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DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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**GAVIN NEWSOM**  
GOVERNOR

**ATTACHMENT-A**

**GUARANTEED INCOME PILOT PROPOSAL**

**YEAR 2022-23**

**COVER SHEET**

Date	September 6, 2022
Lead Organization	Ventura County Human Services Agency
Address	855 Partridge Drive, Ventura, CA 93003
Executive Director (Name, Phone, Email)	Melissa Livingston, 805.477.5302, <a href="mailto:melissa.livingston@ventura.org">melissa.livingston@ventura.org</a>
Primary Grant Administrator Contact (Name, Title, Phone, Email)	Brenda Blakley-Spain, Grant Administrator 804.477.5104, <a href="mailto:brenda.blakley-spain@ventura.org">brenda.blakley-spain@ventura.org</a>
Website	<a href="http://www.vchsa.org">www.vchsa.org</a>

Fed EIN:	95-6000944
Tax Exempt Status:	501(c)(3) <input type="checkbox"/> or 501(c)(5) <input type="checkbox"/>
Year Incorporated:	County Established January 1, 1873
Date of Last Annual Audit:	2021
Annual Operating Budget:	\$322.6 million
Proposed Funding Request (from Budget Summary)	\$1,500,000
Estimated Grant Term: 11/1/2022 - 12/31/2025	11/1/2022 - 11/1/2025

## B. APPLICATION CHECKLIST

Use the following checklist to ensure that all documents and forms necessary to respond to this Request for Application (RFA) have been included. Submit a copy of this checklist as the second page of your application as indicated below. All documents, unless otherwise specified, are required for an application to be considered complete. **All subgrantees providing services must meet the funding eligibility requirements and applicants must provide a copy of the applicable documents detailed in this checklist (items 9 and 10).** Incomplete or late applications will not be accepted.

<input checked="" type="checkbox"/>	1.	Guaranteed Income Pilot Proposal Cover Sheet (previous page)
<input checked="" type="checkbox"/>	2.	Application Checklist (this page)
<input checked="" type="checkbox"/>	3.	<b>Application Form PDF:</b> Includes answers to narrative questions. The application questions can be found on the <a href="#">CDSS GI RFA webpage</a> .
<input checked="" type="checkbox"/>	4.	<b>Budget Template:</b> Each applicant must complete the budget template in Appendix 1, including budget commentary, to determine the proposed funding request and provide rationale for the request. The link to the template can be found on the <a href="#">CDSS GI RFA webpage</a> .
<input checked="" type="checkbox"/>	5.	<b>Financial Statement:</b> Each applicant must submit a scanned copy of the most recent and complete audited annual financial statement (within the past 12 months).
<input type="checkbox"/>	6.	<i>If applicable - for non-profit applicants only:</i> Letter of Support (or proof that letter has been requested) from Applicant's County or City: Non-profit applicants must submit a letter of support from any city, county, or city and county in which the pilot will be operating. This letter is not required to come from a Board of Supervisors; for example, a letter from a county welfare department official is sufficient. If this letter is not provided to the Applicant by the County at the time of application, applicants must submit proof that the letter has been requested. Selected applicants will be required to provide a letter of support prior to signing a grant agreement.
<input checked="" type="checkbox"/>	7.	<b>Documentation for match funding:</b> If available, attach documentation of the match funding, such as a signed grant agreement or letter of intent to award detailing the amount, source, and intended use of the match funds. If you are planning to use pre-existing funds toward the match, the letter shall clearly state the funder's acceptance of this plan. If a match is not identified at the time of application, applicants must describe their fundraising plan (in their answers to the narrative questions) and must submit documentation of the match funds upon receipt.

<input checked="" type="checkbox"/>	8.	<b>Attestation for usage and tracking of match funding:</b> To obtain an income exemption for CalFresh recipients, provide a brief attestation of the following: 1) applicant will include some amount of private funding in the direct guaranteed income payments to recipients, 2) applicant will track usage of non-governmental funds separately from public funds when completing reporting requirements.
<input type="checkbox"/>	9.	<b><i>If applicable: Proof of 501(c)(3) or 501(c)(5) Status:</i></b> To access and print proof of active status, visit the <a href="#">Internal Revenue Service Tax Exempt Organization Search tool</a> .
<input type="checkbox"/>	10.	<b>Proof of “Active” Legal Business Status from the California Secretary of State:</b> To access and print proof of active status, visit the <a href="#">California Secretary of State Business Search tool</a> .
<input type="checkbox"/>	11.	<b><i>If applicable: Documentation of all income exemption waivers received / applied for</i></b> (Housing, General Relief, etc.): Applicants that have begun the process of applying for waivers must submit documentation of application or receipt of each waiver.

**APPLICATION FORM**  
**GUARANTEED INCOME PILOT**  
**STATE FISCAL YEAR 2022-23**

**C. PROPOSED FUNDING REQUEST SUMMARY**

Please use the budget template in Appendix 1 as a reference tool to determine the proposed funding request for the Agreement term.

**GUIDANCE:**

- 1. Total budget:** Applicants may request funding from CDSS for up to a three-year period and must provide a justification for the award amount requested (see instructions below). The total budget for the program should be inclusive of both the funding requested from the CDSS and the anticipated match funding. The CDSS reserves the right to request further budget information or to adjust funding amounts at the time of grant approval.
- 2. Direct and indirect costs:** Direct costs are expenses directly incurred for the specific project or program being funded. Examples include salaries and benefits for staff assigned to work on the project or program, GI payments to recipients, travel expenses, materials, and consultants/contractors required to execute the funded project. They are expenses that would not be incurred if the project or program did not exist. Indirect costs are general overhead and administration expenses that support the entire operations of a grantee.
- 3. Indirect cost rate:** The State will reimburse up to 20% indirect cost rate (indirect costs as a percentage of direct cost). NOTE: Evaluation is not considered an indirect cost.
- 4. Evaluation:** Pilots that have not partnered with, or do not plan to partner with, a local evaluator (in addition to the statewide evaluator) are **not** required to include evaluation costs in their budget. However, participating in statewide evaluation is required and applicants shall expect that some staff time will be dedicated to supporting evaluation efforts such as data collection. Pilots shall plan for the equivalent of at least 50% of 1 full-time staff member to support statewide evaluation activities and program operations that support the evaluation activities. Additionally, pilots that are partnering with a local evaluator and requesting funding from the CDSS to support a local evaluation shall provide a rationale for the requested funds. Note that the statewide evaluation budget includes funding for incentives for participants engaging in research activities to support the statewide evaluation so applicants should not include incentive payments for the statewide evaluation in their budget proposals.



