



County of Santa Cruz

0105

HUMAN RESOURCES AGENCY

Cecilia Espinola, Administrator
1000 Emeline Avenue, Santa Cruz, CA 95060
(83 1) 454-4130 or 454-4045 FAX: (83 1) 454-4642

November 21, 2000

AGENDA: December 5, 2000

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

APPROVAL OF CONTRACT FOR TRANSITIONAL HOUSING PROGRAM FOR EMANCIPATED FOSTER YOUTH

Dear Members of the Board:

As you may recall, the 1999-2000 Grand Jury report recommended that the Human Resources Agency (HRA) implement appropriate provisions of the Foster Care Independence Act of 1999 (HR3443). An important component of HR3443 is development of transitional living programs that emphasize life skills training and other support services for foster youth who have aged out of the foster care system. HRA, in collaboration with the Health Services Agency (HSA), the Redevelopment Agency (DA), the Probation Department and the Santa Cruz Community Counseling Center (SCCCC), has developed a specialized pilot program to address this need. The purpose of this letter is to request your Board's approval to finalize and execute an agreement with SCCC in the amount of \$78,078 in order to implement a pilot Transitional Housing Program for emancipated foster youth between the ages of 18 to 21.

Background

Each year roughly 20 foster youth age-out of the foster care system in Santa Cruz County. Once youth leave foster care, they are not legally entitled to receive any financial support from the foster care system. In addition, most foster care youth cannot rely upon family support or other support networks to assist them in making this challenging transition to adulthood. Studies of emancipated foster youth have found that they are more likely to experience poverty, homelessness, low educational attainment, poor physical/mental health, and unemployment than the general population of non-foster care youth. More than fifty per cent of emancipated foster youth will experience homelessness within two to four years after discharge from care.

The Federal and State funded Independent Living Program (ILP) provides workshops and services to teach independent living skills to foster and emancipated youth 16-21. Unfortunately, the ILP program does not provide support for housing for youth who have recently aged out of the system.

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Approval of Contract for Transitional Housing Program

Program Description

In order to address the needs of recently emancipated youth, HRA, in collaboration with HSA, the Probation Department, RDA and SCCCC, has developed a comprehensive pilot Transitional Housing Program to provide the constellation of services necessary to address the needs of emancipated youth.

The Redevelopment Agency owns a large 4-bedroom home and a small 1-bedroom apartment, which recently became vacant and is an appropriate program site. This site can accommodate five youth and one on-site program coordinator. Program services will be provided by SCCCC and will include:

- Supported Transitional Housing □ Semi-independent living experiences provided concurrently with intensive “real world” training in life skills such as: budgeting, shopping, meal preparation, shopping priorities, home maintenance, etc.
- Individual/Intensive case management for each youth in the program, addressing areas such as: long term self-sufficiency, educational plans, vocational training, healthy living, emotional support and well-being, and obtaining future permanent housing.
- Individualized educational planning focused on realistic self-sufficiency goals and objectives.
- Assistance with job placement and job maintenance activities.
- Individual and group therapy services provided on an as needed basis.

HRA and SCCCC have drafted a proposed Memorandum of Understanding (MOU) that specifically details program operations. A sole contract with SCCCC is proposed because they have a unique ability to develop and operate housing programs for specialized populations. The proposed MOU is on file with the Clerk of the Board for your review. As you know, HRA has incurred foster care savings over the past three years and anticipates savings again this fiscal year. To fund the Transitional Housing Program, HRA is recommending that foster care funds be redirected to support this critical initiative. Ongoing funding for this program will be incorporated into the 2001-2002 budget request. By redirecting existing funding, there will be no net increase to County cost this year.

Conclusion and Recommendation

The goal of the Transitional Housing Program is to break the well documented cycle of abused youth who fail in school, engage in criminal behavior, become a significant percentage of the homeless population, or the next generation of incarcerated adults. The proposed Transitional Housing Program will challenge, nurture, support, inspire and develop youth into becoming self-confident, self-directed, independent young men and women. This innovative effort will address the critical needs of emancipated foster youth in our community. HRA will continue to work on developing initiatives that will improve the lives and enhance the well being of both children in foster care and youth who age out of the system.

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IT IS THEREFORE RECOMMENDED that your Board authorize the Human Resources Agency Administrator to finalize and execute a contract for the establishment of a Transitional Housing Program with the Santa Cruz Community Counseling Center, consistent with the attached Memorandum of Understanding, in an amount not to exceed \$78,078 for FY 2000-2001.

Very truly yours,



CECILIA ESPINOLA
Administrator

CEVJH

RECOMMENDED:



SUSAN A. MAURIELLO
County Administrative Officer

cc: County Administrative Office

MEMORANDUM OF UNDERSTANDING TRANSITIONAL HOUSING PLACEMENT PROGRAM 2000 - 2002

PURPOSE: To describe the nature and substance of the Memorandum of Understanding (MOU) between the County of Santa Cruz Human Resources Agency; specifically, Adult, Family and Children's Services (AFCS) Division and the Santa Cruz Community Counseling Center, Inc, a non profit 501C3 (SCCCC/THHP) pertinent to the operation of the Transitional Housing Placement Program (THPP).

