

SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM: 3.14
(ID # 13490)

MEETING DATE:
Tuesday, October 27, 2020

FROM : PUBLIC SOCIAL SERVICES:

SUBJECT: DEPARTMENT OF PUBLIC SOCIAL SERVICES: Adoption of Resolution Number 2020-193, Authorizing the Director of the Department of Public Social Services (DPSS) to apply for and accept the Transitional Housing Program Allocation Round 2 award and authorizing the Director of DPSS to enter into and execute the Standard Agreement and any required documents, and amendments under the State of California, Department of Housing and Community Development Transitional Housing Program. All Districts [Total Cost \$257,600 - 100% State]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Adopt Resolution No. 2020-193 Authorizing the Director of the Department of Public Social Services, or designee, to apply for and accept the Transitional Housing Program County Allocation Round 2 award from the State of California, Department of Housing and Community Development, and to enter into and execute the Standard Agreement and any required documents or forms, and amendments thereto, necessary to receive and administer the funds on behalf of the County.


ACTION: Policy


Sayori Baldwin, DPSS Director 10/15/2020

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Jeffries, seconded by Supervisor Washington and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: October 27, 2020
xc: DPSS

Kecia R. Harper
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 257,600	\$ 257,600	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: State 100%			Budget Adjustment:	No
			For Fiscal Year:	21/22

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The THP services help young adults who are 18 to 25 years of age to secure and maintain housing by reducing the waitlist for housing and providing linkage to community services for emancipated young adults. The Department is currently providing Transitional Housing Program-Plus (THP-Plus) services to a caseload of 33 emancipated young adults.

The California Department of Housing and Community Development (HCD) has allocated a second round of funding, \$257,600, to Riverside County DPSS for the THP-Plus. The Board previously approved the first round of THP-Plus funding to DPSS for FY 19/20 at the May 19, 2020 Board meeting (Agenda Item No. 3.27). The first-round allocation will be spent in FY 20-21 and the second round will be spent in FY 21-22. DPSS has two years to spend each allocation. With this second round of funding from HCD, DPSS will increase the number of young adults serviced from 33 to 41. The budget increase will support an additional part-time life coach to assist former foster youth in securing and maintaining housing while they seek employment, education, or other self-sufficiency sustaining tasks.

Impact on Residents and Businesses

THP-Plus funds will ensure that housing and other self-sufficiency services are available for young adults between the ages of 18 to 25 who are emancipating and exiting the child welfare system.

Additional Fiscal Information

This second round of THP-Plus funds must be expended by June 30, 2023. No General Fund match is required for receipt of these funds

ATTACHMENTS:

- ATTACHMENT A.** Resolution No. 2020-193
ATTACHMENT B. THP Allocation Acceptance Form
ATTACHMENT C. Government TIN Form

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA



Gregory E. Priamos, Director County Counsel 10/16/2020

FORM APPROVED COUNTY COUNSEL
BY: Lisa Sanchez 10/16/2020
DATE

1 Board of Supervisors

County of Riverside

2
3 RESOLUTION NO. 2020-193

4
5 A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF RIVERSIDE
6 AUTHORIZING THE DIRECTOR OF THE DEPARTMENT OF PUBLIC SOCIAL SERVICES, OR
7 DESIGNEE, TO APPLY FOR AND ACCEPT THE TRANSITIONAL HOUSING PROGRAM
8 COUNTY ALLOCATION ROUND 2 AWARD FROM THE STATE OF CALIFORNIA,
9 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (HCD), AND TO ENTER
10 INTO AND EXECUTE THE STANDARD AGREEMENT WITH HCD,
11 AND ANY REQUIRED DOCUMENTS, AND AMENDMENTS THERETO, NECESSARY
12 TO RECEIVE AND ADMINISTER THE FUNDS

