Tehama County Continuum of Care
Executive Council Meeting

Agenda

1. **Welcome and Introductions**

2. **Adoption of Minutes from June 22, 2022**

3. **Additions to the Agenda**

4. **PATH Plaza Update**

5. **Permanent Housing Update**

6. **Stakeholders' Collaborative Update**

7. **Capacity Building**
   Andrea C. Curry

   a. **Emergency Solutions Grant (ESG) Balance of State Recommendations**
      Rating and Ranking Committee

      i. **Rapid Rehousing Program – Single-Phase Competition**
         Project Overviews Received: PATH Rapid Rehousing ($122,370) and NCCDI Home Address Project Rapid Rehousing ($75,000)

      ii. **Emergency Solutions Grant Program – Two-Phase Competition**
         Project Overviews Received: Empower Tehama DV Emergency Shelter ($200,000) and NCCDI Home Address Emergency Shelter Project ($200,000)

   b. **Emergency Solutions Grant – Coronavirus (ESG-CV)**

      i. Program Updates from HCD

      ii. Subgrant Contract Review and Recommendations

      Suggested Action: Authorize Empower Tehama to execute amendments to subgrant contracts as Recommended on ESG-CV Subgrant Contract Review and Recommendations (or with revisions)

      iii. Additional Funds Request

      Suggested Action: Authorize Empower Tehama submit an Additional Funds Request to HCD in the amount recommended or another amount

   c. **CoC Supplemental to Address Unsheltered and Rural Homelessness**

      i. The [Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness Notice of Funding Availability (NOFA)](#) was released on June 22, 2022. Tehama CoC is permitted to recommend applications for up to

$280,463 under Unsheltered, and up to $420,695 under Rural Homelessness as part of separate Priority Listings with the upcoming CoC Application.

Suggested Action: Authorize update/adaptation of previous year's Local Process for selecting applications for recommendation into the general CoC Application process for use in selecting applications for recommendation into the Unsheltered and Rural Homelessness competitions.

    d. **Housing and Homelessness Incentive Program (HHIP)**

        i. Partnership with Medi-Cal Managed Care Plans (Anthem Blue Cross and California Health and Wellness)

        ii. Flexible funding available contingent on meeting specific metrics

8. **HMIS/CES**
Andrea C. Curry

9. **Community COVID-19 Update**
TCHSA

Tehama County Continuum of Care
Executive Council Meeting

Meeting Minutes

May 25, 2022

Meeting held via Zoom

ATTENDANCE:	PRESENT	EXCUSED
Gail Locke, Chairperson	x	
Tara Loucks-Shepherd, *Vice-Chair; Tehama County Department of Social Services*		x
Jayme Bottke, *Tehama County Health Services Agency*	x	
Candy Carlson, *Tehama County Board of Supervisors*		x
Andrea Curry, *Empower Tehama*	x	
Jeremiah Fears, Corning Police Department		x
Johnna Jones, *Red Bluff City Council (Alternate: Kris Deiters)*	x	
Travis Lyon, *Tehama County Health Services*	x	
David Madrigal, *Tehama County Community Action Agency*	x	
E.C. Ross, Poor and the Homeless Tehama County Coalition *(PATH)*	x	
Jim Southwick, *Tehama County Department of Education*	x	

Guests: ***James Coles from Housing Tools***

Notes by: **Andrea C. Curry**

1. **Welcome and Introductions**

2. **Adoption of Minutes from May 25, 2022**

    The minutes and agenda from the Executive Council meeting held on April 27, 2022 were made available prior to this meeting for review. The minutes were approved as emailed.

3. **Additions to the Agenda** – None

4. **Stakeholders' Collaborative Update**
    Andrea C. Curry

    The Stakeholders' Collaborative met on June 1, 2022 . At that meeting, updates were provided on the PATH Plaza navigation center and the Olive Grove Permanent Supportive Housing project. Jessica Candela from Housing Tools led a conversation to review the goals and strategies to be included in the Local Homelessness Action Plan (LHAP) portion of the HHAP-3 application, which were determined with input from the Stakeholders' Collaborative in May. Kristopher Kuntz from Anthem Blue Cross presented to the group on the Housing and Homelessness Incentive Program (HHIP).

    PATH Plaza: The building plans are under review by the City of Red Bluff. Once they are approved by the city, the project will go to bid.

