The purpose of this letter is to provide updated program guidance related to the Housing and Disability Advocacy Program (HDAP) pursuant to Senate Bill (SB) 80 (Chapter 27, Statutes of 2019).
November 1, 2019

ALL COUNTY LETTER NO. 19-104

TO: ALL COUNTY WELFARE DIRECTORS
    ALL COUNTY HOUSING AND DISABILITY ADVOCACY
    PROGRAM COORDINATORS
    LEADERS OF FEDERALLY RECOGNIZED TRIBES IN
    CALIFORNIA
    ALL COUNTY HOUSING AND HOMELESSNESS
    COORDINATORS
    ALL COUNTY GENERAL ASSISTANCE/GENERAL RELIEF
    PROGRAM MANAGERS
    ALL COUNTY DISABILITY ADVOCACY PROGRAM MANAGERS

SUBJECT: UPDATED PROGRAM GUIDANCE – HOUSING AND DISABILITY
         ADVOCACY PROGRAM (HDAP)

REFERENCE: SENATE BILL (SB) 80 (CHAPTER 27, STATUTES OF 2019);
            ASSEMBLY BILL (AB) 1603 (CHAPTER 25, STATUTES OF 2016);
            WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS 8255;
            18999 – 18999.6; ALL COUNTY WELFARE DIRECTORS LETTER
            DATED JULY 27, 2017;

The purpose of this letter is to provide updated program guidance to counties operating
the Housing and Disability Advocacy Program (HDAP), pursuant to Senate Bill (SB) 80
(Chapter 27, Statutes of 2019).

Background

The HDAP was created in 2016 by the California Legislature. The 2017-18 Budget Act
appropriated $43,461,000 in one-time funding for the program, with funds available over
three years, beginning July 1, 2017 through June 30, 2020. Thirty-nine counties applied
for program funds and implemented programs locally in early 2018. The 2019 Budget
Act appropriated an additional $25 million for the HDAP to continue on an on-going
basis. SB 80 (Chapter 27, Statutes of 2019) changed the HDAP requirements and
prioritization criteria. Additional information, including new program requirements and
program best practices are outlined below and provided in the attached updated program overview.

Program Scope

Assembly Bill (AB) 1603 (Chapter 25, Statutes of 2016) established the HDAP, which is a locally administered program, operated by county agencies or tribal governments, that assists disabled individuals who are experiencing homelessness with applying for disability benefit programs while also providing housing assistance. The HDAP requires that grantees offer outreach, case management, advocacy and housing assistance, giving priority to chronically homeless individuals or individuals who are homeless and rely most heavily on government-funded services. Program requirements are outlined in Welfare and Institutions Code (WIC) sections 18999 - 18999.6, and additional information, including a summary of statutory changes and recommended best practices, are provided in the attachment, HDAP General Program Overview, Updated November 1, 2019. This general program overview has been updated and supersedes program guidance released in All County Welfare Directors Letter dated July 27, 2017. The updated guidance is effective July 1, 2019.

Counties currently operating an HDAP should use this updated guidance to begin making changes in program design, if applicable. Updated program plans per this amended guidance do not need to be submitted to CDSS for pre-approval (unless pre-approval is specifically noted in the program guidance) so long as any program design changes are consistent with this updated guidance and supported by the program’s current allocation. Updated program plans will be requested from continuing programs through the formal application request process, which will be released under separate cover (see below for additional information). Counties may contact housing@dss.ca.gov with questions regarding allowable program changes if they require further assistance.

Application Requirements and Funding Requests

Program funding application requirements and the formal request for program plans for both continuing programs and new counties or tribes wishing to apply for funds will be released under separate cover later this year. Counties currently operating a program that wish to request immediate funds due to an anticipated interruption in program operations due to insufficient funds should contact housing@dss.ca.gov to discuss further.
Data Collection and Reporting

Data collection, progress monitoring, and outcome recording continue to be essential elements of the HDAP. Forms and tracking instructions will be updated based on the statutory amendments; revised instructions will be released under separate cover. Current grantees should continue to use existing reporting forms (HDAP 18 and HDAP PII) until updated instructions and forms are released.

Training and Technical Assistance

Training and technical assistance will continue to be offered to help programs develop, strengthen and enhance their outreach, case management, advocacy, and delivery of housing supports at the local level. CDSS anticipates hosting an in-person Learning Forum for all current programs (and any interested county and tribe applicants) later this calendar year in downtown Sacramento. Registration information for existing programs will be sent to program coordinators. If you are a new county or tribe and interested in learning more or attending the Learning Forum, please contact housing@dss.ca.gov for additional information.

The CDSS looks forward to a continued partnership in order to deliver housing support and disability advocacy to individuals and families in need. If you have any questions or need additional guidance regarding the information in this letter, please contact the Housing and Homelessness Bureau at 916-651-5155 or at housing@dss.ca.gov.