5. **Community engagement:** Pilots should plan to engage community members, particularly members of priority populations, for input throughout the process of designing the program.
6. **Uses of match funding (private funding included in the payments to recipients):** In order to secure an income exemption for CalFresh, the GI payments line item must be funded by some amount of non-governmental funding for the duration of the disbursement period. For example, the GI payments could be funded (1) entirely by private sources, or (2) by a mix of private and public sources. There is no minimum amount of non-governmental funding required as a source of funds for the GI payments, as long as some amount of non-governmental funding is applied to the payments.

#### INSTRUCTIONS:

1. Populate the budget template in Appendix 1 for each year of the grant, indicating the amount drawn from each funding source (the CDSS' funds and match funds from private, philanthropic, or other government sources).
2. In the budget template, also provide commentary to support the amounts requested for each line item, following the instructions provided in the template and limiting your overall response to 800 words.

## **D. NARRATIVE QUESTIONS**

In the section below, provide information that pertains to the applicants' organization and proposed pilot program. **Respond to each part individually and label all responses accordingly (i, ii, iii, iv, etc.)**

### **1. APPLICANT OVERVIEW**

Please limit your response to this section to 900 words.

#### **a. Organization Types**

- i. Provide a brief overview of your organization, including mission, objectives, key programs or activities, and priority populations served, and how your staff reflects the communities your organization serves. If applying as a partnership between multiple entities, provide a brief overview of each organization and describe the role of each in designing and administering the proposed pilot. Please identify all the names under which the organizations have operated.
- ii. Describe any other partnerships you will leverage to carry out the GI Pilot program, and the role of each partner.
- iii. Do you intend to serve rural areas? If so, please briefly describe key features of the rural geography(ies) you will serve as they pertain to the local need for GI, such as availability of and access to resources and support services.

#### **b. Pooled Applications with Another Entity (if applicable)**

- i. If you propose a partnership between entities representing multiple geographic areas (e.g., cities, counties, tribal communities, and/or unincorporated areas), provide a rationale for administering a single pilot to serve multiple geographies. Provide data demonstrating that the areas are similar in terms of urbanicity (e.g., population density, Census designation). Also, briefly describe any other features that demonstrate why the geographies can be combined.

#### **c. Existing Pilot Programs (if applicable)**

- i. If you are seeking funding to support a GI Pilot program that has already launched, please provide the following information: Date of launch and current status of program, including number served to date; priority population(s) and geographies served by your program to date; overview of any local evaluation you may be implementing, if applicable, including priority outcomes, design, and data collection methods; and any early findings or lessons learned if available.

#### **d. Pilot Program Goals**

- i. Please briefly describe your overall goals for your proposed GI Pilot program. What would you like to share about your pilot's design and approach, in the context of the broader community of GI pilots? Please share any additional information about your pilot that is not described in your responses to the questions below.

a. Organization Types

i. The Ventura County Human Services Agency (HSA) strives to strengthen Ventura County by administering programs that have a positive impact on key community concerns, including food insecurity, access to health care, child and elder abuse, unemployment and homelessness. HSA serves as a foundation for improved career paths and family lives, and as a safety net for individuals facing setbacks due to job loss, illness or other challenges.

With the pandemic ushering in new norms and accelerating global trends, with race and social injustice at the forefront of conversations nationally and locally, and with a new era for the public sector undeniably on the horizon, HSA has committed to transforming our systems and strategies to serve our county's diverse population in a more collaborative, human-centric, effective and equitable manner.

Through a series of surveys, discussions and strategy sessions, HSA elicited over 1,000 ideas from clients, community partners, stakeholders and staff regarding a refreshed framework for HSA. This input informed the development of new guideposts for HSA—what we do, why we do it, and how we do it—as we endeavor to transform our Agency in service to our community:

**Mission:** Working together in every community to offer support, hope and opportunity for improved well-being

**Vision:** Empowered and thriving communities where all have opportunities for better futures

**Values:** Respect for Community Voice; Equitable Services, Policies & Practices; Employee Engagement; Collaborative & Integrated Services; Healing-Centered Best Practice; and Continuous Learning & Improvement

The Foster Youth Transitional Stipend Pilot Project (FYTSP) provides an unprecedented and exciting opportunity for HSA to collaborate with our community to empower former foster youth to make decisions that support the goals most important to them using additional financial resources and, if desired, supportive services.

HSA leadership and staff demographics reflect those of the communities we serve with respect to ethnicity and languages spoken, and HSA endeavors to recruit, hire, retain and continuously develop a diverse workforce whose members are committed to advancing the Agency's mission. Importantly, all staff participate in training regarding trauma-informed services and cultural competency topics.

ii. Recognizing that program participants may feel most comfortable working with a trusted community organization that has deep expertise in serving former foster youth, HSA will contract with



a community-based organization(s) to administer key components of the program, including:

~Multilingual outreach to potential participants in a manner that promotes diversity, equity and inclusion, and assistance to individuals in applying as needed;

~Determination of program eligibility using a designated web-based system, referral of participants to HSA for voluntary benefits counseling, low-barrier collection and maintenance of supporting verification of eligibility, and other documentation activities in the online system; and

~Using a “voice of the customer” design that promotes diversity, equity and inclusion, orientation of new participants to the program, provision of curated referrals to participants upon their request, handling of questions from participants received by phone, text and other user-friendly means, support with trouble-shooting stipend payments (issued in a manner that corresponds to participants' preferred method of receipt), and assistance to State evaluators in contacting participants.

HSA will also contract with a vendor to customize a user-friendly system that serves as a one-stop public-facing and staff-use portal for application, documentation collection, recording of referrals requested/provided and stipends issued, and other program components that require tracking.

iii. HSA will ensure that eligible former foster youth from all areas of Ventura County, both urban and agricultural, have opportunities to learn about the pilot and have equitable access to the program. Participants who desire supportive services will be offered a mix of in-person and virtual options that are most responsive to their needs and provide low barriers to enrollment regardless of where they reside.

b. N/A

c. N/A

d. HSA has committed to equity-focused strategic initiatives that challenge us to work in new ways, and we are poised to optimize all Agency resources to support this pilot. As a medium-size county with 825 youth in the child welfare system, HSA proposes to enroll youth who exit foster care within the six-month start-up phase, as well as youth who have exited foster care at 21 within the last several years. Broadening the target pool with respect to age will enable HSA to enroll 150 youth, and could provide important insights into outcomes for participants ages 21 up to age 26 at enrollment.

