

# **SUPPLEMENTAL DOCUMENT 15**

*Reporting Requirements for the NPLH Program*

This Reporting Requirements documents delineates the standards required by the Los Angeles County Development Authority (LACDA), the County of Los Angeles Department of Mental Health (DMH), and the California Housing & Community Development Department (Department) to provide comprehensive supportive services in permanent housing developments funded under the No Place Like Home (NPLH) Program in this Notice of Funding Availability (NOFA).

This document summarizes the information that must be collected and the process for reporting this information to the LACDA. The reporting requirements vary by unit type; NPLH-assisted units versus non-NPLH-assisted units. Reporting requirements will be updated from time to time and applicants are required to adhere to the latest requirements. DMH will provide latest reporting requirements to each project.

## 1. DATA COLLECTION & REPORTING REQUIREMENTS

The following data must be collected and submitted to DMH and the LACDA on an annual basis.

### Data Required for NPLH-Assisted and Non-NPLH-Assisted Units:

Projects are required to collect the data listed below, inclusive of both NPLH-assisted and non-NPLH-assisted units:

- Project location, services, and amenities;
- Number of NPLH-Assisted Units, total Units assisted by other government programs, and total non-Assisted Units;
- Project occupancy restrictions;
- Number of individuals and households served during the specified year;
- Homeless status upon entry into the unit (e.g., homeless, chronically homeless or at risk of chronic homelessness);
- Veteran status (i.e., the number of tenants who served on active duty in the armed forces of the United States for tenants over age 18);
- Mental health status. Note: no information on specific mental health diagnoses should be reported. However, projects are required to maintain documentation of tenant eligibility, including verification by a qualified mental health provider of a serious mental illness or a serious emotional disturbance for a child or adolescent for the qualifying household member; and
- Average Project vacancy rate during the reporting period (12-month average).

### Data Required for NPLH-Assisted Units Only:

Projects are required to collect the data listed below for all NPLH-assisted units only:

- Average vacancy rate of NPLH-Assisted Units during the reporting period (12-month average);
- Head of Household and all other household members - gender, race, ethnicity, age/birthdate;
- Income levels of NPLH tenants as a percentage of AMI, (i.e., 10 percent of AMI, 15 percent of AMI, 20 percent of AMI, etc.);

- The percentage of NPLH tenants who have lived in the building less than 12 months, 12 to 24 months, and longer than 24 months;
- The number of tenants who moved into a NPLH-Assisted Unit during the reporting period who, prior to Project entry, were Chronically Homeless, Homeless, or At-Risk of Chronic Homelessness, according to NPLH Guidelines;
- The number of tenants who served on active duty in the armed forces of the United States (for tenants over age 18);
- The number of tenants who continue to have a Serious Mental Disorder or the number who are Seriously Emotionally Disturbed Children or Adolescents, as defined in Welfare and Institutions Code Section 5600.3;
- Of those who moved in during the reporting period, the number of tenants who were referred from:
  - CES and/or;
  - DMH;
  - A State Department of Developmental Services regional center; or
  - Another reported source.
- Of those who moved in during the reporting period, the length of time prior to moving in that they reported they were:
  - On the streets (including a vehicle or other place not meant for human habitation); or
  - In an emergency shelter, safe haven, or transitional or interim housing.
- Of those who moved in during the reporting period, and to the extent the information was available prior to referral to the Project, the number of tenants who had a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
  - Is expected to be long-continuing or of indefinite duration;
  - Substantially impedes the individual's ability to live independently; and
  - Could be improved by the provision of more suitable housing conditions.
- Of those who moved in during the reporting period, and to the extent the information was available prior to referral to the Project, the number of tenants who had a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002);
- Of those who moved in during the reporting period, and to the extent the information was available prior to referral to the Project, the number of tenants who had the disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from human immunodeficiency virus (HIV).
- For tenants who exited NPLH-Assisted Units during the reporting period, the number of tenants who exited during the reporting period and the exit destination including the following:
  - Other permanent housing;
  - The street, emergency shelter/interim housing
  - Transitional housing, or safe haven; or
  - An institutional destination, and the specific institutional destination, if known (including, but not limited to hospitalization or psychiatric

hospitalization, residential substance use treatment facility, skilled nursing facility, jail or prison).

