

# Application: 0000000089

Maddelyn Bryan - mcbryan@co.siskiyou.ca.us  
BHBH County Behavioral Health Agencies Request for Applications (RFA)

## Summary

ID: 0000000089  
Last submitted: Apr 20 2023 03:26 PM (PDT)

## Applicant Organization Information

Completed - Apr 20 2023

# Form for "DHCS Behavioral Health Bridge Housing" (BHBH)

Application Questions



Welcome to the BHBH application portal. Note that applications will only be accepted from the County Behavioral Health agencies as described in [Attachment A](#) on page 15 of the RFA. If you have any questions on your eligibility, please email [BHBHinfo@ahpnet.com](mailto:BHBHinfo@ahpnet.com).

## Responses Selected:

By checking this box, I acknowledge that I am completing this BHBH application on behalf of my County Behavioral Health Agency.



**A. Applicant Organization Information**

---

**Name of County**

**Responses Selected:**

Siskiyou County

---

**County Agency Full Name for Contracting Purposes**

COUNTY OF SISKIYOU HEALTH AND HUMAN SERVICES AGENCY, BEHAVIORAL HEALTH DIVISION

---

**Name of County Agency**

For use in public-facing materials and program description

Siskiyou County Behavioral Health Services

---

**County Agency Mailing Address**

2060 Campus Drive

---

**County Agency City**

Yreka

---

**County Agency State**

CA

---

**County Agency ZIP Code**

96097

**County Agency website URL**

<https://www.co.siskiyou.ca.us/behavioralhealth>

**Application Contact Name**

Sarah Collard

**Application Contact Email Address**

[scollard@co.siskiyou.ca.us](mailto:scollard@co.siskiyou.ca.us)

**Application Contact Phone Number**

530-841-4802

**Secondary Contact Name**

Maddelyn Bryan

**Secondary Contact Email Address**

[mcbryan@co.siskiyou.ca.us](mailto:mcbryan@co.siskiyou.ca.us)

## Secondary Contact Phone Number

530-841-2748

## B. Application Summary

**Provide a 250- to 300-word executive summary (for public use) describing your county's planned use of BHBH Program funding, including the number of people to be served, key partners, and desired outcomes.**

Siskiyou County intends to meaningfully include input from persons with lived experience of homelessness and/or behavioral health conditions throughout the planning, implementation, and evaluation of the Behavioral Health Bridge Housing Program. In preparation for the BHBH proposal, Behavioral Health staff conducted a focus group and distributed surveys to the target population. The results suggested a need for new types of non-congregate sheltering. The focus group identified tiny homes as the kind of interim housing service that would best meet their needs and which they would be most likely to accept. Incorporating this feedback into the program design, the Behavioral Health Division plans to create the first tiny home village in Siskiyou County. The County expects to place fifteen BHBH-funded tiny shelters in the village with a total of twenty beds. BHBH village residents will receive wraparound supportive services as well as housing navigation to promote stability and identify pathways to permanent housing. The County's goal is to serve approximately sixty BHBH participants in the tiny home village for the duration of the grant. Additionally, the County intends to create a new Housing Navigator position within the Behavioral Health Division. The Housing Navigator will assist BHBH participants to find housing. Housing navigator services will not be limited to the tiny home village residents, but instead will serve a broader number of BHBH eligible participants. The County aims to provide housing navigation services for up to 175 individuals through the BHBH program. Members of the NorCal Continuum of Care will be key partners in implementing these projects, particularly the City of Yreka. Upon conclusion of the BHBH Program, the County will evaluate the success of the project and seek other funding to continue services if needed.



## C. Experience

### 1. Describe your county behavioral health agency's (BHA's) specific programs and efforts to address the housing needs of individuals with serious behavioral health conditions, including serious mental illness (SMI) and substance use disorder (SUD) (e.g., interim housing, recovery housing, Permanent Supportive Housing [PSH], homeless outreach). (500-word limit)

The Siskiyou County Health and Human Services Agency (HHS) intends to develop a full continuum of housing interventions, including street outreach, interim housing, rapid rehousing, and permanent supportive housing. The Social Services (SSD) and Behavioral Health Divisions (BHD) of HHS are currently the main housing/homeless service providers in Siskiyou County. Behavioral Health staff enter all homeless clients into the Coordinated Entry System and connect them to permanent housing resources such as HUD vouchers. Case managers assist clients with housing navigation services and limited landlord mediation. For the last several years, BHD has provided interim housing options to MHSA Full Service Partnership clients, primarily in motels. BHD also leases a large single-family residence to provide shared housing for single individuals who typically pay a portion of the rent. Through a one-time Prop 47 grant program, BHD operated a three-year, transitional housing program for persons with criminal involvement who also had a mental illness and/or a substance use disorder. This program ended in February 2023 with the completion of the grant period.

