## EXHIBIT 3: TORRANCE TINY HOMES CAPITAL INVESTMENTS AND PROGRAM OPERATIONS SCOPE OF WORK

## I. BUDGET AND START DATE

The total annual program budget is $310,000; of which $60,000 will go towards improvements and maintenance, and $250,000 will go towards program operations. Of the program operations budget, $25,000 will go towards administrative costs defined as costs necessary to support the sites operations and case management, including meeting supplies, cellphone and internet/communication services, mileage reimbursement, office supplies, furniture, and equipment. The Start Date begins August 13, 2025.

## II. SCOPE OF WORK

**Program Description:** The program will provide interim shelter and services for those experiencing homelessness. This includes maintaining a safe, cleanly site as well as everyday operations. Included below is the expected Scope of Work (SOW) for the City as required by this MOU and the County Contract.

***Table 1.*** *Detailed Scope of Work*

| Scope of Work | Expected Tasks |
|---|---|
| Improvements and Maintenance. | As units age and turnover, the City of Torrance will complete improvements and maintenance for this temporary housing resource. This includes the following:<br>- Repair, replacement, and installation of shelter and support unit components such as windows, doors, shelves, etc.;<br>- Ongoing site maintenance to prevent the need for replacement parts;<br>- Pest control;<br>- Sanitizing of shelter units upon turnover in cases where normal sanitation protocol is insufficient (e.g., disposal of hazardous waste, fumigation due to infestation)<br>- Staffing costs associated with the above activities (City Staff and/or outside vendors) |
| Site Operations | This funding will be utilized for the operations contract with the site operator, estimated to be a cost of $1.7 million-$1.8 million annually. The site operations contract includes funding for meals, utilities, supplies, insurance, transportation, communications, administration, security, and trash. |

## III. INVOICES AND REPORTING

The City shall submit monthly invoices and monthly reports by the 10th of the month immediately following the month or month end for work performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the City shall submit the invoice and monthly report on the Friday before.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the City to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The Interim Shelter program will be evaluated on the KPIs as outlined in the County Contract. The City will report on these metrics monthly for each fiscal year this MOU is active.

***Table 2**. Key Performance Indicators*

| Scope of Work | Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|---|
| Capital Investments | Completion/reopening of beds following turnover | 12 | Annually |
| Site Operations | Number of PEH placed in IH | 20 | Annually |
| | Number of PEH placed in PH | 12 | Annually |

### *B. Supplemental Monthly Reporting Metrics*

In addition, City's Monthly Report will include additional metrics and outcomes (Table 3), including progress on behavioral health plans, participants' housing timeline, including any anticipated housing dates. Other data including demographic data and service linkages that can be queried in HMIS. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met.

***Table 3**. Supplemental Monthly Reporting Metrics*

| Additional Monthly Reporting Data | Details |
|---|---|
| Year to Date (YTD) number of PEH placed in IH | Cumulative number of individuals placed in IH units to date (as of reporting) |
| Year to Date (YTD) number of PEH graduated to permanent housing | Cumulative number of individuals who exit from IH to a permanent housing situation to date (as of reporting |
| Number of clients serviced at site | Unduplicated clients served (i.e., receiving services) at the site per month |

| | |
|---|---|
| Number of eligible clients receiving behavioral health services | Unduplicated clients with a behavioral health condition currently receiving behavioral health services per month |
| Number of exits back to the streets and the reasons | Unduplicated clients who have exited the Interim Shelter to the streets (i.e., not to other interim housing or permanent housing) and the affiliated reason for exit |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

## C. Additional Data Needs

As part of SBCCOG's Functional Zero program, the SBCCOG may request additional data points to create reports to advocate housing, income and shelter resources to our cities. Data points will include, but are not limited to:

- How long the client has been in their city
- Inflow/Outflow of street homeless individuals and families in the service areas
- Demographic characteristics such as:
    - Race/Ethnicity
    - Income Levels
    - Veteran Status
    - Age
- Point of Contact
- Off-Street Housing Attainment
    - Shelters
    - Hotels/Motels
    - Transitional Housing
    - Shared or Bridge Housing
    - Skilled Nursing Homes
    - Problem Solving
- Detox/Substance Use Treatment/Rehabilitation
- Mental Health Service Referrals
- Other additional information that can provide actionable data outcomes

The SBCCOG will work with the Service City to gather this information in a flexible and not burdensome manner.

## EXHIBIT 3: BEACH CITIES HOMELESS COURT

## I. BUDGET AND START DATE

Homeless Court Behavioral Health Services**:** $100,000. City to contract with agency for services. The Start Date begins August 13, 2025

## II. SCOPE OF WORK

**Program Description:** This program will provide a behavioral health counselor for Homeless Court participants. The behavioral health counselor shall meet with participants either through a court ordered schedule or an agreed upon schedule. The behavioral health counselor will work with the participant to manage any issues as a pathway to self sufficiency.

## III. INVOICES AND REPORTING

The City shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the City shall submit the invoice and monthly report on the Friday before.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the City to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

Homeless Court is classified under the County's Eligible Use Grouping 1 of Measure A, "Expedited Placements in Permanent Housing for PEH." The program will be evaluated based on the Key Performance Indicators (KPIs) included in Table 1. The City must report on progress towards these KPIs, as approved by the County and SBCCOG Board of Directors, every month of each Fiscal Year that this MOU is active.

*Table 1. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Number of homeless court attendees receiving mental health or behavioral health services | 20 | Annually |

### *B. Supplemental Quarterly Reporting Metrics*

In addition, the City will include in the quarterly report the supplemental metrics in Table 2. These metrics will allow SBCCOG to evaluate the operation and performance of the program.

*Table 2. Supplemental Quarterly Reporting Metrics*

| Quarterly Reporting Data | Details |
|---|---|
| Number of referrals | Monthly referrals, with the aim of at least 25 a quarter |
| Number of court appearances | Monthly court appearances, with the aim of at least 45 a quarter. |
| Number of clients connected to services | Number of unduplicated clients connected to services, including those bypassing court but utilizing the services offered onsite |
| Number of PEH placed in the Motel/SRO Housing program | Number of unique individuals placed in the Motel/SRO Housing program with Redondo Beach. |
| Year to Date (YTD) number of PEH placed in IH | Cumulative number of unique individuals serviced at Homeless Court placed in IH to date (as of reporting), not including the Motel/SRO program |
| Year to Date (YTD) number of PEH placed in permanent housing | Cumulative number of unique individuals serviced at Homeless Court placed in PH to date (as of reporting) |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

## D. Additional Data Needs

As part of SBCCOG's Functional Zero program, the SBCCOG may request additional data points to create reports to advocate housing, income and shelter resources to our cities. Data points will include, but are not limited to:

- How long the client has been in their city
- Inflow/Outflow of street homeless individuals and families in the service areas
- Demographic characteristics such as:
    - Race/Ethnicity
    - Income Levels
    - Veteran Status
    - Age
- Point of Contact
- Off-Street Housing Attainment
    - Shelters
    - Hotels/Motels
    - Transitional Housing
    - Shared or Bridge Housing
    - Skilled Nursing Homes
    - Problem Solving
- Detox/Substance Use Treatment/Rehabilitation
- Mental Health Service Referrals
- Other additional information that can provide actionable data outcomes

The SBCCOG will work with the City/Service Provider to gather this information in a flexible and not burdensome manner

## EXHIBIT 4: REDONDO BEACH SRO/MOTEL BEDS

## I. BUDGET

The total annual program budget is $240,000 for up to 18 SRO beds and motel budget.

For SRO beds, City will need to provide the lease and lease payment receipt or invoice from landlord as back up. For Motel beds and other expenses, a receipt will be necessary. The room rent amounts serve as a guidance. Any deviation from this guidance of more than 25% must be approved by SBCCOG.

| Proposal | 6 Months | 12 Months |
|---|---|---|
| SRO Rent ($950 for each SRO per month) | $74,100 | $148,200 |
| Renter's insurance and admin fee ($12.50 for each SRO per month) | $975 | $1,950 |
| Mattress, box spring, mattress frame, microwave, and mini refrigerator | $8,000 | $12,000 |
| Motel stay, 2 Rooms.<br>Daily Rate: $100<br>Weekly Rate: $600<br>Monthly Rate: $1800 | $36,600 | $77,000 |
| **Total** | **$119,675** | **$239,150** |

## II. SCOPE OF WORK

**Program Description:** The program will provide interim shelter and services for those experiencing homelessness. This includes maintaining a safe, cleanly site as well as everyday operations. Included below is the expected Scope of Work (SOW) for the City as required by this MOU and the County Contract.

### i. Program Guidelines

a. **Reimbursement** – Program allows for cities to lease motel and SRO beds and seek reimbursement using the SBCCOG Local Solutions Fund. Cities must have proper documentation including receipts and lease agreements. Payments will be for reimbursements only. The SBCCOG will not have any direct relationship with the underlying SRO or motel partner.

b. **Pricing** – Motel rates at roughly $500-$800 a week; SRO rates at roughly $1,000/month

c. **Eligibility** – Participants must be at an acuity level where they can be in the rooms unsupervised. The program is open to Adults, Families, Seniors, and Veterans. Participants must be in the Coordinated Entry System (CES) and must have a housing plan created by the case manager. Participants must be in the SBCCOG jurisdiction.

d. **Duration** – For SRO beds, participants may enter into monthly, 6 month, or 12 month leases with the SRO provider. Extensions will be on a case by case basis and only if the participant has made progress in their housing plan. For Motels, participants can stay in the rooms for up to 3 months. Additional 3 month extensions may be granted provided the participant is reaching their milestones and progressing on their housing plan. A maximum of 3 extensions may be granted. SBCCOG reserves the right to approve eligibility and grant extensions after consultation with the case worker.
e. **Meals** – Cities must have a meal plan in place for all participants. The meal plan can include participants' income for meals. If the participant does not have the means to procure meals, the City must find a suitable option such as a local food pantry or non-profit food provider.
f. **Check-ins** – Cities and their non-profit partners are required to have at least 2 check-ins a week. One check-in must be in person.
g. **Services** – In recognition that a successful housing plan may entail wrap around services, Cities and partners shall provide the necessary behavioral health and/or physical health wrap around services. Other services that may be necessary include document services, transportation services, and legal services. The SBCCOG will receive monthly reports from Cities and partners to confirm that necessary interventions are being provided.
h. **Furniture and Supplies** – For SRO housing, the SBCCOG's Program will assist in the purchase of the bare necessities such as mattresses, microwaves, mini-fridge, fans, toilet paper, towels, dishes, and other welcome supplies. Cities and partners must make an effort to solicit the community for these donations. Purchases will be coordinated through CES furniture providers when possible.
i. **Guests, Pets, and Program Rules** – Guests will be allowed, but no overnight stays. Motels generally do not allow pets without a fee. The Program will pay for service or comfort animals per the guidelines of the motel. For SRO rooms, the Cities will adhere to landlord guidelines on pets. Cities and partners will be required to have participants sign and acknowledge their understanding of the program rules. Suggested program rules can be found below.

**ii. Program Rules**

a. No Violence: Any hostile physical contact from Participant to other guest/resident, neighbors, staff, visitors, or others at the Property. No threat of violence: Any hostile or aggressive speech, body language, real or implied, that suggests inflicting harm or threat of harm to another at the Property.
b. No Disrespectful or Aggressive Conduct or Language toward staff, neighbors, or other guest/resident.
c. No Drug & Criminal Activity: Drug and criminal activity are prohibited on site of the Property. The Program recognizes that LA County is a Housing First jurisdiction.
d. No Illegal Activity/Conduct: Any violation of federal, state, or local laws whether witnessed directly or reasonably suspected
e. Failure to maintain your unit in an acceptable condition: There is to be no property damage, excessive trash, debris, or personal belongings, or missing unit furnishings

f. Pest Control Service and Property Management Instructions: Failure to comply with pest control services and Property Management instructions regarding the care of the unit may result in termination. Pest control service is a requirement to maintain the unit and Participants will comply with instructions from pest control and/or Property Management to maintain the habitability of the unit.
g. Consistent Violation of the Rules: Continuous disregard for any of the Program rules may result in termination.
h. Public Intoxication: Participants are prohibited from consuming alcohol in the common areas of the property, and actions related to such consumption cannot interfere with the safety or quiet enjoyment of others.
i. Voluntary/Involuntary Exits: Temporary absence without notifying management may result in permanent exit from program.
j. Guests/Visitors are allowed on the property or in your unit. However, no overnight stays.
k. Property Common Areas: The balconies, patio area, entryways, stairways, and other common areas should be free of debris, trash, and clutter. Nothing will be stored in the halls, staircases, or lobby of the Property.
l. No Smoking in the unit. Use designated outside smoking area.
m. No Alterations to the Unit or the Property: Participants are NOT allowed to make ANY alterations, additions, or repairs of any kind to the room (i.e., nails, push pins, tape, etc.)
n. No Excessive/Loud Noise that disrupts the quiet enjoyment of other Participants from your room, the parking lot, or any other location on the Property at any time.
o. For motel properties, no car repairs are allowed on the property.
p. No PETS unless authorized by Program Management in advance of bringing the pet to the Property or to your unit. Dogs must be leashed when outside your unit. Clean up after your pet(s).