The following sections are included:

- A. Introduction
- B. Term
- C. Program Components
- D. Services to be provided
- E. Evaluation and Program Outcomes

Attachments I Budget
II Program Policies
III Program Forms

A. **Introduction:** The Santa Cruz County Independent Living Skills Program (ILSP) in collaboration with the Santa Cruz Community Counseling Center, Inc., has developed a Transitional Housing Placement Program (SCCCC/THPP) for foster children within the County. This program is designed to provide a highly structured, well-supervised, "real world" living opportunity for foster teens age 17 and 18 as a means of facilitating a seamless and successful transition from foster care to self sufficiency. The program has been developed pursuant to the guidelines of AB 2774, which became effective January 1, 1999. In accordance with the provisions of this agreement, SCCCC/THPP will deliver the services herein described and Adult, Family and Children's Services Division will provide collaboration and oversight of these services.

B. **Term:** The term of this agreement is December 15, 2000 through June 30, 2002.

C. **Program Components:**

1. ILSP staff and Children's Services caseworkers will identify potential participants for the THPP based upon strict admission criteria that includes: age, previous placement history, delinquency history, history of substance abuse, educational level, mental health history, medical history, work experience, and required active participation in the ILSP. Under no circumstances will youth be discriminated against for participation because of race, religion, gender, sexual orientation or disability.
2. Potential participants will complete the initial application form.
3. The ILSP coordinator, County Social Worker/case manager and SCCCC/THPP Social Worker will interview potential participants. Following the interview, participants will be

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**MEMORANDUM OF UNDERSTANDING
TRANSITIONAL HOUSING PLACEMENT PROGRAM
2000 -2002**

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A. **Introduction:** The Santa Cruz County Independent Living Skills Program (ILSP) in collaboration with the Santa Cruz Community Counseling Center, Inc., has developed a Transitional Housing Placement Program (SCCCC/THPP) for foster children within the County. This program is designed to provide a highly structured, well-supervised, "real world" living opportunity for foster teens age 17 and 18 as a means of facilitating a seamless and successful transition from foster care to self sufficiency. The program has been developed pursuant to the guidelines of AB 2774, which became effective January 1,1999. In accordance with the provisions of this agreement, SCCCC/THPP will deliver the services herein described and Adult, Family and Children's Services Division will provide collaboration and oversight of these services.

B. **Term:** The term of this agreement is August 14, 2000 through June 30, 2002.

C. **Program Components**

1. ILSP staff and Children's Services caseworkers will identify potential participants for the THPP based upon strict admission criteria that includes: age, previous placement history, delinquency history, history of substance abuse, educational level, mental health history, medical history, work experience, and required active participation in the ILSP. Under no circumstances will youth be discriminated against for participation because of race, religion, gender, sexual orientation or disability.
2. Potential participants will complete the initial application form.
3. The ILSP coordinator, County Social Worker/case manager and SCCCCITHPP Social Worker will interview potential participants. Following the interview, participants will be

assessed for program suitability. If the interview panel finds the potential participant to be appropriate and eligible for the program, the participant will complete the application process. If the panel disagrees, the issues will be brought to the ILSP Supervisor, who will make a decision.

4. The potential participant will complete the application packet which includes:
 - a. Evidence of good money management skills. (this may be demonstrated by the applicant having managed a bank account)
 - b. Three letters of recommendation from:
 - (1) The Children's Services Social Worker/case manager,
 - (2) SCCCCYTHPP staff or foster parent,
 - (3) Another adult (e.g.. ILSP coordinator, employer, teacher)
 - c. Evidence of regular school and/or job training attendance
 - d. Physician's statement indicating that there is nothing to preclude applicant from caring for him/herself and living independently
 - e. A completed THPP application
 - f. The participant's commitment to the goal of self-sufficiency upon emancipation.
5. The Children's Services Social Worker/case manager and ILSP coordinator will complete a Written Transitional Independent Living Plan (WTILP) with each potential participant.
6. The ILSP Coordinator, Social Work Supervisor, and SCCCCYTHPP Social Worker will meet as a committee to consider all potential participants and identify the final THPP participants.
7. Once identified, the THPP participant will sign the agreements for participation in the program.

D. Service Provision

1. SCCCC/THPP agrees to:
 - a. SCCCCYTHPP will obtain a THPP license from Community Care Licensing (CCL) and identify and lease apartments in accordance with the approved licensing standards.
 - b. SCCCC/THPP will furnish the apartment with necessary items such as complete apartment furnishings and utensils and establish a policy regarding care and cleaning of furnishings and disposition of furnishings upon departure from the program.
 - c. All employees of SCCCC/THPP who work with THPP participants will meet strict employment criteria including consideration of the employee's ability to relate to participants, substance abuse history, prior experience working with this age group, and attainment of eighteen years of age.
 - d. SCCCCYTHPP will provide a comprehensive training program for their THPP employees including extensive information about working with ILSP youth, in order

to ensure that they can supervise and counsel youth effectively, and provide youth”¹¹¹ with the necessary educational services regarding independent living.