No Place Like Home: Debbie Villasenor reported that No Place Like Home (NPLH) projects serve individuals with serious mental illness that are homeless, chronically homeless, or at risk of chronic homelessness. Two additional project applications have been submitted to the state to be considered for No Place Like Home funding. Both proposed projects would be located in Red Bluff. If approved, the developers involved in the projects will be seeking additional funding to complete the projects.

Update on items for NPLH Units: Gail has been organizing fundraising for household items for the Olive Grove NPLH units. She recently presented at Rotary and received donations towards the purchase of these items and as a result of the presentation was later contacted by the Shasta Community Foundation, who has agreed to contribute the remaining $1,600 needed to complete the purchases.

5. Capacity Building

Andrea C. Curry

Homeless Housing and Prevention Round 3 (HHAP-3)

The HHAP-3 application is almost completed and will be submitted to Cal ICH by the June 30 deadline. The Local Homeless Action Plan (LHAP) was presented to the county Board of Supervisors on June 7 by James Coles from Housing Tools.

The CoC and the County have agreed to apply jointly for the HHAP-3 funding. The *Homeless Housing, Assistance and Prevention, Round 3 Joint Application and Regional Coordination Agreement* describes the responsibilities of each party, as well as those of Empower Tehama as the Administrative Entity for the CoC. This agreement was reviewed by this council at the May 2022 meeting.

Jayme Bottke made a motion that the the council authorize the CoC Chairperson to sign the Housing, Assistance and Prevention, Round 3 Joint Application and Regional Coordination Agreement on behalf of Tehama CoC. David Madrigal seconded the motion. Motion carried.

Emergency Solutions Grant – Coronavirus (ESG-CV)

Andrea reported that during it's June 8 Office Hours webinar HCD announced that they have met the deadline set in HUD's Notice CPD-22-06 goal of drawing at least 50% of the s ESG-CV funds by June 16th, which will allow them to avoid having funds recaptured by HUD and also to have their expenditure deadline with HUD extended from September 30, 2022 to September 30, 2023. HCD stated that CoCs who met their own 50% drawdown goal by June 16 would also not be in danger of having funds recaptured by the state. They stated that they would be reaching out individually to CoCs to discuss possible expenditure deadline extensions, but encouraged CoCs to continue expending funds based on the original 2022 deadline unless/until their HCD rep reaches out to discuss this possibility. As of May 30, Tehama CoC has drawn 61% of it's total ESG-CV award. While this council had planned to review to-date spending of subgrantees during this meeting, Andrea suggested that this be done in July instead, when we would hopefully have more information about the potential extension and can look at expenditure rates through this lens. Andrea mentioned that it's possible that HCD may recapture funds from other communities that have not met expenditure milestones that they might then need to redistribute. If requesting additional funds is a possibility by July 27, Andrea will also prepare an analysis of the cost of continuing to support the projects currently funded under the CoC's ESG-CV allocation through the extended deadline of September 2023.

Emergency Solutions Grant (ESG) Balance of State

Andrea reported that the Emergency Solutions Grant (ESG) Balance of State Allocation 2022 Notice of Funding Availability (NOFA) was released on June 13. Tehama CoC is eligible to recommend up to two projects to submit applications into the regionally competitive component and select up to two projects to receive up to a combined $122,370 in non-competitive Rapid Rehousing funding. In past years, Tehama CoC has updated it's previous process for soliciting interest in this funding opportunity locally and evaluating Project Overviews submitted to the CoC.

Jayme made a motion that the council authorize Andrea and Heather to update the process used in 2021 to comply with the 2022 NOFA and release the 2022 ESG Funding Opportunity announcement. David seconded the motion. Motion carried.

6. HMIS/CES Update
Andrea C. Curry

Andrea reported that HMIS/CES staff has been working out any glitches with the CES prioritiziation and referral system as Travis uses it for the Olive Grove No Place Like Home unit lease-up process. Travis reported that he is now available two days per week on location in Corning to assist individuals experiencing homelessness with accessing CES assessments. Gail asked if all of the funded projects are now entering records into HMIS. Andrea reported that they are, that the past year has seen substantial growth in HMIS and that HMIS User Trainings are being held monthly at Empower Tehama.

