RESOLUTION - ACTION REQUESTED 2020-228

MEETING: May 5, 2020

TO: The Board of Supervisors

FROM: Chevon Kothari, Health and Human Services Director

RE: Transitional Housing Program (THP) and Housing Navigators Program (HNP) Allocation

RECOMMENDATION AND JUSTIFICATION:
Approve allocation acceptance forms for Transitional Housing Program and Housing Navigators Program in a total amount not to exceed $7,075; and authorize the Health and Human Services Agency (HHSA) Director to sign acceptance allocation forms.

Pursuant to Budget Act of 2019, the Department of Housing and Community Development (HCD) has allocated respective totals of $5 million and $8 in funding to counties for the support of Transitional Housing Program (THP) and Housing Navigator Program (HNP). Through calculations from HCD, Mariposa County HHSA will receive $4,800 for THP and $2,275 for HNP.

The purpose of THP is to help young adults 18 to 25 years secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems. HNP helps young adults aged 18 years and up to 21 years secure and maintain housing, with priority given to young adults in the foster care system. The county may use the funding to provide housing navigation services directly or through a contract with other housing assistance programs in the county. It is encouraged that the county coordinate with the local Continuum of Care to foster communication and collaboration.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Board of Supervisors does not have a prior resolution related to this allocation.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
The Board can choose to not accept the allocation and HHSA will need to seek alternative funding sources to provide services under both programs.

FINANCIAL IMPACT:
Additional funding for THP and HNP will be allocated towards Health and Human Services Agency (HHSA) budget.

ATTACHMENTS:
Resolution - Action Requested 2020-228

RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]
MOVER: Merlin Jones, District II Supervisor
SECONDER: Miles Menetrey, District V Supervisor
AYES: Smallcombe, Jones, Long, Cann, Menetrey
Housing Navigators Program (HNP)

Allocation Acceptance Form

Gavin Newsom, Governor
State of California

Lourdes M. Castro Ramírez, Secretary
Business, Consumer Services and Housing Agency

Douglas R. McCauley, Acting Director
California Department of Housing and Community Development

2020 West El Camino Avenue, Suite 150
Sacramento, CA 95833
Phone: (916) 263-2771
Email: Stephanie.Tran-Houangvilay@hcd.ca.gov

February 2020
Housing Navigators Program (HNP) Allocation Acceptance

Pursuant to Item 2240-103-0001 of Section 2 of the Budget Act of 2016, as amended by Section 16 of Chapter 363 of the Statutes of 2019 (SB 190), the Department of Housing and Community Development (HCD) shall allocate $5 million in funding to counties for the support of housing navigators to help young adults aged 18 years and up to 21 years secure and maintain housing, with priority given to young adults in the foster care system. The county may use the funding to provide housing navigation services directly or through a contract with other housing assistance programs in the county. It is encouraged that the county coordinate with the local Continuum of Care to foster communication and collaboration.

Allocation Applicant

Pursuant to statute, HCD consulted with the Department of Social Services, the Department of Finance, and the County Welfare Directors Association to establish the formula allocation for the purpose of distributing these funds to counties. The formula allocation is based on each county’s percentage of the total statewide number of young adults aged 18 through 21 years old in foster care. The allocation excludes Alpine, Mono, and Sierra counties because their calculation did not demonstrate a need for young adults aged 18-21.

Applicant County: Mariposa County
Legal name of Applicant as stated on resolution: COUNTY OF MARIPOSA
Medical Rep Name: CHEVON KOTHARI
Title: HHSA DIRECTOR
Auth Rep Email: jkothari@mariposahhs.org
Phone: 209-742-0892
Contact Name: Jillian Rodriguez
Title: Social Worker Supervisor II
Email: jroguez@mariposahhs.org
Phone: 209-742-0896
Address: PO BOX 99 - 3562 LEMELE LANE
City: MARIPOSA
State: CA
Zip: 95338

Administrative Fiscal Representative
Legal Name: COUNTY OF MARIPOSA
Contact Name: LORI NORMAN
Email: norman@mariposahhs.org
Phone: 209-966-2000
Address: PO BOX 99 - 3562 LEMELE LANE
City: MARIPOSA
State: CA
Zip: 95338

Federal Tax ID Number (FEIN): 44-6008890

The HNP program funds housing navigators for county child welfare agencies. The role of a housing navigator is to act as a housing specialist to assist young adults with their pursuit of locating available housing and overcoming barriers to locating housing. Housing navigator activities may include, but are not limited to:

1) Assist young adults aged 18-21 secure and maintain housing (with priority given to young adults in the state’s foster care system);
2) Provide housing case management which includes essential services in emergency supports to foster youth;
3) Prevent young adults from becoming homeless; and
4) Improve coordination of services and linkages to key resources across the community including those from within the child welfare system and the local Continuum of Care.

Expenditure of Funds

Any grant funds remaining unexpended as of June 30, 2022, must be returned to the State. Checks shall be payable to the Department of Housing and Community Development and mailed to 2020 West El Camino Ave. Room 300, no later than July 31, 2022, and must reference the Contract Number.

Allocation Acceptance Requirements

In order to accept and receive an allocation, Applicants must submit the following: Signed Allocation Acceptance form, Signed Resolution, and TIN form. A complete signed application with all applicable information must be received by HCD via email no later than 5:00 p.m. on:

Tuesday, March 31, 2020
HCD will only accept applications electronically at the following email address:
Stephanie Tran-Houangvitla@hcd.ca.gov

Reporting Requirements

Applicant acknowledges and agrees to submit an annual report to the Department for the three years following distribution of HNP Program funds addressing the following:
1) How many people were served?
2) What were the funds used for?
3) Who were the housing navigator(s)?
4) How many people served were in foster care?