- e. **SCCCC/THPP** will provide ongoing appropriate supervision and monitoring of the program participants residing in the apartments.
- f. **SCCCUTHPP** will provide policies regarding and monitor progress related to specific skills that youth participants have learned in ILSP classes such as:
 - (1) Money management and successful budgeting techniques
 - (2) Cooking and nutrition
 - (3) Decision making (i.e., dating/sexual responsibility)
 - (4) Job development and work expectations
- g. Support counselor will provide feedback and assistance to youth regarding communication and conflict resolution to assist them in dealing with problem situations.
- h. Support counselor will maintain frequent contact with assigned ILSP staff and Children’s Services Social Worker/case manager regarding the status/progress of youth in the program and monitor youth’s involvement in the ILSP.
- i. **SCCCC/THPP** will provide ongoing evaluations of the participant’s progress and provide written reports regarding status/progress of youth to County Social Worker/case manager on a quarterly basis, In addition, these reports will be available to CDSS as requested.
- j. **SCCCUTHPP** will provide a 24 hour emergency phone number so that Support Counselors can be available to youth for crisis intervention/emotional support at all times particularly in emergency situations, on a 24-hour basis.
- k. **SCCCC/THPP** will provide formal reference letters for youth who successfully participate in the THPP so that they can obtain permanent housing and employment.
- l. **SCCCUTHPP** will provide a detailed plan for monitoring the placement of youth under their care.
- m. **SCCCUTHPP** will provide and monitor a contract between the Agency and the participant that specifies the responsibilities of each party and that each party agrees to abide by those responsibilities.
- n. **SCCCC/THPP** will provide an allowance for each participant sufficient for the purchase of food and other necessities.
- o. **SCCCC/THPP** will delineate a system for payment of utilities, telephone and rent.
- p. The **SCCCC/THPP** budget that is equal or less than the CDSS approved provisional rate of Two Thousand One Hundred Fifty Dollars (\$2,150) is included as Attachment I and it includes the following six categories:

- (1) Administrative salaries and overhead
 - (2) Direct care staff
 - (3) Social Worker
 - (4) Social Work Supervision
 - (5) Social Work administration
 - (6) Youth allowance consisting of telephone, rent, food, clothing, transportation, personal allowance, utilities, and miscellaneous
- q. **SCCCUTHPP** will include a plan for accommodating and providing appropriate support for participants who are pregnant or parenting while in the program in accordance with the County's THPP program policies on pregnancy and parenting. In addition, **SCCCUTHPP** will provide a plan for assuring that children of participants receive safe care at home and appropriate. childcare services when the participant is at work or school. **SCCCC/THPP** will coordinate all efforts with the County Cal-Learn program for pregnant and parenting teens.
 - r. **SCCCUTHPP** will assure that all participants are linked to the County's **CareerWorks** Division and/or the County's One- Stop.
 - s. **SCCCUTHPP** will provide a plan to track participants for at least two years following emancipation from the program.
 - t. **SCCCC/THPP** will assure that all participants are linked to the local California Youth Connection (CYC) or to other appropriate community mentoring programs.
2. AFCS agrees to:
- a. Children's Services Social Worker/case manager will provide child welfare case management services including development/update of case plan for youth, compliance with all Division 3 1 regulations, and provision of required court reports and recommendations.
 - b. Children's Services Social Worker/case manager and ILSP staff will continue direct contact with youth to provide supportive counseling and assist youth in planning for emancipation.
 - c. The ILSP staff will coordinate and facilitate youth's attendance/participation in ILSP activities, classes and trainings. These trainings/classes may include but are not limited to a cooking group, budgeting class, money management, conflict resolution skills and communication skills.
 - d. ILSP staff will coordinate/facilitate activities related to job training through Careerworks.
 - e. ILSP staff will focus services on current needs of youth accessing necessary funds for tutoring, job training, recreational/social activities as they relate to the case plan.
 - f. ILSP staff will coordinate community service activities for youth.

- g. ILSP/Children's Services Social Worker/case manager will coordinate transportation for youth as necessary.
- h. ILSP staff will provide supportive services to youth relative to their transition towards emancipation.
- i. ILSP staff will maintain frequent and regular contact with SCCCC/THPP staff regarding each youth's progress and coordinate joint written progress reports and summaries to CDSS as requested.
- j. In addition to providing ongoing support and supervision of youth in ILSP activities, ILSP staff will facilitate and encourage participation in various youth groups such as California Youth Connection.

3. AFCS and SCCCC/THPP Staff will;

- a. Provide consistent reinforcement of skills that youth have learned in ILSP classes and THPP (i.e., money management, budgeting, cooking, sexual responsibility, etc.).
- b. Will assist youth in obtaining furniture from donations upon emancipation.
- c. Maintain frequent contact between Children's Services Social Worker/case manager, ILSP staff, and SCCCC/THPP staff regarding status/progress of youth. Contact shall include attendance at ILSP monthly staff meetings and completion of comprehensive progress reports and summaries that will be available to CDSS as requested.
- d. Will cooperate with the youth participants in the development of the individual case plans for youth in the THPP.
- e. Will meet weekly to discuss progress/issues during implementation phase of THPP.
- f. Will participate in the development of a THPP evaluation mechanism.
- g. Will resolve case specific issues at the line worker/supervisor level and resolve systemic problems by administrative review between AFCS and SCCCC/THPP.
- h. Will meet semi-annually to review the effectiveness of this agreement and to propose and discuss modifications.
- i. SCCCC/THPP and AFCS will collect the following data on each THPP participant:
 - (1) age at entry and discharge
 - (2) gender
 - (3) ethnicity
 - (4) type of placement preceding entry into THPP
 - (5) number of months in THPP
 - (6) number of roommates in apartment
 - (7) reason for discharge from THPP

- (8) educational level at discharge; income source and level at discharge
- (9) type of housing arrangement after discharge

E. Evaluation

1. Ongoing Evaluation

Evaluation of the progress of each youth in the THPP will be an ongoing responsibility of County staff and SCCCC/THPP staff who will meet monthly to discuss each participant's progress and coordination of service activities. SCCCC/THPP will provide quarterly written reports to the responsible social worker and ILSP Coordinator.