7. Community COVID-19 Update
Jayme Bottke

Jayme reported that new COVID cases are currently being reported at a weekly average of 20 per day and that the rate peaked yesterday at 34 in one day. Because there are so many home testing options available now, it's likely that many cases are not being reported, but the county has not seen a dramatic increase in hospitalizations recently. She shared that they are seeing instances of the B2 and B5 COVID variant cases coming through, and while these variants appear to be much more easily transmissible, so far they do not appear to cause more severe illness. Jayme noted that a sort throat and/or laryngitis are often the first symptoms individuals with these variants of COVID notice.

TCHSA recommends getting vaccinated to protect agains serious illness and that COVID vaccinations are now approved for young children. Public Health is preparing a press release and will be working locally with those who will be providing the pediatric vaccine. Community members interested in having their children vaccinated can schedule appointments on the My Turn website and can watch for the press release to find out about other locations and providers.

The next meeting is scheduled for July 23, 2022, at 9:30 AM and will be held via Zoom.

ESG-CV Expenditure Projections and Recommended Award Modifications - Operations through November 2022

Organization	Project	Expended to date	Remaining to expend	Most recent month reported	Anticipated one-time expenses	Typical Monthly Expenses	Months not yet reported	Projected Additional Spending	Anticipated Total Spending	Budget Shortfall	Funds potentially unspent	Recommended Change	Award Revised Total
Empower Tehama	2021 PIT Count	$3,600	$0	Jan 2021			0	$0	$3,600				$3,600
PATH	Fairgrounds Shelter	$200,196	$0	Sept 2020			0	$0	$200,196				$200,196
Faith Works	Emergency Assistance - Original	$5,271	$0	June 2021			0	$0	$5,271				$5,271
Faith Works	Homelessness Assistance	$101,027	$48,973	June 2022		$10,000	5	$50,000	$151,027	($1,027)		$1,050	$151,050
NCCDI	Home Address Project	$113,357	$61,643	May 2022	$24,000	$15,000	6	$114,000	$227,357	($52,357)		$52,500	$227,500
PATH	Day Center	$466,057	$159,483	May 2022		$40,000	6	$240,000	$706,057	($80,517)		$80,600	$706,140
PATH	Sale Property	$51,684	$78,316	June2022	$41,000	$0	5	$41,000	$92,684		$37,316	($37,000)	$93,000
PATH	Street Outreach	$302,218	$79,488	June 2022		$8,650	5	$43,250	$345,468		$36,238	($36,206)	$345,500
PATH	Rapid Rehousing	$19,953	$277,512	Nov 2021		$25,000	7	$175,000	$194,953		$102,512	($102,465)	$195,000
Empower Tehama	DV Shelter	$226,357	$80,908	June 2022	$45,000	$7,500	5	$82,500	$308,857	($1,592)		$1,600	$308,865
Empower Tehama	ET RRH	$98,198	$49,413	June 2022	$0	$17,450	5	$87,250	$185,448	($37,837)		$38,038	$185,649
Empower Tehama	HMIS	$147,378	$87,622	June 2022	$45,000	$7,500	5	$82,500	$229,878		$5,122	($5,000)	$230,000
Empower Tehama	Grant Administration	$89,516	$45,484	June 2022		$9,000	5	$45,000	$134,516		$484		$135,000
	Totals	**$1,824,811**			$155,000	$140,100		$960,500	**$2,785,311**	**-$173,329**	**$181,672**	**-$6,883**	**$2,786,771**

Recommended Contract Modifications:

$1,050	1	Increase Faith Works Homelessness Assistance award by $1,050
$52,500	2	Increase NCCDI Home Address Project by $52,500 - includes additional $24,000 for pallet shelter project and typical monthly expenses through November 2022.
$80,600	3	Increase PATH Day Center award by $80,600 to support typical monthly expenses through November 2022.
$1,600	4	Increase Empower Tehama DV Shelter award by $1,600 to support replacing new furnishings and typical monthly expens through November 2022.
$38,038	5	Increase Empower Tehama Rapid Rehousing award by $38,038 (to support rental assistance for client households through November 2022.
$173,788		Combined total of award increases
($37,000)	6	Reduce Sale Property award by $37,000 based on current project needs.
($36,206)	7	Reduce PATH Street Outreach award by $36,206 based on typical monthly expenses.
($102,465)	8	Reduce PATH Rapid Rehousing award by $102,4656 based on typical monthly expenses and need to expend ESG BoS Annual funds.
($5,000)	9	Reduce Empower Tehama HMIS award based on typical monthly expenditures.
($180,671)		Combined total of award decreases