BHD expects to begin several new housing services in 2023. In March, BHD contracted with the Yreka Police Department to start a homeless liaison pilot project. BHD will fund up to two homeless liaison officers to collaborate with BHD staff and connect unsheltered individuals with housing and mainstream services. The project is part of BHD's efforts to decriminalize homelessness and foster better trust between persons living in encampments and the wider community. BHD is preparing to open Project Basecamp, a 32-bed, congregate shelter. A site has been selected and secured. The County is currently soliciting proposals for a community-based service provider/operator to begin services in summer of 2023. Funded by the Prop 47 grant program, this project will prioritize persons with criminal involvement and a mental illness and/or a substance use disorder. BHD partnered with a nonprofit developer to construct Siskiyou Crossroads, a fifty-unit apartment complex. Twenty-four units will be permanent supportive housing with wraparound services for chronically homeless individuals with a serious mental illness. Tenants for the PSH units will be selected through Coordinated Entry. One unit will be for an onsite manager and the remaining apartments will be low-income housing. The project broke ground in March of 2022 and the developer expects to finish construction in summer of 2023.

**2. What is your county BHA's experience collaborating with the Continuum of Care (CoC) and other homeless/housing agencies in your community? Did you communicate or collaborate with the CoC in the development of the proposed BHBH Program? (250-word limit)**

HHSA is significantly active in the NorCal Continuum of Care. The NorCal CoC is comprised of seven counties in northern California and is governed by the Executive Board with representation from each county. The Director of HHSA serves as the Executive Board Member for Siskiyou County. Each county has an Advisory Board with providers and stakeholders that offer local perspectives to the Executive Board. HHSA staff hold two membership positions on the Advisory Board and a BHD staff acts as the secretary of the Board, assisting with general administration. HHSA discusses all housing grant opportunities with the Advisory Board, incorporating feedback and leveraging partnerships where possible. BHD staff were unable to formally consult the Advisory Board on the BHBH Program before submitting this proposal as the April meeting was cancelled unexpectedly. However, it will be an agenda item at the next Advisory Board meeting in May. HHSA is one of three homeless service providers in Siskiyou County. The other two, Youth Empowerment Siskiyou (YES) and the Karuk Tribe, are also members of the Advisory Board. BHD staff maintain frequent communication with both providers to coordinate programs and care for clients as well as to collect input regarding the needs of youth and tribal members. Furthermore, BHD contracts with YES to offer outreach and service coordination to unaccompanied homeless youth. As mentioned above, BHD staff participate in the CoC through Coordinated Entry and HMIS. Staff attend weekly meetings to discuss the By Name list and refer clients to other housing resources.

**D. Understanding Community Need**

**1. As part of the Homeless and Housing Assistance Program Round 3 (HHAP Round 3), the California Interagency Council on Homelessness required a comprehensive local homeless action plan.**

Applications and plans can be found at [https://bcsh.ca.gov/calich/hhap\\_rd3\\_apps.html](https://bcsh.ca.gov/calich/hhap_rd3_apps.html). Review your action plan(s) and answer the following questions.

**a. Were you involved in the development of the HHAP Round 3 plan?**

Yes

Please describe that involvement. (250-word limit)

BHD was involved in the development of the HHAP-3 plan through its membership in the NorCal CoC. Siskiyou County, along with the other counties in the CoC delegated, its HHAP-3 allocation to the CoC. The Lead Agency submitted a joint application/plan on behalf of the combined CoC and county allocations. As a representative on the Executive Board, the Director of HHSA collaborated with the Lead Agency and other members to review and adjust multiple drafts. Staff also provided input on the plan through the Advisory Board before it went to the Executive Board for final approval.

b. To the best of your knowledge, are the data included in this action plan accurate for the BHBH Program?

No

Please explain. (200-word limit)

While somewhat applicable to the BHBH Program, there are notable limitations to the data in the HHAP-3 plan. The plan involves combined data from all seven counties in the NorCal CoC, not county-specific data. The HHAP-3 analysis of needs relies primarily on 2022 Point-In-Time (PIT) data. Although the PIT data is widely acknowledged as an undercount, this is exceptionally true for 2022. A major Covid outbreak in Siskiyou County during the count dramatically reduced the number of volunteers able to participate. The County was able to conduct a more comprehensive count in 2023. Preliminary results suggest a 57.9% increase in the county's homeless population. Since the PIT relies on self-reported data, BHD suspects it does not reflect the actual prevalence of SMI and SUD needs among the homeless population. Additionally, the HHAP-3 analysis of those served utilizes HMIS data. This does not capture all persons with a SMI who received housing services. While BHD staff enter clients into HMIS for Coordinated Entry, they do not utilize HMIS for housing services funded by MHSA. However, the HHAP-3 plan is accurate in forecasting a significant need for additional shelter beds through the next few years.