Sincerely,

Original Document Signed By:

JENNIFER HERNANDEZ
Deputy Director
Family Engagement and Empowerment Division

Attachment
I. Background and Overview

**Assembly Bill (AB) 1603 (Chapter 25, Statutes of 2016)** established the Housing and Disability Advocacy Program (HDAP). The HDAP is a state-funded program administered locally by counties, federally recognized tribal governments in California (tribes), or groups of counties and tribes, that assists individuals (including those in families) who may be experiencing homelessness increase participation in disability benefit programs. The HDAP requires that grantees offer outreach, case management, disability benefits advocacy, and housing assistance to all program participants. A dollar-for-dollar grantee match is also required (refer to **All County Welfare Directors Letter (ACWDL)** dated July 27, 2017, **Attachment 4, County Fiscal Letter (CFL) No. 17/18-79**, dated June 28, 2018, and **CFL No. 18/19-25**, dated September 28, 2018 for the HDAP match requirements and instructions).

The HDAP is intended to support participants in meeting two important program goals: securing disability benefits and stabilizing in permanent housing. The program offers outreach, case management, disability benefits advocacy, and housing assistance *concurrently*. Participants are eligible for, and should continue to be offered, any of the program components until a final disability benefits determination is made and the participant is stabilized in permanent housing. Eligibility for the HDAP services is not based on the disability benefits application timeline alone. It is unlikely that the disability benefits determination timeline and housing stabilization timeline will be fully aligned. Rather, it is highly likely that one may be achieved before the other, and programs should be designed accordingly.

**Welfare and Institutions Code (WIC) sections 18999 - 18999.6** outline the HDAP program requirements. Specifically, these sections detail the required program components, the types of disability income benefit programs that should be sought out by grantees on behalf of HDAP program participants, how participants shall be prioritized, target populations for HDAP, and the types of benefits and services that shall be offered to program participants.

This program overview has been updated from the original version released in **ACWDL dated July 27, 2017**. Additional information and examples related to updated statutory changes, state mandated program principles, updated program guidance and recommended promising practices have been added. Updated program guidance and promising practices related to the required core components are based on feedback from HDAP grantees and lessons learned through the California Department of Social Services' (CDSS) oversight. CDSS also requested input from non-participating counties and tribes interested in implementing an HDAP in the future, which has been incorporated to ensure the program can be applicable to counties and tribes throughout California. Finally, CDSS incorporated feedback from relevant stakeholder groups.

New and continuing program applicants are strongly encouraged to review this updated HDAP General Program Overview and to consult with CDSS on how grantees may address challenges with implementation and/or operationalization of the program. CDSS encourages grantees to continually improve the quality of the HDAP. The Department is available to provide individualized technical assistance and will continue to support peer learning and sharing through a number of ways including in-person Learning Forums, monthly statewide conference calls, site visits, and individualized program review and feedback. Participation in any CDSS
II. Summary of Statutory Changes – July 2019

Senate Bill (SB) 80 (Chapter 27, Statutes of 2019) made statutory amendments to WIC sections 18999 – 18999.6. The most significant changes are summarized in bullet points below. Other technical, non-substantive amendments were also made. Additional detail regarding how these changes impact the relevant program components, and examples of how grantees may consider changing their program design, are provided in relevant sections throughout this document.

- HDAP funding is now available to federally recognized tribal governments in California (tribes). CDSS strongly recommends regional partnerships amongst interested tribes or groups of counties and/or tribes wishing to participate (WIC section 18999). Note: a formal request for program applications and application guidelines for continuing counties and new counties and tribes will be released under separate cover.

- Amendments explicitly clarify that priority for the HDAP shall be given to individuals experiencing chronic homelessness or individuals who are homeless and rely most heavily on government funded services. (WIC section 18999.2(b)(1)).

- Amendments also provide allowance for programs to consider providing ongoing housing assistance until an alternative subsidy, affordable housing voucher or other sustainable housing option is secured (WIC section 18999.4(a)(1)). This means that the HDAP may continue to provide limited housing assistance after the participant has secured disability benefits and until the housing placement is stable and affordable to the client.

- Amendments specify case management staff shall assist in developing a transition plan for housing support upon approval or denial of disability benefits, where needed. (WIC section 18999.4(a)(1)).

III. Required Program Principles and Recommended Promising Practices

a. Housing First

Senate Bill (SB) 1380 (Chapter 847, Statutes of 2016) requires that all state-funded housing programs incorporate the core components of Housing First. Therefore, the CDSS will continue to require that the HDAP be operated in a manner consistent with SB 1380 and the core components of Housing First enumerated in W&I Code section 8255. A Housing First approach acknowledges social services and care coordination are key elements of housing stability and quality of life. In practice, this means that programs will link homeless individuals to housing as quickly as possible with few or no preconditions, behavioral contingencies, or other barriers at enrollment or throughout the program.

