

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: CA-601 - San Diego City and County CoC

1A-2. Collaborative Applicant Name: Regional Task Force on the Homeless

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Regional Task Force on the Homeless

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Member of the Public	Yes	No

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)**

During the FY 2017-18, the RTFH Board was composed of a wide range of persons and entities, augmented by 5 advisory boards, 8 subgroups, and a full membership group. The Board and Membership actively invites participation from anyone interested in ending homelessness. Invested partners, such as liaisons from behavioral and mental health and law enforcement teams give insight for outreach to high- risk persons; outreach to persons with human trafficking or lived homelessness experience ensure representatives hold Board and committee seats. Unaccompanied Youth Task Force and advocates for LGBTQ youth provide input for planning and coordination of services for their respective populations. Law enforcement, probation and the Re-Entry Roundtable contribute knowledge on justice- involved persons and systems. A Homeless newsletter editor regularly attends to give input. Meetings follow the Brown Act and meeting dates, agendas, and open invitation for citizen input are publicly posted in advance. Public input is invited at the beginning of each meeting.

1B-2.Open Invitation for New Members. Applicants must describe:

- (1) the invitation process;**
 - (2) how the CoC communicates the invitation process to solicit new members;**
 - (3) how often the CoC solicits new members; and**
 - (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

New member are officially solicited annually, however, informal outreach and invitations occurs at least quarterly. The RTFH uses multiple efforts to regularly invite interested individuals and organizations to become active members in the CoC. Using monthly notices via public website postings, email distribution and outreach to potentially under- represented constituents, and to CBOs serving homeless and at-risk persons, the RTFH encourages a wide array of stakeholders. Vibrant connections to other networks, such as the Alliance for Regional Solutions, Network of Care, the Unaccompanied Youth Task Force, the Churches Against Human Trafficking, as well as print media (Homelessness News or Voice of San Diego) provide information about the RTFH and how to participate. Invitations to join the full membership are invited in the first quarter of each year and recruitment of RTFH Board members occur during the second quarter. Board Member selection occurs annually in June.

**1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)**

The CoC open solicitation process uses a public website and e-mail to 200 stakeholders on the HIC including non-HUD funded agencies and developers, and announcements in community forums to invite any eligible entity to participate in the CoC Competition. A public request for Intent to Submit is released about 30 days in advance of NOFA. Technical assistance and resources are provided to each potential applicant who responds to the intent. This allows new entities to prepare for formal application. Public notices of funding and information and training sessions are offered to public through the RTFH and stakeholder websites. All projects compete for inclusion in the application based on eligibility, organizational capacity, assessment using standardized scoring tool, established CoC housing and population priorities, subregional need for project, contribution to the CoC system and alignment with Board directives. Six new potential applicants responded with intents in 2018. The request for Intent to Submit applications was released and publicly posted on June XX, 2018 and the formal Call for Proposals was released and posted on July XX, 2018.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	No
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:

- (1) consulted with ESG Program recipients in planning and allocating ESG funds; and**
 - (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.**
- (limit 2,000 characters)**

RTFH consults with 4 local ESG areas and is an Administrative Entity (AE) for CA-ESG for decision- making processes. HIC, PIT, AHAR, unmet need data and trend information is provided all 13 CDBG entitlement and 5 jurisdictions. An Evaluation Committee, the AE foster ESG coordination and evaluation,

including reviews and approval letters endorsing funding. Applicants applying for funds outside CoC Competitive funds submits a standardized Request for Letter of Support form to the Evaluation Advisory Committee. The committee reviews the request, may ask for clarification or additional evidence, and issues a Letter of Support or notice of determination. ESG representatives meet monthly as Board members. An ESG manual contains cross-jurisdictional policies, standards, and information shared across jurisdictions. RTFH and ESG entitlements coordinate at least annually. County HCDS is the official Administrative Entity for State and County ESG funds. The AE issues requests for proposals, establishes a project review and selection group to recommends projects CA-ESG funding allocated to the CoC. CAPER reports are evaluated annually. Homeless prevalence, population characteristics, and system-level performance data are provided to the public via the RTFH Website. Specific information is provided about 18 incorporated cities and the unincorporated county area. Data and planning information is provided to El Cajon, Encinitas, Escondido, Carlsbad, La Mesa, Oceanside, National City, Chula Vista, San Diego, Santee, San Marcos, Vista, & County. RTFH members attend Consolidated Plan advisory and planning meetings in several subregions, accounting for over 12 sessions annually

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and

(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.