13
14 WHEREAS, the State of California (the "State"), Department of Housing and Community
15 Development ("Department") issued an Allocation Acceptance Round 2 form, dated July 27, 2020, under
16 the Transitional Housing Program ("THP" or "Program") for the County of Riverside ("County") pursuant
17 to Item 2240-102-0001 of Section 2.00 of the Budget Act of 2020 (Chapter 6 of the Statutes of 2020) and
18 Chapter 11.7 (commencing with Section 50807) of Part 2 of Division 31 of the Health and Safety Code;
19 and

20 WHEREAS, the THP Allocation Acceptance Round 2 form relates to funding to county
21 child welfare agencies for the purpose of housing stability to help young adults 18 to 25 years secure and
22 maintain housing, with priority given to young adults formerly in the foster care or probation systems; and

23 WHEREAS, the County of Riverside, Department of Public Social Services ("DPSS" or
24 "Applicant"), is listed as an eligible applicant in the THP Allocation Acceptance Round 2 form, dated July
25 27, 2020; and

26 WHEREAS, the THP County Allocation Round 2 award will be used by DPSS to help young
27 adults who are 18 to 25 years of age secure and maintain housing;

1 NOW, THEREFORE, BE IT RESOLVED, DETERMINED, AND ORDERED, by the
2 Board of Supervisors of the County of Riverside, State of California, ("Board") in regular session assembled
3 on October 27, 2020, at 9:30 a.m. or soon thereafter, in the meeting room located on the first floor of the
4 County Administrative Center, 4080 Lemon Street, Riverside, California, that this Board does hereby
5 determine and declare as follows:

6 SECTION 1. That the Director of DPSS, or designee, is hereby authorized to apply for and
7 accept the THP County Allocation Round 2 award by the State of California, Department of Housing and
8 Community Development, on behalf of the County, as detailed in its THP Allocation Acceptance Round 2
9 form in an amount up to \$257,600, as authorized by the Department under applicable state law.

10 SECTION 2. That the Director of the DPSS, or designee, is hereby authorized to act on
11 behalf of the County in connection with the THP County Allocation Round 2 award, and to enter into,
12 execute, and deliver the standard agreement, forms, and any and all documents required by the State or
13 deemed necessary or appropriate to be awarded the THP County Allocation Round 2 award, including
14 amendments thereto (collectively, the "Transitional Housing Program Allocation Award Round 2
15 Documents").

16 SECTION 3. That Applicant shall be subject to the terms and conditions that are specified
17 in the Transitional Housing Program Allocation Award Round 2 Documents, and that Applicant will use
18 the THP County Allocation Round 2 award funds in accordance with the THP Allocation Acceptance
19 Round 2 form, the THP Allocation Award Round 2 Documents, and any and all THP requirements or other
20 applicable rules and laws.

21 BE IT FURTHER RESOLVED, DETERMINED, AND ORDERED that this Board hereby
22 authorizes this resolution to take effect immediately upon its adoption.

23 ROLL CALL:

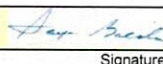
24 Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
25 Nays: None
26 Absent: None

27 The foregoing is certified to be a true copy of a resolution duly adopted by said
28 Board of Supervisors on the date therein set forth.