## III. INVOICES AND REPORTING

The City shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the City shall submit the invoice and monthly report on the Friday before.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the City to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The Motel and SRO Housing Program is classified under the County's Eligible Use Grouping 1 of Measure A, as Interim Housing for People Experiencing Homelessness. Performance will be measured based on the following Table 1. Key Performance Indicators, approved by the County

and SBCCOG Board of Directors. Progress on these KPIs must be reported every month of each Fiscal Year that this MOU is active.

*Table 1. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Number of IH units created/secured | 12 | Annually |
| Number of PEH placed in IH | 24 | Annually |

### *B. Supplemental Monthly Reporting Metrics*

In addition, City's Monthly Report will include additional metrics and outcomes (Table 2), including progress on enrollment in supportive services, participants' housing timeline, including any anticipated housing dates, and other data including demographic data and service linkages that can be queried in HMIS. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met.

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*Table 2. Supplemental Quarterly Reporting Metrics*

| Monthly Reporting Data | Details |
|---|---|
| Number of IH units created/secured | How many units were brought on for use or maintained each month. |
| Number of new PEH placed in IH | Number of new, unique individuals placed in available motel and/or SRO units per month |
| Number of individuals graduated to permanent housing | Number of individuals who exit from motel/SRO to a permanent housing situation per quarter |
| Year to Date (YTD) number of PEH placed in IH | Cumulative number of individuals placed in available motel and/or SRO units to date (as of reporting) |
| Year to Date (YTD) number of PEH graduated to permanent housing | Cumulative number of individuals who exit from motel/SRO to a permanent housing situation to date (as of reporting |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

### *C. Additional Data Needs*

As part of SBCCOG's Functional Zero program, the SBCCOG may request additional data points to create reports to advocate housing, income and shelter resources to our cities. Data points will include, but are not limited to:

- How long the client has been in their city
- Inflow/Outflow of street homeless individuals and families in the service areas
- Demographic characteristics such as:
    - Race/Ethnicity

    - Income Levels
    - Veteran Status
    - Age
- Point of Contact
- Off-Street Housing Attainment
    - Shelters
    - Hotels/Motels
    - Transitional Housing
    - Shared or Bridge Housing
    - Skilled Nursing Homes
    - Problem Solving
- Detox/Substance Use Treatment/Rehabilitation
- Mental Health Service Referrals
- Other additional information that can provide actionable data outcomes

The SBCCOG will work with the City/Service Provider to gather this information in a flexible and not burdensome manner.

**EXHIBIT 3: HAWTHORNE CASE MANAGEMENT AND OUTREACH SERVICES SCOPE OF WORK**

## I. BUDGET AND START DATE

The total annual program budget is $160,000; of which $18,400 will go towards administrative costs defined as costs necessary to support the City's case management and outreach program implementation, including meeting supplies, cellphone and internet/communication services, mileage reimbursement, office supplies, furniture, equipment, and office space rent. The Start Date begins August 13, 2025.

Based on current workforce standards, the accepted minimum pay scale for Case Managers under this program is $55,000 to $78,000. The SBCCOG is recommending for all its contracts, the following minimum benchmark on pay for these positions:

- Peer support specialist: $45,000 - $55,000
- Case manager: $55,000 - $72,000
- Intensive case manager (ICMS): $55,000 - $78,000
- Program supervisors: $65,000 - $80,000
- Program manager: $75,000 - $87,000
- Un-Licensed Clinical Social Worker: $72,000 - $92,000
- Licensed Clinical Social Worker: $105,000 - $150,000

## II. SCOPE OF WORK

**Program Description:** The Hawthorne Case Management and Outreach Services program will hire/contract 2 case managers, who will provide a holistic, client-centered approach as they conduct outreach and assist engaged clients with their health, mental health, and housing stability. Included below is the expected Scope of Work (SOW) for the City as required by this MOU and the County Contract.

***Table 1.*** *Detailed Scope of Work*

| Scope of Work | Expected Tasks |
|---|---|

| | |
|---|---|
| Hawthorne Case Management and Outreach Services | - Outreach people experience homelessness (PEH) in Hawthorne and conduct regular check-ins with clients to monitor progress, address challenges, and help reassess goals and next steps<br>- Identify client needs related to substance use, mental health, and housing<br>- Enroll clients, as needed in supportive services, such as substance use treatment, mental health services from LA County Department of Mental Health and the Hawthorne Access Center, and social services like General Relief<br>- Identify and place PEH in interim housing<br>- Support housing-ready clients to complete applications, as applicable, to place them in permanent supportive housing or other permanent housing situations<br>- Maintain records of all services provided to PEH<br>- Collect, manage, and submit monthly data reports and comply with deadlines specified by the SBCCOG for time-specified submittal and delivery of information<br>- Attend regular meetings with the SBCCOG to case conference, problem solve, and identify housing options for clients on caseload |

The Provider will ensure that the following staff requirements for Housing Focused Case Managers are met:

1. Criminal Clearances and Background Investigations: Contractor shall ensure that criminal clearances and background investigations have been conducted for all staff working on this contract.
2. Language Ability: Contractor shall ensure that all staff can read, write, speak and understand English in order to conduct business within SPA 8.
3. Service Delivery: Contractor shall ensure that all direct service staff providing supportive services in a manner that effectively responds to differences in cultural beliefs, behaviors, learning, and communication styles within the community where Contractor proposes to provide services.
4. Driver's License and Automobile Insurance: Contractor shall maintain current copies of driver's licenses, including current copies of proof of auto insurance that meets the minimal automobile liability prescribed by law for any and all staff providing transportation to residents.
5. Driving Record: Contractor shall ensure any staff that provides transportation to residents has a safe driving record. They will maintain copies of drivers' Department of Motor Vehicles (DMV) printouts for any and all staff providing transportation to residents. Reports will be available to the SBCCOG upon request.
6. Experience: Contractor shall be responsible for securing and maintaining staff who possess sufficient experience and expertise necessary to provide the services required in this SOW.

## III. INVOICES AND REPORTING

The City shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the City shall submit the invoice and monthly report on the Friday before.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the City to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The program will be evaluated on the KPIs as outlined in the County Contract and in Table 2 below. The City will report on these metrics monthly for each fiscal year this MOU is active.

***Table 2**. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Number of PEH placed in IH | 24 | Annually |
| Number of PEH placed PH (including reunification) | 24 | Annually |
| Number of PEH linked to behavioral health services | 24 | Annually |

Each case manager will have 36 unduplicated cases a year.

### *B. Supplemental Monthly Reporting Metrics*

In addition, City's Monthly Report will include additional metrics and outcomes (Table 3), including progress on behavioral health plans, participants' housing timeline, including any anticipated housing dates. Other data including demographic data and service linkages that can be queried in HMIS. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met.

***Table 3**. Supplemental Monthly Reporting Metrics*

| Additional Monthly Reporting Data | Details |
|---|---|
| Number of PEH on caseload | Unduplicated clients currently on case managers' active caseload |
| Year to Date (YTD) number of PEH placed in IH | Cumulative number of individuals placed in available shelter, safe parking, motel and other IH to date (as of reporting) |
| Year to Date (YTD) number of PEH placed in PH | Cumulative number of individuals placed in a permanent housing situation, including reunification |
| Number of clients experiencing behavioral health challenges | Unduplicated clients with behavioral health services challenges per month. This includes substance use disorders/mental illness |
| Number of clients actively receiving behavioral health services | Unduplicated clients with behavioral health services per month. This includes services from DMH, the Hawthorne Access Center, or other services/treatment. |

| | |
|---|---|
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

## E. Additional Data Needs

As part of SBCCOG's program, the SBCCOG may request additional data points to create reports to advocate housing, income and shelter resources to our cities. Data points will include, but are not limited to:

- How long the client has been in their city
- Inflow/Outflow of street homeless individuals and families in the service areas
- Demographic characteristics such as:
    - Race/Ethnicity
    - Income Levels
    - Veteran Status
    - Age
- Point of Contact
- Off-Street Housing Attainment
    - Shelters
    - Hotels/Motels
    - Transitional Housing
    - Shared or Bridge Housing
    - Skilled Nursing Homes
    - Problem Solving
- Detox/Substance Use Treatment/Rehabilitation
- Mental Health Service Referrals
- Other additional information that can provide actionable data outcomes

The SBCCOG will work with the City to gather this information in a flexible and not burdensome manner.

## EXHIBIT 4: HAWTHORNE HOUSING NAVIGATION SCOPE OF WORK

### I. BUDGET

The total annual program budget is $80,000; of which $9,200 will go towards administrative costs defined as costs necessary to support the City's case management and outreach program implementation, including meeting supplies, cellphone and internet/communication services, mileage reimbursement, office supplies, furniture, equipment, and office space rent. The Start Date begins August 13, 2025.

Based on current workforce standards, the accepted minimum pay scale for Case Managers under this program is $55,000 to $78,000. The SBCCOG is recommending for all its contracts, the following benchmark on pay for these positions:

- Peer support specialist: $45,000 - $55,000
- Case manager: $55,000 - $72,000
- Intensive case manager (ICMS): $55,000 - $78,000
- Program supervisors: $65,000 - $80,000
- Program manager: $75,000 - $87,000
- Un-Licensed Clinical Social Worker: $72,000 - $92,000
- Licensed Clinical Social Worker: $105,000 - $150,000

### II. SCOPE OF WORK

**Program Description:** The Hawthorne Housing Navigation program will hire 1 Housing Navigator at the Hawthorne Access Center to provide a holistic, client-centered approach as they complete case management for PEH and individuals or households at risk of homelessness. They will assist with placing people in interim and/or permanent supportive housing. In addition, they will perform other coordination and case management services. Included below in Table 1 is the expected Scope of Work (SOW) for the City as required by this MOU and the County Contract.

***Table 1.*** *Detailed Scope of Work*

| Scope of Work | Expected Tasks |
|---|---|
| Hawthorne Housing Navigation | - Outreach people experience homelessness (PEH) in Hawthorne and provide services at the Hawthorne Access Center<br>- Complete housing and services plans with PEH clients<br>- Conduct regular check-ins with clients to monitor progress, address challenges, and help reassess goals and next steps<br>- Enroll clients in supportive services, such as General Relief (GR) and Supplemental Security Income (SSI)<br>- Identify PEH and households at risk of homelessness to complete applications, as applicable, to place them in permanent supportive housing or other permanent housing situations<br>- Connect PEH with interim or permanent housing option that best fits their current needs |

- Support PEH to complete applications, as applicable, to place them in permanent housing situations
- Maintain records of all services provided to PEH
- Collect, manage, and submit monthly data reports and comply with deadlines specified by the SBCCOG for time-specified submittal and delivery of information
- Attend regular meetings with the SBCCOG to case conference, problem solve, and identify housing options for clients

The Provider will ensure that the following staff requirements for Housing Focused Case Managers are met:

1. Criminal Clearances and Background Investigations: Contractor shall ensure that criminal clearances and background investigations have been conducted for all staff working on this contract.
2. Language Ability: Contractor shall ensure that all staff can read, write, speak and understand English in order to conduct business within SPA 8.
3. Service Delivery: Contractor shall ensure that all direct service staff providing supportive services in a manner that effectively responds to differences in cultural beliefs, behaviors, learning, and communication styles within the community where Contractor proposes to provide services.
4. Driver's License and Automobile Insurance: Contractor shall maintain current copies of driver's licenses, including current copies of proof of auto insurance that meets the minimal automobile liability prescribed by law for any and all staff providing transportation to residents.
5. Driving Record: Contractor shall ensure any staff that provides transportation to residents has a safe driving record. They will maintain copies of drivers' Department of Motor Vehicles (DMV) printouts for any and all staff providing transportation to residents. Reports will be available to the SBCCOG upon request.
6. Experience: Contractor shall be responsible for securing and maintaining staff who possess sufficient experience and expertise necessary to provide the services required in this SOW.

