on Housing

*(Please type or print clearly)*

Date: August 23, 2017 (Amended 1/3/18)

### Organization Information

<b>Name of Requesting Organization (or individual):</b>		
Siskiyou County Health & Human Services Agency – Social Services Division		
<b>Primary Contact:</b>	<b>Title:</b>	
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### Proposed Project

<b>Type of Grant</b>
<input type="checkbox"/> Capital Project
<input checked="" type="checkbox"/> Housing Facilitation Project
<b>Brief Summary of Proposed Project</b>
<p>This project, the <b>PHC/HSP Rapid Re-Housing Project</b>, will leverage the existing Siskiyou County CalWORKs (CW) Housing Support program (HSP) allocation (\$172,739 for FY 17-18) allowing for the expansion of the current CW HSP to serve additional CW clients and other non-CalWORKs, Medi-Cal eligible, Partnership Healthplan of California (PHC) members.</p> <p>If funded, this project would have immediate impact. Funding this project at the requested level would increase the number of individuals and/or families who can be served each year in our current CW HSP from approximately 16 families (54 individuals in FY 16-17) to approximately <b>24</b> families or individual clients. Funding the project at a lower level would reduce the number of new clients served but still be beneficial.</p> <p>Our current CW HSP is based on a Rapid Re-Housing model and uses a three-tiered approach in order to provide the appropriate level of financial support. Eligible clients are assessed to determine which tier is appropriate in their case. The three benefit tiers of our current HSP are specified below:</p> <p>Tier One benefits include the following:</p> <ul style="list-style-type: none"> <li>• Up to three months of “temporary/transitional” housing while permanent housing is located (currently usually a motel room);</li> <li>• Move in/security deposit;</li> <li>• First and last month’s rent; and</li> <li>• Utility deposits.</li> </ul>



Tier Two benefits include the following:

- Tier One benefits; and
- Up to three (3) months of rental assistance, including space rental for RV or manufactured home.

Tier Three benefits include the following:

- Tier One benefits; and
- Up to five (5) months of rental assistance, including space rental for RV or manufactured home.

In addition to financial support, the CW HSP staff offer intensive case management services and support to eliminate housing barriers and increase housing stability. Each case is reviewed on a case by case basis and timeframes listed above may be extended based on extenuating circumstances.

**The budget for this project was developed in a manner that allows the project to be scalable up or down if more or less funding is available.**

This proposal is linked to, but not dependent upon, another PHC Local Innovation Grant on Housing proposal, the **Siskiyou/PHC Tiny House Innovation Project**, submitted by the Siskiyou County Health and Human Services Agency (HHSA) Social Services Division (SSD).

<b>Counties/ Region Impacted</b>
Siskiyou County
<b>Estimation of PHC members impacted</b>
18 per year (36 during the project period, assuming half the slots in each tier are filled by individuals vs. families)
<b>Organization approval of attached proposed letter of agreement</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
We still need County Counsel and Board of Supervisor approval

**Proposed Budget and Timetable**

<b>Project Budget</b>	<b>Project Timetable</b>
<b>\$219,938</b>	January 2018 – December 2019

<b>Project Director</b>	<b>Organization</b>
Kate O’Shea, Director, Social Services Division Trish Barbieri, Program Manager, Employment & Temporary Assistance	Siskiyou County HHSA – Social Services Division

## PROJECT NARRATIVE

This project, **the PHC/HSP Rapid Re-Housing Project**, will leverage the existing Siskiyou County CalWORKs (CW) Housing Support program (HSP) allocation (\$172,739 for FY 17-18) and other SSD allocations allowing for the expansion of our CW HSP to serve additional CW HSP clients and other non-CalWORKs, Medi-Cal eligible, Partnership Healthplan of California (PHC) members. This proposal is linked, but not dependent upon, another PHC Local Innovation Grant on Housing proposal, **the Siskiyou/PHC Tiny House Innovation Project**, also submitted by the Siskiyou County Health and Human Services Agency (HHSA) Social Services Division (SSD).

If funded, this project would have immediate impact. Funding this project at the requested level would increase the number of individuals and/or families who can be served each year from approximately 16 families (54 individuals in FY 16-17) annually to approximately 24 families/individual clients for the 24-month grant period. Funding the project at a lower level would reduce the number of new clients served but still be beneficial. Funding the project at a higher level would increase the number of new clients served.

