* Entity requesting Letter of Support must include the information highlighted in yellow.
* Requests for Letters of Support must be submitted to the County **four** weeks prior to the date needed. For more information on the process, visit the [website](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/path-cited-los-process-round-4.html).

Month Day, 2025

# County of San Diego, Behavioral Health Services

# 3255 Camino Del Rio S.

# San Diego, CA 92108

# California Department of Health Care Services

# P.O. Box 997413, MS 0000

# Sacramento, CA 95899-7413

**Subject:** Letter of Support for Transitional Rent Community Support Services Dear DHCS:

County of San Diego (County), Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) affirms the County’s support of [Applicant/Organization’s Name] as a Transitional Rent Community Support provider. This letter serves as an official attestation of both [Applicant/Organization’s Name] and County BHS to collaborate in the provision of the Transitional Rent Community Support service under the California Advancing and Innovating Medi-Cal initiative, especially as it pertains to members eligible for Housing Interventions under the Behavioral Health Services Act (BHSA).

As a prospective provider, [Applicant/Organization’s Name] and County BHS recognize the critical importance of developing Transitional Rent support capacity to address health related social needs and to connect members to permanent housing as a long term goal.

[Applicant/Organization’s Name] and County BHS are committed to working collaboratively to ensure that eligible individuals have access to transitional rent support as part of comprehensive behavioral health care services. Specifically, we commit to the following:

1. **Collaboration:** Partnering to implement Transitional Rent Community Support in alignment with program guidelines and participant needs and coordinating to connect members eligible for

services under the BHSA Housing Interventions. Collaboration may include the development of contracts, MOUs, or other agreements appropriate to establish collaborative efforts.

1. **Compliance:** Adhering to all applicable federal, state, and local regulations, as well as PATH- [Capacity and Infrastructure Transition, Expansion, and Development (CITED) or Technical

Assistance Marketplace (TAM)] program standards.

1. **Capacity:** Providing sufficient staffing, training, and resources to deliver effective services and ensure successful program outcomes, as applicable.
2. **Coordination:** Engaging with [insert applicable Medi-Cal Managed Care Plans names], housing authorities, service providers, COCs and other stakeholders are relevant, to enhance access, integration, and continuity of care for program participants.
3. **Sustainability:** Establishing a partnership to provide ongoing Transitional Rent supports beyond the completion of PATH [CITED or TAM].

If you have any questions or require additional information, please contact Nadia Privara, Assistant Director, Behavioral Health Services at Nadia.Privara@sdcounty.ca.gov.

Sincerely,

LUKE BERGMANN, Ph.D., Director
Behavioral Health Services
Health and Human Services Agency

LB/np

On behalf of:

[Organization Name] [Phone Number]

[Email Address]

# Approved by:

**[Signature Line for County Behavioral Health Representative]**

[County Behavioral Health Representative Name] [Title]

On behalf of:

[County Name] Behavioral Health Department