Original awards were based on projects' proposals for funding projects through July 2022. Because some projects were new start-ups, their initial estimates were not accurate. **Re-allocation recommendations are based on allowing all currently operating projects to extend operations through November 2022.**

* Difference in increases vs. reductions ($6,883) to compensate for inadvertent over-awarding of funds re-allcoated in April 2022 (

Additional Funds Request

Organization	Project	Typical Monthly Expenses	Service Months (Nov '22-Sept '23)	Basic Operational Funding Need	Potential One-time expenses	Projected Additional Spending	One-time expenditure notes	Addiional Consderations:
Faith Works	Homelessness Assistance	$10,000	10	$100,000		$100,000		- RFP process could be conducted for additional grantees, but it would be difficult for new start-up projects to get up and running in the remaining expenditure period.
NCCDI	Home Address Project	$15,000	10	$150,000		$150,000		
PATH	Day Center	$40,000	10	$400,000		$400,000		
PATH	Sale Property	$0	10	$0	$100,000	$100,000	Sale House roof replacement	
PATH	Street Outreach	$8,650	10	$86,500		$86,500		'- If PATH Plaza construction timing does not change, consider adding 3 mos operating + up to $100,000 for start-up furniture to request (total 3 x $55,000 = $165,000 + 100,000 = $265,000)
PATH	Rapid Rehousing	$25,000	6	$150,000		$150,000		
Empower Tehama	DV Shelter	$7,500	10	$75,000	$100,000	$175,000	Solid security fencing due to break-in	
Empower Tehama	ET RRH	$17,450	10	$174,500		$174,500		
Empower Tehama	HMIS	$7,500	10	$75,000	$35,000	$110,000	23-24 2-1-1 CES contract, HMIS equipment	
Empower Tehama	Grant Administration	$9,000	10	$90,000	$0	$90,000		
	Totals	$140,100	**10**	**$1,301,000**	**$235,000**	**$1,536,000**		

Housing and Homelessness Incentive Program Measures
January 1, 2022 - December 31, 2023
See housing service definitions in row 25