Our current CW HSP is based on a Rapid Re-Housing model and uses a three-tiered approach in order to provide the appropriate level of financial support. Eligible clients are assessed to determine which tier is appropriate in their case. The three benefit tiers of our current CW HSP are specified below.

Tier One benefits include the following:

- Up to three months of “temporary/transitional” housing while permanent housing is located (currently usually a motel room);
- Move in/security deposit;
- First and last month’s rent; and
- Utility deposits.

Tier Two benefits include the following:

- Tier One benefits; and
- Up to three (3) months of rental assistance, including space rental for RV or manufactured home.

Tier Three benefits include the following:

- Tier One benefits; and
- Up to five (5) months of rental assistance, including space rental for RV or manufactured home.

In addition to financial support, CW HSP staff offer intensive case management services and support to eliminate housing barriers and increase housing stability. Each case is reviewed on a case by case basis and timeframes listed above may be extended based on extenuating circumstances. As part of the “progressive engagement” model, program participants will also be required to “contribute” towards the cost of their housing, based on income (no more than 30% of their income and perhaps less). Those contributions will be **paid directly to the housing provider/landlord by the participant**.

### Target Population

The first eligibility criteria for any client or family in the program would be that one or more individuals are Medi-cal eligible PHC member(s). There are two target populations for this project: 1) high need, homeless individuals and/or families who are not eligible to the CW HSP or other similar programs; and 2) CW HSP clients who are not able to be served under the current CW HSP due to a lack of funding. In FY 16-17, the Social Services Division (SSD) applied for and was awarded a state allocation of \$172,739 for the CW HSP. Based on the demonstrated need after the program was implemented, the SSD applied for \$563,541 for FY 17-18. However, no additional funding was allocated at the state level, so the SSD received the same amount as the prior year for FY 17-18. This amount will be insufficient to meet the need. There will be no supplanting of the CW HSP allocation, only leveraging. No CW HSP eligible family will be served under this proposal/program unless the CW HSP funds for the fiscal year have been depleted.

The first target population is what we in the SSD often refer to as the “gap” population, consisting of high/immediate need individuals and families who for whatever reason cannot qualify for other programs. They fall in the “gap.” For example: a low-income working mother with two children who loses (for whatever reason) her rented home may not be able to find another home because she does not have good credit or savings to pay for first and last month’s rent or deposit; she may not qualify for CalWORKs or CW HSP, because she makes too much income; so she and her children fall through the “gap” and become homeless. Another example: an elderly couple is barely getting by and then one person passes away; the remaining elder is no longer able to cover all the expenses and loses the house; because the person does not have children, they do not qualify for CW HSP or any other immediate housing options and they fall in the gap and become homeless. A final example: a chronically homeless individual requires a surgical procedure, they need several months for the healing process and they need to keep their medication refrigerated, but do not need to be in a medical facility; they fall in the “gap” because of the unfilled need for medical respite. This program would potentially be able to provide Rapid Re-Housing services to these types of clients.

The second target population, CW HSP families, is made up of one and two parent families with one or more children who meet

the definition of “homeless” (in accordance with State HSP guidance). The current definition reads as follows:

1. *Lacking a fixed or regular nighttime residence; and either*
  - a. *having a primary nighttime residence that is a supervised publically or privately operated shelter designed to provide temporary living accommodations; or*
  - b. *residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; or*
2. *In receipt of a judgment for eviction, as ordered by the court.*

This population is a high priority because they are very low income, homeless families who are in crisis, have the most need for services and supports, and are more likely to become involved in the court systems due to high family stressors.

#### Organizational Involvement

The HHSA SSD will be responsible for project implementation, but will collaborate with other internal and external organizations in terms of client referral to the project and for client services/resources outside of the project. The SSD includes several programmatic areas (CalWORKs, Medi-Cal, General Assistance, Adult Protective Services, Public Guardian, and Children’s Protective Services) which will be collaborating internally to ensure that appropriate project participants are identified, referred and assisted. The project will leverage other SSD allocations where appropriate, to assist clients in reaching their goals, such as stable housing, necessary supportive services and self-sufficiency.

Inter-agency collaborative partners include the HHSA Behavioral Health Division (BHD) and the HHSA Public Health Division (PHD). Both divisions will participate in the identification and referral of appropriate individuals to the project. Any clients with severe mental health issues referred to the project would be referred to BHD for assessment and case management.