Individuals served through HDAP should be offered a connection to housing upon outreach encounter(s) and early in the disability advocacy process. Clients should be supported by care coordination case management services with the goal of both seeking disability benefits and securing permanent housing simultaneously. As mentioned above, the availability of ongoing
housing subsidies and case management was expanded in SB 80 (Chapter 27, Statutes of 2019). More information regarding these changes is outlined below under the section IV, Required Program Components and Recommended Promising Practices, subsection (d), entitled Housing Assistance: Financial Assistance, Housing Navigation and Housing-Related Case Management.

b. Collaboration

Collaboration, within the county, tribe, or local jurisdiction, and amongst local service providers, is critical to the success of the HDAP. The CDSS requires HDAP grantees to consult with local public benefit advocacy agencies and their local homelessness systems as they develop and implement their local HDAP. This includes establishing or continuing to support meaningful partnerships with the local homeless Continuum of Care (CoC), tribal housing authorities, and other local housing service providers, as appropriate. Grantees are strongly encouraged to partner with CoCs or other regional efforts to create and participate in the homeless coordinated entry (CE) system. This is especially critical in terms of prioritization. As noted above, SB 80 (Chapter 27, Statutes of 2019) explicitly clarifies that individuals experiencing chronic homelessness or those who are homeless and rely most heavily on government-funded programs shall be given highest priority for HDAP services. Additional information regarding prioritization requirements is provided in the subsection immediately below, entitled Eligible Populations: Prioritization and Screening Tools. Agencies partnering with counties and tribes to provide the required program components should be experienced in successfully providing HDAP-related services and use evidence-based practices in providing disability income advocacy and housing assistance.

In addition, grantees shall collaborate with other local service agencies, including county departments or tribal government organizations responsible for health, behavioral health, and human or social services to best serve homeless individuals and families in need of the HDAP. This means that the HDAP should work to better integrate available wraparound services for HDAP recipients by collaborating with other county and/or tribal offices, with different entitlement or benefit programs, and with local service providers within the community.

HDAP grantees are strongly encouraged to establish and utilize Multi-Disciplinary Team (MDT) meetings in the HDAP. The participation of county departments, tribal members, non-profit legal providers, and community action agencies in MDTs has been critical to supporting successful collaboration in existing HDAPs. Grantees are encouraged to establish MDTs with representation from disability advocacy organizations (including legal aid), homeless outreach teams, case managers, housing authority representatives, housing navigators, behavioral health, and when safe and appropriate, homelessness outreach/engagement staffed through local law enforcement. As a reminder, AB 210 (Chapter 544, Statutes of 2017) added WIC section 18999.8, authorizing counties to create homeless adult and family disciplinary teams. Refer to All County Letter (ACL) 18-55 for additional information. In addition, AB 728 (Chapter 337, Statutes of 2019), expands the goals and codified members of homeless multi-disciplinary personnel teams and includes provisions for facilitating expedited services in certain counties.

Finally, the CDSS recommends that grantees operating the HDAP consider how other government-funded programs targeting services for individuals and families experiencing homelessness can be integrated with the HDAP. For example, grantees with a Whole Person Care Pilot operating in their community or those receiving or who anticipate receiving No Place Like Home funds, Homelessness Emergency Assistance Program (HEAP) funds, California Emergency Solutions and Housing funds, Housing for Healthy California funds, or any of the
various funding streams aimed at addressing the housing needs of individuals served and targeted by the HDAP should consider how the HDAP is currently or can best integrate with those programs.

c. **Eligible Populations: Prioritization and Screening Tools**

Individuals (including individuals in families) experiencing chronic homelessness or who are homeless and rely most heavily on government-funded services shall be given priority for HDAP services. This is not a change in program directive, but SB 80 (Chapter 27, Statutes of 2019) explicitly codifies this prioritization requirement. Consistent with the core components of Housing First, grantees must assess their local need and work in collaboration with the CoC and coordinated entry system to ensure populations with the highest needs are given the highest priority and are able to access HDAP services. Prioritization methods based on "first come, first serve" basis or based on tenant selection processes that screen-in those who are most likely to succeed are in conflict with Housing First and therefore not allowable.

CDSS does not foresee many communities moving beyond the prioritized populations given the number of community members experiencing chronic homelessness or living unsheltered in California. **Further, CDSS does not expect many, if any, individuals who are not experiencing homelessness to be served by the HDAP given the prioritization requirements.** Communities that believe they will serve their entire need (all individuals experiencing homelessness) are required to provide clear and convincing evidence to illustrate how and why within program plans and must request explicit written approval from CDSS before serving individuals who are not experiencing homelessness.

Screening and/or triage tools shall be used by grantees to identify the most vulnerable individuals experiencing homelessness. Generally, these shall be the same screening tools used by the local coordinated entry system, unless there is convincing evidence to use an alternative screening tool. The screening/triage tools should be used to ensure program applicants that are chronically homeless and/or homeless and rely most heavily on government-funded programs are given highest priority for HDAP services.