**2. Did people with lived experience of homelessness and/or a serious behavioral health condition contribute to this proposal?**

Yes

**What were their contributions? (200-word limit)**

BHD supplemented PIT and HMIS data with targeted outreach specifically in preparation for the BHBH Program application. Staff disseminated a survey among individuals who are experiencing homelessness, a mental illness/substance use disorder, or both. The survey collected direct input on this population's preferred interim housing services, long-term housing goals, barriers to accessing services, and how their mental health impacts their ability to access or maintain housing. In March, staff held a focus group with individuals from a particular encampment community that has highly strained relations with the broader community, is hesitant to seek services, and may have unusually poor health outcomes. In the professional opinion of mental health staff, a significant portion of the attendees exhibited behavioral health challenges and may qualify for Behavioral Health Bridge Housing. BHD is making intentional efforts to increase communication with this encampment community and build the trust that is currently lacking. BHD has engaged the Homeless Advocate (lived-experience) member of the NorCal CoC Advisory Board to improve outreach strategies. BHD prioritized the results from the surveys and focus group in designing the BHBH interim housing services.

---

**3. Have you used additional reports or data to inform the design of your BHBH Program?**

Yes

---

**a. Provide citations and links and/or attach other reports or information that have informed your assessment of community need.**

The County reviewed the 2022 PIT report that includes county-specific data. Likewise, the County is studying the 2023 PIT data for an up-to-date picture on the housing situation. However, this data is not yet finalized or published. The following attachments are included:

2022 PIT Report

2022 PIT Data

2023 Draft Data



[2022-norcal-CoC-Pit-Report-Final.pdf](#)

**Filename:** 2022-norcal-CoC-Pit-Report-Final.pdf **Size:** 4.1 MB

[Siskiyou 2022 PIT Data.pdf](#)

**Filename:** Siskiyou 2022 PIT Data.pdf **Size:** 451.4 kB

[Draft Siskiyou 2023 PIT Data.pdf](#)

**Filename:** Draft Siskiyou 2023 PIT Data.pdf **Size:** 558.1 kB

---

**b. What do those reports say about reaching and serving people experiencing both homelessness and serious behavioral health conditions in your community? (350-word limit)**

The 2022 PIT data shows approximately 30% of the County's homeless population have a mental illness and 12% have a substance use disorder. However, those with mental illness and substance use disorders comprise just under 27% and 10% respectively of the sheltered population, indicating the homelessness response system may be underserving these groups. For individuals with a mental illness, these percentages are nearly identical in the preliminary 2023 PIT data. However, the 2023 data shows an increase in the disparity of services for those with a substance use disorder, representing almost 17% of the total homeless population but only 9% of the sheltered count. The survey results and focus group revealed that the limited types of shelter options available in Siskiyou County are not able to meet the interim housing needs of this entire population. As mentioned above, the County currently offers motel rooms as the main form of shelter for its Behavioral Health clients. While many respondents indicated they would accept shelter in a motel, others shared that different forms of interim housing would better serve their needs. Twenty-three percent of survey respondents said that Pallet Shelters or tiny homes is the service model that would best meet their housing and mental health needs. This model was particularly popular with attendees at the focus group. A few respondents listed shared housing (individual rooms in residential housing) as their preferred interim housing situation. Regardless of the type of structures used, all expressed a desire for non-congregate shelter. No survey respondents selected congregate shelter as a service model that would meet their needs. However, many shared that a sense of community was an important aspect of their willingness to access, and their satisfaction with, housing services.

**4. What are the gaps in the current system for people with behavioral health conditions that would be addressed by the BHBH Program? Are there specific subpopulations of the target population in your county that would be prioritized for support through the BHBH Program? (400-word limit)**

There is a major gap in shelter services throughout Siskiyou County. At present, there is no permanent shelter available in the County. HHSA, through SSD, provides some shelter services. However, these services are restricted to specific subpopulations experiencing homelessness and do not typically prioritize those with mental health/substance use disorders. Additionally, since SSD funds most of these programs with one-time grants, the amount of shelter services available changes frequently over the course of a year. Like BHD, the SSD interim housing programs rely on motel vendors. As explained above, BHD expects to open a 32-bed shelter in 2023 that will operate for at least three years. This shelter will not fully address the needs of the unsheltered population who are suffering from a mental illness or substance use disorder. While mental illness and/or a substance use disorder will be part of the eligibility requirements, it will primarily target those who also have criminal involvement. The capacity is also not sufficient. Approximately 75 individuals with mental illness and 61 with a substance use disorders are experiencing unsheltered homelessness on any given night (2023 PIT). Finally, the congregate nature of this shelter may deter part of this population from accessing and/or thriving in that program. As detailed above, the survey respondents and focus group attendees strongly preferred non-congregate shelter whether through motels, tiny homes, or separate rooms in shared housing. Interim housing through motel rooms is already available to the highest need individuals through BHD's Full Service Partnership housing program. There is currently no interim housing available in the tiny home model and only one single-family house available for shared housing. BHD plans to use BHBH funds to explore interim housing models that differ from the motel programs operating at present. The BHBH Program would not only allow BHD to better address the current shelter gap, but also to provide more choice to those with behavioral health conditions in accessing the best type of interim housing for their needs. As required by the program, BHD will prioritize CARE Court participants for bridge housing. Similarly, BHD will prioritize participants with mental health diversion eligible diagnoses as interim housing is a key factor in the court's willingness to consider diversion. BHD will also prioritize the SUD population as there are no programs in Siskiyou County that specifically target their shelter/housing needs.