Community partners include organizations such as the Regional Continuum of Care (CoC), Fairchild Medical Center, Mercy Medical Center Mt. Shasta, Beacon of Hope Rescue Mission, local community/family resource centers and local law enforcement agencies, as well as Siskiyou County and the incorporated cities within it. We anticipate a collaborative approach will be developed for appropriate client identification and referral with these partners. The varied viewpoints about who the highest need clients are will need to be incorporated into the referral/assessment process as the housing is quite limited, based on the anticipated need.

As mentioned previously, the SSD will primarily be leveraging the Siskiyou County CalWORKs (CW) Housing Support program (HSP) allocation. Other agencies, such as BHD, will be providing services such as case management for some clients which help to offset staffing costs. We also anticipate that a variety of organizations will be providing some services, especially to the first target population.

#### Collaborative Process

Beginning in early 2017, the HHSA began attending monthly regional Homeless Continuum of Care (CoC) general membership meetings held in Redding, California. With assistance from the CoC, community-wide planning and strategic use of resources to address homelessness; improved coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness; improved data collection efforts is being promoted. Each community has been encouraged to tailor its homeless programs to the particular strengths and challenges of the community. During this same time, the HHSA began actively participating with Team Shasta, a group formed by concerned city officials and community members to address the problem of homelessness in Mount Shasta, California.

Team Shasta hired Dr. Robert Marbut, in March of 2017, to conduct a Homelessness Needs Assessment for Team Shasta. Dr. Marbut’s report included a presentation of observations, findings and recommended strategic action steps for Mount Shasta, Etna, Tulelake, Weed and Yreka. On July 17 and again on July 19, Dr. Marbut presented his findings to city and county officials and the general public in a presentation titled, “Homelessness 101”. Dr. Marbut presented eleven (11) recommendations based on thirty-three (33) hours of interviews and personal on-the-ground observations in Siskiyou County. His recommendations included ways to support local chronically homeless residents as well as manage negative impacts of on-foot travelers (often referred to as transients). A number of HHSA directors and managers attended the presentations. An extensive question and answer session with the audience followed each presentation.

On June 15, 2017, a group of stakeholders gathered at the Redding Library to discuss potential options for applying for the PHC grant. The purpose of the “consensus workshop” meeting was to identify necessary services to close the housing gaps in Redding, California. Although the purpose of the meeting was to identify gaps in service coverage in Shasta County, information was shared with the HHSA and there was follow-up conversation at the Redding/Shasta Continuum of Care Advisory Committee meeting on July 11, 2017, which HHSA participated in.

On July 20, 2017, HHSA met with elected officials, both city and county, as well as staff from BHD, and representatives from the Shasta County Housing Authority, the regional CoC, nonprofit agencies and other groups, emergency shelter facilities, members of the general public, and Dr. Marbut, to discuss issues related to homelessness in Siskiyou County and thoughts on the PHC local Innovation Grants on Housing. On July 31, 2017, an additional stakeholder meeting was held to further discuss the PHC grant proposals that were being developed by public and private agencies in the county.

On August 17, 2017, a “strategic planning” meeting was held to further discuss a plan for action and implementation of Dr. Marbut’s recommendations as stated in his Needs Assessment. Discussion included use of a Homeless Management Information System (HMIS) on a county-wide basis. It was also decided that the county-wide united effort at addressing homelessness in Siskiyou County would be referred to as “Siskiyou County Homelessness Coalition.” This coalition will focus the entire county, not just specific areas of the county. There was additional discussion about the PHC grant proposals under development by the HHSA.

#### Improved Health Outcomes

According to the 2017 *California County Health Rankings and Roadmaps*, <http://www.countyhealthrankings.org/>, Siskiyou County Health Outcomes overall ranking is 54 out of 57 counties. Based on Siskiyou County’s Health Outcome rankings, as well as PHC’s Community Benefit goals of 1) High Quality Care; 2) Healthy Communities; and 3) Improving Access, Siskiyou County has established the following health outcomes as goals under this project. The outcomes listed below describe the potential impact the proposed project will have on program participants. We recognize health outcomes focus not on *what is done* for patients but rather on the *results* from what is done. It is expected that the interventions listed below are in line with PHC goals and will ultimately reduce overall health care costs over the life of the project.