**IV. Required Program Components and Recommended Promising Practices**

Per WIC sections 18999.2 and 18999.4, HDAP grantees shall offer (either through the county, tribe, local community-based organization, or a combination of counties, tribes and partner agencies) all of the following services to HDAP participants, as appropriate:

- outreach;
- case management;
- benefits advocacy; and
- housing assistance.

Additional information and examples of recommended promising practices relative to each of the program components is provided below.

a. **Outreach**

**Outreach practices that actively seek out potentially eligible HDAP clients is a required core component of the HDAP.** Active outreach includes establishing and utilizing partnerships with local [Homeless Outreach Teams](#) within the community or utilizing other engagement teams.
trained in seeking out and engaging with vulnerable individuals experiencing homelessness in the community. Outreach activities may be conducted by HDAP staff within a county or tribe or provided in collaboration with community-based organizations.

Outreach specifically targeting homeless encampments can assist HDAP grantees with locating some of their most vulnerable community members and is strongly encouraged. HDAP grantees should leverage existing homeless outreach teams through their local CoC, if available, and/or seek out other available community-based partners such as the Veterans Resources Center, when available. The practice of including a public health nurse, mobile psychologist, other mobile medical units or other appropriate staff to provide immediate medical care during the initial engagement process is a recommended promising practice. Counties piloting the HDAP in the initial years of operation reported that the ability to immediately address physical health needs in the field often led to more successful engagement with behavioral health connections, supporting both the disability benefit application submission and greater housing stability. Further, the CDSS strongly encourages partnerships with local and state public works departments, such as flood control agencies and Caltrans, to provide outreach to individuals living on public land. CDSS is available to support communities in connecting with other public departments to establish partnerships at the local level.

As referenced in WIC section 18999.2, other populations that may be targeted for outreach by homeless outreach teams or within other HDAP related outreach activities may include, but are not limited to, individuals or families who are:

- General Assistance/General Relief (GA/GR) applicants and recipients with disabilities who are homeless;
- CalWORKs recipients with disabilities who are homeless;
- CalFresh recipients with disabilities who are homeless;
- low-income veterans with disabilities who are homeless; and
- low-income individuals with disabilities who are being discharged or can be diverted from any of the following, if that individual was experiencing homelessness before entering the institution:
  - jails;
  - prisons;
  - hospitals;
  - long term care facilities; or
  - rehabilitation facilities.

*Note: WIC section 18999.6 requires counties to report the number of cases receiving HDAP services within the benefit programs listed above on a regular basis.*

Limiting outreach activities to engagement with or targeting only those associated with the General Relief/General Assistance (GA/GR) programs is an insufficient outreach practice in the HDAP. Although some GA/GR clients may be in need of HDAP services and fit within the prioritized population, is it not likely that this limited outreach would identify the entirety of the community’s most vulnerable and highest priority HDAP clients.

As part of outreach to the populations specified above and within the context of care coordination case management, HDAP grantees should actively integrate relevant program services and other benefit entitlement programs. The HDAP care coordination case managers should offer relevant program information and assist with applications for any of these or other entitlement benefits the participant wishes to seek or to which they may be eligible. For
example, if an individual is likely eligible for CalFresh benefits, the client should be provided targeted case management in order to successfully complete the CalFresh application to obtain benefits and maintain benefits on an ongoing basis.

Counties operating the HDAP reported success in identifying and serving individuals eligible for the HDAP who are exiting jails or prisons by leveraging Whole Person Care medical case workers or jail in-reach providers placed in county jail facilities to connect clients to the HDAP upon release; this is especially helpful in cases where the release date is uncertain.

b. Care Coordination Case Management

The HDAP must offer intensive case management services to coordinate the multiple HDAP service components, including outreach, disability advocacy and housing assistance. Care coordination is a distinct role (not necessarily provided by a separate staff person), and the services must be offered from the point of outreach and program intake through program exit. A successful HDAP will have an appropriate care coordination case manager to client ratio in place. Appropriate case manager to client ratios will vary based on local considerations and how the HDAP is designed in local communities, but are generally expected to be within the range of 10:1 to 25:1. Due to the complex nature of the program and the fact that community members with the highest level of need are prioritized for the HDAP, it is important that grantees carefully consider the appropriate staff needs and program capacity in program design and operation. Activities associated with role of the HDAP care coordination case management function may include, but are not limited to, general adult daily living skill development, case coordination and linkage to: disability advocacy services; behavioral health services; medical care; and housing assistance, including housing navigation and housing specific case management. Note: housing specific case management is a separate function from care coordination case management. Refer to subsection (d) below, entitled Housing Assistance: Financial Assistance, Housing Navigation and Housing-Related Case Management, for additional information specific to housing-related case management.

As indicated above, SB 80 (Chapter 27, Statutes of 2019) requires case management staff to assist in the development of a transition plan for housing support upon approval or denial of disability benefits. This means that ongoing case management should be offered to clients that need ongoing services in order to stabilize in housing. CDSS expects programs to budget accordingly in order to establish and maintain an adequate level of case management services given the program population prioritization requirements and the fact that the HDAP was established as an on-going program in 2019.