## E. Proposed Program Design

### 1. What housing types do you propose to develop through the BHBH Program, how many beds will be available in each, and how did you estimate the need by housing type? (350-word limit)

Staff determined the amount and type of housing based on an assessment of other housing options available, the surveys/focus group responses described above, and site/financial feasibility. Centering feedback from individuals with lived experience of homelessness and behavioral health conditions, Siskiyou County proposes to develop a tiny home shelter village. The County is studying the best practices and expenses of similar projects in other counties and conducting outreach to local partners who may assist with starting and/or operating the program. The final bed count will depend on local approvals/requirements and analyses of feasible operating costs for the duration of the grant. At present, the County anticipates the BHBH Program will provide fifteen tiny home shelters. Ten will be single-beds and five will have double beds for a total of twenty beds. At present, the County expects this project to utilize most of the BHBH funding available. If funding remains above what is required for the tiny home village, the BHD will explore opportunities to expand its current shared housing model. This program would involve the County soliciting interested landlords of large single-family residences. BHBH Program clients would have their own room and share the common areas of the residence.

### 2. How will you identify potential bridge housing options described above and how will you secure them for use by BHBH Program participants? (500-word limit)

Siskiyou County has conducted outreach to the City of Yreka in anticipation of delivering the tiny home village. The County and City are both members of the Siskiyou County NorCal CoC Advisory Board and work closely together on strategies to address homelessness. County staff met with City staff and Council Members to discuss the possibility of locating the project on City property. The City staff and Council members received this idea positively. City staff are aware of and exploring empty lots that might be suitable for a tiny home village. If a City-owned property is selected by the County and approved by the City, the jurisdictions would cooperate on a lease agreement and deed restriction. The deed would stipulate that the property be used for bridge housing consistent with the purposes and duration of the BHBH Program.

**3. How will the BHBH Program address the unique needs of individuals with diverse behavioral health conditions (e.g., opioid use disorder, psychotic disorder, post-traumatic stress disorder, stimulant use disorder)? (500-word limit)**

The BHBH Program will provide onsite case management to ensure that each participant is connected the resources to meet their unique needs. This will include referrals to other providers and transportation assistance. BHD provides education and professional development exercises to ensure its workforce and its subcontracted providers are equipped to respond to a diverse range of behavioral health conditions. Staff are regularly trained in evidenced-based practices, including, but not limited to, trauma-informed care, motivational interviewing, harm reduction, and housing first practices. The project lead will periodically evaluate case management ratios to ensure that the level of intensity is appropriate to address the needs of this population. When helpful, case managers will arrange for case-conferencing or a multidisciplinary team to align housing and treatment plans across the staff and providers serving the individual participant.

**4. How do you plan to address the needs of diverse cultural groups, families, and other unique populations? What steps are you taking to advance racial equity in the design of the BHBH Program? (500-word limit)**

Siskiyou County is committed to providing equal access to services for all population groups. BHD has a Cultural and Linguistic Competence Plan that strategizes efforts to reduce racial, ethnic, cultural, and linguistic mental health disparities. Behavioral Health trains staff with cultural competence activities and over the last few years has committed to growing a multicultural workforce: hiring and retaining culturally and linguistically competent staff. Across all divisions of HHSA, we offer no-cost translation assistance for all documents and services. When possible, BHD hires staff members who speak the more commonly needed languages and has a contract with a translation company to offer translation services for all other languages. Likewise, a Cultural Competency Community Committee consisting of staff, community members, clients, and other stakeholders regularly convenes to evaluates all programs administered by BHD. This committee will monitor the BHBH Program and offer recommendations as necessary to advance racial equity. Additionally, BHD conducts ongoing outreach to organizations that represent diverse populations. For example, BHD staff collaborate with the Karuk Tribe via the NorCal CoC Advisory Board. Staff communicate with the tribe to ensure tribal members are aware of the services available through the County as well as to coordinate client referrals. Similarly, the County partners with, and financially supports, organizations or programs representing unique populations such as a youth and families.