- This project will reduce the number of homeless Medi-Cal beneficiaries in Siskiyou County. According to the County Health Rankings and Roadmaps, Siskiyou County Health Outcomes - Physical Environment Indicator (Severe Housing Problems), reports approximately 24% of Siskiyou County residents as having a severe housing problem. This project will allow SSD to offer more housing to more families and individuals in need. We embrace the “housing first” approach of Rapid Re-Housing and will place program participants in safe and stable housing almost immediately.
- Most temporary/transitional housing units are “smoke free” units and this will encourage the reduction of the number of adult smokers participating in this project. According to the Health Behavior indicator (Adult Smoking) In Siskiyou County approximately 14% of adults are current smokers. HHSA will connect program participants with cessation programs offered through Medi-Cal and the PHD. Services include free telephone support and counseling, text messages program for ongoing support, online help in six languages and a free supply of quitting aids such as NicoDerm patches through local pharmacies.
- This project will improve overall the Quality of Life indicator (Poor/Fair Health). Currently, Siskiyou County ranks as 51 of 57 counties in Quality of Life. Approximately 17% of county residents report to be in poor or fair health. Through this project, we will connect program participants with available services in the community, including health care services and supports necessary for their disease management and/or overall health, while they are provided temporary/transitional (including medical respite) and/or permanent housing. Medical respite is a proven technique to help prevent hospital readmissions of homeless individuals, due to post-procedure unsanitary or inappropriate living conditions, and contributes to overall improvement of *quality of life* indicators.
- This project will improve the Health Behaviors Indicators (Food Environment Index and Adult Obesity). Currently, Siskiyou County is rated as 5.9 on a scale of 0 – 10. There are two indicators of the food environment; limited access to healthy foods and food insecurity. Lack of access to healthy food, due to a lack of housing and kitchen facilities, is a barrier to healthy food access. Lacking constant access to nutritious food is related to negative health outcomes such as weight gain and premature mortality. Program participants will be referred to Women, Infants and Children (WIC), the various Family/Community Resource Centers (as these centers offer food preparatory classes as well as classes focused on stretching a food budget), local commodity programs and food banks, and CalFresh (a program which provides individuals and families with the opportunity to purchase healthy food and while increasing their access to food). Approximately 31% of the children in the County live in poverty. This program will improve some of their circumstances.

As part of this project, the SSD will expand identification efforts of Medi-Cal beneficiaries who are homeless or in at-risk households, who have unresolved health crises or extraordinary health care expenses as those situations often lead to financial or housing crises. This will facilitate participants accessing medical services and improve their overall health and well-being.

To accomplish these health-related outcomes, SSD staff will also partner with health care providers including clinics and hospitals, mental health and substance abuse providers and other medical facilities to ensure Medi-Cal beneficiaries get linked to

appropriate medical services for chronic medical conditions, as well as recovery support services for mental illness or substance abuse conditions. The SSD will coordinate with health care providers to provide “Whole-Person Care” including medical respite services for Medi-Cal beneficiaries in line with the goals of PHC. We recognize that preventing homelessness and improving access to health services through Medi-Cal is an important strategy for improving health outcomes.

#### Project Implementation Results in Five Years

Over the next five years, SSD expects there will be fewer homeless individuals and families in Siskiyou County due to this project providing low-cost or free temporary/transitional housing along with intensive case management which will serve as a springboard for individuals and families to take the first step toward permanent housing and self-sufficiency. Overall community health and safety is expected to improve as individuals and families are given the opportunity to achieve a stable permanent living arrangement after progressing from temporary/transitional housing to a permanent housing arrangement. Through project participants’ utilization of the supports/tools a Rapid Re-Housing program offers, the SSD expects participants who have exited the program/project will be better able to manage the various challenges all individuals and families face maintaining permanent housing. Additionally, as individuals and families receive the benefit of a stable living environment, it is expected that these individuals and families will have more opportunities to gain employment or improve their current employment in order to experience income growth.

The expectation is that his project will benefit the individuals and families served by:

- Reducing time spent homeless,
- Assisting in their search for permanent housing,
- Teaching budgeting skills through a progressive engagement model,
- Providing financial support for housing related costs,
- Improving participants skills related to finding and maintaining permanent housing,
- Providing landlord-tenant mediation services,
- Improving access to health care, and
- Improving food security (which is directly linked to overall health).