HDAP grantees have reported using a collaborative partnership with their local behavioral health departments to provide ongoing case management for clients that exit the HDAP in permanent housing, and for those that need support on an ongoing basis after exiting from the HDAP.

c. Disability Income Advocacy Services

Per WIC section 18999.2(a)(1), participating grantees shall provide benefits advocacy services for the following disability benefit programs, as appropriate:

- Supplemental Security Income/State Supplementary Program for the Aged, Blind, and Disabled (SSI/SSP);
- the federal Social Security Disability Insurance (SSDI) program;
- the Cash Assistance Program for Immigrants (CAPI);
veterans benefits provided under federal law, including but not limited to, disability compensation and veterans pension; and
other any available disability benefits programs not identified above that an individual may be eligible to receive (added per SB 80 [Chapter 27, Statutes of 2019]).

Through disability benefits advocacy, the HDAP may become aware of other entitlement benefits the client is eligible to receive, such as retirement and/or survivors’ benefits. As part of a thorough disability benefit application, the HDAP should seek out any and all entitlement benefits the client may be eligible to receive, even if that results in ineligibility for disability benefits (e.g., a person is deemed ineligible for SSI because they begin receiving retirement benefits they were not receiving previously; the HDAP assisted the person in seeking out the retirement benefits they were entitled to receive).

Disability benefits advocacy services may be provided through legal representation (at no cost to program participants) or through disability advocacy case managers with benefits assistance training. Note: veterans benefits disability advocacy must be provided through Veterans Affairs (VA) accredited representatives. As specified in WIC section 18999.2, disability benefits advocacy services shall include, but not be limited to, the following:

- developing and filing completely prepared documents for all of the following relative to the disability income benefits:
  - applications;
  - appeals; (note: it is strongly recommended that advocacy related to appeals be provided by qualified disability benefit attorneys)
  - reconsiderations;
  - reinstatements; and
  - recertifications.
- coordinating with federal and state offices for all of the following relative to the disability income benefit:
  - pending applications;
  - appeals;
  - reconsiderations;
  - reinstatements;
  - recertifications; and
  - advocating on behalf of the program participant.
- Obtaining all relevant documentation from hospitals/medical centers, physicians, clinics, employers, case managers and others to meet the necessary burden of proof of a recipient's disability.

It is strongly recommended that grantees partner with reputable disability advocates in the community to provide disability advocacy services to HDAP clients. Whether the advocates are employed through partnering agencies, employed by the grantee, or offered through legal aid/legal advocacy services, disability advocacy services should follow evidence-based and/or promising practices in disability benefits advocacy, such as the SSI/SSDI Outreach, Access, and Recovery (SOAR) model, or models that includes SOAR-like principles. Specifically, programs should ensure that disability applications are submitted with as much evidence as possible so that the applicant has the best chance of being awarded at the initial application phase and avoiding long wait times for appeal hearings.

In order to support this model, HDAP grantees must ensure the disability advocacy client to case manager ratios account for the need for highly intensive advocacy services that must be
offered through the duration of the disability application timeline, which may be lengthy given the prioritized population. Grantees must plan for longer than average disability application wait times (sometimes lasting as long as two or more years). Appropriate case manager to client ratios will vary based on local considerations but are generally expected to be within the range of 10:1 to 25:1. As a reminder, HDAP grantees may partner with legal aid organizations to provide legal advocacy for clients that require that level of service (e.g. in appeals process) and these services shall be provided at no expense to the client when provided through the HDAP grantee.

Promising practices reported by HDAP grantees that have led to improved application processing timelines and a successful investment of time include:

- establishing good working relationships and open lines of communication with the local Social Security Administration (SSA) service office, including dedicating an analyst within the SSA office to specifically process applications for applicants experiencing homelessness;
- providing training to local disability determination analysts to understand issues specific to individuals experiencing homelessness;
- including a summary of findings that points specifically to the evidence in the medical records (note: including medical records with disability applications is a minimum requirement);
- developing tools for nurses and licensed clinical social workers to use to create medical arguments (rather than only using/solely using disability advocacy case managers to complete this work).

**d. Housing Assistance: Financial Assistance, Housing Navigation and Housing-Related Case Management**

Grantees are required to use HDAP funds to establish or expand programs in order to offer housing assistance to program participants throughout the time they are served by the HDAP, from the point of outreach engagement, through the disability income application determination, and until the client stabilized in permanent housing. Housing assistance is financial assistance related to housing that is provided in coordination with both housing navigation and housing specific case management services. Allowable examples of housing-related financial assistance are listed below. Housing navigation is targeted assistance to support clients in finding safe and decent housing that is affordable and sustainable to clients, either based on the participant’s income or through support of rental subsidies and/or connections to affordable housing vouchers. Housing specific case management provides support to HDAP clients specific to their housing needs. Housing case management is important to help clients stabilize in housing and maintain the obligations of tenancy to remain stably housed. Additional information pertaining to financial assistance, housing navigation and housing-related case management is provided below.