Because the cost of living in Ventura County ranks among the highest in the state, former foster youth struggle with resources for years after they exit care. Aligning the age range for this pilot with the upper limit for categorical eligibility for Medi-Cal will enable a medium-size county like Ventura to operate a manageable program while staying in step with the priority target group and potentially generating valuable data regarding decision making and outcomes experienced by former foster youth who have greater or lesser experience living on their own after exit, up to age 26 at enrollment.

## 2. FUNDING PARAMETERS

Please limit your response to this section to 500 words.

### a. Funding Match

- i. Please describe your funding match commitment(s), including amount, source (including whether it is public and/or private), and intended uses of these funds for the GI pilot. If you have not yet secured the necessary additional funding, please describe your fundraising plan and any contingencies for finalizing match commitments by March 2023, not to exceed six (6) months from receiving a contingent award from the CDSS. In the Appendix, attach documentation of the match funding (if available), such as a signed grant agreement or letter of intent to award detailing the amount, source, and intended use of the match funds. If you are planning to use pre-existing funds intended to support the GI pilot toward the match, the letter shall clearly state the funder's acceptance of this plan.

### b. Funding Period

- i. Planning period: Please describe the expected duration of the planning period and activities you intend to conduct during this period. If the proposed activities differ from the CDSS' recommendations, please provide a rationale.
- ii. Enrollment period: Please describe the activities you intend to conduct during the enrollment period. If the proposed activities differ from the CDSS' recommendations, please provide a rationale.
- iii. Disbursement period: What is the expected duration of payments for your program? Please provide a rationale, including any priority population-specific or local context, and reference to the current evidence base. Please provide a justification if you propose a disbursement period other than 18 months.
- iv. Wind-down period: Please describe the activities you intend to conduct during the wind-down period. If the proposed activities differ from the CDSS' recommendations, please provide a rationale.



**a. Funding Match**

i. The Ventura County Executive Office (CEO) has provided conceptual concurrence that HSA's using \$1.5m in American Rescue Plan, Coronavirus State and Local Fiscal Recovery Funds (SLFRF) as a match for the Foster Youth Transitional Stipend Pilot Project (FYTSP) is acceptable. HSA will pursue formal approval from the CEO as well as our Board of Supervisors (BOS) as part of the County's forthcoming review and decision making process around the use of SLFRF. HSA anticipates receiving a final decision regarding use of SLFRF funding prior to March 2023.

Further, HSA has obtained private unrestricted funding via a bequest from the trust of local residents who named HSA as beneficiary of their estate. HSA received approval from our BOS in January 2021 to accept these private funds (see attached Sudduth Trust BOS Minute Order 01.12.21), and has secured them in a designated County account. HSA commits up to \$3,000 of these private monies to fund a portion of each stipend that is disbursed to FYTSPP participants.

**b. Funding Period**

i. Planning: During the six-month planning period (October 2022 - March 2023), HSA will: hold community and stakeholder engagement meetings to inform program design; support the statewide evaluator in conducting community and stakeholder engagement to inform the statewide evaluation; procure any necessary tools and support services including contracting with a community-based organization to administer the program and customizing a web-based portal/platform; conduct outreach to potential participants and strengthen existing relationships with community-based organizations to support outreach, recruitment and provide supportive services to participants upon request; finalize operational planning and staffing for ongoing operations and statewide evaluation; develop application and onboarding processes for prospective pilot participants; confirm match funding source; and establish any necessary MOUs or data sharing agreements.

ii. Enrollment: During the six-month enrollment period (April - September 2023), HSA and/or its contractor(s) under HSA oversight will: continue outreach to potential participants; facilitate the application process, including troubleshooting and live application support; determine eligibility for participants using low-burden approaches to eligibility verification; select participants and provide voluntary benefits counseling and other onboarding support.

iii. Disbursement: During the 18-month disbursement period (October 2023 - March 2025), HSA and/or its contractor(s) under HSA oversight will disburse FYTSPP payments to the target population of exiting foster youth with low incomes, broadened to include those who exited foster care at age 21 and are not yet 26 years old at the time of enrollment.

iv. Wind-Down: During the six-month wind-down period (April - September 2025), HSA and/or its contractor(s) under HSA oversight will assist with follow-up data collection and activities related to supporting pilot participants as they transition out of the program, including offering optional referrals to supportive services.

### 3. PROGRAM REQUIREMENTS AND GUIDELINES

Please limit your response to this section to 1500 words (not including the Tables of Estimated Individuals Eligible and Served, below).

#### a. Individuals Served & Priority Populations

- i. Please describe the population(s) you will serve, including the priority population(s) described above and/or any other population(s) you will prioritize. Please provide a rationale, including how you anticipate GI will impact the proposed population(s).
- ii. In the tables below, please provide the overall number of individuals from each population who will become eligible in your geography during the tentative 6-month enrollment period. Separately, estimate the number of participants your pilot will serve during the tentative enrollment period. Provide these estimates separately for those belonging to CDSS' priority population(s), and, if applicable, those belonging to any other populations you will prioritize. (For existing pilots, please indicate the number of new participants your pilot will serve with the CDSS' funding and how you intend to adjust your program eligibility requirements to serve the CDSS' priority populations, if applicable.)
  1. Please describe your methodology and data sources for determining the number of individuals eligible and the number of proposed participants. If you plan to serve fewer than the total eligible, please describe how you will make this decision. (Note that an RCT would require randomizing some individuals to receive the program and others to a control group. This is the fairest way to distribute the program when there are more eligible applicants than there is capacity to serve.)
  2. If you propose to serve fewer than the recommended minimum of 150 participants in total, provide a rationale for your decision. Note that the CDSS will prioritize applicants serving at least 150 participants but will consider applicants proposing to serve a smaller number.
- iii. Please describe how you will meet your enrollment target through outreach and recruitment efforts, and how you will conduct outreach in a way that is as inclusive as possible. Describe the anticipated barriers to engagement and enrollment for the populations you intend to serve and your strategies for overcoming these barriers. If applicable, describe any local partnerships you will leverage to conduct outreach to encourage and facilitate participation of the populations you intend to serve.