Priority Area	Measurement Area *Priority measures are noted in **bold text***	MCP LHP Submission Measurement period: 1/1/22 - 4/30/22 (4 mths) LHP Measure Numerator	LHP Measure Denominator	P4R vs. P4P	Points	MCP Submission 1 Measurement period: 5/1/22 - 12/31/22 (8 mths) S1 Measure Numerator	S1 Measure Denominator	S1 P4R vs. P4P	Points S1	MCP Submission 2[1] Measurement period: 1/1/23 - 10/31/23 (10 mths) S2 Measure Numerator	S2 Measure Denominator	S2 P4R vs. P4P	Points S2
1. Partnerships and capacity to support referrals for services	1.1 Engagement with CoC, including, but not limited to: - Attending CoC meetings - Joining the CoC board - Joining a CoC subgroup or workgroup - Attending a CoC webinar During program evaluation, DHCS will administer surveys to the CoC so that the Department can better understand the level of engagement from the MCP.	Provide a narrative description of the MCPs engagement with the CoC, citing the number of CoC meetings attended and any formal involvement, such as joining the board or a workgroup. Include the name and contact information of your primary contact at the CoC.	N/A	R	10	Number and type of CoC meetings attended during the measurement period: - # of CoC board meetings attended - # of CoC workgroups attended - # of a CoC webinars attended - # of other CoC meetings attended	Number and type of CoC meetings held during the measurement period: - # of CoC board meetings attended - # of CoC workgroups attended - # of a CoC webinars attended - # of other CoC meetings attended	P MCP should attend 100% of CoC meetings held	20	Number and type of CoC meetings attended during the measurement period: - # of CoC board meetings attended - # of CoC workgroups attended - # of a CoC webinars attended - # of other CoC meetings attended	Number and type of CoC meetings held during the measurement period: - # of CoC board meetings attended - # of CoC workgroups attended - # of a CoC webinars attended - # of other CoC meetings attended	P MCP should attend 100% of CoC meetings held	20
	1.2 Connection and integration with the local Coordinated Entry System *Priority Measure*	Provide a narrative description of how the MCP intends to engage with the CoC and better understand the Coordinated Entry System (CES) in the county, including a feasibility assessment for the MCP to become a CES access point. If there is already engagement in place, the MCP should provide a narrative description of its current level of engagement.	N/A	R	20	Provide documentation of MCP contact with the CES to coordinate on members' housing needs and provide evidence of referrals when indicated as well as a narrative description of the MCP's action plan for becoming a CES access point, if feasible, based on the assessment submitted with the LHP.	N/A	R	20	Provide a narrative description of any updates made to the CES process as part of the MCP's involvement, including how health factors and risks were incorporated into the CES assessment and prioritization process, as well as the MCP's progress toward becoming a CES access point based on the action plan submitted in S1.	N/A	R	20
	1.3 Outreach and engagement efforts and approach to providing medically appropriate and cost-effective housing-related Community Supports services or other housing-related services to MCP members who are experiencing homelessness	For MCP members who are experiencing homelessness (use 2021 PIT count) and are not receiving medically appropriate and cost-effective housing-related Community Supports (measurement area 3.4) or other housing-related services, please select the top three barriers from the list below and provide a narrative description of the approach the MCP will take to address those barriers: -Adequate network of providers to meet demand -Outreach and engagement efforts -Availability of affordable long-term housing -Accessible services and supports for individuals with SMI/SED -MCP's housing-related programmatic infrastructure is in early stages of development -Other (please specify)	N/A	R	10	Number of MCP members who are experiencing homelessness (use 2022 PIT count) and are not receiving medically appropriate and cost-effective housing-related Community Supports (measurement area 3.4) or other housing-related services broken out by: - Race - Ethnicity - Primary language spoken - SMI/SUD - Chronic conditions, such as HTN, DM, Hepatitis C, HIV, CHF, and asthma - Age - Pregnant persons/families	Number of MCP members who are experiencing homelessness broken out by: - Race - Ethnicity - Primary language spoken - SMI/SUD - Chronic conditions, such as HTN, DM, Hepatitis C, HIV, CHF, and asthma - Age - Pregnant persons/families	R	10	Number of MCP members who are experiencing homelessness (use 2023 PIT count) and are not receiving medically appropriate and cost-effective housing-related Community Supports (measurement area 3.4) or other housing-related services broken out by: - Race - Ethnicity - Primary language spoken - SMI/SUD - Chronic conditions, such as HTN, DM, Hepatitis C, HIV, CHF, and asthma - Age - Pregnant persons/families	Number of MCP members who are experiencing homelessness broken out by: - Race - Ethnicity - Primary language spoken - SMI/SUD - Chronic conditions, such as HTN, DM, Hepatitis C, HIV, CHF, and asthma - Age - Pregnant persons/families	P At a minimum, 5% reduction across each category	20
	1.4 Partnerships with counties, COC, and/or organizations that deliver housing services (i.e., interim housing, rental assistance, supportive housing, outreach, prevention/diversion) with which the MCP has a data sharing agreement that allows for timely exchange of information and member matching *Priority Measure*	Number of housing-related service providers by provider type that the MCP has data sharing agreements with, either directly or through a health information exchange intermediary, that allow for sharing of the MCP's Members' information: - Interim housing - Rental assistance - Supportive housing - Outreach - Prevention/diversion If the data sharing agreement is through an intermediary, the MCP must be able to access the members' information related to their housing status.	Number of providers by provider type that the MCP has contracted with to deliver housing-related services: - Interim housing - Rental assistance - Supportive housing - Outreach - Prevention/diversion	R	20	For each provider type the MCP has contracted with to deliver housing-related services, either directly or through an intermediary, number of providers who have signed California's Data Sharing Framework Data Sharing Agreement: - Interim housing - Rental assistance - Supportive housing - Outreach - Prevention/diversion If the data sharing agreement is through an intermediary, the MCP must be able to access the members' information related to their housing status.	Number of providers by provider type that the MCP has contracted with to deliver housing-related services: - Interim housing - Rental assistance - Supportive housing - Outreach - Prevention/diversion	R	20	For each provider type the MCP has contracted with to deliver housing-related services, either directly or through an intermediary, number of providers who are actively sharing MCP Member information in accordance with California's Data Sharing Framework Data Sharing Agreement: - Interim housing - Rental assistance - Supportive housing - Outreach - Prevention/diversion If the data sharing agreement is through an intermediary, the MCP must be able to access the members' information related to their housing status.	Number of providers by provider type that the MCP has contracted with to deliver housing-related services: - Interim housing - Rental assistance - Supportive housing - Outreach - Prevention/diversion	P 75% required	40
	1.5 Data sharing agreement with county MHPs and DMC-ODS (if applicable)	Describe the data sharing agreements the MCP has in place with county MHP and DMC-ODS (if applicable) and county BH providers serving JI individuals that include ability to support member matching on housing status. If data sharing agreements are not in place, describe the MCP's plan to include data sharing agreements with these parties, including possible timing of implementation.	N/A	R	10	MCP, county MHPs and DMC-ODS (if applicable) in the county who signed California's Data Sharing Framework Data Sharing Agreement Yes/No		P Yes/No	20	Data sharing agreement in place with county MHPs and DMC-ODS (if applicable) that includes ability to perform member matching and sharing information on housing status. Yes/No		P Yes/No	20