**i. Financial Assistance**

The types of financial assistance related to housing that may be offered to support temporary and permanent housing placements include any of the following:

- interim housing (e.g., shelters, motels, bridge housing, or any other temporary shelter that is not considered to be permanent housing) during the housing search process;
- recuperative care (also referred to as medical respite care);
• move-in costs, utility and security deposits, and rental subsidies in permanent housing once housing is located;
• structure purchases;
• rental assistance and other housing-related costs associated with supportive housing placements for those with the highest needs; and
• other forms of financial assistance related to housing stabilization, subject to written pre-approval by CDSS.

ii. Housing Navigation

Housing navigation is a required component of housing assistance and must be offered to all HDAP clients in coordination with financial assistance. It is strongly recommended that HDAP grantees partner with local entities providing housing navigation within the community with established landlord partnerships in place. Further, when possible, grantees are encouraged to establish the housing navigator role as separate and distinct from the client housing case manager role to ensure the housing navigator is focused on the marketing aspects of housing navigation, including locating available units, recruiting new landlords, negotiating with landlords on incentives, risk mitigation funds, and any flexibility in lease terms and conditions. The housing navigator should also be available to assist with any needs or concerns from the landlord's perspective in order to maintain housing stability for the client. As a reminder, HDAP funds may be used to provide housing navigation services to HDAP clients with affordable housing vouchers to find a landlord that will accept a voucher.

iii. Housing Case Management

Housing-related case management shall be offered in coordination with housing financial assistance throughout the clients participation in the HDAP, from outreach and engagement and through program exit. HDAP grantees are strongly encouraged to partner with local agencies experienced in providing housing case management services. Services must be offered in a manner consistent with the Housing First philosophy, following evidence-based practices, and offering services as needed and requested on a voluntary basis and not contingent upon participation in services. Housing case management staff should be trained in and actively employ evidence-based practices for client engagement, including but not limited to, motivational interviewing, trauma informed care and client-centered case planning.

iv. Structure Purchases on Behalf of HDAP Clients

CDSS strongly encourages HDAP grantees to consider purchasing structures on behalf of HDAP clients, when appropriate. This practice may support communities by bringing in additional housing stock while also providing permanent, affordable housing options for HDAP clients. HDAP funds may be used to purchase structures for HDAP clients with prior approval from CDSS. CDSS is in the process of developing specific guidelines relative to structure purchases for the HDAP. Until the additional guidance is published, HDAP grantees interested in pursuing structure purchases should review All County Information Notice (ACIN) I-18-85 to reference related program guidance and contact housing@dss.ca.gov to determine how a structure application for the HDAP should be submitted.

v. Additional Information and Examples of Allowable Housing Assistance
Interim shelter options, including shelters, motels, bridge housing, or any other temporary shelter placements not intended or considered to be permanent housing shall be provided in combination with housing navigation services and shall be consistent with client preference. Further, to the extent possible and to encourage programs to secure permanent housing options as soon as possible, it is recommended that clients move from interim housing and into permanent housing within nine months or less. An interim housing option may extend beyond nine months when necessary to continue to support safe, temporary housing options when permanent housing cannot be secured within a shorter timeframe. Housing navigation services shall be offered in conjunction with any temporary/interim housing provided to ensure clients are on a path to permanent housing in a manner consistent with Housing First core components.

Recuperative care is an important component for the HDAP, as individuals experiencing homelessness who are eligible for the HDAP and exiting a hospital may need medical respite care before entering other interim housing options. HDAP funds can be used to fund recuperative care services (beds and services) for HDAP clients that require medical respite services. HDAP grantees are strongly encouraged to partner with recuperative care providers in the community to ensure the HDAP provides access to recuperative care beds, as necessary, and in conjunction with other HDAP services. HDAP grantees are strongly encouraged to work with their local department of health care services or public health departments to see how programs can work collaboratively to fund adequate recuperative care services for HDAP clients that require a higher level of care.

Counties operating the HDAP have reported successful outreach strategies by partnering with recuperative care providers. Many of the clients exiting hospitals and referred to recuperative care facilities are already linked with specialized medical professionals that are able to identify disabling conditions and potential eligibility for disability benefits. It is not uncommon for clients exiting hospitals and entering recuperative care sites to bypass the coordinated entry system; when the client is engaged with the HDAP, the program is able to bridge the link between the health system and homeless system, providing immediate housing support while connecting the client to the greater homelessness system. After linking the client to coordinated entry, the HDAP can continue to support the client with housing navigation and permanent housing assistance services when they are ready to leave recuperative care facility.