- The number of tenants who died during the reporting period.
- For tenants who leased or remained in NPLH-Assisted Units during the reporting period:
  - Changes in employment income during the reporting period;
  - Changes in non-employment cash income during the reporting period; and
  - Changes in total cash income during the reporting period.

DMH will provide additional information on emergency room visits for NPLH tenants before and after move in; average number of hospital and psychiatric facility admissions and in-patient days before and after move-in; and number of arrests and returns to jail or prison before and after move-in.

Tenant Satisfaction Survey: The applicant shall provide its tenants an anonymous survey which evaluates residents' experiences living in the development to include but not limited to interactions with property management, response to maintenance requests, maintenance of the building, and safety on an annual basis. The applicant shall provide a summary of this data annually.

The NPLH Annual Monitoring Report Checklist is available as Attachment 1.

## **2. PROCESS FOR COLLECTING & SUBMITTING REQUIRED DATA**

In September 2021, the Legislature passed and Governor Newsom signed Assembly Bill 977 ([AB 977](#)). AB 977's purpose is to strengthen the State's Homeless Data Integration System (HDIS) by ensuring robust data collection from state-funded homelessness programs. AB 977 requires all state-funded homelessness programs to enter data elements on clients served into their local Homeless Management Information System ("HMIS"). The LACDA and DMH establish the following requirements for collecting and submitting the data elements referenced above:

- Applicants shall agree to enter any NPLH data into (HMIS) for the Continuum of Care in which the project is located for tenants who were homeless or chronically homeless at move-in to a NPLH- assisted unit.
- The designated mental health provider shall agree to enter NPLH data for persons who were determined to be at risk of chronic homelessness at move-in in DMH's Outcome Measures Application or similar system as determined by DMH.
- The data elements shall be submitted in electronic format on a form provided by LACDA/DMH.
- The data shall be submitted to DMH and the LACDA no later than September 30 of each year for the previous State fiscal year of activity (July 1-June 30).
  - The LACDA and DMH shall establish internal deadlines for submission of project-level information.
- The LACDA, DMH, the property manager, and the lead service provider shall work

together to resolve any data quality concerns to the best of their ability prior to submission.

- Applicants shall also agree to provide any required data not captured by HMIS.

## Attachment 1



### No Place Like Home Annual Monitoring Report Checklist

- 8609 or Certificate of Completion
- Certificate of Occupancy
- Project Contact Sheet
- Tenant List (Provided by LACDA)
- NPLH Rent Limits (copy from source)
- NPLH Income Limits (copy from source)
- Utility Allowance Schedule (copy from source)
- Property Management Plan
- Supportive Services Plan
- Target Population List
- Tenant Selection Procedures (tenant eligibility requirements)
- Housing First Practices Policy
- Reasonable Accommodation Procedures (prevent eviction procedures)
- Grievance Procedures
- Lease and Lease Addendums
- Transition Reserve Bank Statement (May)
- Approved Operating Budget
- Audited Financial Statement (Prior Year)
- Annual Inspection (Pass/Fail Notification)

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*Signature*

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*Print Name*

Title:  
Phone:  
Email:  
Date:

Please contact us at [compliance@lacda.org](mailto:compliance@lacda.org) with comments or questions



Please be sure to provide answers to all questions in each worksheet in this workbook.

**Project Details**

Alternative Process County Recipient (APC) County of:					
APC Address:		City:		State:	Zip:
Contact Name:		Title:		Email:	Phone:
Project Name:				Project Type:	
Project Address:			Project City:		Project Zip:
Is this a Project Completion Report?		Note: If yes, attach a copy of the project's IRS 8609 or Certificate of Completion			