#### TABLES: ESTIMATED INDIVIDUALS ELIGIBLE AND SERVED

Please complete the table(s) below. The priority populations must match the definitions provided by the CDSS in this RFA. If the applicant plans to serve participants who do not belong to the CDSS priority populations, complete the separate table for other populations of focus.

For each table, as applicable, provide your best estimate of the total size of the population that will be eligible for the program during the tentative 6-month enrollment period. For example, for youth aging out of extended foster care, enter the number of youth in extended foster care or probation-supervised placements who will turn 21 during the enrollment period in the proposed service area.

For each table, as applicable, enter the number of participants for each population that you intend to enroll and provide GI payments to. Should you require additional space, you may also submit these tables as a separate attachment.

*CDSS Priority Populations* (enter N/A if not targeting)

CDSS Priority Population	Estimated number of individuals who will be eligible during the 6-month enrollment period	Estimated number of individuals who will enroll in your pilot and receive GI payments
Youth aging out of extended foster care / probation-supervised placements at age 21	20	15
Pregnant people in their first or second trimester	N/A	N/A

*Other Populations of Focus*

Other Population of Focus	Estimated number of individuals who will be eligible during the 6-month enrollment period	Estimated number of individuals who will enroll in your pilot and receive GI payments
Youth aging out of extended foster care / probation-supervised placements at age 21 who are not yet age 26 at enrollment	200	135

**b. Direct Payment Amount**

- i. What is the expected monthly GI payment amount for your program? Please provide a rationale, including any priority population-specific or local context, and reference to the current evidence base. Please provide a justification for any proposed monthly payment amounts below \$600.

**c. Benefits Waivers and Exemptions**

- i. If applicable, please describe the status of all benefits waivers your program has received or applied for (e.g., housing, General Relief, etc.), as well as which waivers your program has decided not to pursue. In the Appendix, attach documentation of any waivers you have already received. If applicable, what is your plan for coordinating with your county on any necessary benefits waivers for locally



administered programs (e.g., General Relief, local housing, transportation, childcare subsidies, and/or utility assistance programs)?

- ii. If your pilot has not yet launched and you have not begun the process of securing waivers, please describe which waivers you intend to apply for.

**d. Benefits Counseling**

- i. Please describe your plan for offering and providing benefits counseling, including who will provide the services, any tools or partnerships you will leverage, what the services will include, when they will be offered to recipients, how recipients will access the services, and how you will track information about who was offered benefits counseling and who received it.

**e. Other Support Services**

- i. If applicable, please describe any additional, optional support services your pilot program plans to offer to recipients. Please describe your anticipated process for identifying needs in the community and tailoring support services accordingly, as well as how you will track services offered and services received for each participant.

**f. Payment Disbursement Platform**

- i. Have you selected a partner to support disbursement of GI payments to recipients? If so, please share who you are partnering with and your rationale for choosing this partner (please note that Applicants are not required to have selected a disbursement partner at the time of application but will be required to do so if selected to implement a pilot program).

**g. Community Voice and Participation**

- i. Please discuss how you have engaged, or intend to engage, community members, including members of priority populations, in the process of determining eligibility considerations, other aspects of pilot design, and implementation, to ensure a low-burden, accessible, and dignified experience for GI recipients.

**a. Individuals Served & Priority Populations**

i. HSA will serve youth aging out of extended foster care / probation-supervised placements at age 21 during the six-month enrollment period, and those who aged out at 21 who are not yet age 26 at enrollment in the Foster Youth Transitional Stipend Pilot Project (FYTSP). In HSA's experience, many former foster youth continue to struggle with resources into their mid-20s, especially given the high cost of living in Ventura County. HSA anticipates that many former foster youth who aged out several years ago at 21 will have similar needs as those who turn 21 during the six-month enrollment period, but is curious whether they will make similar decisions regarding how they spend their stipends and will experience similar outcomes as their younger counterparts. If HSA learns that there are differences in the types of supportive services/referrals requested by younger/older participants, HSA will ensure that a comprehensive range of responsive options is provided for participants' voluntary uptake.



ii. See tables above

ii.1. HSA plans to serve 150 former foster youth including those who exited at age 21 and are not yet 26 at the time they enroll. As a medium-size county, approximately 20 foster youth age out every six months, or 200 over the course of five years.

Given our relatively tight-knit community and ability to draw upon collaborative relationships with community groups to raise awareness of the FYTSP and conduct effective outreach, we anticipate that 150 of the 200 will choose to enroll. Indeed, 95% of this estimated pool of 200 currently receive Medi-Cal and have contact information on file with HSA. Should more than 150 be eligible for enrollment, HSA would prioritize those who exited most recently to come into closer alignment with the target group. The potential for prioritizing those who exited most recently would be made clear upfront in outreach materials.

ii.2. N/A

iii. In collaboration with nonprofit and private sector organizations, HSA plans to conduct multilingual outreach to potential participants in a manner that promotes diversity, equity and inclusion, and assistance to individuals in applying as needed. Multilingual outreach materials and social media platforms will be developed in collaboration with the County Public Information Officer and community partners. In addition, HSA will leverage existing mechanisms to reach youth who currently receive Medi-Cal with contact information on file.

Recognizing the challenges former foster youth face upon exit to meet basic needs, navigate systems, and often an absence of family members to lead the way, HSA will work closely with community partners to implement best practices in line with engaging the population. Strategies that aim to meet youth where they're at, build upon youth-adult partnerships and encourage self-advocacy have been found to be most effective. Youth can feel empowered to make an informed decision about their participation based on information received that meets their needs and answers their questions. HSA will work with staff and other County partners to provide access to computers and Internet for those who have limited access via the America's Job Center, HSA resource rooms and Library network. Finally, other forms of communication and outreach that have been successful such as text messaging will be utilized to ensure county-wide awareness of the program.

**b. Direct Payment Amount**

i. HSA will provide a \$1,000/month stipend to all Foster Youth Transitional Stipend Pilot Project (FYTSP) participants. In the Oxnard- Thousand Oaks-Ventura metro area, the fair market rent is \$1,507/month for a studio and \$1,792/month for a one bedroom. Steep rents make the region more costly with respect to housing than 86% of the state. Furthermore, according to a study by the national nonprofit research group Up for Growth, the Oxnard- Thousand Oaks- Ventura metro area is experiencing the worst housing shortage in the country. Therefore, rental costs are not expected to ease even when inflation does.