(limit 2,000 characters)

Safety is paramount in meeting the needs of survivors of violence (DV) and human trafficking (HT). Initial contact occurs via hotlines, emergency response teams, justice system referrals, or in public facilities. Initial assessment prompts action if DV risk is detected. Confidential, privacy-secured communications welcome victims into systems of care and honor client choice. An empowering approach helps restore client dignity and sense of control. DV and HT networks offer expert support, lethality review, safe transit, and safe housing. CoC & ESG agencies combine housing and DV services to foster rapid moves to safety. A

DV Council ensures client- driven, trauma-informed, and culturally-relevant procedures. Protocols minimize physical and emotional risks and promote privacy and confidentiality. Adherence to state laws enhances protection. Service coordination relies on unique identifiers and strict data sharing protocols. Risk assessment helps clients select among housing options. Safety plans, secured housing, transportation, health care, legal aid, and alerts when abusers are released promote safety. In- home training and distance learning help clients safely bridge to jobs. Once housed an Emergency Transfer Plan (ETP) ensures continuous access to safe housing and supports. The ETP extends beyond VAWA. Founded on principles of trauma-informed care, client empowerment, and a strengths perspective, the ETP offers crisis resolution, safe housing transfer and helps survivors navigate interactions with child welfare, police, courts; or landlord-tenant relationships that can inadvertently re-traumatize victims or create barriers to housing. ETP features include: immediate transfer; trauma-informed care; client choice; preferred housing providers; interagency MOUs; referral to non-CoC services; safety plans, safety-first networks; training; and high-risk response teams. DV networks draw on CoC, ESG, DOJ, HHS, State OES, faith-based and private resources

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

Optimal implementation of DV/HT care rests on the ability to provide immediate response by personnel with a working knowledge of the local emergency shelter and housing systems, the needs of victims of violence, and laws applicable to protecting victims. Agencies serving DV/HT clients and personnel implementing the ETP should evidence appropriate knowledge of the existing safety-first network of providers of victim services, lethality assessment, and have completed State DV Certification training. A DV High-Risk Response Team comprised qualified trainers offer periodic training at the request of the CoC. CoC training provides information about the nature of the complexity of needs, services available to DV/HT survivors; guides for trauma-informed, strengths-based care; risk assessment, client choice and self-determination. Five DV 'anchor' agencies located throughout the CoC subregions sponsor intensive DV training at least annually. Curriculum offers best practices, cultural competency, dually-impacted groups (LGBTQ, elderly, and minority) protecting confidentiality, preserving human rights and dignity, and mechanisms (TRO, safe harbors) that bolster safety when clients choose to live outside the DV safety network. Training is available to direct service providers, outreach workers, CoC and CES staff, registered volunteers and interns. A County HHSA contract supports HT awareness and response training using the kNOW More network. The kNOW More program employs survivors as actors in a theatre of the oppressed production as part of the training which is offered multiple times annually. This innovative design ensures training is victim-centered and survivors are honored while capturing the interest of the audience. kNOW More is offered in schools which fosters prevention and early identification of sexual exploitation and violence. Protection of personal information in record-keeping (HMIS, CES) is available via on-line training throughout the year.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

Four kinds of resources help inform the CoC needs assessment: 1) 3rd party Evidence such as research studies, formal reports, and public records; 2) program records and outreach/advocacy group, and hospital data; 3) Client centric data: including interviews and surveys with survivors; focus groups with subject matter experts in DV and HT; and 4) HIC, PITC, CES, systems framework & de-identified data from alternative data bases (ETO). Together these sources quantify need, identify effective practices, honor the lived experiences of clients and their preferences, and offer evidenced- based and practices-informed knowledge. Quantitative data was compiled from a multi-year NIJ study; Law enforcement incident reports; Ca report on one-day DV census; San Diego Association of governments; justice-system survivor services data set; records from three dv hotlines; program information from 4 subregional 'anchor' agencies; and homeless PITC, HIC and aggregate reports submitted to the HMIS lead. Local Data gathered through providers, A DV Council State DV PILOT Project report including anchor agency from SD CoC; NIJ research grant on HT; county and DOE data collected by HT network, non-personally identifiable data from alternate data systems are entered aggregated with HMIS data to generate a region-wide profile of DV persons served by the homeless-dedicated provider network. Recognizing that DV victims and HT survivors are often served by non-homeless dedicated agencies, assessment of community need also includes information from other systems such as law enforcement, emergency response teams, school liaisons, and the Domestic Violence and kNow-More HT networks.