**Project Requirements (Sections 203, 300, 301, 307, 311)**

1. Does the owner/property manager have tenant selection procedures that are non-discriminatory and follows Fair Housing? (Sections 300 (h) (3), and 307)	
2. What is the name of the approved Lead Service Provider for the Project that has been authorized by the Alternative Process County?	
3. What Lead Service Provider is currently used by the Project?	
If the current Lead Service Provider <b>is not the same</b> as approved in underwriting by the Alternative Process County, has the County approved the new Lead Service Provider? (Section 203 (i))	
If no, explain:	
4. Does the owner/manager provide (at least) the minimum required supportive services as outlined in the NPLH Guidelines and the Project Regulatory Agreement? (Section 301 (a) (9))	
5. Has the Alternative Process County reviewed the Supportive Service Plan and Outcome Measures, at least annually, to ensure the services being offered are the most appropriate and effective for existing and proposed NPLH tenants? (Section 311)	
6. Has the Alternative Process County inspected the site during construction and at least once every three years after construction ended? (Section 311)	

**Project Monitoring (Sections 303, 307)**

1. In the last twelve months, did the owner/property manager use the correct NPLH Income limits for new move-ins and annual household income recertifications including AMI of no more than 30% for all NPLH Units and utilizing 5% AMI incremental increases as appropriate?	
If No, why not?	
2. In the last twelve months, did the owner/property manager ensure that all move-in's for NPLH households had at least one member of the household who qualifies as a member of the Target Population?	
If No, why not?	
3. For all Assisted Units, did the owner/property manager ensure that at recertification, household rent did not exceed the 30% AMI income level for households who's income exceed this level based solely on the current SSI/SSP payment rate or cost-of-living adjustment?	
If No, why not?	
4. For all Assisted Units where the household income exceeds the 30% AMI income level other than described in question 3, did the owner/property manager	
a. Re-designate the tenant's Unit as a Unit at the higher income level, rounding to the nearest 5% increment (provided that there are non-Assisted Units restricted at the higher income level)?	
b. Increase the tenant's Rent to the level applicable to Units at the higher income level?	
c. designate the next available comparable non-Assisted Unit as an Assisted Unit at the income level originally applicable to the household until the Unit mix required by the Program regulatory agreement is achieved?	
If No to any of the above, why not?	
5. Are all Project Units Assisted Units? (If so, Project can continue with over-income Unit(s) until such time as those over-income households no longer reside in the Project)	
6. Did the owner/property manager maintain documentation of tenant eligibility consistent with the following	
a. Documentation of a Serious Mental Health Disorder or a Seriously Emotionally Disturbed Child or Adolescent by a qualified mental healthworker in accordance with the requirements of WIC Section 5600.3?	
b. Documentation of a person's status as a Chronically Homeless, Homeless, or At-Risk of Chronic Homelessness as defined in Section 101 of the NPLH 2020 Amended Guidelines?	
7. Did the APC sign the applicable "Certification of Compliance" on Page one of this report?	
8. Does the owner/property manager utilize a low barrier tenant selection process that prioritizes those with the highest need for available housing?	
9. Does the owner/property manager implement Housing First Practices, consistent with core components set forth in Welfare and Institutions Code 8255 (b)?	
10. Does the owner/property manager implement policies and practices to prevent evictions and to facilitate the implementation of reasonable accommodation practices?	

<b>11. Confirm that the the project lease (or attached lease addendum) contain the following provisions:</b>		
a. Appeal and Grievance Procedure approved by "Alternative Process County" that complies with Housing First requirements		
b. Consistent with the core components set forth in Welfare and Institutions Code Section 8255(b) and compliant with basic tenant protections established under Federal, State and Local law		
<b>Financial Management (Sections 304, 305, 311)</b>		
<b>1. Transition Reserve</b> (Section 304 (h))		
a. Does the Project have a transition reserve?		
b. Were all withdrawals from the transition reserve prior approved by the <i>Alternative Process County</i> ?		
<b>2. Capitalized Operating Subsidy Reserve</b> (Section 305)		
a. Does the Project have a COSR?		No
b. Is the COSR 100% or less of the total amount provided to the Project for capital, and is the COSR being used to address Project operating deficits attributable to the NPLH- assisted units?		
<b>3. Annual Reports</b> (Section 311) Has the Project submitted annual and timely reports and received approval from the Alternative Process County for:		
a. Operating Budget?		
b. Audit or Certified Financial Statement?		
c. If the Project has a COSR, a Bi-furcated Audit which distinguishes actual annual income and expenses of the assisted units that received COSR subsidies from those which do not receive COSR subsidies?		No
<b>Alternative Process County Certification</b>		
The County certifies that the information supplied in this report is true and correct as submitted by the Sponsor, Lead Service Provider, and Property Manager.		
Printed Name	Date	Title of Signatory
Email Address:		Phone Number:
<b>HCD Certification – Occupancy Representative</b>		
This report has been reviewed and accepted.		
Printed Name	Date	Title of Signatory
<b>HCD Certification – Fiscal Representative</b>		
This report has been reviewed and accepted.		
Printed Name	Date	Title of Signatory