Kecia R. Harper, Clerk of said Board

By 

Deputy

Transitional Housing Program (THP) Allocation Acceptance Round 2										Rev. 7/27/20			
County Allocation (select Applicant County in row 7 below):									\$257,600				
<p>Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2020 (Chapter 6 of the Statutes of 2020) and Chapter 11.7 (commencing with Section 50807) of Part 2 of Division 31 of the Health and Safety Code (HSC), the Department of Housing and Community Development (HCD) shall allocate \$8 million in funding to counties for the purpose of housing stability to help young adults 18 to 25 years secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.</p>													
Allocation Applicant													
Allocation Applicant is a County Child Welfare Agency													
<p>Pursuant to Section 50807(b) of the HSC, HCD consulted with the Department of Social Services, the Department of Finance, and the County Welfare Directors Association to develop a formula allocation schedule for the purpose of distributing these funds to counties. The allocation is based on each county's percentage of the total statewide number of young adults aged 18 to 25 years in foster care. The allocation excludes Alpine and Sierra county because their calculation did not demonstrate a need for young adults aged 18 to 25.</p>													
Applicant County		Riverside County											
Legal name of Applicant as stated on resolution:		County of Riverside											
Address		4080 Lemon St.		City		Riverside		State		CA			
Auth Rep Name		Sayori Baldwin		Title		Director		Auth Rep Email		sbaldwin@rivco.org			
Contact Name		Michelle Wohl		Title		Deputy Director		Email		mwohl@rivco.org			
Address		4060 County Circle Dr.		City		Riverside		State		CA			
Federal Tax ID Number (FEIN)		95-6000930											
Administrative Fiscal Representative													
Legal Name		Monica Bentley		Contact Name		Monica Bentley		Contact Email		mbentley@rivco.org			
Phone		951-358-7761		Address		4060 County Circle Dr.		City		Riverside			
File Name:		App Resolution		Reference sample resolution document						Attached to email?		Yes	
File Name:		App TIN		Reference Taxpayer Identification Number (TIN) document						Attached to email?		Yes	
Use of Funds													
<p>Funds shall be used to help young adults who are 18 to 25 years of age secure and maintain housing. Use of funds may include, but are not limited to:</p> <ol style="list-style-type: none"> 1) Identify and assist housing services for this population in your community; 2) Assist this population to secure and maintain housing (with priority given to those in the state's foster care or probation system); 3) Improve coordination of services and linkages to community resources within the child welfare system and the Homeless Continuum of Care; and 4) Provide engagement in outreach and targeting to serve those with the most severe needs. 													
Expenditure of Funds													
<p>Any grant funds remaining unexpended as of June 30, 2023, must be returned to the State. Checks shall be payable to the Department of Housing and Community Development and mailed to 2020 West El Camino Ave. Room 300, no later than July 31, 2023 and must reference the Contract Number.</p>													
Allocation Acceptance Requirements													
<p>In order to accept and receive an allocation, applicants must submit the following: Signed Allocation Acceptance form, Signed Resolution, and TIN Form. HCD will only accept applications electronically via email no later than 5:00 p.m. on:</p> <p style="text-align: center;">Thursday, November 12, 2020</p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address:</p> <p style="text-align: center;">THP@hcd.ca.gov</p>													
Reporting Requirements													
<p>Applicant acknowledges and agrees to submit an annual report to the Department for the three years following distribution of TAY Program funds addressing the following:</p> <ol style="list-style-type: none"> 1) How many people were served? 2) What were the funds used for? 3) Who were the housing navigator(s)? 4) How many people served were in foster care? 5) How many people served were in probation system? 													
Certification													
<p>On behalf of the entity identified in the signature block below, I certify that:</p> <p>The information, statements and attachments included in this Allocation Acceptance form are, to the best of my knowledge and belief, true and correct.</p> <p>I possess the legal authority to submit this Allocation Acceptance form on behalf of the entity identified above.</p> <p>In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.</p>													
Printed Name		Sayori Baldwin		Title of Signatory		Director, Department of Public Social Services		Signature					
Name:		Riverside County Department of Public Social Services		Phone Number:		951-358-3000		Date		9/9/20			
Address:		4060 County Circle Dr.		City:		Riverside		State:		CA			
				Zip:		92503							

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields marked with an asterisk (*) are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

Principal Government Agency Name*	County of Riverside		
Remit-To Address (Street or PO Box)*	4060 County Circle Dr.		
City*	Riverside	State *	CA Zip Code**+4 92503
Government Type:	<input type="checkbox"/> City	<input checked="" type="checkbox"/> County	Federal Employer Identification Number (FEIN)* 95-6000930
	<input type="checkbox"/> Special District	<input type="checkbox"/> Federal	
	<input type="checkbox"/> Other (Specify)		

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	

Contact Person*	Gergis Kirnalious	Title	Fiscal Manager
Phone number*	951-358-4104	E-mail address	gekirnal@rivco.org
Signature*		Date	