**1C-4. DV Bonus Projects. Is your CoC Yes
applying for DV Bonus Projects?**

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	<input checked="" type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input checked="" type="checkbox"/>

1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;**
 - (2) the data source the CoC used for the calculations; and**
 - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

The CoC HIC contains 15 DV projects with 180 units (624 beds) offered through seven organizations. Of these, five receive CoC funds to support 92 units (320 beds) while non- CoC funded projects offer 88 units (304 beds). The projects,

sponsored by seven agencies, offer five tenant-based, scattered site projects and eight site-based facilities (three projects are co-located). There are three emergency shelters (49 beds) and three hotlines in the DV inventory.

According to data collected by CoC - DV agencies and entered into separate comparable databases, in one year 1,542 persons received housing or shelter, 2,265 accessed other services, 3,630 hotline calls and 647 DV response team deployments occurred. Needs of nearly 1,100 (1071) hotline requests went unmet. Data for HT is captured data from HT and sexual-assault survivor programs (54 beds) that are not listed on the HIC because they not exclusively homeless-dedicated. A three-year study estimated an average of 3,812 HT in San Diego each year.

The RTF HIC identified DV system capacity and occupancy at the PITC, annual shelter and service data was collected from provider data bases, hotline call records, and a mixed-method multi-year study using five major sources the CoC used for the calculations. Together the data indicate that systems of care in the San Diego CoC housed nearly 1,800 DV/HT persons in a single year. For DV, this data was captured from CoC-funded organizations which represent only half of the DV identified beds. Demand, however, was measured at more than three times the number housed. Other data sources: State data from a national one-day DV Census in 2017; law enforcement incident records; housing-first reports for DV agencies in CA, including one CoC agency support the service and demand levels experienced in the CoC. In fact, the demand measure is likely a minimum, while the services data may include some duplication because it aggregates reports from multiple non-integrated systems.

1C-4c. Applicants must describe:

(1) how many domestic violence survivors need housing or services in the CoC's geographic area;

(2) data source the CoC used for the calculations; and

(3) how the CoC collected the data.

(limit 2,000 characters)

CoC-funded agencies report providing safe housing to 1,542 people and non-funded DV providers reported housing an additional 184 persons (on PITC date only). The 29 HT dedicated beds are reported as continuously occupied. A HT program with 6 beds received 20 calls per month for housing last year. While at least 1,755 were housed, this number does not equate the total need. Hotline calls, agency records, PIT data and formal research show 4,277 DV and 3,812 HT survivors request housing or services in a year. The need is not stagnant. The San Diego Association of Governments (SANDAG) reports 17,000 DV incidents in 2017 with increases from 2013, 2016 and 2017 (19-30% in the east region and 37-53% in a north coastal area). Given the known unmet hotline requests, the demand for services, and virtually no dedicated HT facilities, DV housing needs are conservatively estimated at 3,010 (number housed plus unmet hotline requests). Assuming a potential 40% overlap in HT and homeless found in the research, the HT housing need is set at 2,287. Presuming justice system and law enforcement investment in addressing HT needs only 10%(228) is factored into the CoC need. Youth service providers describe the nexus between the DV/ HT and homeless youth. 160 Served in 2017. CoC total need is 3,3988 persons. DV families have complex needs. Studies of service requests, shelter and self-efficacy, and specialists in trauma-informed care and family resilience depict a tapestry of interwoven services needed to overcome Confidential secure housing, safe transit, legal support,

transparent trauma-informed care, counseling and treatment for PTSD, SUD for adults and ACE for children, disability services, childcare, employment services, financial planning, health care, and tangible needs are some services DV/HT might request. Access to flexible funding assists in tailoring response to the unique needs in the DV path to recovery.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;

(2) quantify the unmet need for housing and services for DV survivors;

(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and

(4) describe how the CoC determined the unmet need for housing and services for DV survivors.

(limit 3,000 characters)

The unmet housing need derives from the demand measured in 1C 4C compared with the known DV housing capacity in 1 C-4b. Only 624 beds designed to serve the DV and a 3,398 bed demand leaves an 82% gap in housing (2,774 beds). If the full demand for HT specialty beds is included, the gap reaches 90%. When the DV survivor has confounding issues, LGBTQ, youth, disability or aging for example, there is almost a complete gap. A recently awarded youth demonstration grant will help quantify the youth need.