## III. INVOICES AND REPORTING

The City shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the City shall submit the invoice and monthly report on the Friday before.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the City to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The program will be evaluated on the KPIs in Table 2, as outlined in the County Contract. The City will report on these metrics monthly for each fiscal year this MOU is active.

***Table 2**. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Number of PEH placed in PH | 16 | Annually |
| Number of individuals served that retain housing or transition directly into other PH | 12 | Annually |

Minimum annual case load for this position will be 80 cases.

### *B. Supplemental Monthly Reporting Metrics*

In addition, City's Monthly Report will include additional metrics and outcomes (Table 3), including progress on enrollment in supportive services, participants' housing timeline, including any anticipated housing dates, and other data including demographic data and service linkages that can be queried in HMIS. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met.

***Table 3**. Supplemental Monthly Reporting Metrics*

| Additional Monthly Reporting Data | Details |
|---|---|
| Year to Date (YTD) number of PEH placed in permanent housing | Cumulative number of unique individuals placed in permanent housing situation to date |
| Year to Date (YTD) number of Individuals retained housing | Cumulative number of unique individuals retained their housing situation to date |
| Number of clients on caseload | Unduplicated clients currently on case managers' active caseload. Include a breakdown of clients who are currently experiencing homelessness and those who are at risk seeking prevention services per month |
| Number of clients enrolled in supportive services | Unduplicated clients enrolled in supportive services by the Housing Navigator, including but not limited to GR, SSI, and mental and behavioral health services |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

## F. Additional Data Needs

As part of SBCCOG's program, the SBCCOG may request additional data points to create reports to advocate housing, income and shelter resources to our cities. Data points will include, but are not limited to:

- How long the client has been in their city
- Inflow/Outflow of street homeless individuals and families in the service areas
- Demographic characteristics such as:
    - Race/Ethnicity
    - Income Levels
    - Veteran Status
    - Age
- Point of Contact
- Off-Street Housing Attainment
    - Shelters
    - Hotels/Motels
    - Transitional Housing
    - Shared or Bridge Housing
    - Skilled Nursing Homes
    - Problem Solving
- Detox/Substance Use Treatment/Rehabilitation
- Mental Health Service Referrals
- Other additional information that can provide actionable data outcomes

The SBCCOG will work with the City to gather this information in a flexible and not burdensome manner.

## EXHIBIT 3: GARDENA HOMELESS PREVENTION COORDINATOR SCOPE OF WORK

## I. BUDGET AND START DATE

The total annual program budget is $110,000. The Start Date begins August 13, 2025.

Based on current workforce standards, the accepted minimum pay scale for Case Managers under this program is $55,000 to $78,000. The SBCCOG is recommending for all its contracts, the following minimum benchmark on pay for these positions:

- Peer support specialist: $45,000 - $55,000
- Case manager: $55,000 - $72,000
- Intensive case manager (ICMS): $55,000 - $78,000
- Program supervisors: $65,000 - $80,000
- Program manager: $75,000 - $87,000
- Un-Licensed Clinical Social Worker: $72,000 - $92,000
- Licensed Clinical Social Worker: $105,000 - $150,000

## II. SCOPE OF WORK

**Program Description:** The Gardena Homeless Prevention Coordinator program will hire 1 case manager who will provide a holistic, client-centered approach as they complete case management and coordinate Gardena's prevention services, including the rental assistance program. Included below is the expected Scope of Work (SOW) for the City as required by this MOU and the County Contract.

***Table 1.*** *Detailed Scope of Work*

| Scope of Work | Expected Tasks |
|---|---|
| Gardena Homeless Prevention Coordinator | - Support households at risk of homelessness to retain existing permanent housing or obtain new permanent housing, such as through housing application assistance and/or rental assistance<br>- Identify and coordinate client needs related to housing<br>- Conduct regular check-ins with clients to monitor progress, address challenges, and help reassess goals and next steps<br>- Enroll clients in supportive services, such as General Relief (GR), Supplemental Security Income (SSI), Time Limited Subsidies (TLS), and DMH services, as needed<br>- Maintain records of all services provided to PEH<br>- Collect, manage, and submit monthly data reports and comply with deadlines specified by the SBCCOG for time-specified submittal and delivery of information<br>- Attend regular meetings with the SBCCOG to case conference, problem solve, and identify housing options for clients on caseload |

The Provider will ensure that the following staff requirements for the Gardena Homeless Prevention Coordinator are met:

7. Criminal Clearances and Background Investigations: Contractor shall ensure that criminal clearances and background investigations have been conducted for all staff working on this contract.
8. Language Ability: Contractor shall ensure that all staff can read, write, speak and understand English in order to conduct business within SPA 8.
9. Service Delivery: Contractor shall ensure that all direct service staff providing supportive services in a manner that effectively responds to differences in cultural beliefs, behaviors, learning, and communication styles within the community where Contractor proposes to provide services.
10. Driver's License and Automobile Insurance: Contractor shall maintain current copies of driver's licenses, including current copies of proof of auto insurance that meets the minimal automobile liability prescribed by law for any and all staff providing transportation to residents.
11. Driving Record: Contractor shall ensure any staff that provides transportation to residents has a safe driving record. They will maintain copies of drivers' Department of Motor Vehicles (DMV) printouts for any and all staff providing transportation to residents. Reports will be available to the SBCCOG upon request.
12. Experience: Contractor shall be responsible for securing and maintaining staff who possess sufficient experience and expertise necessary to provide the services required in this SOW.

## III. INVOICES AND REPORTING

The City shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the City shall submit the invoice and monthly report on the Friday before.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the City to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The program will be evaluated on the KPIs as outlined in the County Contract and below in Table 3. The City will report on these metrics monthly for each fiscal year this MOU is active.

***Table 3**. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Number of unique individuals enrolled on caseload | 16 | Annually |

| | | |
|---|---|---|
| Number of individuals served who retain PH for at least 1 year | 12 | Annually |

### *B. Supplemental Monthly Reporting Metrics*

In addition, City's Monthly Report will include additional metrics and outcomes (Table 4), including progress on behavioral health plans, participants' housing timeline, including any anticipated housing dates. Other data including demographic data and service linkages that can be queried in HMIS. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met. The SBCCOG will work with the City to gather this information in a flexible and not burdensome manner.

***Table 4***. *Supplemental Monthly Reporting Metrics*

| Additional Monthly Reporting Data | Details |
|---|---|
| Year to Date (YTD) number of households who retain permanent housing | Cumulative number of households who retain PH or transition to a new PH situation (as of reporting) |
| Year to Date (YTD) number of households who receive rental assistance | Cumulative number of households who receive Gardena rental assistance (as of reporting) |
| Number of housing and services plans completed | Unduplicated clients who have completed housing and services plans per month |
| Total number of households who requested rental assistance | Unduplicated households who have requested or applied for rental assistance, including those who have and have not received assistance. |
| Number of households enrolled in outside housing assistance | Unduplicated households connected to assistance by the prevention coordinator provided outside of Gardena, such as County or SBCCOG programs. |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

## G. Additional Data Needs

As part of SBCCOG's program, the SBCCOG may request additional data points to create reports to advocate housing, income and shelter resources to our cities. Data points will include, but are not limited to:

- How long the client has been in their city
- Inflow/Outflow of street homeless individuals and families in the service areas
- Demographic characteristics such as:
    - Race/Ethnicity
    - Income Levels
    - Veteran Status
    - Age
- Point of Contact
- Off-Street Housing Attainment
    - Shelters
    - Hotels/Motels
    - Transitional Housing
    - Shared or Bridge Housing
    - Skilled Nursing Homes
    - Problem Solving
- Detox/Substance Use Treatment/Rehabilitation
- Mental Health Service Referrals
- Other additional information that can provide actionable data outcomes

The SBCCOG will work with the City to gather this information in a flexible and not burdensome manner.

## EXHIBIT 3: GARDENA HOUSING NAVIGATION SCOPE OF WORK

## I. BUDGET AND START DATE

The total annual program budget is $90,000. The Start Date begins August 13, 2025.

Based on current workforce standards, the accepted minimum pay scale for Case Managers under this program is $55,000 to $78,000. The SBCCOG is recommending for all its contracts, the following minimum benchmark on pay for these positions:

- Peer support specialist: $45,000 - $55,000
- Case manager: $55,000 - $72,000
- Intensive case manager (ICMS): $55,000 - $78,000
- Program supervisors: $65,000 - $80,000
- Program manager: $75,000 - $87,000
- Un-Licensed Clinical Social Worker: $72,000 - $92,000
- Licensed Clinical Social Worker: $105,000 - $150,000

## II. SCOPE OF WORK

**Program Description:** The Gardena Housing Navigation program will hire 1 Housing Navigator, who will provide a holistic, client-centered approach as they complete case management for people experiencing homelessness (PEH). They will assist with placing people in interim and/or permanent housing. In addition, they will perform other coordination and case management services. Included below in Table 1 is the expected Scope of Work (SOW) for the City as required to fulfill this MOU and the County Contract.

***Table 1.*** *Detailed Scope of Work*

| Scope of Work | Expected Tasks |
|---|---|
| Gardena Housing Navigation | - Identify and outreach PEH in Gardena<br>- Complete housing and services plans with outreached PEH clients<br>- Conduct regular check-ins with clients to monitor progress, address challenges, and help reassess goals and next steps<br>- Enroll clients in supportive services, such as General Relief (GR), Supplemental Security Income (SSI), Time Limited Subsidies (TLS), and DMH services<br>- Connect PEH with interim or permanent housing option that best fits their current needs<br>- Support PEH to complete applications, as applicable, to place them in permanent housing<br>- Maintain records of all services provided to PEH<br>- Collect, manage, and submit monthly data reports and comply with deadlines specified by the SBCCOG for time-specified submittal and delivery of information<br>- Attend regular meetings with the SBCCOG to case conference, problem solve, and identify housing for clients on caseload |

The Provider will ensure that the following staff requirements for Housing Focused Case Managers are met:

1. Criminal Clearances and Background Investigations: Contractor shall ensure that criminal clearances and background investigations have been conducted for all staff working on this contract.
2. Language Ability: Contractor shall ensure that all staff can read, write, speak and understand English in order to conduct business within SPA 8.
3. Service Delivery: Contractor shall ensure that all direct service staff providing supportive services in a manner that effectively responds to differences in cultural beliefs, behaviors, learning, and communication styles within the community where Contractor proposes to provide services.
4. Driver's License and Automobile Insurance: Contractor shall maintain current copies of driver's licenses, including current copies of proof of auto insurance that meets the minimal automobile liability prescribed by law for any and all staff providing transportation to residents.
5. Driving Record: Contractor shall ensure any staff that provides transportation to residents has a safe driving record. They will maintain copies of drivers' Department of Motor Vehicles (DMV) printouts for any and all staff providing transportation to residents. Reports will be available to the SBCCOG upon request.
6. Experience: Contractor shall be responsible for securing and maintaining staff who possess sufficient experience and expertise necessary to provide the services required in this SOW.

## III. INVOICES AND REPORTING

The City shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the City shall submit the invoice and monthly report on the Friday before.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the City to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The program will be evaluated on the KPIs in Table 3, as outlined in the County Contract. The City will report on these metrics monthly for each fiscal year this MSA is active.

***Table 3**. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Number of PEH placed in IH | 16 | Annually |

| | | |
|---|---|---|
| Number of PEH placed in PH | 12 | Annually |

### *B. Supplemental Monthly Reporting Metrics*

In addition, City's Monthly Report will include additional metrics and outcomes (Table 4), including progress on enrollment in supportive services, participants' housing timeline, including any anticipated housing dates, and other data including demographic data and service linkages that can be queried in HMIS. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met. The SBCCOG will work with the City to gather this information in a flexible and not burdensome manner.