In line with the pilot's emphasis on empowering participants to make decisions they feel are best for them, HSA will not graduate payments downward toward the end of the disbursement period, but rather give participants the certainty of a \$1,000/month stipend throughout the entire 18-month disbursement period so that they can spend/save in accordance with their goals, with supportive services available should they choose.

**c. Benefits Waivers and Exemptions**

i. HSA has not yet secured any benefits waivers or exemptions.  
ii. HSA intends to pursue waivers related to General Relief, CalFresh, CalWORKs, subsidized housing, child care and utility/internet assistance programs.

**d. Benefits Counseling**

i. HSA will offer voluntary benefits counseling to all participants first determined to be eligible by the pilot by HSA's contracted community-based organization(s). HSA will establish all appropriate consent forms and data sharing agreements with the contracted provider to facilitate a process that is low-burden for participants and provides clarity about their options and related impacts.

Participants will decide whether they would like to meet with an HSA benefits counselor virtually or in person, will be scheduled for an appointment that provide sufficient time to ensure that all questions are answered, will decide whether they would like to enroll in the Foster Youth Transitional Stipend Pilot Project, and will communicate their decision to the contracted provider or authorize HSA to communicate the decision.

HSA and our contracted provider will access a common, customized web-based portal/platform that allows information regarding benefits counseling referrals, scheduling, appointments, activities and outcomes to be shared and tracked easily.

**e. Other Support Services**

i. Once enrolled, Foster Youth Transitional Stipend Pilot Project (FYTSP) participants will receive an orientation to the program (in a modality and language of their choosing) so that they know what to expect, who to contact to troubleshoot any issues, and how to request supportive services should they choose.

HSA will engage communities and organizations that serve former foster youth and other young people with significant needs to ensure a comprehensive understanding of services available throughout the county as well as online, and to gain commitments for developing a curated list and warm hand-off linkage process for those who request services. HSA will provide information on webinars and other informational opportunities. Webinars related to specialized assistance with tax filing to generate tax credits in addition to other supportive services will be optional for participants. HSA and our contracted provider will use a common, customized web-based portal/platform that tracks services requested, offered and provided for each participant.

**f. Payment Disbursement Platform**

i. HSA has not yet selected a partner to support disbursement of FYTSP payments to participants, but has conducted exploratory research and is confident that viable options exist that allow for multiple methods of disbursement (e.g., electronic transfer of funds to bank account or app service; application of funds to debit / "gift" card, etc.). HSA will be prepared to select a vendor if chosen for the pilot.

**g. Community Voice and Participation**

i. HSA will work with community partners to host trainings on the FYTSP and provide information about how they can encourage and support those they serve to successfully apply. Given the unique needs of the target population, HSA will use a voice of the customer approach that promotes diversity, equity and inclusion to obtain participant input via various modalities including focus groups, surveys, and through partners to address any barriers and help shape the program for success. Also, an important role of the contracted partner will be to maintain communication with youth to assist with troubleshooting any issues, handling of questions and supporting participation efforts for the evaluation process. In addition, to ensure that community members and participant needs are represented an advisory committee will be established comprised of former foster youth, staff from youth-serving agencies and trusted support adults to help guide program design, outreach materials and approaches, program support and evaluation, to ensure the process represents the customer voice throughout the phases of the program.



#### **4. RECIPIENT ELIGIBILITY & VERIFICATION**

Please limit your response to this section to 700 words.

- a. Income and Geographic Eligibility.** Please describe your intended eligibility requirements related to income and geography, including:
  - i. What individual-level income threshold must prospective recipients fall under? Describe your methodology and rationale for selecting this threshold. If using a threshold that varies based on local cost of living and/or household size, please provide an example of the threshold applied to a household of one adult and one child in your geography.
  - ii. What geography or geographies must prospective recipients reside in?
    - 1. Describe whether you will select recipients from across your broad geographic area (such as city or county), or whether you will select only recipients who reside within specific low-income areas (such as zip codes or census tracts). Provide a rationale for your approach.
    - 2. If you choose the latter approach, also describe your methodology for defining a specific low-income area.
- b. Priority Population Eligibility**
  - i. For each population you intend to serve (as indicated in the tables of Estimated Individuals Eligible and Served in question 3(a)), please describe the proposed eligibility requirements for participating in the pilot, including a rationale for selecting each requirement.
- c. Eligibility Verification**
  - i. Please share your plan for verifying that prospective recipients meet each income, geographic, and priority population-related eligibility criterion described above, including how your verification processes will minimize administrative burden for prospective recipients (please note that pilots may accept self-attestation of income and pregnancy status).

**a. Income and Geographic Eligibility**

i. HSA will use the same income limits used by the Department of Housing and Urban Development to determine whether former foster youth are "low income." Effective April 2022, one-person households are considered "low income" if they earn \$70,250 or less; two-person households are considered "low income" if they earn \$80,300 or less. This threshold aligns with the criteria used for many housing programs in Ventura County and is easily understood.

ii.1. Prospective participants who live in any incorporated or unincorporated part of Ventura County will be considered eligible for the Foster Youth Transitional Stipend Pilot Project (FYTSP) with respect to residency. Given that Ventura County is a medium-sized county, accepting former foster youth county-wide will enable us to serve 150 participants, and county residency is a simple criterion to apply.

ii.2. N/A

**b. Priority Population Eligibility**

i. Eligible participants will:

~Have a low income, as defined using the income thresholds described above;

~Be a resident of Ventura County; and

~Have exited from extended foster care at age 21 and not yet turned 26 at the time of enrollment in the Foster Youth Transitional Stipend Pilot Project;

HSA has selected the income threshold noted above because it is widely used and understood in Ventura County, and simple to apply. County residency is also a simple criterion to apply. Targeting youth who have recently exited from foster care will enable HSA to administer a manageable pilot that has the potential to generate insightful data regarding experiences and outcomes associated with youth who are age 21 up to age 26 at the time of enrollment.