**5. How does your county BHA plan to use the BHBH Program to support Community Assistance, Recovery & Empowerment (CARE) Program participants? (350-word limit)**

CARE Court participants will be the highest priority population for the BHBH-funded services in Siskiyou County. BHD already engages the court system for the Mental Health Diversion program and is establishing procedures for the Incompetence to Stand Trial Diversion Program. BHD will leverage its existing partnership with court to facilitate similar referral processes for Care Court participants. Staff will provide intensive case management to CARE participants. This will include the same services as other BHBH clients such as housing navigation, connection to other resources, transportation assistance, and linkage to mainstream benefits. However, staff will also support CARE participants in managing their court-ordered requirements.

## 6. How will you ensure housing navigation is provided to all BHBH Program participants?

Describe your housing navigation program, including the following (500-word limit):

- a. How will you identify and prioritize participants for housing navigation? What will be provided?
- b. Will you offer Landlord Outreach and Mitigation Funds?
- c. How will housing navigation be provided?
- d. Do you plan to provide Participant Assistance Funds to help people meet their housing needs? If yes, how will these funds be managed?

Housing navigation will be provided to all BHBH participants. Recognizing that each household brings a unique combination of strengths and challenges, staff will maintain a progressive engagement approach to housing navigation. Participants will receive forms, affordable housing lists, applications, landlord contacts, assistance obtaining key documents, and other resources to support participants in a housing search. All participants will receive connection to other providers and mainstream resources to assist the whole person and address factors that increase overall housing stability. Staff will explore ways to increase participant incomes through benefits, entitlements, earned income, etc. More specifically, connection to resources will involve Coordinated Entry and referrals to permanent voucher subsidies and other permanent housing assistance. Participants with more severe mental health challenges and/or greater obstacles to permanent housing will receive more intensive housing navigation services, including but not limited to landlord mediation, detailed budgeting, transportation, move-in help, as well as rigorous application and housing-search assistance. Upon entry to the program, staff will assess the household's possible barriers to housing and will offer to complete a voluntary Housing Stability Plan in collaboration with the participant. Staff will identify the participant's goals across a variety of categories such as:

1. legal goals (securing IDs, proof of income, criminal history expungement)
2. benefits/resource goals (public benefits, SSI, SSDI, community resources)
3. physical/mental wellbeing goals (medication, dental, behavioral health, SUD treatment) employment/education goals (job applications, internships, education enrollment)
4. permanent housing goals (build rent history, apply for Housing Choice Voucher, family reunification)

Housing plans will be person-centered, client-driven, and flexible. When a client secures permanent housing, staff will assist the participant to understand the lease and tenant responsibilities. Limited landlord incentives and

damage mitigation funds may be available through other housing programs but will not be provided through BHBH. The above services will be provided by a combination of case managers and a designated housing navigator. Much of the services described above are already part of the duties of BHD case managers (formally titled Behavioral Health Specialists). The case managers will continue to provide the current services and interface with other organizations on behalf of their clients who are also in the BHBH Program. As applicable, BHD will leverage other funding such as Medi-Cal and Mental Health Services Act funds for case management. BHD will use BHBH to fund a housing navigator position that will support the case managers with the housing-specific aspects of case management, particularly for the BHBH participants with a higher level of need.

**7. Which of the following activities do you plan to fund using the BHBH Program? Address the estimates of people served that are included in your budget template as you answer questions 8-13.**

**Responses Selected:**

County BHA BHBH Program Implementation Requirements

Bridge Housing – Shelter/Interim Housing

Bridge Housing Start-Up Infrastructure

**8. Describe how you will use funds for County BHA BHBH Program implementation requirements as described in [Attachment C](#) in the RFA.**

In your response, include an explanation of how you will collaborate with the CoC and other homeless service providers. (350-word limit)

As stated above, HHSA is an active member of the NorCal CoC and one of only three organizations currently offering homeless services in Siskiyou County. BHD will consult other members of the Siskiyou County NorCal CoC Advisory Board on the design, implementation, and evaluation of the BHBH Program. BHD will continue to participate in Coordinated Entry on behalf of the BHBH clients. BHD plans to use BHBH Program Implementation funds to reimburse the County for the cost of submitting required reports and documentation to AHP/DHCS and general project management such as overseeing infrastructure startup activities. HHSA's Housing Coordinator will fulfill this role.

## 10. How will you use funds for bridge housing – shelter/interim housing options? (500-word limit)

- a. Please describe the types of bridge housing settings you intend to create (e.g., shelter, motel vouchers, recuperative care—see [Attachment C](#) for a more detailed, though not exhaustive, list) and the number of beds of each. If you already have identified potential sites, please list them. If you have not, please identify the types of units you intend to explore (e.g., single-family homes, tiny homes, office conversion—see [Attachment C](#)).
- b. Describe the supportive services that will be provided. How many people are you proposing to serve?
- c. How will you identify and prioritize participants?
- d. How will you accommodate pets?
- e. Are you working with, or do you intend to work with, partners to deliver this program? If so, briefly describe the relationship(s) and how you are working with your partners or how you will identify or contract with partners.