***Table 4**. Supplemental Monthly Reporting Metrics*

| Additional Monthly Reporting Data | Details |
|---|---|
| Year to Date (YTD) number of PEH placed in interim housing | Cumulative number of individuals placed in interim housing situation to date (as of reporting) |
| Year to Date (YTD) number of PEH placed in permanent housing | Cumulative number of individuals placed in permanent housing situation to date (as of reporting) |
| Number of PEH outreached | Number of unduplicated clients outreached per month |
| Number of clients on Housing Navigator's caseload | Number of unduplicated clients currently on case managers' active caseload and receiving housing navigation services per month |
| Number of housing and services plans completed | Unduplicated clients who have completed housing and services plans with the housing navigator per month |
| Number of clients enrolled in supportive services | Unduplicated clients enrolled in supportive services by the Housing Navigator, including but not limited to GR, SSI, and mental and behavioral health services |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

### A. Additional Data Needs

As part of SBCCOG's program, the SBCCOG may request additional data points to create reports to advocate housing, income and shelter resources to our cities. Data points will include, but are not limited to:

- How long the client has been in their city
- Inflow/Outflow of street homeless individuals and families in the service areas
- Demographic characteristics such as:
    - Race/Ethnicity
    - Income Levels
    - Veteran Status
    - Age
- Point of Contact
- Off-Street Housing Attainment

    - Shelters
    - Hotels/Motels
    - Transitional Housing
    - Shared or Bridge Housing
    - Skilled Nursing Homes
    - Problem Solving
- Detox/Substance Use Treatment/Rehabilitation
- Mental Health Service Referrals
- Other additional information that can provide actionable data outcomes

The SBCCOG will work with the City to gather this information in a flexible and not burdensome manner.

**EXHIBIT 2: SHARE! SCOPE OF WORK**

## I. BUDGET AND START DATE

The total annual program budget is $450,000; of which $40,500 will go towards administrative costs defined as costs necessary to support program case management, including meeting supplies, cellphone and internet/communication services, mileage reimbursement, office supplies, furniture, equipment, and office space rent. The Start Date begins August 13, 2025.

A. Compensation

| Category | Budget (FY 2025-2026) |
|---|---|
| People Served | 50 |
| | |
| Program Costs | |
| Salaries and Benefits | $335,000 |
| Occupancy (incl comms, utilities & maintenance) | $29,500 |
| | |
| Administration Costs | |
| Insurance & Professional Fees | $24,000 |
| Auto/Mileage/Parking | $13,000 |
| Other Indirect | $3,500 |
| | |
| **Rental Assistance** | **$45,000** |
| | |
| **Total** | **$450,000** |

Salaries and Benefits include use of at least 1 Peer Bridge and partial use of Program Coordinators, Placement Specialists, Homeowner Liaisons, Data Analyst, and Administration. Current rent ranges from $500-$1000/month depending on the property and location.

## II. SCOPE OF WORK

### A. Target Population

SHARE! will place and support in placing adults experiencing homelessness (18 and older) with mental health or other disabilities from SPA 8 into housing. Where appropriate, the target populations include the families of those individuals who meet the criteria outlined below.

The term people experiencing homelessness includes:

1. An individual or household living on the streets, beach, or other location not meant for habitation and lack a fixed, regular nighttime residence
2. An individual or household who has a primary nighttime residence that is:

a. A supervised publicly or privately-operated shelter designed to provide living accommodations, including welfare hotels, congregate shelters, and transitional housing for people with mental illness; or
b. An institution that provides temporary residence for individuals intended to be institutionalized; or
c. A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings, e.g. cars, parks, sidewalks, abandoned buildings, the beach, or "on the street;"

3. An individual of any age who has no identified permanent housing to go to after discharge from an institutional setting, including local city or county jails; group homes or foster care settings; juvenile hall or probation camps; hospitals, including acute psychiatric hospitals; psychiatric or other health facilities; skilled nursing facilities with or without a certified special treatment program for mental health issues; mental health rehabilitation centers; and crisis and transitional residential settings.

**B. Staffing**

Consultant will ensure that the following staff requirements are met:

13. Criminal Clearances and Background Investigations: Consultant shall ensure that criminal clearances and background investigations have been conducted for all staff working on this contract.
14. Language Ability: Consultant shall ensure that all staff can read, write, speak and understand English in order to conduct business within SPA 8.
15. Service Delivery: Consultant shall ensure that all direct service staff providing supportive services in a manner that effectively responds to differences in cultural beliefs, behaviors, learning, and communication styles within the community where Consultant proposes to provide services.
16. Driver's License and Automobile Insurance: Consultant shall maintain current copies of driver's licenses, including current copies of proof of auto insurance that meets the minimal automobile liability prescribed by law for any and all staff providing transportation to residents.
17. Driving Record: Consultant shall ensure any staff that provides transportation to residents has a safe driving record. They will maintain copies of drivers' Department of Motor Vehicles (DMV) printouts for any and all staff providing transportation to residents. Reports will be available to the SBCCOG upon request.
18. Experience: Consultant shall be responsible for securing and maintaining staff who possess sufficient experience and expertise necessary to provide the services required in this SOW.

**C. Services**

Consultant will recruit owners of houses in Los Angeles County with at least three bedrooms to participate in the program. Consultant will see that owners or lease holders fully furnish and equip each house. Consultant will inspect the houses before people move in, whenever there is a complaint about the house's physical plant or its furnishings and at least annually thereafter. The SBCCOG reserves the right to refuse stays if houses are deemed to be substandard, ie. housing that poses a risk to health, safety, or physical well-being due to conditions such as inadequate sanitation, structural hazards, faulty wiring, lack of basic facilities, or pest infestations.

Consultant will receive referrals for housing from the SBCCOG, SPA 8 CES and community agencies, and cities in SPA 8, and will place people into housing as soon as possible. Five beds will be reserved for the City of Manhattan Beach. After people are housed, the SBCCOG will be notified and approve the individuals placement in the Project. The SBCCOG may veto any Project placement at its own discretion. Consultant will determine if people referred meet the minimum requirements to participate in the program:

1. Homeless or at risk of homelessness
2. Ability to share a room with one other person of their choice
3. Source of income necessary to maintain housing
4. Ability to live independently
5. Willingness to attend three self-help support groups a week
6. Willingness to live as a "family" within the house

Consultant will not conduct background checks, credit checks, eviction histories or other screening tools customarily used to deny housing to people. There will be no security deposits or last month's rent collected as a condition of tenancy.

Consultant will connect people to housing within 24-48 hours.

Supportive services will be provided by a Peer Bridger who visits the house at least twice a month and is available by phone at other times. Consultant will enter the person into Clarity/HMIS with 96 percent accuracy.

Services shall be voluntary and shall be delivered on-site and in the community. Services are designed to use best practices for building social support to help residents live independently and successfully integrate into the community. Services include referrals to self-help support groups and a self-directed process to identify and support goals, including linkages to employment, education, health care, mental health care, substance abuse treatment, family reunification, recreation and other activities as needed.

Services will be culturally and linguistically appropriate.

**D. Fair Housing/Reasonable Accommodation**

Consultant's admission, eviction, and eviction appeals policies shall be consistent with requirements established by fair housing laws and other funding sources, and shall be sensitive to the needs of the target populations, including the needs of particularly hard-to-serve individuals, e.g., individuals with a history of substance abuse, mental health issues, individuals with bad credit and housing histories, and individuals with criminal records. If an individual is asked to move out of a house by their roommates or the owner/operator, Consultant will immediately offer them housing in another house to start over again.

**E. Rent**

Rent for a bed in a house will be calculated based on the actual rent for the house divided by the number of beds available for people in the house. Under no circumstances will the number of

beds per bedroom be greater than two. Bedrooms must be at least 70 square feet to accommodate one person. A minimum additional 50 square feet is required for two people in one bedroom. Consultant will look for comps in the neighborhood or similar neighborhoods to justify the rent and/or compare rent per square foot in nearby houses.

The owner may collect an amount not to exceed $250 per resident for utilities, furnishings, communal cleaning supplies, cable TV, high speed internet, toilet paper, soap and other amenities. Houses with only six residents may collect up to $1,000 for these amenities to be divided equally among the residents. Each person living in the house must have an individual month-to-month rental agreement with the owner/lease holder.

Current rent ranges from $500-$1000/month depending on the property and location.

SHARE! will make best efforts to secure rental assistance for people through government programs. If government subsidy cannot be established, SHARE! will notify the SBCCOG to utilize the budgeted rental subsidy pool.

**F. Housing First**

SHARE! Housing Specialist will take referrals over the phone and in person, connecting prospective residents with housing options the same day the prospective residents express a desire to be housed.

The Housing Specialist will also connect each prospective resident to self-help support groups that support the specific goals of prospective residents nearby the chosen house.

**G. Support Services**

SHARE! employs Peer Bridgers—staff with lived experience of homelessness, mental health, trauma and/or substance use issues and who are in recovery – to provide evidence-based supportive services.

Peer Bridgers:

- Visit the house or talk to residents by phone whenever necessary to resolve conflicts.
- Support each resident in developing self-directed goals and establish connection to community based services such as self-help support groups, health care, education, employment, family reunification and any other services essential for achieving and maintaining independent living.
- Support each household to build an inclusive culture of recovery in which residents provide social support to each other and develop independent living skills by developing leadership roles in the house to manage household activities.

**H. Employment Services**

SHARE! will work with the SBCCOG to connect clients with programs run by SPA 8 workforce investment boards, one-stops, and other career development agencies. This work may include attending meetings, collaborating with the SPA 8 agencies, and assisting clients in their job search

(assisting people with job interviews, enrolling clients into job placement programs or education opportunities to further their career goals).

**I. Housing Retention**
Consultant shall have plans and policies to help residents maintain their housing in times of crises, e.g. when residents are absent for some brief period of time because of hospitalizations or entry into rehabilitation programs. 90% of residents over the course of 6 months and 80% of residents over the course of 1 year will not return to homelessness.

SHARE! Collaborative Housing is a no-fail program: if someone is asked to move out of a house or chooses to leave for any reason, they are immediately placed in a different house, maintaining their housing as they make a fresh start.

**J. House Meetings**
Consultant shall establish a House Meeting in each house that meets at least once a month to discuss house issues and make plans for house activities. The residents together will make their own rules in the house apart from those contained in their rental agreement. Under no circumstances will smoking be allowed in the house or illegal activity anywhere on the property.

**K. Quality Assurance Plan**
Consultant shall provide its residents and their families with a tool by which to evaluate the services rendered by the Consultant, on an annual basis. Consultant shall ensure that this tool addresses the performance of the Consultant. Consultant shall make this information available to the SBCCOG upon request.

**L. Records of Services**
Consultant shall keep a record of all services provided. Additionally, Consultant shall keep a record of dates, agendas, sign-in sheets, and minutes for all Consultant services.

## III. INVOICES AND REPORTING

The Consultant shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the Consultant shall submit the invoice and monthly report on the Friday before.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the Consultant to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The program will be evaluated on the KPIs in Table 1, as outlined in the County Contract. The Consultant will report on these metrics monthly for each fiscal year this MOU is active.

***Table 1**. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Number of PEH housed in SHARE! Collaborative Housing | 50 | Annually |
| Number of participants with employment | 32 | Annually |
| Number of participants graduated from the SHARE program | 25 | Annually |

Note that "graduation from the SHARE program" is defined as when (1) the participant gains employment AND (2) participant can independently cover the full rental cost in SHARE! or other permanent housing situation.

### *B. Supplemental Monthly Reporting Metrics*

In addition, Consultant's Monthly Report will include additional metrics and outcomes (Table 2), as well as participants' name, date of birth, other demographics, date of move in, date of move out, coding for the reason for move out and whether the person continued to be housed, returned to homelessness, hospitalization, incarceration, family reunification, etc., the employment status of the person, self-help support group attendance, participation in educational opportunities, volunteering and other information as agreed to by Contactor and the SBCCOG. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met. The SBCCOG will work with the Consultant to gather this information in a flexible and not burdensome manner.