- a. Program evaluation will consist of the completion of comprehensive analysis of goal achievement of THPP youth from admission to six months, one year and two years post discharge. The Life Skills Assessment will be administered prior to admission and post discharge from THPP. Additionally, all program participants at discharge will complete a client satisfaction questionnaire.
- b. Other results that will indicate program effectiveness include:
 - (1) the participant's housing stability (e.g., evictions, moves, roommate changes, etc.)
 - (2) academic outcomes
 - (3) employment outcomes; financial stability;
 - (4) level of self-sufficiency at discharge and six months post discharge
 - (5) the necessity for public assistance
 - (6) number and type of legal violations pre and post THPP enrollment
 - (7) pregnancy and/or parenthood
 - (8) the need for re-placement into foster care, group home care or incarceration

2. Program Outcomes

In addition to on-going evaluation two primary outcomes are established for the program, with accompanying indicators. Each participant will be assessed at program completion or discharge and one and two years after leaving the program (if available). These evaluations will be conducted jointly by the ILSP Coordinator staff and the CPS/ THPP staff. The outcomes and indicators are as follows:


- a. Outcome: *All participants will successfully complete the THPP*
 - (1) Indicators:
 - (a) Number and percent of clients transitioning to self sufficiency
 - (b) The type of housing at discharge including the number and percent of; individual residences, shared residences, family , friends, and homeless
 - (c) The number and percent demonstrating positive achievement on their Life Skills Assessment post test results
 - (d) The number and percent of positive results on the participant satisfaction questionnaire
 - (e) The number and percent of participants gainfully employed at discharge, and the number of months of continual employment prior to discharge
 - (f) The number and percent of participants having sufficient savings at discharge and the average dollar amount
 - (g) The number and percent of participants achieving educational/training goals

- (h) The number and percent of participants establishing supportive relationships⁰¹¹⁵ to mentors, ILP staff or other individuals or community groups


b. Outcome: *All THPP participants will demonstrate post THPP stability*

(1) Indicators (12 months after program completion):

- (a) The number and percent of participants maintaining self sufficiency
- (b) type of housing, including the number and percent of the following; individual residences, shared residences, family, friends, and homeless
- (c) Housing stability indicated by number of housing changes and number of evictions
- (d) Legal problems such as; number of arrests, number of convictions, and incarceration time
- (e) Need for public assistance including; type of assistance, duration of assistance, amount of assistance
- (f) The amount of personal savings
- (g) Progress towards career goals including; number of goals completed and number of goal changes
- (h) Continued supportive relationships including; mentors, ILP staff, and other individual or community groups


Francine Saucedo, LMFT
Division Director
Family & Children's Services

Date: 8/21/00


Terry Moriarty, JD, PhD
Executive Director, SCCCC

Date: 8/22/00

Program Policies**TRANSITIONAL HOUSING PROGRAM POLICIES**

EDUCATION: The participant must attend required high school classes to ensure scheduled graduation. He/she must attend all high school, adult education, and/or job training classes unless ill and/or approved absence by the social worker, and be in good standing.

EMPLOYMENT: The participant will be encouraged to obtain part-time employment within two (2) months of beginning the program. He/she will be encouraged to work a minimum of ten (10) to a maximum of twenty-five (25) hours per week. Work hours extending beyond curfew must be pre-approved by SCCCCTHPP staff and the County ILSP coordinator. The County ILSP coordinator shall monitor employment, which will include regular contact with the employer.

SAVINGS: Participants will be encouraged to establish a savings account. The money saved will assist youth towards emancipation.

PERSONAL SAFETY: Personal safety is a foremost concern of the THPP. To that end, every program participant is required to attend all safety courses provided by ILSP and comply with all safety rules contained in these policies.

WEAPONS: Under California law, nobody under the age of twenty-one (21) may own or possess a firearm (i.e., rifle, shotgun or handgun). No weapons of *any kind whatsoever* (i.e., guns, knives, etc.) are allowed into apartments for any reason. Failure to comply with this rule *will* lead to immediate program termination.

VISITORS:

1. No overnight visitors without special permission from the Children's Services Social Worker/case manager and SCCCCTHPP Social Worker.
2. No more than two (2) visitors to an apartment at any one time without special permission of the Children's Services case worker.
3. The program participant will be held accountable for any problems or damages caused by his or her visitors. Monitoring the behavior of the visitor is the responsibility of the program participant and visitors should be told to leave if they do act inappropriately.
4. No visitors will be allowed into an apartment without clearance and permission of SCCCCTHPP staff.
5. Visitors in possession of drugs and alcohol or under the influence of drugs and alcohol are not allowed into apartments.
6. Visitors possessing weapons of any kind are not allowed into apartments.
7. All visitors must leave apartments by curfew.
8. Runaways are not allowed into apartments at any time. Knowingly allowing a runaway into an apartment can result in immediate program termination.
9. Any problems concerning a visitor should be reported immediately to SCCCCTHPP staff.