While Hotline calls, agency service records, point in time data and formal research show help quantify the number of persons requesting housing or services annually, other data point to the magnitude and characteristics of the potential DV/HT needs beyond what has been measured. Evidence-based and best practices call out legal services (restraining orders, representation in family court, child welfare); confidential counseling for all family members with professionals trained in trauma-informed care, treatment for PTSD, substance use disorders, adverse childhood experiences; culturally competent program staff, secure transportation, education and job services, landlord- tenant advocacy, and flexible resources to meet essential daily needs, support groups. While the vast majority of demand is from women with children, DV survivors include male victims, LGBTQ persons and youth. Data depicts the majority of HT survivors as youth and young adults, again predominantly female. Nearly all DV and HT households need counseling and supports to overcome psychological, physical, financial and social barriers to overcoming the experience of violence. As seen in 1C-4c, 4,277 persons needs DV supports.

The CES system is inadequate in ensuring rapid movement to safe housing for HT. Without a central, secured CES /Data system dedicated to DV, response relies on coordination by individual program staff from each program. This slows the process of securing safe housing, leaving DV at risk for or in emergency shelter for longer periods. The current, multiple data base system is unable to readily and prioritize persons assessed with highest lethality. The ETP will also need coordination between information in the central CES and the existing DV response system in order to identify and transfer tenant at imminent risk and to alert the general CES system of the vacancy created. Without CES it is difficult to accurately the multiple needs of DV/HT persons. Tracking service provision, analyzing the household characteristics, patterns of movement, and successful

interventions is hampered.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

The projects resolve critical unmet needs for survivors. Journey Forward (JF) addresses a rise in DV in the East region. JF leverages OES funds to link essential housing and services with the evidence-based success that flexible funding brings. Research finds this a 'promising strategy' in DV prevention. JF offers 27 beds serving a minimum of 41 persons. Safe housing, specialized, trauma-informed counseling, training on how to identify and overcome toxic relationships, and alumni and mentoring help DV clients begin the journey forward. Feeling connected and empowered help remedy the isolation and helplessness of DV. A Housing First approach invites participants to join in securing their future through employment or education designed to overcome the poor job history often resulting from DV; partnerships with health, mental health, and behavioral health professional promote healing for an array of personal health needs. Justice, legal, child welfare, and mainstream resources, and childcare, disability services, and tangible needs are available as the client desires. TH TH-RRJ design ensures the family chooses a comfortable level of intervention and is not re-traumatized.

CRC also responds to dramatic DV growth and offers 15 units of rental assistance and services projected to serve 40 persons. Mobile case management, bilingual staff are parts of the victim-centered delivery and unique program design. Housing First, trauma informed care, counseling, and tangible needs and consumer choice are hallmarks of DV intervention. Housing navigation, move-in assistance, and a graduated rental assistance model enables survivor to regain financial stability at a pace customized to the individual household. The pathway to stability may mean access to mainstream resources, job coaching, case management and counseling services. CES-DV Safety centralizes the multiple disparate data systems to expedite housing placement or transfers while protecting confidentiality.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;
- (2) rate of housing retention of DV survivors;
- (3) improvements in safety of DV survivors; and
- (4) how the project applicant addresses multiple barriers faced by DV survivors.

(limit 4,000 characters)

The CoC selects three agencies for DV Bonus: Crisis House (CH), Community Resource Center (CRC), and RFTH the HMIS / CES lead agency.

Crisis House: CH, located in the East subregion, has two COC – funded and two State-funded DV projects each with placement rates between 96-99%.

Clients retain housing with no returns to homelessness within a year.

Monitoring reports reflect the strong 20-yr history of CH to successfully launch and administer cost-effective special-needs programs. Emergency shelter (ES) affords families with a safety crisis a safe place to stay for up to 7 nights while

staff trained in DV response and trauma-informed care assess their level of risk and housing and support needs. A diversity of programs offer prevention /diversion, short-term bridge housing, and rapid rehousing and makes a wide array of supports available that clients can choose to use. A safety plan helps client understand how to prevent and respond to DV risks.

Formal research on Housing First and DV processes (Sullivan) that included CH programs helps to shape program operations. This Bonus project application leverages Office of Emergency Services resources to create access to the complex array of services identified as best practices for DV/HT. To ensure the safety and stability required for families to regain effective functioning, CH offers access to legal services (TRO, family court, or referrals to federal protection agencies if warranted), secure housing, confidential counseling for all family members, transportation, education, and flexible resources for essential services. CH has DV-certified staff and experience in assisting clients with substance use and mental health challenges including the PTSD and child adverse reactions that accompany exposure to violence. CH assists male survivors who face unique barriers in resolving DV/HT.