Certification

On behalf of the entity identified in the signature block below, I certify that:

The information, statements and attachments included in this Allocation Acceptance form are, to the best of my knowledge and belief, true and correct.

I promise the legal authority to submit this Allocation Acceptance form on behalf of the entity identified above.

In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.

CHEVON KOTHARI
HHSA DIRECTOR

Printed Name: CHEVON KOTHARI
Title of Signatory: HHSA DIRECTOR
Signature: 4/15/20

Entity Name: COUNTY OF MARIPOSA
Phone Number: 209-966-2000
Address: PO BOX 99 - 3562 LEMELE LANE
City: MARIPOSA
State: CA
Zip: 95338

APPROVED AS TO FORM:

STEVEN W. DAHLEM
COUNTY COUNSEL
Transitional Housing Program (THP)

Allocation Acceptance Form

Gavin Newsom, Governor
State of California

Lourdes M. Castro Ramírez, Secretary
Business, Consumer Services and Housing Agency

Douglas R. McCauley, Acting Director
California Department of Housing and Community Development

2020 West El Camino Avenue, Suite 150
Sacramento, CA 95833
Phone: (916) 263-2771
Email: THP@hcd.ca.gov

February 2020
Transitional Housing Program (THP) Allocation Acceptance

County Allocation: $4,800

Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2019 (Chapter 23 of the Statutes of 2019) and Chapter 11.7 (commencing with Section 50807) of Part 2 of Division 31 of the Health and Safety Code (HSC), the Department of Housing and Community Development (HCD) shall allocate $8 million in funding to counties for the purpose of housing stability to help young adults 18 to 25 years secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.

Allocation Applicant

Allocation Applicant is a County Child Welfare Agency

Pursuant to Section 50807(b) of the HSC, HCD consulted with the Department of Social Services, the Department of Finance, and the County Welfare Directors Association to develop a formula allocation schedule for the purpose of distributing these funds to counties. The allocation is based on each county’s percentage of the total statewide number of young adults aged 18 to 25 years in foster care. The allocation excludes Alpine and Sierra county because their calculation did not demonstrate a need for young adults aged 18 to 25.

Applicant County | Mariposa County
Legal name of Applicant as stated on resolution: | COUNTY OF MARIPOSA
Address | PO BOX 99 - 5362 LEMEE LANE
City | MARIPOSA
State | CA
Zip | 95338

Auth Rep Name | Chevon Kothari
Title | HHSA Director
Auth Rep Email | kothari@mariposahsc.org
Phone | 209-742-0896

Contact Name | Jillian Rodriguez
Title | Social Worker Supervisor II
Email | jrodriguez@mariposahsc.org
Phone | 209-742-0896

Address | PO BOX 99 - 5362 LEMEE LANE
City | MARIPOSA
State | CA
Zip | 95338

Federal Tax ID Number (FEIN) | 54-6500880

Administrative Fiscal Representative
Legal Name | County of Mariposa
Contact Name | Lori Norman
Contact Email | norman@mariposahsc.org
Phone | 209-966-2000
Address | PO BOX 99 - 5362 LEMEE LANE
City | MARIPOSA
State | CA
Zip | 95338

File Name | App Resolution
Description | Reference sample resolution document
Email? | No

File Name | App Signature Block
Description | Signature Block - upload in Microsoft Word document
Email? | Yes

File Name | App TIN
Description | Reference Taxpayer Identification Number (TIN) document
Email? | Yes

Use of Funds
Funds shall be used to help young adults who are 18 to 25 years of age secure and maintain housing. Use of funds may include, but are not limited to:
1) Identify and assist housing services for this population in your community;
2) Assist this population to secure and maintain housing (with priority given to those in the state’s foster care or probation system);
3) Improve coordination of services and linkages to community resources within the child welfare system and the Homeless Continuum of Care; and
4) Provide engagement in outreach and targeting to serve those with the most severe needs.

Expenditure of Funds
Any grant funds remaining unexpended as of June 30, 2022, must be returned to the State. Checks shall be payable to the Department of Housing and Community Development and mailed to 2020 West El Camino Ave, Room 300, no later than July 31, 2022 and must reference the Contract Number.

Allocation Acceptance Requirements
In order to accept and receive an allocation, applicants must submit the following: Signed Allocation Acceptance form, Signed Resolution, and TIN Form. HCD will only accept applications electronically via email no later than 5:00 p.m. on:

Tuesday, March 31, 2020
HCD will only accept applications electronically at the following email address:
THP@hcd.ca.gov

Reporting Requirements
Applicant acknowledges and agrees to submit an annual report to the Department for the three years following distribution of TAY Program funds addressing the following:
1) How many people were served?
2) What were the funds used for?
3) Who were the housing navigator(s)?
4) How many people served were in foster care?
5) How many people served were in probation system?

Certification
On behalf of the entity identified in the signature block below, I certify that:
The information, statements and attachments included in this Allocation Acceptance form are, to the best of my knowledge and belief, true and correct. I possess the legal authority to submit this Allocation Acceptance form on behalf of the entity identified above.
In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.

Printed Name | CHEVON KOTHARI
Title of Signatory | HHSA Director
Signature | [Signature]
Date | 4/6/20

Entity Name | COUNTY OF MARIPOSA
Phone Number | 209-966-2000
Entity Address | 5362 LEMEE LANE
City | MARIPOSA
State | CA
Zip | 95338

APPROVED AS TO FORM:

[Signature]
STEVEN W. DAHLEM
COUNTY COUNSEL