EMERGENCIES: An emergency is anything requiring immediate attention or assistance from resources such as police, fire, ambulance, or Santa Cruz County Social Services. All participants will be required to pass First Aid courses, as well as other noted safety courses. All emergencies must be reported as soon as possible to SCCCC/THPP support counselor who will in turn notify Community Care licensing.

Each participant will be required to find and post emergency telephone numbers for police, fire ambulance, and Santa Cruz County Social Services. These telephone numbers will be posted next to the participant's telephone. The landlord's telephone number will also be posted in case of building problems or emergencies.

MEDICAL PROBLEMS: Upon entry into the program, the participant and Social Worker will clarify the appropriate resources to be used in the event of medical problem, emergencies as well as routine medical checkups and preventative care.

A Physician's statement clearing the applicant to participate in the program medically will be required at application. This statement will indicate that nothing precludes the applicant from living independently.

In case of medical emergency, the participant will notify SCCCC/THPP staff person and the Children's Service Social Worker/case manager and ILSP staff as soon as possible.

DISCIPLINARY MEASURES: Behavioral consequences may include, but are not limited to, imposition of curfews, visitor restrictions, daily office visits, more frequent meetings with County Social Services, or termination from the program and return to county placement. The Children's Services case manager, Social Work Supervisor, SCCCC/THPP Social Worker and Children's Services Program Manager will determine appropriate disciplinary action.

CHILDCARE: Participants may not provide childcare for a child or children in a THPP apartment. Participants may, however, be employed as childcare workers by licensed child care facilities.

PREGNANCY: The participant may continue her involvement in the SCCC/THPP as long as appropriate progress is maintained and no contraindicating medical conditions develop that would preclude her from safe independent living.

PARENTING: A parenting teen may participate in the THPP as long as all program policies are met and the participant is actively involved with the County's Cal-Learn program up until graduation. Additionally, the participant will be responsible for identifying and obtaining safe and appropriate childcare while they work or attend school or training.

CURFEW: The THPP curfew for participants is 10:00 p.m. Sunday through Thursday, and 12:00 a.m. Friday and Saturday. However, participants will be expected to follow the curfews of the town or city within which he or she resides if those curfews are earlier than those of the SCCCC/THPP. Curfew may be extended for special events with prior agreement of the social worker. Curfew may also be limited in response to inappropriate behavior as determined by the social worker (e.g., safety issues). All participants are to sleep in their own apartment every night unless pre-approved by the social worker.

LENDING OR BORROWING MONEY: Participants are strongly discouraged from lending or borrowing money. Santa Cruz County cannot assume responsibility for replacement or return of funds that a participant lends or borrows. Therefore, it is the responsibility of each participant to pay all of his/her debts in a timely manner.

UNAUTHORIZED PURCHASES: One of the primary goals of the THPP is to promote successful money management skills so that the participant will have sufficient resources to live independently upon graduation. Therefore, participants must receive prior approval from his/her county case manager/social worker for withdrawal of cash savings that have accumulated as a result of employment and ILSP participation. Furthermore, since bank regulations require adult signatures on all accounts of minors, dual signatures will be required on all bank accounts (signatures of the support counselor or SCCCC/THPP Social Worker is preferable).

DATING: Dating is a normal and healthy part of adolescent development. Participants must practice responsible dating and ensure that staff is informed of where the date will take place, with whom, and how to be reached in case of emergency. In addition participants will:

- Not ride in cars of unknown persons or drivers known to be unsafe, intoxicated or using alcohol or drugs, or otherwise unable to drive safely
- Not consume alcohol or drugs on a date
- Follow curfew
- Only drive in cars with drivers that have a valid California driver's license, registration, proof of insurance and properly functioning seatbelts

Dating may be restricted by the social worker whenever a participant is experiencing significant difficulty making good decisions, engaging in unsafe behavior, violating rules or agreements, or not making appropriate program progress.

GROUND FOR TERMINATION: Program participation may be terminated for the following reasons.

1. Repeated failure to follow the program rules or agreements.
2. Refusal to cooperate with program staff.
3. Failure to progress or meet goals over an eight week time period.
4. Involvement in illegal activities (e.g., use of drugs or alcohol, theft, assault, etc.)
5. Destruction of property.
6. Repeated failure to act maturely and responsibly.
7. Participating in high risk or unsafe behavior.
8. Misuse of allowance or personal money.
9. Violating visitation policy.
10. Making threats of any nature to staff or other program participants.
11. Eviction by landlord from the apartment.

APARTMENT CLEANLINESS: The participant is responsible for the order and cleanliness of the apartment. Upon entry into the program, he/she will receive an orientation from the social worker concerning standards and expectations for apartment cleanliness. A detailed "Apartment Cleanliness Checklist" and tools and supplies will be provided.