***Table 2**. Supplemental Monthly Reporting Metrics*

| Additional Monthly Reporting Data | Details |
|---|---|

| | |
|---|---|
| Number of new people housed | Number of unique individuals housed in SHARE! collaborative housing per month |
| Year to Date (YTD) number of PEH housed | Cumulative number of unique individuals placed in permanent housing situation to date (as of reporting). This includes individuals who are currently housed in SHARE! as well as those who have graduated into other housing following SHARE! |
| Total number of people currently housed in SHARE! | Total number of unique individuals who are currently residing in SHARE! collaborative housing |
| Start date of participant employment | For all participants who gain employment, include the start date (Month and Year) of employment |
| Number of people released from program due to failures to comply or own volition | Number of unique individuals who have left SHARE! collaborative housing but not graduated per month and cumulative. |
| Number of participants enrolled in supportive services | Unduplicated clients enrolled in supportive services by the Housing Navigator, including but not limited to employment GR, SSI, and mental and behavioral health services, including SHARE! self-help support groups. Please note which services participants are enrolled in. |
| Number of new houses opened and number of new beds created | SHARE! Collaborative Housing should work to expand the number of beds available for SPA 8 residents. This metric should indicate new homes and the number of beds added in a month and cumulative. |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

## EXHIBIT 3: HERO BEACH CITIES CASE MANAGEMENT

## I. BUDGET AND START DATE

The total annual program budget is $160,000; of which $16,000 will go towards administrative costs defined as costs necessary to support the Consultant's case management and outreach program implementation, including meeting supplies, cellphone and internet/communication services, mileage reimbursement, office supplies, furniture, equipment, and office space rent. The Start Date begins August 13, 2025.

Based on current workforce standards, the accepted minimum pay scale for Case Managers under this program is $55,000 to $78,000. The SBCCOG is recommending for all its contracts, the following minimum benchmark on pay for these positions:

- Peer support specialist: $45,000 - $55,000
- Case manager: $55,000 - $72,000
- Intensive case manager (ICMS): $55,000 - $78,000
- Program supervisors: $65,000 - $80,000
- Program manager: $75,000 - $87,000
- Un-Licensed Clinical Social Worker: $72,000 - $92,000
- Licensed Clinical Social Worker: $105,000 - $150,000

## II. SCOPE OF WORK

**Program Description:** The funds will support two (2) Case Managers (2 FTE) to serve the following: El Segundo, Manhattan Beach, Hermosa Beach, and Redondo Beach. This multi-jurisdictional program will provide closer linkage between case management activity and city stakeholders. The two Case Managers will connect participants to mainstream programs, general shelter, or to permanent housing (i.e. housing voucher, rapid rehousing, shared housing, reunification, permanent supportive housing, etc.). They will also provide supportive services such as problem solving, document readiness, housing navigation, and connect with behavioral health services as needed. All populations over the age of 18 will be served (adults, families, seniors, veterans, etc..)

Case Managers and staff will attend all case conferencing and data sharing meetings. Occasional attendance at city council meetings will also be required.

In the event that Consultant may need to co-locate at SBCCOG offices, the Consultant agrees to not bring clients to the offices, as SBCCOG does not have authorization to allow direct services on site. A separate co-location agreement will be considered.

***Table 1.*** *Detailed Scope of Work*

| Scope of Work | Expected Tasks |
|---|---|

| | |
|---|---|
| Beach Cities Case Management and Outreach Services | - Outreach people experience homelessness (PEH) in Beach Cities and conduct regular check-ins with clients to monitor progress, address challenges, and help reassess goals and next steps<br>- Identify client needs related to substance use, mental health, and housing<br>- Enroll clients, as needed in supportive services, such as substance use treatment, mental health services from LA County Department of Mental Health, the Beach Cities Homeless Court, and social services like General Relief<br>- Identify and place PEH in interim housing<br>- Support housing-ready clients to complete applications, as applicable, to place them in permanent supportive housing or other permanent housing situations<br>- Maintain records of all services provided to PEH<br>- Collect, manage, and submit monthly data reports and comply with deadlines specified by the SBCCOG for time-specified submittal and delivery of information<br>- Attend regular meetings with the SBCCOG to case conference, problem solve, and identify housing options for clients on caseload |

The Consultant will ensure that the following staff requirements for Case Managers are met:

19. Criminal Clearances and Background Investigations: Consultant shall ensure that criminal clearances and background investigations have been conducted for all staff working on this contract.
20. Language Ability: Consultant shall ensure that all staff can read, write, speak and understand English in order to conduct business within SPA 8.
21. Service Delivery: Consultant shall ensure that all direct service staff providing supportive services in a manner that effectively responds to differences in cultural beliefs, behaviors, learning, and communication styles within the community where Contractor proposes to provide services.
22. Driver's License and Automobile Insurance: Consultant shall maintain current copies of driver's licenses, including current copies of proof of auto insurance that meets the minimal automobile liability prescribed by law for any and all staff providing transportation to residents.
23. Driving Record: Consultant shall ensure any staff that provides transportation to residents has a safe driving record. They will maintain copies of drivers' Department of Motor Vehicles (DMV) printouts for any and all staff providing transportation to residents. Reports will be available to the SBCCOG upon request.
24. Experience: Consultant shall be responsible for securing and maintaining staff who possess sufficient experience and expertise necessary to provide the services required in this SOW.

## III. INVOICES AND REPORTING

The SBCCOG, at its discretion, may provide Consultant a prepayment for services, contingent on the SBCCOG receiving timely funding from its funders. The Consultant shall invoice SBCCOG $30,000

prepayment 45 days before the beginning of every quarter. The Consultant will track this prepayment against its monthly expenses. The Consultant shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the Consultant shall submit the invoice and monthly report on the Friday before. Monthly invoices will be deducted from the prepayment. Once the prepayment has been exhausted, the SBCCOG will reimburse the remaining portion of the invoice amount until the next prepayment.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the Consultant to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The program will be evaluated on the KPIs as outlined in the County Contract and in Table 1 below. The Consultant will report on these metrics monthly for each fiscal year this MOU is active.

***Table 1**. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Number of PEH placed in IH | 24 | Annually |
| Number of PEH placed in PH (including reunification) | 16 | Annually |
| Number of PEH linked to behavioral health services | 24 | Annually |

Each case manager will have a minimum of 15 participant case slots at any given time.

### *B. Supplemental Monthly Reporting Metrics*

In addition, Consultant's Monthly Report will include additional metrics and outcomes (Table 2), including progress on behavioral health plans, participants' housing timeline, including any anticipated housing dates. Other data including demographic data and service linkages that can be queried in HMIS. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met.

***Table 2**. Supplemental Monthly Reporting Metrics*

| Additional Monthly Reporting Data | Details |
|---|---|
| Number of PEH on caseload | Unduplicated clients currently on case managers' active caseload |
| Year to Date (YTD) number of PEH placed in IH | Cumulative number of individuals placed in available shelter, safe parking, motel and other IH to date (as of reporting) |
| Year to Date (YTD) number of PEH placed in PH | Cumulative number of individuals placed in a permanent housing situation, including reunification |
| Number of clients experiencing behavioral health challenges | Unduplicated clients with behavioral health services challenges per month. This includes substance use disorders/mental illness |

| | |
|---|---|
| Number of clients actively receiving behavioral health services | Unduplicated clients with behavioral health services per month. This includes services from DMH, the Beach Cities Access Center, or other services/treatment. |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

## H. Additional Data Needs

As part of SBCCOG's program, the SBCCOG may request additional data points to create reports to advocate housing, income and shelter resources to our cities. Data points will include, but are not limited to:

- How long the client has been in their city
- Inflow/Outflow of street homeless individuals and families in the service areas
- Demographic characteristics such as:
    - Race/Ethnicity
    - Income Levels
    - Veteran Status
    - Age
- Point of Contact
- Off-Street Housing Attainment
    - Shelters
    - Hotels/Motels
    - Transitional Housing
    - Shared or Bridge Housing
    - Skilled Nursing Homes
    - Problem Solving
- Detox/Substance Use Treatment/Rehabilitation
- Mental Health Service Referrals
- Other additional information that can provide actionable data outcomes

The SBCCOG will work with the Consultant to gather this information in a flexible and not burdensome manner.

## EXHIBIT 4: HERO HOUSING RETENTION SPECIALIST

## I. BUDGET AND START DATE

The total annual program budget is $115,000; of which no more than 13% will go towards Activity Delivery Costs (ADC) and no more than 7% will go towards Administration. ADCs are a type of direct cost, which includes staff and overhead costs incurred for administering and implementing a specific program or project. ADCs include the cost of staff directly carrying out a program/project activity as well as equipment and supplies that are necessary for successful completion of the activity. This can include direct supervision, transportation, and supplies. Administrative costs are defined as costs necessary to support program implementation, including meeting supplies, internet/communication services, office supplies, furniture, equipment, and office space rent.

The Start Date begins August 13, 2025.

The SBCCOG is recommending for all its contracts, the following minimum benchmark on pay for these positions:

- Peer support specialist: $45,000 - $55,000
- Case manager: $55,000 - $72,000
- Intensive case manager (ICMS): $55,000 - $78,000
- Program supervisors: $65,000 - $80,000
- Program manager: $75,000 - $87,000
- Un-Licensed Clinical Social Worker: $72,000 - $92,000
- Licensed Clinical Social Worker: $105,000 - $150,000

## II. SCOPE OF WORK

**Program Description:** The Housing Retention Specialist will work collaboratively with the SBCCOG, city partners, service Consultants, landlords and other parties in the community to support housed participants navigate any housing insecurity. The goal of the Program is to reduce barriers to housing stability, and keep participants housed. These participants will have been recipients of SBCCOG and regional prevention and housing program

The Consultant will leverage knowledge of local community resources, including but not limited to mental health services, substance use recovery services, legal services, income support services, financial literacy services, food banks, and utility assistance services.

Staff will attend all case conferencing and data sharing meetings. Occasional attendance at city council meetings will also be required.

In the event that Consultant may need to co-locate at SBCCOG offices, the Consultant agrees to not bring clients to the offices, as SBCCOG does not have authorization to allow direct services on site. A separate co-location agreement will be considered.

In addition to the outlined responsibilities, Consultant will maintain a minimum caseload of 20 Active Participants at a time. Active Participants are defined as those who may not yet be housing stable and still need assistance with services such as job placement, behavioral health appointments, and life coaching. Active Participants may need a visit once every two weeks. The Retention Specialist should also leverage CalAIM Housing Supports whenever possible to help alleviate case load burdens.

The Consultant will also conduct wellness checks on Passive Participants. Passive Participants are those who have achieved housing stability. The Consultant will check in once every 4-6 weeks to ensure the participant is still stable.

***Table 1.*** *Detailed Scope of Work*

| Scope of Work | Expected Tasks |
|---|---|
| Housing Retention Specialist | - Conduct follow-up home visits with participants; to assist participants with retaining housing and complying with lease agreements.<br>- Receive referrals from cities and other agencies in SPA 8 to provide participants with support, such as completing referrals to community-based services<br>- Act as a liaison between participants and landlords in the event of complaints or lease violations<br>- Assist program participants on tenant housekeeping, completing client-centered housing plan goals, and addressing behavioral issues impacting the ability to maintain lease terms and program requirements.<br>- Arrange for transportation for client to appointments related to client's housing plan.<br>- Collect, manage, and submit monthly data reports and comply with deadlines specified by the SBCCOG for time-specified submittal and delivery of information<br>- Attend regular meetings with the SBCCOG to case conference, problem solve, and identify housing options for clients on caseload |

The Consultant will ensure that the following staff requirements for Retention Specialists are met:

25. Criminal Clearances and Background Investigations: Consultant shall ensure that criminal clearances and background investigations have been conducted for all staff working on this contract.
26. Language Ability: Consultant shall ensure that all staff can read, write, speak and understand English in order to conduct business within SPA 8.
27. Service Delivery: Consultant shall ensure that all direct service staff providing supportive services in a manner that effectively responds to differences in cultural beliefs, behaviors, learning, and communication styles within the community where Contractor proposes to

provide services.

28. Driver's License and Automobile Insurance: Consultant shall maintain current copies of driver's licenses, including current copies of proof of auto insurance that meets the minimal automobile liability prescribed by law for any and all staff providing transportation to residents.
29. Driving Record: Consultant shall ensure any staff that provides transportation to residents has a safe driving record. They will maintain copies of drivers' Department of Motor Vehicles (DMV) printouts for any and all staff providing transportation to residents. Reports will be available to the SBCCOG upon request.
30. Experience: Consultant shall be responsible for securing and maintaining staff who possess sufficient experience and expertise necessary to provide the services required in this SOW.