Domain	Measure	Submission 1 Description	Submission 1 Denominator	R/P	Pts	Submission 2 Description	Submission 2 Denominator	R/P	Pts	Submission 3 Description	Submission 3 Denominator	R/P	Pts
	1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (Aligns with HHAP Round 3 Application)	Provide a narrative description of how MCPs will work with housing partners to identify: 1. Disparities and inequities that currently exist in your county related to housing 2. MCP's approach to partnering with local organizations, including but not limited to providing funding, referrals, and other supports, to address the stated disparities and inequities as they relate to service delivery, housing placements, and housing retention	N/A	R	10	Provide a narrative description of how the MCP is working with housing partners to identify: 1. Disparities and inequities that currently exist in your county related to housing, and 2. MCP's approach to partner with local organizations, including but not limited to providing funding, referrals, and other supports, to address the stated disparities and inequities as they related to service delivery, housing placements, and housing retention	N/A	R	10	Provide a narrative evaluation of the MCP's implementation of partnerships with local organizations, including but not limited to providing funding, referrals, and other supports, to address the stated disparities and inequities as they related to service delivery, housing placements, and housing retention	N/A	P MCPs should have fully implemented their approach described in LHP	20
2. Infrastructure to coordinate and meet member housing needs	**2.1 Connection with street medicine team providing healthcare for individuals who are homeless** **Street Medicine defined as health and social services developed specifically to address the unique needs and circumstances of unsheltered homeless individuals delivered directly to these individuals in their own environment.** *Priority Measure*	Submission of MOU or contract, or joint statement of intent to submit a MOU or contract by the next reporting period (S1), with a street medicine team that includes a provider credentialed to serve as a primary care provider (PCP), providing healthcare for individuals who are homeless. For MCPs operating in a designated rural county*, if a street medicine team is not present in the county, the MCP must describe in detail the equivalent services and outreach they are providing to individuals who are homeless directly to these individuals in their own environment. *Designated rural county as defined by OMB, as a county that is not part of a Metropolitan Statistical Area (MSA).	N/A	R	20	Number of MCP members receiving primary care services from the MCP's street medicine partner (or for MCPs operating in a designated rural county the equivalent services provided directly by the MCP if a street medicine team is not present in the county).	DHCS to use PIT count	R	20	Number of MCP members receiving primary care services from the MCP's street medicine partner (or for MCPs operating in a designated rural county the equivalent services provided directly by the MCP if a street medicine team is not present in the county).	DHCS to use PIT count	P 10% increase from Submission 1 required	40
	2.2 MCP connection with the local Homeless Management Information System (HMIS) *Priority Measure*	Does the MCP have the ability to share data with and receive data from the local Homeless Management Information Systems (HMIS) Yes/No (If no, the MCP must provide a description of steps it will take to achieve access to HMIS and associated timing)	N/A	R If no, MCP provide a description of steps they will take to achieve access to HMIS	20	Does the MCP have the ability to match their member information with HMIS client information Yes/No	N/A	P Yes/No	40	Does the MCP have the ability to receive timely alerts from their local HMIS when an MCP's member experiences a change in housing status Yes/No	N/A	P Yes/No	40
	2.3 MCP process for tracking and managing referrals for the housing-related Community Supports it is offering during the measurement period, which may include: 1. Housing Transition Navigation 2. Housing Deposits 3. Housing Tenancy and Sustaining Services 4. Recuperative Care 5. Short-Term Post-Hospitalization Housing 6. Day Habilitation Programs MCPs will be evaluated based only on the Community Supports they are offering during the measurement period.	Narrative description of the MCP's process to track and manage referrals (i.e., tracking via closed loop referrals*) for the housing-related Community Supports it is offering during the measurement period which may include: 1. Housing Transition Navigation 2. Housing Deposits 3. Housing Tenancy and Sustaining Services 4. Recuperative Care 5. Short-Term Post-Hospitalization Housing 6. Day Habilitation Programs *Closed loop referral is defined as coordinating and referring the Member to available community resources and following up to ensure services are rendered.	N/A	R	10	Number of contracted housing-related Community Supports providers who are able to electronically receive, follow-up and close a referral	Number of contracted housing-related Community Supports providers	P 50% required MCPs will be evaluated based only on the Community Supports the MCP is offering during the measurement period.	20	Number of contracted housing-related Community Supports providers who electronically received, followed-up, and closed a referral	Number of contracted housing-related Community Supports providers	P 5% increase from Submission 1 MCPs will be evaluated based only on the Community Supports the MCP is offering during the measurement period.	20
3. Delivery of services and member engagement	3.1 Percent of MCP Members screened for homelessness/risk of homelessness	Number of MCP members screened for homelessness or risk of homelessness from January 1, 2022 to April 30, 2022	Total number of MCP members during the measurement period	R	10	Number of MCP members screened for homelessness or risk of homelessness from May 1, 2022 to December 31, 2022	Total number of MCP members during the measurement period	P 5% increase from LHP required	20	Number of MCP members screened for homelessness or risk of homelessness from January 1, 2023 to October 31, 2023	Total number of MCP members during the measurement period	P 5% increase from Submission 1 required	20
	3.2 MCP Members screened for homelessness or risk of homelessness who were discharged from an inpatient setting or have been to the emergency department for services two or more times in a 4-month period	Number of MCP members who were discharged from an inpatient setting or in the emergency department for services two or more times who were screened for homelessness or risk of homelessness from January 1, 2022 to April 30, 2022	Number of MCP members who were discharged from an inpatient setting or in the emergency department for services two or more times between January 1, 2022 to April 30, 2022	R	10	Number of MCP members who were discharged from an inpatient setting or in the emergency department for services two or more times over four consecutive months screened for homelessness or risk of homelessness from May 1, 2022 to December 31, 2022	Number of MCP members who were discharged from an inpatient setting or in the emergency department for services two or more times over four consecutive months from May 1, 2022 to December 31, 2022	P 5% increase from LHP required	20	Number of MCP members who were discharged from an inpatient setting or in the emergency department for services two or more times over four consecutive months screened for homelessness or risk of homelessness from January 1, 2023 to October 31, 2023	Number of MCP members who were discharged from an inpatient setting or in the emergency department for services two or more times over four consecutive months from January 1, 2023 to October 31, 2023	P 5% increase from Submission 1 required	20
	3.3 MCP efforts to support the CoC in the collection of point in time (PIT) count of members determined as homeless	Description of the CoCs needs (i.e. capacity, funding) for conducting the 2023 PIT count and how the MCP anticipates supporting the CoC for the 2023 PIT count	N/A	R	10	Description of how the MCP supported the CoC in the 2023 PIT count collection and the MCP process for member matching to the PIT count	N/A	R	10	MCP members receiving Community Supports housing services, or other housing related services from January 1, 2023 through October 31, 2023	PIT count of the MCPs members determined as homeless/at risk of homelessness in January 2023	R	10