Each participant is responsible for the condition of his/her apartment and good relations with landlords and neighbors. The apartment should be kept in a clean and orderly condition at all

times. Food should be stored in proper containers and garbage removed regularly. Any problems in the apartment (such as plumbing problems, leaks, damages, pest problems, etc.) must be reported immediately to the apartment manager and **SCCCC/THPP** staff. The THPP staff will inspect the apartment at least once each week. The staff will have a copy of all keys to each apartment and will make occasional unannounced visits.

Participants must conform to the rules of the rental agreement. Any problems with neighbors or the apartment manager should be reported immediately to **SCCCC/THPP** staff. Continuous failure to maintain a reasonably clean and orderly apartment may lead to disciplinary action and/or termination from the program.

APARTMENT INSPECTIONS: Program participants must allow the administration, county ILSP workers, and county social workers to inspect the apartments. Landlords also have the right to inspect apartments. Unless there is an emergency, landlords shall coordinate inspections by making arrangements with **SCCCC/THPP** staff prior to entering the apartments.

COMPLAINTS FROM LANDLORDS: Participants will notify **SCCCC/THPP** staff regarding complaints from landlords. Together, **SCCCC/THPP** staff and participants will develop a plan to improve the situation.

USE OF UTILITIES: THPP apartments will have well-functioning water, electrical and heating systems. Participants will receive orientation regarding basic home maintenance and minor repair.

USE OF TELEPHONE: The THPP will provide a telephone and pay for basic service for each apartment. Participants will be required to follow telephone guidelines. All long distance calls will be blocked.

APARTMENT DECORATION: The participant will be provided with all necessary furnishings. and will be encouraged to design the living space to his/her liking.

POSSESSION OF MOTOR VEHICLES WHILE IN THE PROGRAM: The participant must have written permission of the Human Resources Agency before purchasing or driving a motor vehicle. Participants in the THPP may have their own cars only if they have a valid driver's license, sufficient insurance, functioning seatbelts, and a viable means of support for payments and maintenance. -The social worker must be given a copy of the participant's driver's license and insurance policy number before permission is given for a participant to drive his/her car.

Driving any motor vehicle while uninsured or unlicensed will lead to immediate termination from the program.

Attachment III

Program Forms

THPP Application
Membership Agreement
Participant Monthly Review
Program Incident Report
Support Staff Daily Visit Report
Visitor Log
Weekly Goal Sheet
Weekly Schedule



SCCCC THPP – Application

0121 .

Name: _____
Last First MI

Date: _____

Address: _____
Street City State Zip Code

Birthdate: _____
Month/Day/Year

Home Phone: () _____

Sex: ☐ Male ☐ Female

Social Security #: _____

In case of emergency, notify:

Name/Address/Phone: _____

Name/Address/Phone: _____

Foster parent or placement name: _____

How long have you been at your current placement? _____
Years Months

If selected, when would you be available to move in? _____

What is your expected length of stay? _____

Probation Officer

Name

() _____

Phone Number

Social Worker

Name

() _____

Phone Number

Education:

Grade Level: _____

Number of units completed: _____

When do you expect to graduate? _____

School currently attending: _____
Name

Address

Phone #

Contact Person

If necessary, are you willing to change high schools to be part of this program? ☐ Yes ☐ No

If no, please explain (use other side of page if necessary): _____

What are your **future** educational/vocational goals? _____

EMPLOYMENT HISTORY

Please list most current information first.

<i>From</i>	<i>To</i>	<i>Employer Name</i>	<i>Position</i>
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Address

<i>Phone Number</i>	<i>Supervisor</i>
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<i>From</i>	<i>To</i>	<i>Employer Name</i>	<i>Position</i>
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Address

<i>Phone Number</i>	<i>Supervisor</i>
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<i>From</i>	<i>To</i>	<i>Employer Name</i>	<i>Position</i>
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Address

<i>Phone Number</i>	<i>Supervisor</i>
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What are your job/career goals?

ESSAY QUESTIONS

What do you know about our program? Why do you want to be part of it?

What steps have you taken to prepare yourself for participation in the Transitional Housing Program?

What aspects of the Independent Living Program have you participated in?

In the coming year, how will you prepare yourself for life after placement?

Please list the name, address, and phone number for 3 *references* (2 *must be adults*). You must also include a **letter of reference** from each of these people.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

I have voluntarily filled out this application and would like to be considered for participation in the Transitional Housing Program. To the best of my knowledge, all of the above information is true and correct.

Signature of Applicant

Date

Please mail to:
Community Support Services
Transitional Housing Placement Program (THPP)
290 Pioneer Street
Santa Cruz, CA 95060
Or personally deliver to any ILP/THPP Staff

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SCCCC THPPP – ADMISSION AGREEMENT

This agreement states that I, _____, am currently 17 or 18 years of age, have participated in the Independent Living Program (ILP), and have been accepted for placement by the Transitional Housing Coalition. Furthermore, this agreement also states that I would like to be a member of the Transitional Housing Program and that I will meet all of the following conditions in order to be part of the program:

- ◆ I agree to regularly attend school and obtain a high school diploma or GED. Once I meet these goals, I agree to further my education through participation in college, trade school or other vocational training.
- I agree to continue participating in ILP.
- ◆ I agree to actively look for, obtain, and maintain a paying job.
- ◆ I agree to remain clean and sober. I will take part in drug testing if necessary.
- ◆ I agree to actively participate in Transitional Housing Meetings with my peers.
- ◆ I agree to attend the THPPP orientation which will outline program rules & expectations, emergency procedures, community resources and introductions to staff and other participants.
- ◆ I agree to take an active roll in preparing myself for emancipation by participating in services outlined by the Court, my Social Worker and/or my Probation Officer and by following the rules as outlined below:

Relationship with Others

1. I will be respectful towards others. Violent, aggressive, or annoying/harassing behavior is not allowed.
2. I will attempt to resolve any and all problems with others. In the case of unresolved conflict or disagreement between me and my roommate, I will contact the Social Worker to mediate the conflict.
3. I will not have any inappropriate physical contact with others. In other words, NO touching, hitting, pushing, wrestling, or shoving is permitted.
4. I will behave in a mature and polite manner with all neighbors. If I have a conflict with any neighbor, I will report the incident to the Social Worker.
5. I realize that while a member of the Transitional Housing Program (THPPP), I will not claim, be involved with, dress like, or visit known or apparent gang members. I realize that this is a strict regulation of my apartment complex, and failure to follow this rule may result in my immediate termination from the program.
6. I will follow the rules of the apartment complex regarding quiet time and keep the stereo/television at an acceptable volume level.

Property

1. I realize that the apartment and household furnishings are the property of THPPP, and are mine to use and care for while I am a member of the program. I realize that if I should deface, damage or destroy any property, I will be responsible to pay for these damages, and may, depending on the damage, be terminated from the program.
2. I will respect the personal property of others in the program. I know that trading, lending or borrowing is not advisable. THPP is not responsible for any of my lost or damaged items.
3. Upon entering the program, I will sign a household inventory of items available for my use. This inventory will be rechecked upon my graduation from the program, and I will be responsible for replacing any missing items.

Scheduling

1. Unless I have prior approval, I will not be out of my apartment after 10:00PM on weekdays and midnight on Friday and Saturday or before 6:00AM.
2. I will keep the in-home counselor informed of my schedule and will call or check in if my schedule changes.

SCCCC THPPP – ADMISSION AGREEMENT

Visitors

1. I will NOT have any overnight visitors. Visitors will vacate the premises by 10:00PM.
2. Sexual relations with others are not allowed on the premises.
3. I realize that ALL of my visitors must log in and out and call the in-home staff counselor on every visit unless otherwise specified by THPPP staff.
4. I realize that the in-home counselor/THPPP staff may limit my visitors or exclude someone from visiting me if a problem arises.
5. I realize that my visitors must follow all rules and regulations of THPPP and my apartment complex.

Education

1. I will attend high school, college, or adult education on a regular basis.
2. I must inform the in-home counselor if I am unable to attend school. My absence will be excused if I am ill. I may need to obtain a doctor's excuse upon the request of the in-home counselor.
3. The THPPP in-home counselor will regularly monitor my progress in school, including, but not limited to, attendance, grades, homework, and behavior.

Housekeeping

1. It is my responsibility to keep my apartment clean. The apartment will be inspected by the in-home counselor before I receive my weekly funds.
2. I will NOT have any pets on the premises.

Finances

1. I will open a savings account with the in-home counselor; two signatures will be required for withdrawal. I will save 50% of my earnings while a member of the THPPP.
2. I realize that the in-home counselor will not lend me money.
3. Before entering into a contractual agreement such as a credit card, auto loan, rental, or purchase, I will obtain permission from my social worker, probation officer, or THPPP case manager.

Termination from the Program

I understand that I may be dismissed from the program if I do any of the following:

- ◆ Refuse to take part in the requirements of the program.
- ◆ Abuse drugs or alcohol.
- ◆ Act in such a way that my behavior is dangerous to others or myself.
- ◆ Be away from my apartment overnight without permission.
- ◆ Break the rules of my lease/apartment complex, and/or the apartment manager requests my removal.
- ◆ I decide that I no longer want to be a part of the program.

In addition, I agree to obey all laws and follow all rules of the apartment complex as described in the lease agreement.

Signature

Date

Counselor

Date

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SCCCC THPP - CRITERIA FOR ADMISSION AND INTAKE PROCEDURES

All clients will be referred through Santa Cruz County's Human Resources Agency. Staff from the Independent Living Skills Program (**ILSP**), in conjunction with staff from the Adult, Family and Children's Services Division (AFCS) will perform all assessments regarding appropriateness of placement. When a client is approved for placement, the County will inform the SCCC THPP Social Work Supervisor and plan on an intake date, based on the availability of a bed. The SCCC THPP Social Work Supervisor will receive the intake packet, which will include:

- Application from Client
- Admission Agreement Form
- Assessment of Appropriateness of Placement
- Medical Assessment (completed physical exam and immunization information)

All clients must:

- be ambulatory and 17 or 18 years of age.
- be attending school.
- be alcohol and drug **free** at the time of admission.
- be willing to actively participate in the THPP program.
- be willing to accept rules and limitations as set down by staff.
- display an **ability** for self-care that could be expected to improve with support.
- have no history of violence which could pose a current threat to the household or community.

Clients will not be accepted into the program if they have a serious medical condition that would preclude their participation in the full range of program activities.