Additionally, the expectation is that the project will:

- Reduce the number of homeless individuals and families (including the number of newly homeless persons);
- Provide justification to the state for increased housing allocations and more flexibility in the use of allocations to provide low-cost, non-traditional, temporary and permanent housing for clients;
- Provide opportunities for additional funding to help address ongoing housing needs/shortages; and
- Advance the discussion, at the county and city levels, of the value of the Rapid Re-Housing model in meeting the needs of the ever-growing homeless population.

The agency recognizes the importance of using a HMIS and will use it in conjunction with this project and CW HSP, as well as with any new homeless projects in the future, to track the homeless populations we serve. A streamlined referral process among agency and community partners will be developed and implemented, as a result of this project. This is a systemic change that will have transferable effects to other programs. We expect that this streamlined approach to service collaboration, as well as better/quicker access to services that address long-term needs for clients, will have far-reaching impacts such as poverty reduction and self-sufficiency, once clients have regained housing. Additionally, the project will benefit from a Coordinated Entry System once it is developed and finalized by the regional CoC.

#### Sustainability

The funds for this project and the leveraging of the CW HSP allocation alone will not be able to sustain this project after the 24 month grant period. The SSD will also leverage other allocations, such as CalWORKs, CW Family Stabilization, CW Mental Health and Substance Abuse, and/or realignment as appropriate and as permitted under law. Additionally there are other funding streams which have the potential to support Rapid Re-Housing in the County as indicated in, “*Federal Resources That Can Fund Rapid Re-Housing*”, issued by the U. S. Interagency Council on Homelessness. The SSD will explore these funding sources, as well as others, to facilitate the sustainability of the program. Other funding opportunities may include, but are not limited to, other federal resources targeted towards addressing homelessness, such as Emergency Solutions Grants, CoC funding, Supportive Services for Veteran Families funding, Transitional Housing Assistance Grants for Victims of Sexual Assault/Domestic Violence/Dating Violence & Stalking, and HOME Investment Partnership Programs (HOME). All of these funding sources may play a key role in efforts to sustain the project and expand options for housing homeless individuals and families. Perhaps the biggest challenge will be in attempting to identify, obtain and leverage the various funding sources appropriately, based on the different funding source requirements.

The SSD is committed to utilizing the 24 month grant period to research opportunities for additional funding from sources that can be leveraged with the PHC grant funds and CW HSP allocation in order to maintain this Rapid Re-Housing project. When

clients are eligible for CW HSP, the CW HSP allocation will be used before the PHC grants funds to minimize the expenditure of the PHC grant funds and in order to serve as many of the non-CW HSP eligible gap population as possible over the 24-month grant period.

If this proposal and the Siskiyou/PHC Tiny House Innovation Project proposal were both funded, there would be significant savings in this proposal for clients who were placed in the five “units” set aside for the first target population for the period of time they were in temporary/transitional housing (Tiny house style Park model RVs). This could provide a potential savings of \$4,200 per individual or family client housed under this proposal.

#### Organizational Capacity related to Project Management

The Siskiyou County Health and Human Services Agency is a large County department with approximately 200 employees and a budget of \$46,000,000. There are four divisions within the agency, the Social Services Division (SSD), the Behavioral Health Division (BHD), the Public Health Division (PHD) and the Administrative Services Division (ASD). There are three fiscal units in the ASD, with each one serving one of the other three program divisions. The SSD has a budget of approximately \$25,000,000 and approximately 120 employees. The HHS and Siskiyou County maintain financial records in accordance with accepted accounting principles/practices and an annual audit by an independent certified accountant is completed each fiscal year for the County. The SSD is responsible for a large number of programs including CalWORKs (includes the Welfare to-Work program, CW HSP, CW Family Stabilization, and the CW Mental Health/substance Abuse program); CalFresh; Medi-Cal; CMSP; General Assistance; Children’s Services; Adult Protective Services; In-Home-Supportive-Services; the Office of the Public Guardian and the Public Authority. The SSD management team and staff are well versed in new program development and implementation, as well as the development and monitoring of large budgets.