**c. Eligibility Verification**

i. HSA will establish low-burden standards that allow applicants to verify or attest to program eligibility. With applicants' permission, HSA will use existing Medi-Cal, CalFresh, CalWORKs, General Relief and/or other data within HSA or statewide systems to verify income. Alternatively, applicants may provide pay stubs, letters of approval for other assistance programs that use similar income thresholds, or may self-attest to their income. Applicants may also provide contact information for case counselors or employer for pilot staff to call regarding income.

Residency and age may also be established by way of the approaches noted above (except for self-attestation), or applicants may provide school or medical documents, letters from or contact information for homeless shelters, or other similar documentation.

With applicants' permission, HSA will validate former foster youth status and age using existing child welfare data within HSA or statewide systems.



Pilot staff will assist applicants with gathering documentation and, with applicants' permission, will help them overcome any challenges, with a goal that no applicant should be denied because documentation has become a barrier. Decisions will be made a on a case-by-case basis to ensure that applicants who appear to be eligible are screened in timely.

## 5. ORGANIZATIONAL CAPACITY

Please limit your response to this section to 1000 words.

### a. Serving Populations of Focus

- i. Please describe how your organization and/or partner organizations has developed specific competencies, capabilities, and/or infrastructure to serve the proposed population(s). These may include language skills, cultural competencies, appropriate locations, local knowledge, and/or relationships with community-based organizations, etc.

### b. Personnel Capacity: Please describe your personnel capacity to design and implement the proposed pilot, including:

- i. **If you have already identified personnel**, please identify the staff members who will be supporting the administration of the proposed pilot, including name, position, organization, brief summary of qualifications, brief summary of their role with respect to the proposed pilot, and level of effort devoted to the proposed pilot. Examples of staff members' role may include managing outreach and recruitment, supporting data collection, administering benefits counseling, etc. If you will sub-contract or partner with other organizations to fulfill any of these capacities, please describe those plans as well.
- ii. **If you are still identifying personnel for the proposed pilot**, please describe your strategy for securing sufficient capacity in a timely manner, including the timeline to execute your plan. Sufficient personnel to administer the program shall be in place in the early stages of the planning period.

### c. Organizational Experience with Program Implementation

- i. Please describe your organization's experience implementing and managing similar programs or interventions, such as other financial assistance programs and/or programs specific to your proposed population(s) of focus. Please describe how this experience equips your organization to implement a GI Pilot program.

**a. Serving Populations of Focus**

i. HSA has expertise in serving transitional age foster youth, and partnering with nonprofit, educational and private sector organizations throughout Ventura County to help ensure these youths' needs are met comprehensively. HSA leadership and staff demographics reflect those of the communities we serve with respect to ethnicity and languages spoken, and HSA endeavors to recruit, hire, retain and continuously develop a diverse workforce whose members are committed to advancing the Agency's mission. Importantly, all staff participate in training regarding trauma-informed services and cultural competency topics.

Recognizing program participants may feel most comfortable working with a trusted community organization with expertise in serving former foster youth, HSA will contract with a community-based organization(s) to administer key components of the program, including a vendor to customize a user-friendly system that serves as a one-stop public-facing and staff-use portal for application, documentation collection, recording of referrals requested/provided and stipends issued, and other program components.

**b. Personnel Capacity.** HSA anticipates that roles will be divided as follows:

**HSA**

~Receipt of State funding, and oversight and accountability for program administration and funds distribution

~Overall project management, policy and procedure development, partner coordination and provision of technical assistance to ensure adherence to State and County requirements

~Online portal/system business requirements development to support applications, eligibility determination, collection of supporting verification, tracking of referrals, required reporting and lottery process if needed

~Provision of voluntary benefits counseling to participants regarding any impact of their increased income (due to monthly stipends) on their eligibility for public assistance programs

~Review of monthly distribution of stipends and participant referrals, data collection and summary reporting

~Approval of multilingual outreach materials and management of media relations in collaboration with the County Public Information Officer

**Contracted Partner**

~Multilingual outreach to potential participants that promotes diversity, equity and inclusion, and assistance to individuals in applying as needed

~Determination of program eligibility using designated system, referral of participants to HSA for benefits counseling, and collection and maintenance of supporting verification of eligibility in the system

~Using a “voice of the customer” design that promotes diversity, equity and inclusion, orientation of new participants to the program, provision of curated referrals to participants upon request, handling of questions from participants received by phone, text and other means, support with troubleshooting any issues with stipend payments, assistance to State evaluators in contacting participants, and documentation activities

#### **Contracted Vendor**

~Online portal/system business requirements development to support applications, eligibility determination, collection of supporting verification, tracking of referrals, required reporting and lottery process if needed

~Distribution of monthly stipends to eligible participants timely and accurately, and resolution of payment issues as needed

~Maintenance of necessary financial records regarding disbursements, and submission of reports as required

#### **b. Personnel Capacity**

##### **i. N/A**

ii. HSA staff from all agency departments selected by HSA leadership have been collaborating over the course of months to prepare for the Foster Youth Transitional Stipend Pilot Project (FYTSP). All HSA departments are supportive of the pilot, and stand ready to make the necessary resources available.

Within two weeks of selection for the pilot, HSA will identify a project manager, as well as leads for each department who will in turn make staffing resources available for all necessary planning activities, including contractor selection, leading to implementation. The team will remain intact and provide leadership through the pilot enrollment, implementation and wind-down periods, to the extent possible.

#### **c. Organizational Experience with Program Implementation**

i. HSA administered two new financial assistance programs during COVID that provided an excellent foundation for the FYTSP: the Ventura County Pandemic Rental Assistance program (VCPRA), and the Farmworker Household Assistance Program (FHAP).

VCPRA helped County residents with low incomes (50-80% AMI) retain their homes, using federal funding for rental assistance to 1,690 households who owed past-due rent due to pandemic-related hardship. Multilingual outreach was performed county-wide with multiple community organizations and media outlets. VCPRA applications were accepted online in English and Spanish with live multilingual phone support, and reviewed for eligibility and supporting verifications of income and residency.



Comprehensive program materials were developed, participant data were stored in a customized source system, and data regarding disbursement of financial stipends were kept within County systems. Special care was taken to ensure data could be extracted to respond to inquiries from stakeholders and the media regarding program outcomes, and comprehensive packages were created in preparation for audits.

Similar to VCPRA, FHAP helped support the farmworker community, however FHAP was administered differently to ensure inclusiveness for the farmworker community. The VCPRA program required applicants to provide documentation showing formal rental relationships with landlords who were owed rent and disbursed checks to landlords. The farmworker community, many of whom borrowed money from other sources for their housing, incurring debts to people other than landlords, could not participate as easily as other groups. Indeed, fewer than 9% of VCPRA applications program were from farmworker applicants.