Measure	S1 Measure Numerator	S1 Measure Denominator	S1 P4R vs. P4P	S1 P4R vs. P4P	S2 Measure Numerator	S2 Measure Denominator	S2 P4R vs. P4P	S2 P4R vs. P4P
3.4 MCP members in the ECM Population of Focus (PoF) "Individuals and Families Experiencing Homelessness receiving at least one housing-related Community Supports, including: 1. Housing Transition Navigation 2. Housing Deposits 3. Housing Tenancy and Sustaining Services 4. Recuperative Care 5. Short-Term Post-Hospitalization Housing 6. Day Habilitation Programs	Number of MCP members who were determined homeless or at risk of homelessness and received at least one the MCP's offered housing-related Community Supports during the measurement period	Number of MCP members who qualify for the ECM Population of Focus (PoF) "Individuals and Families Experiencing Homelessness" during the measurement period	R	10	Number of MCP members who were determined homeless or at risk of homelessness and received at least one the MCP's offered housing-related Community Supports during the measurement period	Number of MCP members who qualify for the ECM Population of Focus (PoF) "Individuals and Families Experiencing Homelessness" during the measurement period	P 5% increase from LHP required (reported per CS, performance evaluated across aggregate)	20
					Number of MCP members who were determined homeless or at risk of homelessness and received at least one the MCP's offered housing-related Community Supports during the measurement period	Number of MCP members who qualify for the ECM Population of Focus (PoF) "Individuals and Families Experiencing Homelessness" during the measurement period	P 5% increase from Submission 1 required (reported per CS, performance evaluated across aggregate)	20
3.5 MCP Members who were successfully housed	Number of MCP members experiencing homelessness who were successfully housed from January 1, 2022 to April 30, 2022	Number of MCP members experiencing homelessness during the measurement period	R	20	Number of MCP Members experiencing homelessness who were successfully housed from May 1, 2022 to December 31, 2022	Number of MCP members experiencing homelessness during the measurement period	P 30% required	40
					Number of MCP Members experiencing homelessness who were successfully housed from January 1, 2023 to October 31, 2023	Number of MCP members experiencing homelessness during the measurement period	P 30% required	40
3.6 MCP Members who remained successfully housed *Priority Measure*	N/A	N/A	N/A	0	Number of MCP Members who were housed from January 1, 2022 to April 30, 2022 who remained housed through December 31, 2022	MCP Members experiencing homelessness who were successfully housed from January 1, 2022 to April 30, 2022	P 85% required	40
					Number of MCP Members who were housed from January 1, 2022 to December 31, 2022 who remained housed through October 30, 2023	Number of MCP Members experiencing homelessness who were successfully housed from January 1, 2022 to December 31, 2022	P 85% required	40
	N/A	N/A	N/A	0	Number of MCP Members experiencing homelessness who were housed from May 1, 2022 to December 31, 2022 who remained housed through October 30, 2023	Number of MCP Members experiencing homelessness who were successfully housed from May 1, 2022 to-December 31, 2022		
Total Points			**190**		**Total Points**	**330**		**Total Points** 350