In 2016, the SSD applied for and received funding from the state for a new housing support program for CalWORKs recipients. In fiscal year 2016-17, the SSD successfully implemented the CalWORKs Housing Support Program. During year one of implementation, the CW HSP successfully provided intensive case management and other financial housing support to 16 families (which included 54 individuals). These services were provided under the Rapid Re-Housing model which has a strong emphasis on housing first interventions and is client-driven. The CW HSP focuses on assisting the family to obtain temporary and then permanent housing, as well as identifying barriers that may have contributed to their homelessness. It is also necessary to outreach to landlords in the community and complete HUD inspections prior to placement in all permanent housing rentals. When necessary, the family is also assisted with purchase of basic household goods. After a family is housed, intensive case management continues in an effort to assist the family with issues or conflicts that may lead to tenancy problems, such as disputes with landlords or neighbors. Successful landlord-tenant mediation has been facilitated by CW HSP staff to prevent eviction when needed. In six (6) of the sixteen (16) families, at least one individual in each family obtained employment and achieved income growth while participating in the CW HSP. It has been proven that having a stable home permits families to engage in voluntary work activities and as a result, increases opportunities for employment. With the CW HSP implementation, data collections systems were developed to track CW HSP participant outcomes and these systems or similar systems (as well as a HMIS) will be used with this project.

Patricia Barbieri, program manager for the CalWORKs program, currently manages the CW HSP and would also manage the proposed project. Ms. Barbieri has over twenty years of experience in the field of human/social services and is skilled in the development and roll out of new social service programs, including housing programs.

#### Project Challenges & Strategies

Although the SSD will leverage the CW HSP allocation and several other SSD allocations with this project, the biggest challenge will be sustainability. Strategies to address this challenge are listed in the Sustainability section above. In an effort to serve as many individuals and families in the project as possible, individuals and families will be referred to resources in the community that can provide the same or similar services to prevent duplication of service to further program sustainability.

Our second challenge is related to serving the new target population. Currently in CW HSP, our target population is low income families eligible for cash assistance who are experiencing homelessness. Under this project, services will be expanded to single homeless individuals, as well as homeless families who are not eligible for CW HSP. This expanded “gap” population will require more intensive services and support due to a combination of factors such as age, long-term homelessness, extensive and/or serious criminal history, personal crisis, mental health and addiction challenges, all of which can be a cause and/or a consequence of homelessness and physical health problems or disabilities. This population provides unique challenges that will be new to SSD Housing support staff and new interventions will need to be developed.

#### **EVALUATION NARRATIVE**

CalWORKs staff is currently tracking quantitative data regarding CW HSP participants and 1) their length of time spent homeless or in temporary housing, 2) their exit rate into permanent housing, and 3) their possible returns to homelessness versus

maintaining stable housing. This data tracking is currently accomplished using data entered into C-IV supplemented by Excel spreadsheets. A detailed report is currently sent to CDSS on a monthly basis. A similar approach will be used to track participants in this proposed project.

Currently there is not accurate information on the total number of homeless individuals and/or families within the county and published information (such as the Point-In-Time Report for the last several years, the Marbut Report, etc.) appears to significantly understate the local problem, based on C-IV data. With more accurate data regarding homelessness, the SSD and other agencies may have the opportunity to access more funding or to leverage funds received from this or other grants in order to offer more services to the homeless population in the county. The SSD is committed to using a HMIS (and other systems) to gather and provide more accurate data on homelessness in Siskiyou County. However, participant level data in SSD programs is highly regulated and confidential, so care will need to be taken when determining what data can be entered into the regional CoC's HMIS system due to issues of confidentiality for SSD program participants. Along with the housing authority and the Regional CoC, SSD staff currently use the Service Prioritization Decision Assistance Tool (SPDAT) to identify barriers and make more appropriate referrals to other programs that could benefit the participant. We would be using this same tool with participants in this proposed project to collect additional data on the homeless population.

The goals for this project are based on the Rapid Re-Housing model performance benchmarks. The SSD used data from the current CW HSP participant outcomes in FY 16-17 to establish measurable and attainable goals for this program.

The SSD anticipates achieving the following goals in the first year and ongoing, if the project is funded:

1. Reduce the length of time program participants spend homeless or in temporary housing to 90 days or less,
2. Place at least 70% of households that exit this program in permanent housing, and
3. Achieve a 70% success rate in limiting returns to homelessness within one year of program exit.