FHAP reduced barriers, including eliminating formal rental agreement requirements. Importantly, an advisory committee including agricultural employers, farmworker advocates and community-based organizations provided guidance and monitored its administration with commitments to diversity, equity and inclusion. Subsequently, FHAP delivered financial assistance directly to more than 3,500 farmworker families.

Through administering VCPRA and FHAP, HSA gained experience and honed its capacity to deliver similar programs in a number of ways, including:

- ~Designing programs with diversity, equity and inclusion in mind to reduce barriers and encourage full participation of all eligible residents;
- ~Bringing multidisciplinary teams together effectively and efficiently to stand up technology, staffing and operations for new programs under aggressive time lines;
- ~Customizing user-friendly, public-facing and staff-use portals to collect applications and document images, and to track and report all key data elements;
- ~Collaborating with community-based organizations and media outlets to ensure county-wide awareness of programs and application assistance, and monitoring data on an ongoing basis to ensure program activity reflected relevant County demographic and geographic data;
- ~Maintaining communication with applicants about their status and troubleshooting any issues; and
- ~Using various means of distributing payments to members of the public outside traditional benefits programs.



## **6. EVALUATION REQUIREMENTS**

Please limit your response to this section to 1500 words.

### **a. Participation in Statewide Evaluation**

- i. Please describe your ability to support the expected statewide evaluation activities discussed in Section III(D), Evaluation Readiness. If applicable, please describe any TA you anticipate needing from the statewide evaluator to participate in the statewide evaluation.

### **b. Evaluation Readiness**

- i. What staff resources do you have to support statewide evaluation activities? Please indicate their role, what percent of FTE they will dedicate to supporting evaluation activities, and what relevant experience to conducting evaluations/data collection they hold.
- ii. What other relevant experience does your staff/organization have with participating in survey data collection and research studies? If applicable, describe the modes or platforms of data collection you have supported, including in-person, mail/telephone, online, etc.
- iii. What resources can your organization offer to support participation in follow-up surveys, particularly to participants in control or comparison groups,<sup>1</sup> at enrollment, near exit, and after the pilot has ended? This should involve administering informed consent to participate in the research, gathering or confirming contact information, helping to facilitate contact with participants, and potentially distributing and/or administering surveys (mode or platform to be determined in collaboration with the statewide evaluator).
- iv. Do you have access to administrative data from any local or county agencies? If so, describe the administrative data you have access to and how you could support the statewide evaluator with accessing that data.
- v. Has your staff/organization ever participated in an RCT? If yes, briefly describe the RCT and your role in supporting it.
- vi. The statewide evaluator will collaborate with selected sites to determine the appropriate evaluation design, with a preference for conducting an RCT where appropriate. This may require the pilot to support the evaluation by incorporating a study randomization and consent procedure into the program enrollment process (with assistance from the statewide evaluator). If your organization is unwilling to consider participating in an RCT, please provide a rationale.

### **c. Evaluation Partners**

- i. Does your pilot program have a local evaluation partner or plan to work with a local evaluation partner? If so, explain how you will support coordination between the

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<sup>1</sup> The evaluation may involve control or comparison groups. These groups would consist of individuals who will not receive GI, who would be compared to those receiving GI.

local evaluator and the statewide evaluator. If your local evaluation has already launched, describe your ability to participate in and manage two simultaneous evaluations. Please also describe how you have engaged or will engage the community in defining the goals of the local evaluation, and the status of the evaluation.

**a. Participation in Statewide Evaluation**

i. HSA has the ability to support the expected statewide evaluation activities including the willingness and readiness to participate in a Randomized Controlled Trial (RCT) should the statewide evaluator deem it appropriate based on submitted site implementation plans. HSA has experience with developing comparison groups for research projects and studies to analyze the impact of pilot projects and changes in business process. In the event a RCT design will be used, Technical Assistance (TA) will be requested to use the selected web-based tool to randomize participants and for the collection of enrollment information.

**b. Evaluation Readiness**

i. A minimum of 50% of one full-time analyst within the Office of Strategy Management (OSM) in HSA will be assigned to the pilot. There will be shared responsibilities around the collection of data and the coordination of evaluation activities. The OSM analysts have extensive experience in data collection best practices, experimental research design, research methodology and effective program evaluation across programs for the HSA. The OSM team collaborates with departments to design thoughtful studies and projects to recommend system-wide change and develop promising practices.

ii. The OSM staff have advanced experience in the development of survey questions, survey administration, data collection, and analysis. A variety of survey platforms and methods have been used to survey internal and external customers as well as community stakeholders. Client feedback has been collected using a variety of survey platforms including MS Forms, Alchemer (online survey platform), and paper surveys. Surveys have been administered in-person using an iPad or paper survey, online via email using survey links, and iPad kiosks at HSA sites throughout the county.

iii. HSA is positioned to support the participation in administering follow-up surveys to participants in the pilot and comparison groups at key points throughout the pilot (enrollment, near exit, and pilot end). Using currently available online survey tools or a designated mode/platform, surveys would be distributed using email and other online or in-person methods. In addition to survey administration, data security, data sharing agreements including Personal Identifiable Information (PII), and informed consent measures will be adhered to in the gathering of participant information.

iv. HSA has access to shared Probation Agency data for children and youth. The shared information is contained within the Child Welfare System Case Management System. The information can be extracted online and through customized reports.

v. HSA has successfully completed a variety of program based research studies using a comparison or control group to compare performance based measures and outcomes. The role of OSM throughout these studies has included the study design, the selection of participants and control group, the development of key metrics and performance outcomes, and the statistical analysis between and across groups.

vi. HSA supports the evaluation of a randomized study and the consent procedure into the enrollment process if determined necessary by the statewide evaluator.

c. Evaluation Partners

i. HSA will not be working with an evaluation partner. HSA will ensure timely communication and collaboration with the statewide evaluator to support ongoing evaluation activities.