Based on input from persons experiencing homelessness, Siskiyou County is exploring the opportunity to create a tiny home village. The County is cooperating with the City of Yreka to identify a suitable location on public property. The City has already identified a promising option. This partnership would decrease the operating costs of the project as there would be minimal rent requested for city-owned property. The County and City frequently collaborate and offer mutual support on housing projects, particularly as Yreka has the largest homeless population in the County. As members of the NorCal CoC, they share a vision for the continuum of services needed to address homelessness. Based on the current site under consideration, the County plans to acquire fifteen tiny homes with a total of twenty beds. Although there will be five double-bedded shelters, BHD will not require participants to share a tiny home unless they are part of the same household. This demographic in Siskiyou County is predominately made up of single individuals and a small number of couples. BHD is planning for an average monthly population of twenty BHBH shelter participants per month. Due to the extremely limited housing stock in Siskiyou County, staff expect participants to stay in the shelter for an average of one year, serving approximately sixty persons over three years.

The County expects to contract with a homeless service provider who would operate the tiny home village. In the last few years, the County has developed relationships with providers who are considering expanding their housing services to Siskiyou County. This April, HHS closed an RFP/RFQ for homeless service providers to manage a different shelter project as well as to express interest in future projects. The responses are currently in review. For the tiny home project, HHS may post a new RFP or RFQ for a service provider/operator in accordance with the County's procurement policies. The selected provider would manage the daily operation of the tiny home village within parameters set by the County. The project would include amenities tailored to meet the needs of this population such as a dog run and communal spaces. Pets will be allowed in the village and the County will conduct



outreach to the Siskiyou Human Society to support pet-owning participants. The shelter operator will ensure that hygiene, nutrition, and other basic needs are met. Supportive services will include the case management and housing navigation services described above. The program will link participants to a wide range of other services (legal, employment, healthcare, education, and more) on a voluntary basis as requested. Behavioral Health staff and, as applicable, the court will identify participants. In addition to prioritizing CARE and mental health diversion participants, staff will prioritize households who are ineligible for any other housing program besides the BHBH program. As mentioned above, current housing programs are typically restricted to specific subpopulations. Staff will contact other interim housing programs for eligibility assessments to preserve BHBH funding for those most unlikely to receive other housing assistance.

**13. Will you use funds for infrastructure? (See [Attachment C](#) for requirements related to startup infrastructure funding.)**

Yes

**a. Check all the applicable categories of infrastructure funds requested:**

**Responses Selected:**

Acquisition, placement, and related costs of modular or tiny homes

Initial furnishings, equipment, and appliances

**b. Briefly describe each proposed site, the proposed start-up infrastructure necessary, and any work completed to date.**

Siskiyou County is working with the City of Yreka to identify an appropriate city-owned location for a tiny home village. One site under consideration would require removing a small amount of lead-contaminated soil, ground leveling, tree removal, and minimal site readiness preparations. The City has already secured a grant to remove the contaminated soil. Infrastructure funds would cover the remaining costs associated with preparing the lot, general contractor services, purchasing premade tiny homes, and related utility connections. Infrastructure funds would also contribute to the cost of purchasing related structures such as bathrooms, community spaces, and a dog run. The County is already working with tiny home producers to assess the proposed location and design the layout of the village.

**c. How will you ensure that program sites will be available to house people within 1 year of contract execution?**

The County will accelerate the timeline by utilizing existing partnerships and continuing to finetune the details of the project beginning immediately. The BHD will request that all documentation related to the project receive an expedited review by the applicable County departments. By relying on premade structures, BHD expects to have a waiting period of only four to six weeks from the date of order. If the project is approved and funding awarded, BHD will shortly thereafter post a request for bids/proposals from general contractors and homeless services providers.

**d. What is the estimated infrastructure cost per bed for each proposed project site?**

The estimated infrastructure cost per bed for the tiny home village is \$28,802.78. This is the only proposed project site that would involve infrastructure funds.

**e. Are you requesting an exception to the funding specification as described in Attachment C?**

No



**F. Management Plan**

**Describe your agency's capacity to implement this project:**

**1. Describe your overall management and staffing plan for implementation of the BHBH Program.**

**a. How will you involve people with lived experience of homelessness and serious behavioral health conditions—both SMI and SUD—as part of the planning, implementation, and quality improvement?**

BHD centered the voice of individuals with lived experience of homelessness and behavioral health conditions/substance use disorders in the initial planning for the BHBH program. As highlighted in the needs assessment, HHSA held a focus group in early March and circulated a survey throughout the rest of the month. BHD will continue to seek input and provide methods for persons with lived experience to contribute to the program throughout implementation and evaluation. The Siskiyou County NorCal CoC Advisory Board and the Siskiyou County Behavioral Health Advisory Board both include positions for a person with lived experience in their respective purview. BHD will periodically confer with the lived experience members to discuss methods for ensuring meaningful involvement with the target population. Additionally, BHD will offer feedback opportunities for recipients of BHBH services to support continuous quality improvement.