	MCP Submission 1 Measurement period: 5/1/22 - 4/30/23 (12 mths)				MCP Submission 2 Measurement period: 5/1/23 - 10/31/23 (6 mths)			
	S1 Measure Numerator	S1 Measure Denominator	S1 P4R vs. P4P	S1 P4R vs. P4P	S2 Measure Numerator	S2 Measure Denominator	S2 P4R vs. P4P	S2 P4R vs. P4P

Defining Crisis Response and Permanent Housing Interventions

Definitions drawn from BCSH
https://bcsh.ca.gov/calich/documents/covid19_strategic_guide_new_funds.pdf

Interim Housing	Any program whose primary purpose is to provide temporary shelter for people experiencing homelessness, in general or for specific populations, and which does not require occupants to sign leases or occupancy agreements. Interim housing can include congregate shelter, bridge housing, temporary scattered-site arrangements, and transitional housing programs, among others.
Rental Assistance	Rental assistance programs provide subsidies that help people experiencing homelessness rent housing in the marketplace. Rental assistance typically pays a portion of the total rent and can be temporary or permanent and offered in a variety of program types.
Supportive Housing	Supportive housing is permanent housing for a specific target population—generally people with disabilities/special needs and long histories of homelessness—that is linked to onsite or offsite services that assist the resident to retain the housing, improve their health status, and maximize their ability to live and, when possible, work in the community.
Outreach	Programs that that identify and engage people living in unsheltered locations, such as in cars, parks, abandoned buildings, encampments, and on the streets, reaching people who might not otherwise seek assistance or come to the attention of the homelessness service system. Outreach and engagement programs help to ensure that people's basic needs are met while also supporting people to access and navigate pathways toward housing stability.
Prevention/Diversion	Programs that seek to prevent people from losing current housing or to prevent the need for services from the homelessness response system through a rapid return to housing, usually without expectation of ongoing support.

[1] Performance evaluation benchmarks for Submission 2 are subject to change.