Move in costs and housing stabilization costs, including security, utility, and pet deposits, storage fees, moving costs, and costs associated with making the home habitable (i.e., necessary furniture and or appliances associated with housing stabilization such as beds, dressers, microwaves, refrigerators, when appropriate) are allowable program costs and considered financial assistance.

Modifications to units in order to accommodate accessibility needs and make units ADA compliant (i.e. ramps, bars, etc.) are allowable financial assistance costs. Costs for these modifications should be within reason and in direct correlation and supportive of the needs of the individual being housed. Grantees are strongly encouraged to offer this type of service to both meet the needs of individuals in the program, but these services may also act as an incentive for landlords to work with HDAP participants and may create more sustainable long-term housing options available to clients in need of accommodations.

Independent Living Facilities (ILFs), recovery residences, and board and care facility placements may also be pursued by HDAP case managers on behalf of HDAP clients as long as the placements are compliant with Housing First; board and care facility placements may not be paid for on a permanent, ongoing basis, using HDAP funds. Therefore, it is strongly
recommended that HDAP funds only be used for board and care facility placements when the HDAP grantee is funding a gap in services (i.e., it is highly likely that another funding stream will fund the placement permanently or the HDAP is seeking and it is likely the client will be approved for an SSI rate placement).

**Master leasing** may be used in the HDAP and has been found to be effective for securing both temporary and permanent housing units. HDAP grantees have reported partnering with third party agencies which hold the master lease agreement and provide the property management services which are paid for, in part, by the HDAP funds to support HDAP clients.

**Reunification with family or friends or other shared housing opportunities** are also appropriate uses of HDAP funds to provide housing-related financial assistance. Many HDAP grantees have reported targeting family, friends or shared housing placements as a successful permanent housing option. It is strongly recommended that shared housing placements are done in conjunction with an independent lease and/or written agreement, and in coordination with realistic client expectations and living preferences (i.e., the roommates seem to be a good match). Additionally, the HDAP may provide financial incentives or assistance to family if they are able to provide permanent housing for HDAP clients to return to. Finally, if the client or program identifies that a shared housing situation may not be safe or sustainable, the HDAP should actively seek out independent living space based on the client’s preferences. Some HDAP grantees have reported that mobile home parks with permanent recreational vehicles established as permanent housing units have been successful and affordable permanent housing options when clients prefer and require an independent living space.

Grantees wishing to offer other forms of housing assistance that are not listed within this guidance should contact CDSS to request written approval.

As a reminder the housing assistance (the financial assistance, housing navigation and housing-related case management) described above shall be provided to HDAP participants from the point of outreach and program intake, concurrently throughout the disability application process, and through the point of program exit. The disability benefit application process does not dictate the period of eligibility for the HDAP; HDAP participants are eligible for and shall be offered housing assistance before, during and after disability application decisions are finalized and until the client is stabilized in housing. To the extent possible and through reasonable efforts, program participants shall be offered housing that they will be able to sustain without a subsidy upon approval of disability benefits. However, grantees may consider providing ongoing housing assistance in the form of rental subsidies until an alternative subsidy, affordable housing voucher, or other sustainable housing option is secured. It is not appropriate for grantees to exit clients from the HDAP before the client is stabilized in housing, even if the disability application decision has been finalized.

V. **Other Program Components**

a. **Transition Planning**

If HDAP participants are not approved for disability income benefits, HDAP housing case managers shall assist the participant in developing a transition plan for housing support through other available sources within the local community, including the coordinated entry system. While programs may opt to provide ongoing rental subsidies to participants that are denied disability benefits (with no appeals left), it is strongly encouraged that they identify HDAP participants who may be denied benefits and begin seeking alternative housing options (e.g.,
permanent supportive housing, affordable housing through federal vouchers, referrals to appropriate workforce development programs) as soon as disability advocates determine the application will likely be denied. If a program participant decides they no longer wish to pursue an application for disability benefits, the HDAP shall assist the participant in developing a transition plan for housing support through other available resources in the community to avoid a return to homelessness.

b. **Workforce Development**

If a grantee determines that an HDAP participant is not likely to be eligible for disability benefits, the county has the option to refer the participant to a relevant workforce development program. The grantee may also refer a participant, upon final approval or denial of benefits, to a relevant workforce program after considering and assessing the circumstances of a participant’s disability and consulting with the participant. Grantees are not required to include a workforce development piece with their HDAP. In addition, it is important to note that participation in a workforce development program, if offered by the grantee, is not a program requirement by the HDAP participant, but rather a voluntary activity.

c. **Interim Assistance Reimbursement (IAR)**

To the extent authorized by federal law, a grantee, with the assistance of the Department, shall seek reimbursement of funds used for housing assistance, general assistance and general relief through the interim assistance reimbursement agreement authorized by section 1631(g) of the federal Social Security Act. Funds received as reimbursement for housing assistance, as determined by the grantee, shall be expended on additional housing assistance for clients receiving services in the HDAP.