NPLH – Annual Monitoring Report

Project Specific Data

Project Name:	0	Alternative Process County Recipient (APC) County of:	0
Total number of Project units:		Number of non-assisted units:	Project City: 0
Number of NPLH-assisted units:		Number of restricted units:	Total # of occupants in NPLH-assisted units:
List the Project's amenities (ie: transit, pool, community center). (Section 214 (e) 1)			

Occupancy Data – NPLH Units

<b>1. On the date that this report was prepared, were the NPLH units occupied by households not exceeding the maximum allowable 30% AMI income and rent limit?</b> (Section 214 (e) 9)	
a. Enter number of units at or below 10% AMI	
b. Enter number of units at or below 15% AMI not listed above	
c. Enter number of units at or below 20% AMI not listed above	
d. Enter number of units at or below 25% AMI not listed above	
e. Enter number of units at or below 30% AMI not listed above	
f. Enter number of units above 30% AMI	
<b>2. What is the Project Head of Household Gender population distribution?</b> (Section 214, (e) 8)	
a. Number of Male HOH	
b. Number of Female HOH	
c. Number of Trans Female HOH	
d. Number of Trans Male HOH	
e. Number of Gender Non-Conforming HOH	
<b>3. What is the Project Head of Household Race population distribution?</b> (Section 214, (e) 8)	
a. Number of American Indian/Alaskan Native HOH	
b. Number of Asian HOH	
c. Number of Black/African American HOH	
d. Number of Native American/Hawaiian HOH	
e. Number of White HOH	
<b>4. What is the Project Head of Household Ethnicity population distribution?</b> (Section 214, (e) 8)	
a. Number of Non-Hispanic Latino HOH	
b. Number of Hispanic/Latino HOH	
<b>5. What is the average age of the Head of Household?</b> (Section 214, (e) 8)	
<b>6. What is the Project's Referral Source distribution?</b> (Section 214 (e) 14)	
a. Number of referrals from State Dept. of Development regional Center	
b. Number of referrals from County Behavioral Health Dept. or Service Provider	
c. Number of referrals from Coordinated Entry System	
d. Number of referrals from other source	
<b>7. How many tenants in NPLH-assisted units served in active duty in the US Armed Forces?</b> (Section 214 (e) 12)	
<b>8. What is the Project's Head of Household Tenant Welfare Diagnosis population distribution?</b> (Section 214 (e) 13)	
a. Number of HOH with no diagnosis consistent with WIC 5600.3	
b. Number of HOH diagnosed Serious Mental Disorder as per WIC 5600.3	
c. Number of HOH diagnosed Seriously Emotionally Disturbed Child/Adolescent as per WIC 5600.3	
<b>9. What is the number of HOH diagnosed with a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long continuing or indefinite duration, substantially impedes the individual's ability to live independently, could be improved by the provision of more suitable housing conditions?</b> (Section 214 (e) 16)	
<b>10. What is the number of HOH diagnosed with a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)?</b> (Section 214 (e) 16)	
<b>11. What is the number of HOH diagnosed with (C) The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from human immunodeficiency virus (HIV)?</b> (Section 214 (e) 16)	
<b>12. What is the Prior Living Situation population distribution for NPLH-assisted units?</b> (Section 214 (e) 11) Note: The terms Chronic Homeless, At-Risk of Chronic Homelessness, and Homeless in (a) (b) and (c) below are defined in Section 101.	
a. Number of NPLH-assisted unit occupants whose prior living situation is described as "Chronic Homeless"	
b. Number of NPLH-assisted unit occupants whose prior living situation is described as "At- Risk of Chronic Homelessness"	
c. Number of NPLH-assisted unit occupants whose prior living situation is described as "Homeless"	
<b>13. Of the tenants whose prior living situation was "on the streets," (including a vehicle or other place not meant for human habitation), how long was this their prior living status?</b> (Section 214 (e) 15)	
a. Number of HOH prior living situation One Night or Less	
b. Number of HOH prior living situation Two to Six Nights	
c. Number of HOH prior living situation One Week or More But Less Than One Month	
d. Number of HOH prior living situation One Month or More But Less Than 90 Days	
e. Number of HOH prior living situation 90 Days or More But Less Than 1 Year	
f. Number of HOH prior living situation 1 Year or Longer	
g. Number of HOH prior living situation Unknown or Refused	
<b>14. Of the tenants whose prior living situation was any of the following: emergency shelter, safe haven, transitional, or interim housing, how long was this their prior living status?</b> (Section 214 (e) 15)	
a. Number of HOH prior living situation One Night or Less	
b. Number of HOH prior living situation Two to Six Nights	
c. Number of HOH prior living situation One Week or More But Less Than One Month	
d. Number of HOH prior living situation One Month or More But Less Than 90 Days	
e. Number of HOH prior living situation 90 Days or More But Less Than 1 Year	
f. Number of HOH prior living situation 1 Year or Longer	
g. Number of HOH prior living situation Unknown or Refused	
<b>15. Of the tenants who vacated the Project during the reporting period, how many exited to any of the following destinations:</b> (Section 214 (e) 17)	
a. Number of Households which vacated to other Permanent Housing	
b. Number of Households which vacated to the street, emergency shelter, transitional housing, or safe haven	
c. Number of Households which vacated to an institutional destination	
<b>16. Of those Households which vacated to an institutional destination, how many exited to:</b> (Section 214 (e) 17)	
a. hospitalization or psychiatric hospitalization	
b. residential substance use treatment facility	
c. skilled nursing facility	