Skills necessary for a successful Retention Specialist:

- Independent living skills coaching
- Coaching and crisis intervention
- Coordination with medical, dental, substance use counseling and mental health Consultants (must be maintained for higher acuity individuals)
- Coordinate with professional agencies for physical and behavioral health services
- Provide or arrange for transportation to services appointments, job interviews, etc.
- Assist with entitlement and benefits applications:
    - Medi-Cal/CalAIM
    - General Relief
    - CalFresh
    - Cash Assistance Program for Immigrants (CAPI)
    - GAIN (Greater Avenues for Independence) / Welfare-to-Work
    - Social Security Income/Social Security Disability Income
    - Referrals to employment opportunities

## III. INVOICES AND REPORTING

The SBCCOG, at its discretion, may provide Consultant a prepayment for services, contingent on the SBCCOG receiving timely funding from its funders. The Consultant shall invoice SBCCOG $25,000 prepayment 45 days before the beginning of every quarter. The Consultant will track this prepayment against its monthly expenses. The Consultant shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the Consultant shall submit the invoice and monthly report on the Friday before. Monthly invoices will be deducted from the prepayment. Once the prepayment has been exhausted, the SBCCOG will reimburse the remaining portion of the invoice amount until the next prepayment.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the Consultant to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The program will be evaluated on the KPIs as outlined in Table 1 below. The Consultant will report on these metrics monthly for each fiscal year this MOU is active.

***Table 1**. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Retained Housing or Transitioned into other Permanent Housing | 90% | Annually |
| Number of Participants Linked to Services | As Needed | Annually |

Retention Specialist will have a minimum of 20 participant case slots at any given time.

### *B. Supplemental Monthly Reporting Metrics*

In addition, Consultant's Monthly Report will include additional metrics and outcomes (Table 2), including progress on behavioral health plans, participants' housing timeline, including any anticipated housing dates. Other data including demographic data and service linkages that can be queried in HMIS. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met.

***Table 2**. Supplemental Monthly Reporting Metrics*

| Additional Monthly Reporting Data | Details |
|---|---|
| Number of Participants on caseload | Unduplicated clients currently on Specialist's active caseload. Include cumulative annual case load |
| Number of Participants that lost housing | Cumulative number of participants who lose their housing |
| Number of visits | Track number of visits per participant |
| Number of clients linked to behavioral health services | Unduplicated clients linked to behavioral health services per month. This includes substance use disorders/mental illness |
| Number of clients linked to other services | Unduplicated clients linked to other services for support (ie, legal services, financial counseling, and food services) |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

## EXHIBIT 5: HERO CAL AIM COMMUNITY SUPPORTS CONSULTANT

## I. BUDGET AND START DATE

The total annual program budget is $150,000; of which no more than 13% will go towards Activity Delivery Costs (ADC) and no more than 7% will go towards Administration. ADCs are a type of direct cost, which includes staff and overhead costs incurred for administering and implementing a specific program or project. ADCs include the cost of staff directly carrying out a program/project activity as well as equipment and supplies that are necessary for successful completion of the activity. This can include direct supervision, transportation, and supplies. Administrative costs are defined as costs necessary to support program implementation, including meeting supplies, internet/communication services, office supplies, furniture, equipment, and office space rent.

The Start Date begins August 13, 2025.

## II. SCOPE OF WORK

**Program Description:** The Cal Aim Consultant will help our cities and non-profit partners become Community Supports eligible and/or connect them to Community Supports resources.

The Consultant will work closely with city and agency staff to apply to be Community Support Providers. The Consultant will navigate the partners through the application processes of LA Care, Health Net, Kaiser, Blue Shield, and other Managed Care Plans. This task may include filling out paperwork, gathering necessary information, and attending meetings on behalf of the partner. Wherever possible, the SBCCOG will help identify partner staff to collaborate on these tasks.

Community Supports may include Housing Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, Transitional Rent, and any of the 11 other Community Supports.

The list of partners includes, but is not limited to:

- City of Torrance
- City of Hawthorne
- City of Redondo Beach
- HERO Community Services
- WLCAC
- St Margaret's Center
- Harbor Interfaith

A **Successful Engagement** is defined as a partner being able to claim reimbursement for a Community Support activity with at least one Managed Care Plan.

The Consultant may be needed to claim reimbursements for our partners until our partner has identified appropriate staff to do such work.

Additionally, Consultant will connect partners and their participants to existing Community Support providers. The Consultant will maintain a list of Community Support partners for South Bay participants to access.

Staff will attend all case conferencing and data sharing meetings. Occasional attendance at city council meetings will also be required. Consultant may be asked to report any opportunities and challenges to State CalAIM administrators.

In the event that Consultant may need to co-locate at SBCCOG offices, the Consultant agrees to not bring clients to the offices, as SBCCOG does not have authorization to allow direct services on site. A separate co-location agreement will be considered.

***Table 1.*** *Detailed Scope of Work*

| Scope of Work | Expected Tasks |
|---|---|
| Cal Aim Consulting | - Apply to become Community Supports eligible on behalf of our partners<br>- Engage with Managed Care Plans on behalf of our partners<br>- Work closely with city and agency staff<br>- Attend Cal Aim meetings on behalf of our partners<br>- Claim reimbursements on behalf of our partners<br>- Connect partners and participants with existing Community Support providers<br>- Maintain list of Community Support providers for South Bay participants<br>- Collect data on participant referrals and outcomes<br>- Attend City Council meetings, case conferencing meetings, and other meetings as assigned by SBCCOG |

## III. INVOICES AND REPORTING

The SBCCOG, at its discretion, may provide Consultant a prepayment for services, contingent on the SBCCOG receiving timely funding from its funders. The Consultant shall invoice SBCCOG $25,000 prepayment 45 days before the beginning of every quarter. The Consultant will track this prepayment against its monthly expenses. The Consultant shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the Consultant shall submit the invoice and monthly report on the Friday before. Monthly invoices will be deducted from the prepayment. Once the prepayment has been exhausted, the SBCCOG will reimburse the remaining portion of the invoice amount until the next prepayment.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the Consultant to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The program will be evaluated on the KPIs as outlined in Table 1 below. The Consultant will report on these metrics monthly for each fiscal year this MOU is active.

***Table 1**. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Successful Engagements | 6 | Annually |
| Number of Participants Linked to Services | 60 | Annually |

### *B. Supplemental Monthly Reporting Metrics*

In addition, Consultant's Monthly Report will include additional metrics and outcomes (Table 2), including progress on engagements and regional usage of Community Support services. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met.

***Table 2**. Supplemental Monthly Reporting Metrics*

| Additional Monthly Reporting Data | Details |
|---|---|
| Progress on Engagements | Progress report on status of engagements, including progress on application deliverables |
| Number of referrals to CalAIM Service Providers | Number of referrals to Community Support |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

## EXHIBIT 3: WLCAC HOUSING FOCUSED CASE MANAGEMENT

## I. BUDGET

The total annual program budget is $400,000; of which $50,000 will go towards administrative costs defined as costs necessary to support the Provider's case management and outreach program implementation, including meeting supplies, cellphone and internet/communication services, office supplies, furniture, equipment, and office space rent. The rest of the funding will go towards program staff and direct supervision and transportation costs. The Start Date begins August 13, 2025.

Please note that funding for this program is contingent on Los Angeles County Supervisor discretion. Failure to secure funding from SBCCOG Supervisors may result in the early termination of this program, including the full allocated budget.

Based on current workforce standards, the accepted minimum pay scale for Case Managers under this program is $55,000 to $78,000. The SBCCOG is recommending for all its contracts, the following minimum benchmark on pay for these positions:

- Peer support specialist: $45,000 - $55,000
- Case manager: $55,000 - $72,000
- Intensive case manager (ICMS): $55,000 - $78,000
- Program supervisors: $65,000 - $80,000
- Program manager: $75,000 - $87,000
- Un-Licensed Clinical Social Worker: $72,000 - $92,000
- Licensed Clinical Social Worker: $105,000 - $150,000

## II. SCOPE OF WORK

**Program Description:** The Provider will hire three (3) Housing Focused Case Managers, who will provide a holistic, client-centered approach as they complete outreach and case management for people experiencing homelessness (PEH). They will assist with placing people in interim and/or permanent housing. In addition, they will perform other coordination and case management services. Included below in Table 1 is the expected Scope of Work (SOW) for the Provider as required to fulfill this MOU and the County Contract.

***Table 1.*** *Detailed Scope of Work*

| Scope of Work | Expected Tasks |
|---|---|

| | |
|---|---|
| Housing Focused Case Management | - Identify and outreach people experiencing homelessness (PEH) in Carson, CD15 (except Watts), Lomita, Gardena and Unincorporated Areas (i.e., West Carson)<br>- Complete housing and services plans with outreached PEH clients<br>- Conduct regular check-ins with clients to monitor progress, address challenges, and help reassess goals and next steps<br>- Enroll clients in supportive services, such as General Relief (GR), Supplemental Security Income (SSI), Time Limited Subsidies (TLS), and DMH services<br>- Connect PEH with interim or permanent housing option that best fits their current needs<br>- Support PEH to complete applications, as applicable, to place them in permanent supportive housing or other permanent housing situations<br>- Maintain records of all services provided to PEH<br>- Collect, manage, and submit monthly data reports and comply with deadlines specified by the SBCCOG for time-specified submittal and delivery of information<br>- Attend regular meetings with the SBCCOG to case conference, problem solve, and identify housing options for clients on caseload |

The Provider will ensure that the following staff requirements for Housing Focused Case Managers are met:

31. Criminal Clearances and Background Investigations: Provider shall ensure that criminal clearances and background investigations have been conducted for all staff working on this contract.
32. Language Ability: Provider shall ensure that all staff can read, write, speak and understand English in order to conduct business within SPA 8.
33. Service Delivery: Provider shall ensure that all direct service staff providing supportive services in a manner that effectively responds to differences in cultural beliefs, behaviors, learning, and communication styles within the community where Provider proposes to provide services.
34. Driver's License and Automobile Insurance: Provider shall maintain current copies of driver's licenses, including current copies of proof of auto insurance that meets the minimal automobile liability prescribed by law for any and all staff providing transportation to residents.
35. Driving Record: Provider shall ensure any staff that provides transportation to residents has a safe driving record. They will maintain copies of drivers' Department of Motor Vehicles (DMV) printouts for any and all staff providing transportation to residents. Reports will be available to the SBCCOG upon request.
36. Experience: Provider shall be responsible for securing and maintaining staff who possess sufficient experience and expertise necessary to provide the services required in this SOW.

## III. INVOICING AND REPORTING

The Provider shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the Provider shall submit the invoice and monthly report on the Friday before.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the Provider to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The program will be evaluated on the KPIs in Table 2, as outlined in the County Contract. The Provider will report on these metrics quarterly for each fiscal year this MOU is active.

***Table 2**. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Number of PEH currently enrolled in case management services (unduplicated) | 160 | Annually |
| Number of PEH placed in IH | 20 | Annually |
| Number of PEH placed in PH (including reunification) | 40 | Annually |

### *B. Supplemental Monthly Reporting Metrics*

In addition, Provider's Monthly Report will include additional metrics and outcomes (Table 3), including progress on enrollment in supportive services, participants' housing timeline, including any anticipated housing dates, and other data including demographic data and service linkages that can be queried in HMIS. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met. The SBCCOG will work with the Provider to gather this information in a flexible and not burdensome manner.