**b. Provide a brief description of the role of the BHBH program director or lead, including FTE dedicated to this project.**

The Director of the Siskiyou County Health and Human Services Agency will act as the program director for the BHBH Program, monitoring the administrative aspects as well as the service delivery quality at a high level. The Director anticipates dedicating an average of four to five hours per month to the program. The Housing Coordinator, who reports to the Director, will coordinate details related to project implementation, grant management, county processes, and reporting. BHD expects the Housing Coordinator to commit up to twenty hours per month or 0.125 FTE. The Deputy Director of Administrative Services at Behavioral Health will support standard financial tracking and systems at an estimated 0.1 FTE. Other BHD staff will assist with supportive services such as case management and housing navigation for BHBH participants.

**c. Do you plan to subcontract with provider organizations? If yes, provide a brief description of the role of subcontractors/providers, including how they will be selected and a timeline to initiate operations.**

HHSa intends to subcontract with a homeless service provider to operate the tiny home village. The provider will manage daily activities, hire shelter/security staff, provide case management to shelter participants, and coordinate onsite services from other providers. The provider will be selected through a request for proposals or qualifications. If the County does not receive a suitable response, the department may pursue a sole source contractor. The County will initiate the RFP process simultaneously with preparing the site infrastructure. Depending on the timeline of receiving BHBH funds, the County aims to open the shelter for services in summer of 2024.

**d. Provide an organizational chart that shows how the BHBH Program will be housed in relation to your county's/agency's other behavioral health and homeless/housing programs.**

[Org Chart for BHBH.docx](#)

**Filename:** Org Chart for BHBH.docx **Size:** 207.4 kB

**2. Does your county BHA currently enter information into the HMIS data portal?**

Yes

**3. Provide a detailed timeline with significant milestones for the start-up and implementation of the BHBH Program.**

You may optionally upload a file in place of filling out the following tables.

**BHBH Program Implementation Start-Up (address each required area in Attachment C)**

	Key Milestones	Responsible Party	Anticipated Completion Date
Row 1	Focus Group	Siskiyou County HHSA	03/06/2023
Row 2	Conduct Survey	Siskiyou County HHSA	03/23/2023
Row 3	Consult CoC Board	Siskiyou County HHSA	05/03/2023
Row 4	County Internal Reviews	Siskiyou County HHSA	07/17/2023
Row 5	BOS Approval	Siskiyou County HHSA	08/01/2023
Row 6			
Row 7			
Row 8			
Row 9			
Row 10			
Row 11			
Row 12			

**Do you need more rows to complete this table?**

No

**Bridge Housing Project(s) Start-Up (include bridge housing infrastructure, outreach and engagement, bridge housing-interim housing, bridge housing-rental assistance, bridge housing-auxiliary payments in assisted living settings, and housing navigation under bridge housing project(s) start-up)**

	Key Milestones	Responsible Party	Anticipated Completion Date
Row 1	Post Housing Navigator Position	Siskiyou County HHSA	09/11/2023
Row 2	Hire Housing Navigator	Siskiyou County HHSA	10/30/2023
Row 3	Finalize Tiny Home Site Location	HHSA & City of Yreka	07/03/2023
Row 4	Post RFB for General Contractor	Siskiyou County HHSA	08/01/2023
Row 5	Select General Contractor	Siskiyou County HHSA	09/5/2023
Row 6	Begin Site Preparations	HHSA & General Contractor	09/19/2023
Row 7	Select Tiny Home Operator/Provider	Siskiyou County HHSA	10/17/2023
Row 8	Interagency Implementation Meetings	HHSA & Partners/Providers	12/20/2023
Row 9	Interagency Implementation Meetings	HHSA & Partners/Providers	02/29/2024
Row 10	Tiny Homes Place on Site	HHSA & General Contractor	04/30/2024
Row 11	Staff Hired for Tiny Home Project	Operator/Provider	06/16/2024
Row 12	Tiny Home Village Begins Operations	HHSA & Operator/Provider	07/01/2024