Budget Category and Year	Planning Period & Enrollment Period, CDSS Year 1	Planning Period & Enrollment Period, Match Year 1	Implementation (Months 1-12 of GI Payments), CDSS Year 2	Implementation (Months 1-12 of GI Payments), Match Year 2	Implementation (Months 13-18 of GI Payments), CDSS Year 3	Implementation (Months 13-18 of GI Payments) & Wind-down, Match Year 3
HSA Personnel, Project Manager at 25-75%, In-kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HSA Personnel, Administrative Services Evaluator at 25-50%, In-kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HSA Personnel, Administrative Services Technology Lead at 5-15%, In-kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HSA Personnel, Administrative Services Fiscal Lead at 5%, In-kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HSA Personnel, Administrative Services Communications Lead at 5%, In-kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HSA Personnel, Community Services Lead at 5-15%, In-kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HSA Personnel, Community Services Benefits Counselor at 5-20%, In-kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HSA Personnel, Children & Family Services Lead at 5-15%, In-kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HSA Personnel, Adult & Family Services Lead at 5-15%, In-kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Personnel, Fringe Benefits, In-kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Personnel (A)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Direct Costs (ODC), Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ODC, Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ODC, Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ODC, Consultants / Contractors	\$ 35,000.00	\$ 35,000.00	\$ 35,000.00	\$ 35,000.00	\$ 35,000.00	\$ 35,000.00
ODC, Guaranteed Income Payments	\$ -	\$ -	\$ 900,000.00	\$ 900,000.00	\$ 450,000.00	\$ 450,000.00
ODC, Payment Disbursement Platform	\$ 25,000.00	\$ 25,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00
ODC, Evaluation (incl. In HSA Personnel)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ODC, Support Services (incl. In Contractors)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ODC, Community Engagement (incl. In HSA Personnel and Contractors)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ODC, Outreach / Communication (incl. In HSA Personnel and Contractors)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ODC, Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Direct Costs (B)	\$ 60,000.00	\$ 60,000.00	\$ 945,000.00	\$ 945,000.00	\$ 495,000.00	\$ 495,000.00
Total Direct Costs (A + B = C)	\$ 60,000.00	\$ 60,000.00	\$ 945,000.00	\$ 945,000.00	\$ 495,000.00	\$ 495,000.00
Total Indirect Costs (D)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs = Maximum of C * 20%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Budget (C + D)	\$ 60,000.00	\$ 60,000.00	\$ 945,000.00	\$ 945,000.00	\$ 495,000.00	\$ 495,000.00
Total Budget Per Year (CDSS + Match)	Year 1 \$ 120,000.00	Year 2 \$ 1,890,000.00	Year 3 \$ 990,000.00			
Total Pilot Budget (Years 1 - 3)	\$ 3,000,000.00					
Total Proposed CDSS-Only Funding Request (Sum of Years 1 - 3, CDSS only)	\$ 1,500,000.00					

<p>Provide commentary in cell A2 below to support the amounts requested for each line item, limiting your overall response to 800 words. Budget justification shall include (at minimum):</p> <ol style="list-style-type: none"> <li>Brief description of the role or function of each personnel member included in budget;</li> <li>Description of consultants / contractors and services to be provided, if applicable;</li> <li>Calculation for guaranteed income payments line item per year (number of recipients X monthly payment amount X number of months), and any other relevant commentary on the guaranteed income payment amounts requested in each year;</li> <li>Further description of funding sources for guaranteed income payments – e.g., the amount of match funds applied to guaranteed income payments from philanthropic and / or other non-government sources (including some amount of philanthropic / non-governmental funding in the payments is required for CalFresh income exemption);</li> <li>Average cost per guaranteed income recipient (total budget across all three years divided by participants served);</li> <li>Brief description of the services to be provided by the payment disbursement platform (a rough cost estimate and a description of anticipated services that may be provided are acceptable if you have not yet partnered with a platform);</li> <li>Description of any optional support services that will be provided and how they will be provided, if applicable;</li> <li>Description of community engagement plan and compensation framework (e.g., for focus groups or stakeholder feedback sessions);</li> <li>If you are requesting funds for local evaluation, provide a rationale, including a description of any research priorities and planned evaluation activities specific to your pilot context that lie beyond the scope of the statewide evaluation; and</li> <li>If the type and/or duration of your anticipated activities differ from the recommended activities in each year (e.g. if you propose a planning period shorter than 6 months), please share any commentary as needed to provide context for the budgeted activities in each period.</li> </ol> <p>a. HSA Project Manager will own the project, serving as primary point of contact for CDSS, contractors and advisory groups; leading a multi-disciplinary team to develop all policies and protocols for the Foster Youth Transitional Pilot Project, coordinating with all partners to implement the program, and maintaining oversight to ensure the program aligns with CDSS standards and local vision.</p> <p>HSA Administrative Services Evaluator will ensure that data collection systems design and utilization align with CDSS standard and local protocols, provide technical assistance as needed, and serve as the primary point of contact with CDSS' evaluation team.</p> <p>HSA Administrative Services Technology Lead will coordinate development of business and technical requirements for technology for the Foster Youth Transitional Pilot Project, and interface with the contracted vendor to ensure high-quality deliverables and system performance.</p> <p>HSA Administrative Services Fiscal Lead will ensure proper controls are in place for disbursement of stipends, track utilization of CDSS and private funds, and prepare claims.</p> <p>HSA Administrative Services Communications Lead will collaborate with all contractors, partners and advisory groups to support development and implementation of Foster Youth Transitional Pilot Project outreach materials and plan.</p> <p>HSA Community Services Lead will contribute to the development of an RFP for contracted services, extract lists of potential program participants to facilitate outreach, and develop policies, procedures and consent/data sharing agreements related to eligibility verification, benefits counseling, recording of key Foster Youth Transitional Pilot Project data in a common system and other program elements, and collaborate with partners to continuously improve program.</p> <p>HSA Community Services Benefits Counselor will verify eligibility as needed, and provide voluntary benefits counseling to Foster Youth Transitional Pilot Project participants upon request.</p> <p>HSA Children &amp; Family Services Lead will contribute to development of an RFP for contracted services, extract lists of potential program participants to facilitate outreach, and verify eligibility as needed, and collaborate with partners to continuously improve program.</p> <p>HSA Adult &amp; Family Services Lead will contribute to development of an RFP for contracted services and collaborate with partners to continuously improve program.</p> <p>b. Contracted CBO will lead multilingual outreach, program and partner development, determine program eligibility, collect all required data, orient program participants, refer to voluntary supportive services and benefits counseling, and serve as the primary point of contact for participants.</p>
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