***Table 3**. Supplemental Monthly Reporting Metrics*

| Additional Quarterly Reporting Data | Details |
|---|---|
| Year to Date (YTD) number of PEH placed in interim housing | Cumulative number of individuals placed in interim housing situation to date (as of reporting) |
| Year to Date (YTD) number of PEH placed in permanent housing | Cumulative number of individuals placed in permanent housing situation to date (as of reporting) |
| Number of PEH outreached | Number of unduplicated clients outreached per month |

| | |
|---|---|
| Number of clients enrolled in supportive services | Unduplicated clients enrolled in supportive services by the Housing Navigator, including but not limited to GR, SSI, and mental and behavioral health services |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

## I. Additional Data Needs

As part of SBCCOG's program, the SBCCOG may request additional data points to create reports to advocate housing, income and shelter resources to our cities. Data points will include, but are not limited to:

- How long the client has been in their city
- Inflow/Outflow of street homeless individuals and families in the service areas
- Demographic characteristics such as:
    - Race/Ethnicity
    - Income Levels
    - Veteran Status
    - Age
- Point of Contact
- Off-Street Housing Attainment
    - Shelters
    - Hotels/Motels
    - Transitional Housing
    - Shared or Bridge Housing
    - Skilled Nursing Homes
    - Problem Solving
- Detox/Substance Use Treatment/Rehabilitation
- Mental Health Service Referrals
- Other additional information that can provide actionable data outcomes

The SBCCOG will work with the Provider to gather this information in a flexible and not burdensome manner.

## EXHIBIT 4: WLCAC RENTER PROTECTION AND HOMELESSNESS PREVENTION (RPHP)

## I. BUDGET AND START DATE

The total annual program budget is $950,000; $200,000 of this will go towards Activity Delivery Costs (ADC), which includes funding for a full-time Prevention Subsidy Specialist, $45,000 will go towards Administration. ADCs are a type of direct cost, which includes staff and overhead costs incurred for administering and implementing a specific program or project. ADCs include the cost of staff directly carrying out a program/project activity as well as equipment and supplies that are necessary for successful completion of the activity. This can include direct supervision, processing rental subsidies, and check supplies. Administrative costs are defined as costs necessary to support program implementation, including meeting supplies, internet/communication services, office supplies, furniture, equipment, and office space rent. The rest of the funding will go towards the subsidies described in section II.

The Start Date begins August 13, 2025.

## II. SCOPE OF WORK

**Program Description:** The Provider will administer a portion of RPHP funds allocated to the SBCCOG by the Los Angeles County Affordable Housing Solutions Agency (LACAHSA). This includes providing (1) Emergency Rental Assistance; (2) Flexible Financial Assistance; (3) Short-Term Income Support. Included below in Table 1 is the expected Scope of Work (SOW) for the Provider as required to fulfill this MOU and the LACAHSA requirements, with the relevant sections of the LACAHSA Program Guidelines (Exhibit 2) noted.

***Table 1.*** *Detailed Scope of Work*

| Scope of Work | Expected Tasks |
|---|---|
| Renter Protections and Homelessness Prevention | - Follow all LACAHSA Program Guidelines for on Renter Protections and Homelessness Prevention, including alignment with eligible activities for Emergency Rental Assistance, Flexible Financial Assistance, and Short-Term Income Support<br>- Receive referrals of households at risk of homelessness in Torrance, CD15 (except Watts), Gardena, Carson, the Peninsula, and Unincorporated Areas (i.e., West Carson)<br>- NOTE: Because LA City and Unincorporated areas receive their own funding, we may prioritize South Bay incorporated cities, as well as other prioritizations to be determined by the SBCCOG. We will want to leverage LSF and LACAHSA resources in LA City and Unincorporated areas as much as possible. |

| | |
|---|---|
| | - Assess household eligibility criteria for RPHP services (e.g., income, LA County residence, risk of homelessness)<br>- Report to the SBCCOG each clients requesting assistance (e.g. security deposit, rental arrears, utility deposits to review reimbursement to the Provider and ensure requests follow LACAHSA guidelines<br>- Ensure all documentation and eligibility criteria are followed according to LACAHSA guidelines<br>- Complete a housing stability plan and assist with budgeting and money management with clients as needed<br>- Conduct regular check-ins with clients to monitor progress, address challenges, and help reassess goals and next steps<br>- Support clients in accessing other supportive services from the County and partner agencies, such as General Relief (GR), Supplemental Security Income (SSI), Time Limited Subsidies (TLS), CalWorks, CalAIM, and DMH services |
| Documentation and Reporting | - Attend regular meetings with the SBCCOG to case conference, problem solve, and identify housing options for clients on caseload<br>- Fulfill LACAHSA documentation standards for all assistance provided (Exhibit 2), income, and eligibility.<br>- Maintain records of all services provided, including amount of financial assistance<br>- Collect, manage, and submit monthly data reports and comply with deadlines specified by the SBCCOG for time-specified submittal and delivery of information<br>- Adopt LACAHSA specific data and grant management system (TBD) |

## III. INVOICING AND REPORTING

The SBCCOG, at its discretion, may provide Provider a prepayment for services, contingent on the SBCCOG receiving timely funding from its funders. The Provider shall invoice SBCCOG up to $150,000 prepayment 45 days before the beginning of every quarter. The Provider will track this prepayment against its monthly expenses. The Provider shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the Provider shall submit the invoice and monthly report on the Friday before. Monthly invoices will be deducted from the prepayment. Once the prepayment has been exhausted, the SBCCOG will reimburse the remaining portion of the invoice amount until the next prepayment.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the Provider to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget.

Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The program will be evaluated on the KPIs in Table 2. The Provider will report on these metrics quarterly for each fiscal year this MOU is active.

***Table 2**. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Number of households at risk of homelessness enrolled in Emergency Rental Assistance | 40 | Annually |
| Number of households at risk of homelessness enrolled in Flexible Rental Assistance | 100 | Annually |
| Number of households at risk of homelessness enrolled in Short-Term Income Support | 10 | Annually |
| Number of households who retained existing or transitioned to new permanent housing through RPHP services | 135 | Annually |
| Number of households who retained housing for at least 6 months following RPHP services | 90% | Annually |

### *B. Supplemental Quarterly Reporting Metrics*

In addition, Provider's Monthly Report will include additional metrics and outcomes (Table 3), including progress on enrollment in supportive services, participants' housing timeline, including any anticipated housing dates, and other data including demographic data and service linkages that can be queried in HMIS. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met.

***Table 3**. Supplemental Monthly Reporting Metrics*

| Additional Quarterly Reporting Data | Details |
|---|---|
| Year to Date (YTD) number of households who received RPHP services | Cumulative number of households who received any amount of RPHP services or assistance (as of reporting) |
| Year to Date (YTD) number of households who retained or transitioned to new permanent housing | Cumulative number of individuals who retained or transitioned to permanent housing via RPHP assistance (as of reporting) |
| Year to Date (YTD) amount of financial assistance received per household | Cumulative amount of financial assistance a household has received to date (as of reporting). LACAHSA guidelines limit the amount of aid to $20,000 per household within a 2-year period, across all eligible activities. |
| Number of clients enrolled in additional supportive services | Unduplicated clients enrolled in supportive services by the case manager, including but not limited to GR, SSI, and CalWorks |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

**C. Additional Data Needs**

As part of SBCCOG's program, the SBCCOG may request additional data points to create reports to advocate housing, income and shelter resources to our cities. Data points will include, but are not limited to:

- How long the client has been in their city
- Demographic characteristics such as:
    - Race/Ethnicity
    - Income Levels
    - Veteran Status
    - Age
- Detox/Substance Use Treatment/Rehabilitation
- Mental Health Service Referrals
- Other additional information that can provide actionable data outcomes

The SBCCOG will work with the Provider to gather this information in a flexible and not burdensome manner.

## EXHIBIT 3: SMC HOUSING FOCUSED CASE MANAGEMENT

## I. BUDGET

The total annual program budget is $200,000; of which $26,000 will go towards administrative costs defined as costs necessary to support the Provider's case management and outreach program implementation, including meeting supplies, cellphone and internet/communication services, office supplies, furniture, equipment, and office space rent. The rest of the funding will go towards program staff and direct supervision and transportation costs. The Start Date begins August 13, 2025.

Please note that funding for this program is contingent on Los Angeles County Supervisor discretion. Failure to secure funding from SBCCOG Supervisors may result in the early termination of this program, including the full allocated budget.

Based on current workforce standards, the accepted minimum pay scale for Case Managers under this program is $55,000 to $78,000. The SBCCOG is recommending for all its contracts, the following minimum benchmark on pay for these positions:

- Peer support specialist: $45,000 - $55,000
- Case manager: $55,000 - $72,000
- Intensive case manager (ICMS): $55,000 - $78,000
- Program supervisors: $65,000 - $80,000
- Program manager: $75,000 - $87,000
- Un-Licensed Clinical Social Worker: $72,000 - $92,000
- Licensed Clinical Social Worker: $105,000 - $150,000

## II. SCOPE OF WORK

**Program Description:** The Provider will hire two (2) Housing Focused Case Managers, who will provide a holistic, client-centered approach as they complete outreach and case management for people experiencing homelessness (PEH). They will assist with placing people in interim and/or permanent housing. In addition, they will perform other coordination and case management services. Included below in Table 1 is the expected Scope of Work (SOW) for the Provider as required to fulfill this MOU and the County Contract.

***Table 1.*** *Detailed Scope of Work*

| Scope of Work | Expected Tasks |
|---|---|

| | |
|---|---|
| Housing Focused Case Management | - Identify and outreach people experiencing homelessness (PEH) in Inglewood, Lawndale, and Unincorporated Areas (i.e., Alondra Park, Lennox/Del Aire, Westmont/West Athens)<br>- Complete housing and services plans with outreached PEH clients<br>- Conduct regular check-ins with clients to monitor progress, address challenges, and help reassess goals and next steps<br>- Enroll clients in supportive services, such as General Relief (GR), Supplemental Security Income (SSI), Time Limited Subsidies (TLS), and DMH services<br>- Connect PEH with interim or permanent housing option that best fits their current needs<br>- Support PEH to complete applications, as applicable, to place them in permanent supportive housing or other permanent housing situations<br>- Maintain records of all services provided to PEH<br>- Collect, manage, and submit monthly data reports and comply with deadlines specified by the SBCCOG for time-specified submittal and delivery of information<br>- Attend regular meetings with the SBCCOG to case conference, problem solve, and identify housing options for clients on caseload |

The Provider will ensure that the following staff requirements for Housing Focused Case Managers are met:

37. Criminal Clearances and Background Investigations: Provider shall ensure that criminal clearances and background investigations have been conducted for all staff working on this contract.
38. Language Ability: Provider shall ensure that all staff can read, write, speak and understand English in order to conduct business within SPA 8.
39. Service Delivery: Provider shall ensure that all direct service staff providing supportive services in a manner that effectively responds to differences in cultural beliefs, behaviors, learning, and communication styles within the community where Provider proposes to provide services.
40. Driver's License and Automobile Insurance: Provider shall maintain current copies of driver's licenses, including current copies of proof of auto insurance that meets the minimal automobile liability prescribed by law for any and all staff providing transportation to residents.
41. Driving Record: Provider shall ensure any staff that provides transportation to residents has a safe driving record. They will maintain copies of drivers' Department of Motor Vehicles (DMV) printouts for any and all staff providing transportation to residents. Reports will be available to the SBCCOG upon request.
42. Experience: Provider shall be responsible for securing and maintaining staff who possess sufficient experience and expertise necessary to provide the services required in this SOW.

## III. INVOICING AND REPORTING

The Provider shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the Provider shall submit the invoice and monthly report on the Friday before.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the Provider to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The program will be evaluated on the KPIs in Table 2, as outlined in the County Contract. The Provider will report on these metrics quarterly for each fiscal year this MOU is active.

***Table 2**. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Number of PEH currently enrolled in case management services (unduplicated) | 160 | Annually |
| Number of PEH placed in IH | 20 | Annually |
| Number of PEH placed in PH (including reunification) | 40 | Annually |

### *B. Supplemental Monthly Reporting Metrics*

In addition, Provider's Monthly Report will include additional metrics and outcomes (Table 3), including progress on enrollment in supportive services, participants' housing timeline, including any anticipated housing dates, and other data including demographic data and service linkages that can be queried in HMIS. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met. The SBCCOG will work with the Provider to gather this information in a flexible and not burdensome manner.