**Do you need more rows to complete this table?**

No

**BHBH Program Quarterly Implementation Milestones (provide detail for each specific program)**

	Key Milestones	Responsible Party	Performance Measure
Row 1	Housing Navigation Services	Siskiyou County HHSA	# of Individuals receiving housing navigation services
Row 2	Housing Navigation Permanent Placements	Siskiyou County HHSA	# of individuals exiting to permanent housing
Row 3	Housing Navigation Permanent Housing Retention	Siskiyou County HHSA	# of individuals remaining in permanent housing after six months
Row 4	Housing Navigation Permanent Housing Long-term Retention	Siskiyou County HHSA	# of individuals remaining in permanent housing after one year
Row 5	Tiny Home Village Full Operations	Operator/Provider	Tiny home village vacancy rate
Row 6	Tiny Home Connection to Resources	Operator/Provider	# of individuals connected to permanent housing programs (RRH, vouchers, etc)
Row 7	Tiny Home Permanent Placements	Operator/Provider	# of individuals exiting to permanent housing
Row 8	Tiny Home Connection with mental health/SUD services	Operator/Provider	# of individuals engaging in mental health/SUD services
Row 9			
Row 10			
Row 11			
Row 12			

**Do you need more rows to complete this table?**

No

Summarize the key accomplishments to be completed in the first 90 days, first six months, and first year of the program.

Project #1 Housing Navigator: In the first 90 days, HHSA expects to receive approval for a new Housing Navigator staff member and to post the position for applications. HHSA aims to have the position filled and a staff member ready to begin services within six months, serving approximately 25 individuals within the first year.

Project #2 Tiny Home Village: HHSA's goal is to select a site and begin site preparations in the first 90 days, to select an operator and facilitate implementation meetings with stakeholders in the first six months, and to assist the operator with hiring staff/starting operations by the one-year mark.



---

## G. Budget

Using the budget instructions in [Attachment E](#), provide a detailed BHBH Program budget and a narrative budget justification. The budget must be submitted using the BHBH Program Excel budget template, available online. The budget template also contains information on the number of people to be served.

Once you have completed the budget template and the narrative budget justification, you will upload them with the application.

---

### Budget Template

[BHBH\\_budget\\_template\\_rev-draft-2.2.2023\\_Full-508-Compliant.xlsx](#)

**Filename:** BHBH\_budget\_template\_rev-draft-2.2.2023\_Full-508-Compliant.xlsx **Size:** 138.4 kB

---



## Budget Narrative

[BHBH Budget Narrative.docx](#)

**Filename:** BHBH Budget Narrative.docx **Size:** 16.9 kB



---

## H. Attestation

Complete the attestation document ([Attachment F](#)) and upload it with the application.

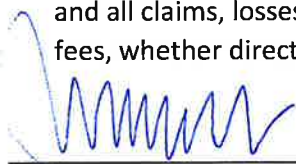
[Attestation.pdf](#)

**Filename:** Attestation.pdf **Size:** 85.5 kB

## Attachment F: BHBH Program Applicant Attestation

As an authorized representative of Siskiyou County BH (county behavioral health agency [BHA]), I, Sarah Collard, PhD (name) certify that:

1. The information, statements, and attachments included in this application are, to the best of my knowledge and belief, true and correct.
2. I understand and agree that the Department of Health Care Services (DHCS) reserves the right to request clarification of unclear or ambiguous statements made in the application and other supporting documents submitted for Behavioral Health Bridge Housing (BHBH) Program funding.
3. The county BHA shall use BHBH Program funds to serve the targeted population(s) as described in the application. Further, the county BHA will meet all of the program requirements described in the request for applications (RFA) and attachments.
4. The county BHA will be responsible for ensuring that its BHBH Program and all components, including bridge housing start-up infrastructure, are on schedule and on budget.
5. Funding received for the BHBH Program will be spent only on allowable uses as stated in the RFA and attachments, or on those uses for which the applicant has received express DHCS approval.
6. The county BHA shall be solely responsible for any costs needed to complete the proposed bridge housing start-up infrastructure in excess of the BHBH Program award amount. Neither DHCS nor Advocates for Human Potential, Inc. (AHP), the BHBH Program administrative entity, will be responsible for any cost overruns.
7. The funding received through the BHBH Program will supplement, and not supplant, other funding available from existing local, state, or federal programs or from grants with similar purposes.
8. The county BHA will respond to general inquiries and provide information requested from DHCS and/or AHP pertaining to the inquiry within three (3) business days of receipt, unless an alternate timeline is approved or determined necessary by DHCS and/or AHP.
9. The county BHA understands that DHCS and AHP will review progress in meeting deliverables and expending funds annually, and that if it is not on track to meet funding deliverables and spend its full contracted amount, DHCS will engage the county to discuss potential extensions or modifications. DHCS may redistribute those funds to other eligible county BHAs.
10. The applicant shall defend, indemnify, and hold harmless DHCS and the State of California and all officers, trustees, agents, and employees of the same, as well as AHP, from and against any and all claims, losses, costs, damages, or liabilities of any kind or nature, including attorneys' fees, whether direct or indirect, arising from or relating to the grant funding or related project.



Signature of authorized representative

Sarah Collard, PhD

Name of authorized representative

4/20/23

Date

HASA Director

Title