The SSD anticipates achieving the following additional goals in the specified time frame, or sooner, if the project is fully funded:

4. A minimum of nine (9) individual or family "client slots" (families served result in significantly more individuals) provided Rapid Re-Housing services by the end of 12 months, and
5. A minimum of **seventeen (17)** individual or family "client slots" (families served result in significantly more individuals) provided Rapid Re-Housing services by the end of 24 months.
6. Reserve/mitigation fund growth (projected low due to lack of data in progressive engagement requirements).
  - a. Anticipated by the end of 3 months:
    - Initial grant based mitigation/reserve fund is established.
  - b. Anticipated by the end of 12 months:
    - Mitigation/reserve fund has increased by \$2,000.
  - c. Anticipated the end of 24 months:
    - Mitigation/reserve fund has increased by \$4,000.

These goals/outcomes are reasonable, measureable, verifiable, and obtainable without extraordinary effort. The SSD plans to measure the true success of the project by tracking the three core outcomes based on the performance benchmarks of the Rapid Re-Housing model by combining and comparing outcome data from Excel spreadsheets and the C-IV system to the specified goals for this project.

#### **BUDGET NARRATIVE**

The total budget request for this project is **\$219,938**. As depicted in the budget template, direct costs (ie. housing related assistance) account for 75% of the overall budget. Staff salary plus benefits and administrative costs account for a little **more** than 25% of the budget (administrative costs are limited to 10% of the overall budget). The budget also includes the cost for one HMIS user license through a contract with the regional CoC.

As mentioned previously, this project and budget are easily scalable up or down if more or less funding is available. Scaling up or down would be based on increasing or decreasing the number of participants in any one of the three tiers listed in the budget template.

Also mentioned previously, this proposal is linked, but not dependent upon, another PHC Local Innovation grant proposal submitted by the HHSA SSD; the "Siskiyou /PHC Tiny House Innovation Project." If both projects were funded, any participants from the first target population in this proposal (in any tier) who were housed in the (tiny house style) Park Model RVs from the other project would create a savings (related to this proposal) of approximately \$4,200 each. This would increase the number of clients who could be served under this proposal.



## Budget for Innovation Grants on Housing

<b>Organization/Contractor:</b> Siskiyou County Health & Human Services Agency – Social Services Division	
<b>Project Title:</b> PHC/HSP Rapid Re-Housing Project	<b>Project Period:</b> January 2018 – December 2019
<b>Project Director(s) Name/Title:</b> Kate O’Shea, Director, HHSA Social Services Division Trish Barbieri, Program Manager, Employment and Temporary Assistance	
<b>Phone:</b> (530) 841-2750 (530) 841-2754	<b>Email:</b> <a href="mailto:koshea@co.siskiyou.ca.us">koshea@co.siskiyou.ca.us</a> <a href="mailto:tbarbieri@co.siskiyou.ca.us">tbarbieri@co.siskiyou.ca.us</a>

A. Project Staff Salary and Benefits & Other Indirect Costs					
Name	Title	Salary	Benefits	FTE%	Total
Steve Zufelt or other	Social Worker III	\$53,221	18,980	.5	\$ 36,100
					\$
					\$
<i>Total Salary and Benefits</i>					\$
Administrative costs @ 10% of other grant costs (\$20,953)					\$
<i>Administrative Costs</i>					\$ 20,953
<i>Total</i>					\$ 57,053

B. Other Direct Costs		
Item	Description/Justification	Total
(8) Tier One Housing Costs	@ an average cost of \$7,625 each	\$ 61,000 -
(7) Tier Two Housing Costs	@ an average cost of \$10,050 each	\$ 70,350 -
(2) Tier Three Housing Costs	@ an average cost of \$11,675 each	\$ 23,350 -
		\$ -
Initial Mitigation/Reserve Fund	5% of Direct Costs	\$ 7,735 -
		\$ -
<i>If including Equipment</i>		
<b>Equipment Type</b>	<b>Purpose</b>	\$ -
		\$ -
<i>Total Other Direct Costs</i>		\$ 162,435 -

C. Subcontract(s)			
Organization	Contact Person	Activity	Total
Regional Continuum of Care	Suzi Kochems	(1) HMIS user account	\$ 450 -
			\$ -
			\$ -
			\$ -
<i>Total Subcontract(s)</i>			\$ -

Katherine O’Shea, Ph.D.

8/23/17

Project Director

Date

<b>TOTAL BUDGET REQUEST</b>	<b>\$ 219,938 -</b>
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