d. jail or prison	
e. unknown	
<b>17. Number of Households whose Length of Stay as of the date of this report's submission is:</b> (Section 214 (e) 10)	
a. 12 months or less	
b. between 12 months and 24 months	
c. more than 24 months	
<b>Occupancy, Income and Rent Limit Requirements</b>	
<b>1. List the average Project vacancy rate for the last 12 months (reporting period):</b> (Section 214, (e) 6)	
<b>2. List the average NPLH-assisted unit vacancy rate for the last 12 months (reporting period):</b> (Section 214, (e) 7)	
<b>3. List the number of tenants that died during the last 12 months (reporting period):</b> (Section 214 (e) 18)	
<b>4. For tenants who leased or remained in NPLH Assisted Units during the reporting period, list the number of households which:</b> (Section 214 (e) 19)	
a. had an increase in employment income during the reporting period	
b. had a decrease in employment income during the reporting period	
c. had no change in employment income during the reporting period	
<b>5. For tenants who leased or remained in NPLH Assisted Units during the reporting period, list the number of households which:</b> (Section 214 (e) 19)	
a. had an increase in non-employment cash income during the reporting period	
b. had a decrease in non-employment cash income during the reporting period	
c. had no change in non-employment cash income during the reporting period	
<b>6. For tenants who leased or remained in NPLH Assisted Units during the reporting period, list the number of households which:</b> (Section 214 (e) 19)	
a. had an increase in total cash income during the reporting period	
b. had a decrease in total cash income during the reporting period	
c. had no change in total cash income during the reporting period	

Provide if available for the 12-month Reporting Period (Section 214 g):	Quantitative data if available
# of emergency room visits before move-in	
# of emergency room visits after move-in	
Average # of psych facility, hospital, and in-patient days before move-in	
Average # of psych facility, hospital, and in-patient days after move-in	
# of arrests and returns to jail/prison before move-in	
# of arrests and returns to jail/prison after move-in	