***Table 3**. Supplemental Monthly Reporting Metrics*

| Additional Quarterly Reporting Data | Details |
|---|---|
| Year to Date (YTD) number of PEH placed in interim housing | Cumulative number of individuals placed in interim housing situation to date (as of reporting) |
| Year to Date (YTD) number of PEH placed in permanent housing | Cumulative number of individuals placed in permanent housing situation to date (as of reporting) |
| Number of PEH outreached | Number of unduplicated clients outreached per month |

| | |
|---|---|
| Number of clients enrolled in supportive services | Unduplicated clients enrolled in supportive services by the Housing Navigator, including but not limited to GR, SSI, and mental and behavioral health services |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

## J. Additional Data Needs

As part of SBCCOG's program, the SBCCOG may request additional data points to create reports to advocate housing, income and shelter resources to our cities. Data points will include, but are not limited to:

- How long the client has been in their city
- Inflow/Outflow of street homeless individuals and families in the service areas
- Demographic characteristics such as:
    - Race/Ethnicity
    - Income Levels
    - Veteran Status
    - Age
- Point of Contact
- Off-Street Housing Attainment
    - Shelters
    - Hotels/Motels
    - Transitional Housing
    - Shared or Bridge Housing
    - Skilled Nursing Homes
    - Problem Solving
- Detox/Substance Use Treatment/Rehabilitation
- Mental Health Service Referrals
- Other additional information that can provide actionable data outcomes

The SBCCOG will work with the Provider to gather this information in a flexible and not burdensome manner.

**EXHIBIT 4: SMC DOCUMENT SPECIALIST**

## I. BUDGET

The total annual program budget is $110,000; of which $11,000 will go towards administrative costs defined as costs necessary to support the Provider's case management and outreach program implementation, including meeting supplies, cellphone and internet/communication services, office supplies, furniture, equipment, and office space rent. The rest of the funding will go towards program staff and direct supervision and transportation costs. The Start Date begins August 13, 2025.

Based on current workforce standards, the accepted minimum pay scale for Case Managers under this program is $55,000 to $78,000. The SBCCOG is recommending for all its contracts, the following minimum benchmark on pay for these positions:

- Peer support specialist: $45,000 - $55,000
- Case manager: $55,000 - $72,000
- Intensive case manager (ICMS): $55,000 - $78,000
- Program supervisors: $65,000 - $80,000
- Program manager: $75,000 - $87,000
- Un-Licensed Clinical Social Worker: $72,000 - $92,000
- Licensed Clinical Social Worker: $105,000 - $150,000

## II. SCOPE OF WORK

**Program Description:** The Provider will hire a Document Specialist for all case managers in the region to access. The purpose of the Document Specialist is to keep our Case Managers in the field. The Specialist will assist our Case Managers with applications and forms to promote participants along their housing plans.

The Specialist may have to attend in person with participants in meetings and appointments.

As a component of this work, the Document Specialist will also act as a data quality check to make sure participant entries into related data systems are complete so as to optimize care coordination. A particular focus on data for the SBCCOG Housing Focus Case Management program is necessary.

Included below in Table 1 is the expected Scope of Work (SOW) for the Provider as required to fulfill this MOU and the County Contract.

***Table 1.*** *Detailed Scope of Work*

| Scope of Work | Expected Tasks |
|---|---|

| | |
|---|---|
| Document Specialist | - Housing waitlists and Applications<br>- Care Court referrals<br>- Enrollment into County, State, and Federal services – DPSS, DMH, Unemployment, Social Security, etc..<br>- DMV, Birth Certificate and other forms of ID attainment<br>- HMIS and other System Referrals<br>- Data quality in HMIS<br>- Reporting<br>- Attend meetings and appointments with participants |

## III. INVOICING AND REPORTING

The Provider shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the Provider shall submit the invoice and monthly report on the Friday before.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the Provider to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The program will be evaluated on the KPIs in Table 2, as outlined in the County Contract. The Provider will report on these metrics quarterly for each fiscal year this MOU is active.

***Table 2**. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Number of PEH served | 100 | Annually |
| Application Turnaround Time | <48 hours | Annually |

### *B. Supplemental Monthly Reporting Metrics*

In addition, Provider's Monthly Report will include additional metrics and outcomes (Table 3), including progress on enrollment in supportive services, participants' housing timeline, including any anticipated housing dates, and other data including demographic data and service linkages that can be queried in HMIS. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met. The SBCCOG will work with the Provider to gather this information in a flexible and not burdensome manner.

***Table 3**. Supplemental Monthly Reporting Metrics*

| Additional Monthly Reporting Data | Details |
|---|---|
| Year to Date (YTD) number of referrals from partners | Cumulative number of referrals from cities, SBCCOG, and community case managers |
| Number and Type of Applications Processed | Cumulative number of applications, including tracking of each category – ie. DMV, Birth Certificates, VA, etc.. |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

## K. Additional Data Needs

As part of SBCCOG's program, the SBCCOG may request additional data points to create reports to advocate housing, income and shelter resources to our cities. Data points will include, but are not limited to:

- How long the client has been in their city
- Inflow/Outflow of street homeless individuals and families in the service areas
- Demographic characteristics such as:
    - Race/Ethnicity
    - Income Levels
    - Veteran Status
    - Age
- Point of Contact
- Off-Street Housing Attainment
    - Shelters
    - Hotels/Motels
    - Transitional Housing
    - Shared or Bridge Housing
    - Skilled Nursing Homes
    - Problem Solving
- Detox/Substance Use Treatment/Rehabilitation
- Mental Health Service Referrals
- Other additional information that can provide actionable data outcomes

The SBCCOG will work with the Provider to gather this information in a flexible and not burdensome manner.

## EXHIBIT 5: SMC RENTER PROTECTION AND HOMELESSNESS PREVENTION (RPHP)

### I. BUDGET AND START DATE

The total annual program budget is $950,000; $200,000 of this will go towards Activity Delivery Costs (ADC), which includes funding for a full-time Prevention Subsidy Specialist, $45,000 will go towards Administration. ADCs are a type of direct cost, which includes staff and overhead costs incurred for administering and implementing a specific program or project. ADCs include the cost of staff directly carrying out a program/project activity as well as equipment and supplies that are necessary for successful completion of the activity. This can include direct supervision, processing rental subsidies, and check supplies. Administrative costs are defined as costs necessary to support program implementation, including meeting supplies, internet/communication services, office supplies, furniture, equipment, and office space rent. The rest of the funding will go towards the subsidies described in section II.

The Start Date begins August 13, 2025.

### II. SCOPE OF WORK

**Program Description:** The Provider will administer a portion of RPHP funds allocated to the SBCCOG by the Los Angeles County Affordable Housing Solutions Agency (LACAHSA). This includes providing (1) Emergency Rental Assistance; (2) Flexible Financial Assistance; (3) Short-Term Income Support. Included below in Table 1 is the expected Scope of Work (SOW) for the Provider as required to fulfill this MOU and the LACAHSA requirements, with the relevant sections of the LACAHSA Program Guidelines (Exhibit 2) noted.

***Table 1.*** *Detailed Scope of Work*

| Scope of Work | Expected Tasks |
|---|---|
| Renter Protections and Homelessness Prevention | - Follow all LACAHSA Program Guidelines on Renter Protections and Homelessness Prevention, including alignment with eligible activities for Emergency Rental Assistance, Flexible Financial Assistance, and Short-Term Income Support<br>- Receive referrals of households at risk of homelessness in Inglewood, Lawndale, Hawthorne, Beach Cities, and Unincorporated Areas (i.e., Alondra Park, Lennox/Del Aire, Westmont/West Athens)<br>- NOTE: Because LA City and Unincorporated areas receive their own funding, we may prioritize South Bay incorporated cities, as well as other prioritizations to be determined by the SBCCOG. We will want to leverage LSF and LACAHSA resources in LA City and Unincorporated areas as much as possible.<br>- Assess household eligibility criteria for RPHP services (e.g., income, LA County residence, risk of homelessness) |

| | |
|---|---|
| | - Report to the SBCCOG each clients requesting assistance (e.g. security deposit, rental arrears, utility deposits to review reimbursement to the Provider and ensure requests follow LACAHSA guidelines<br>- Ensure all documentation and eligibility criteria are followed according to LACAHSA guidelines<br>- Complete a housing stability plan and assist with budgeting and money management with clients as needed<br>- Conduct regular check-ins with clients to monitor progress, address challenges, and help reassess goals and next steps<br>- Support clients in accessing other supportive services from the County and partner agencies, such as General Relief (GR), Supplemental Security Income (SSI), Time Limited Subsidies (TLS), CalWorks, CalAIM, and DMH services |
| Documentation and Reporting | - Attend regular meetings with the SBCCOG to case conference, problem solve, and identify housing options for clients on caseload<br>- Fulfill LACAHSA documentation standards for all assistance provided (Exhibit 2), income, and eligibility.<br>- Maintain records of all services provided, including amount of financial assistance<br>- Collect, manage, and submit monthly data reports and comply with deadlines specified by the SBCCOG for time-specified submittal and delivery of information<br>- Adopt LACAHSA specific data and grant management system (TBD) |

## III. INVOICING AND REPORTING

The SBCCOG, at its discretion, may provide Provider a prepayment for services, contingent on the SBCCOG receiving timely funding from its funders. The Provider shall invoice SBCCOG up to $150,000 prepayment 45 days before the beginning of every quarter. The Provider will track this prepayment against its monthly expenses. The Provider shall submit monthly invoices and reports by the 10th of the month immediately following the month performed in accordance with Exhibit 3 as follows for each fiscal year this MOU is active. If the 10th falls on a weekend, the Provider shall submit the invoice and monthly report on the Friday before. Monthly invoices will be deducted from the prepayment. Once the prepayment has been exhausted, the SBCCOG will reimburse the remaining portion of the invoice amount until the next prepayment.

Monthly reports will include metrics that are outlined in Sections (A) Key Performance Indicators and (B) Supplemental Monthly Reporting Metrics.

Reports and invoices from the Provider to the SBCCOG must contain the information set forth in this MOU and applicable portions of the County Scope of Work, project description, and budget. Reports and invoices must describe tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

### *A. Key Performance Indicators (KPIs)*

The program will be evaluated on the KPIs in Table 2. The Provider will report on these metrics quarterly for each fiscal year this MOU is active.

***Table 2**. Key Performance Indicators*

| Key Performance Indicators | Target Outcome | Timeline |
|---|---|---|
| Number of households at risk of homelessness enrolled in Emergency Rental Assistance | 40 | Annually |
| Number of households at risk of homelessness enrolled in Flexible Rental Assistance | 100 | Annually |
| Number of households at risk of homelessness enrolled in Short-Term Income Support | 10 | Annually |
| Number of households who retained existing or transitioned to new permanent housing through RPHP services | 135 | Annually |
| Number of households who retained housing for at least 6 months following RPHP services | 90% | Annually |

### *B. Supplemental Quarterly Reporting Metrics*

In addition, Provider's Monthly Report will include additional metrics and outcomes (Table 3), including progress on enrollment in supportive services, participants' housing timeline, including any anticipated housing dates, and other data including demographic data and service linkages that can be queried in HMIS. This reporting will help the COG monitor the program's progress and aid the operations where needed to ensure that metrics are met.

***Table 3**. Supplemental Monthly Reporting Metrics*

| Additional Quarterly Reporting Data | Details |
|---|---|
| Year to Date (YTD) number of households who received RPHP services | Cumulative number of households who received any amount of RPHP services or assistance (as of reporting) |
| Year to Date (YTD) number of households who retained or transitioned to new permanent housing | Cumulative number of individuals who retained or transitioned to permanent housing via RPHP assistance (as of reporting) |
| Year to Date (YTD) amount of financial assistance received per household | Cumulative amount of financial assistance a household has received to date (as of reporting). LACAHSA guidelines limit the amount of aid to $20,000 per household within a 2-year period, across all eligible activities. |
| Number of clients enrolled in additional supportive services | Unduplicated clients enrolled in supportive services by the case manager, including but not limited to GR, SSI, and CalWorks |
| Notes and success stories | What action steps have you taken to ensure the program's KPIs are achieved? What is working? What are 3 challenges? |

**C. Additional Data Needs**

As part of SBCCOG's program, the SBCCOG may request additional data points to create reports to advocate housing, income and shelter resources to our cities. Data points will include, but are not limited to:

- How long the client has been in their city
- Demographic characteristics such as:
    - Race/Ethnicity
    - Income Levels
    - Veteran Status
    - Age
- Detox/Substance Use Treatment/Rehabilitation
- Mental Health Service Referrals
- Other additional information that can provide actionable data outcomes

The SBCCOG will work with the Provider to gather this information in a flexible and not burdensome manner.