Grantees are reminded that clients must be provided with the option to consent to the IAR agreement (SSP 14) in a manner consistent with Housing First. Clients shall not be denied access to HDAP services if they choose not to participate or not agree with the IAR agreement for the HDAP-related services. Note: general relief/general assistance practices are determined locally by the county government.

For more information about IAR, refer to All County Welfare Directors Letter dated July 27, 2017 attachment five.

d. **Data Requirements**

HDAP grantees are required to submit data to CDSS on a regular basis. Currently, there are two reporting mechanisms in place: the monthly HDAP 18 report and the quarterly individual level data report (HDAP PII). Grantees are required to complete both reports and submit to CDSS by the required due dates.

The HDAP 18 is a monthly report that captures aggregate HDAP data regarding referrals, disability application approvals, disability application denials, temporary housing, permanent housing, expenditures, Interim Assistance Reimbursement and exits. The report is due on or before the 20th calendar day of the month following the report month (e.g., the report for the month of January is due February 20th). The report is submitted to admHDAP18@dss.ca.gov.

The quarterly HDAP PII report is a point in time report that provides individualized HDAP data collected by local agencies. Many grantees utilize the Homeless Management Information
**System (HMIS)** to collect the majority of the data reported via the HDAP PII report. Personal identifying information is collected on HDAP demographics, homelessness status at entry, disability application information and housing while in the HDAP. HDAP grantees are responsible for ensuring this report is fully and accurately completed and submitted on a quarterly basis. Reports are to be submitted on the or before the 1st calendar day of the second month following the end of the quarter (e.g., Quarter 2 Report for October – December is due February 1). The report should be submitted to CDSS via a secure file transfer process. Contact admHDAPPII@dss.ca.gov for questions about the HDAP III report form or requirements.

The majority of current HDAP grantees are currently entering HDAP clients into HMIS. New and continuing grantees are strongly encouraged to establish processes in order to begin entering HDAP client data into their local HMIS as soon as possible/upon program implementation.

As a reminder, grantees may use HDAP funds to modify their local HMIS in order to capture all of the required HDAP data elements.

The data collected and reported to CDSS through the HDAP 18 and HDAP PII reports includes statutorily required data elements, as specified in WIC section 18999.6, which are listed below for reference:

1. The number of clients served in each of the targeted populations described in subdivision (b) of section 18999.2 and any other populations the grantee chose to target.
2. The demographics of the clients served, including race or ethnicity, age, and gender.
3. The number of applications for benefits, and type of benefits, filed with the assistance of the grantee.
4. The number of applications approved initially, the number approved after reconsideration, the number approved after appeal, and the number not approved, including the processing time from receipt of the application to the initial issuance of benefits.
5. For applications that were denied, the reason or reasons for denial.
6. The number of clients who received subsidized housing during the period that their applications were pending, a description of how that impacted the clients, and the rates of completed applications or approval.
7. The number of clients who received subsidized housing who maintained that housing during the disability benefits application period.
8. The percentage of individuals approved for disability benefits who retain permanent housing 6, 12, and 24 months after the issuance of initial benefits.
9. The amount and percentage of reimbursements recovered for individuals approved for benefits.
10. The number of individuals identified as eligible to be served by this program but who have not yet received services.

### VI. Definitions

For the purposes of the HDAP, the CDSS will define chronically homeless and homeless as defined in 24 Code of Federal Regulations (CFR) section 91.5. These are the definitions used by the U.S. Department of Housing and Urban Development (HUD). The definitions of chronically homeless and homeless are listed below for reference.
a. *Chronically homeless:*

(1) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

(i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

(ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Please note: *Disabling condition* included in this definition of chronically homeless is *not* the same definition used for SSI eligibility purposes. *Disabling condition* for the purposes of chronic homelessness is defined as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living.

b. *Homeless:*

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

(2) An individual or family who will imminently lose their primary nighttime residence, provided that:

   (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

   (ii) No subsequent residence has been identified; and

   (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing;

(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:


   (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

   (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

   (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

(4) Any individual or family who:

   (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

VII. Additional Program Resources

- Social Security Administration:
  
  https://www.ssa.gov/

  www.ssa.gov/work

- United States Interagency Council on Homelessness:
  
  https://www.usich.gov/

  https://www.usich.gov/opening-doors

  https://www.usich.gov/tools-for-action/webinar-key-strategies-for-connecting-people-experiencing-homelessness-to-ssi-ssdi


  https://www.usich.gov/tools-for-action/the-evidence-behind-approaches-that-drive-an-end-to-homelessness/

- National Alliance to End Homelessness:
  
  http://www.endhomelessness.org/

  http://endhomelessness.org/resource/housing-first/

- Corporation for Supportive Housing:
  
  http://www.csh.org/

- Housing California:
  
  www.housingca.org

- California Institute of Behavioral Health Solutions:
  
  www.CIBHS.org

  https://soarworks.prainc.com/

- Workforce Development:
  
  https://yourtickettowork.com