SCCCC THPP does not discriminate regarding race, color, religion, national origin, ancestry, disability, medical condition (cancer related), marital status, gender, sexual orientation, or veteran status, in its admissions policy or in services provided to clients. The program does discriminate on the basis of age, because the program is structured and funded only for clients of a certain age.

CRITERIA FOR RE-ADMISSION

Criteria for readmission to SCCC THPP is flexible according to individual need, availability of space, and whether or not the readmission would be beneficial to the client in terms of their long term service plan. A client's discharge summary will indicate the specific parameters regarding their eligibility for readmission. The client must, of course, meet all other admission criteria. In some cases, the client would be placed on a waiting list and possibly be referred to other services until such time as space is available.

SCCCC THPP – Program Incident Report

Date of report: _____ Date of incident: _____

Name of participant(s): _____

Description of incident: _____

Signature of reporting party: _____

Reporting party's printed name *Address* *Phone Number*

Witness name *Address* *Phone Number*

Date of investigation: _____

Name/Title of investigator: _____

Comments: _____

Recommendations: _____

Signature of SCCCC/THPP Staff: _____

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SCCCC THPP - Participant Monthly Review

Meeting Date: _____

PARTICIPANT NAME: _____

Length of time in THPP: _____ Anticipated Termination Date: _____

Participant's Roommate Name: _____

Length of time in THPP: _____ Anticipated Termination Date: _____

Persons attending: _____

Is Participant progressing toward employment goals? _____

Is Participant progressing toward educational goals? _____

Is Participant progressing toward personal goals? _____

Specific areas where Participant needs improvement: _____

Has Participant sufficient income or savings to acquire a dwelling **after** separation? _____

Does Participant and roommate both desire to acquire a dwelling together after separation? _____

Comments: _____

SCCCC THPP – Support Staff Visit Report

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Date of visit: _____ Time of visit: _____ Announced? Yes/No

Participants visited: _____

Address: _____

Condition of Dwelling	Excellent	Good	Needs Improvement	Poor
Kitchen				
Dishes	_____	_____	_____	_____
Sink	_____	_____	_____	_____
Counters	_____	_____	_____	_____
Floor	_____	_____	_____	_____
Garbage emptied?	_____	_____	_____	_____
Bedroom				
Beds	_____	_____	_____	_____
Closets	_____	_____	_____	_____
Rugs/Floors	_____	_____	_____	_____
Dresser	_____	_____	_____	_____
Living Room				
Rugs/Floor	_____	_____	_____	_____
Dusting	_____	_____	_____	_____
Straightening Up	_____	_____	_____	_____
Windows	_____	_____	_____	_____
Bathroom				
Sink	_____	_____	_____	_____
Bowl	_____	_____	_____	_____
Tub/Shower	_____	_____	_____	_____
Floor	_____	_____	_____	_____
Towels	_____	_____	_____	_____
Outside Dwelling				

Cleaning Comments: _____

Are all kitchen burners turned off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are perishables within code date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the smoke alarm working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the fire extinguisher appear serviceable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the thermometer set to 68-72 degrees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there enough food on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the baby appear healthy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the participant appear healthy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

N/A

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THPP Support Staff Visit Report - Page 2**COMMENTS ON:**

School Attendance: _____

Work Attendance: _____

Health and/or Health of Infant: _____

Landlord/Dwelling Manager Satisfaction: _____

Foster Parent Contact: _____

Biological Relative Contact: _____

Roommate Relations: _____

BILLS:*To be completed on a weekly basis.*

	Current	Overdue
Rent	_____	_____
Groceries	_____	_____
Electricity	_____	_____
Gas	_____	_____
Phone	_____	_____
Renters Insurance	_____	_____
Laundry	_____	_____
Transportation	_____	_____

Current Savings Account Balance: \$ _____

Current Checking Account Balance: \$ _____

All the above is true.

*Signature*_____
*Date***25**

SCCCC THPP – Visitor Log

Name: _____

Week Of: _____

	Date	Name	Relationship	Arrival Time	Departure Time
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____

NAME: _____

Please state your objectives for the week of _____ regarding the following:

Education:

Employment:

Finances/Money Management:

Maintaining Sobriety:

Personal Appearance:

Exercise:

Nutrition/Meal Planning:

Housekeeping:



Transportation:

Time Management:

Relationship with Roommate:

Relationship with Peers:

Relationship with Friends/Family or Others:

Please use the following space for any comments, concerns, questions, compliments, or issues you would like to mention.

❖ PLEASE ATTACH YOUR COMPLETED SCHEDULE FOR THE WEEK.

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Signature

Date

SCCC THPP – Participant’s Weekly Schedule

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Note:

Week Of:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

6 am	6am	6am	6am	6 am	6am	6am
8am	8am	8am	8am	8am	8am	8am
10am	10am	10am	10am	10am	10am	10am
12pm	12pm	12pm	12pm	12pm	12pm	12pm
2pm	2pm	2pm	2pm	2pm	2pm	2pm
4pm	4pm	4pm	4pm	4pm	4pm	4pm
6pm	6pm	6pm	6pm	6pm	6pm	6pm
8pm	8pm	8pm	8pm	8pm	8pm	8pm
10pm	10pm	10pm	10pm	10pm	10pm	10pm

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