Community Resource Center: In 2017, CRC served 146 households, 80% achieved PH with 100% retention at 6 months follow up. CRC's DV service spectrum includes Emergency Shelter (ES), Transitional Housing (TH) , Rehousing (RRH) a Crisis Hotline; Therapeutic Children's Center; Counseling; Legal Advocacy; Education, and job. The average stay in ES is 45 days. Safety planning is integral to ensuring clients know how to keep their families safe. CRC works with clients to overcome multiple barriers they face. DV clients may not be primary English speakers, compounding the cultural challenges to service access bilingual staff, counselors, and residential advocates facilitate services to this underserved group. Other barriers include physical and developmental disabilities, mental health conditions, and substance abuse. A full range of case managed services and robust relationships with partnering agencies and practitioners provides; food services; temporary shelter through motel vouchers and a rotating shelter program; rental support and assistance; enrollment in public benefits programs through videoconferencing; Low-cost to free counseling; Financial literacy, job placement assistance; and essentials services.

Exceptional Needs: Both CH and CRC have access to community supports for exceptional- needs clients: TTY & deaf services; Immigrant victim assistance; cultural competency training – LGBTQ; aging and independent services; Regional Center disability aids

Regional Task Force: RTFH is the HMIS and CES agency for CoC data collection, management, coordinated entry facilitation, and training. High level data quality, program inclusion, training and reporting is evidenced by participation in HDX mechanisms: HIC, PITC, AHAR, and System Performance reporting. Performance measures include: 95% +bed inclusion in HMIS; 100% table shell acceptance for two AHAR regions and on-time reporting compliance. RTFH successfully integrated data from three databases, created HUD – compliant privacy and security protocols; and can manage open or closed data systems. Audits find RTFH as low risk

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

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- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
San Diego Housing Commission	37.70%	Yes-Both	Yes
San Diego County Housing and Community Development	53.00%	Yes-Both	No
City of Oceanside	18.50%	Yes-Both	No
City of Carlsbad Housing and Neighborhood Services	0.00%	Yes-Both	No
Housing Authority of the City of National City	0.00%	No	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

A meeting with the Office of the City Manager and key Housing Division administrators discovered that City personnel and law enforcement prioritize outreach and services for homeless mentally ill persons. Language is being drafted for inclusion in City policy.

The CoC RTFH Chief Executive Office established meetings with the individual 18 cities and their leaders to encourage them to adopt a homeless admission preference policy and will continue to do so. Also, the PHA's have monthly learning collaborative meetings to which RTFH representative are invited. Although not all 18 jurisdictions are PHAs but their housing or community services divisions are key in prioritizing the public response to homelessness. CDBG, ESG and other resources can assist in moving offering less intensive services to clients as they stabilize.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?

Yes

Move On strategy description. (limit 2,000 characters)

The PHA for the City of San Diego has a Move On strategy documented in the San Diego Housing Commission Section 3. Also, Residents who is are housed in public housing in the County of San Diego; or a low- or very low-income person who resides in the County are linked to employment training and employment also known as "Business Concerns." Income growth assists households in moving from higher level of assistance to lesser assistance at the tenant's choice.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

CoC takes action each year to ensure adherence with anti-discrimination based on age, sex, gender and LGTQ status, marital status, and disability through policy and training: •Inclusion of 24CFR 576.102 as a minimum requirement in the CoC Written Standards (p. 26); •Reference to 24CFR 5.105 in the RTFH Standards •CoC Separation Policy distributed and adopted in 2013; 2015; and 2018 •Training & Community Conversation (2015, 2016) including marital status challenges for non-CoC funded housing provided by faith-based organizations; and training on Gender Identities by a senior attorney of the Fair Housing Center of the Legal Aid Society (2018). •The CoC distributed an Equal Access Assessment Tool for Gender and incorporated non-discrimination policies in the CoC Written Standards. The CoC captures and assesses gender identity information through PITC. The 2018 unsheltered count recorded almost 2% transgender or non-CIS responses. A CSE-IT screening identifies trafficked and exploited youth and triggers SDYS provider response The CoC partners with the University of Chicago's Chapin Hall (Chapin) to create a youth focused PITC Count built upon the Chapin's Voices of Youth Count study. This enhances knowledge about the needs of local LGBT youth. Youth service providers helped to collect event-based and street outreach-based information from current and formerly homeless youth. The Youth Centric PITC found that 23% of youth identify as lesbian, gay, bisexual, queer, or something else (LGBTQ+). A local subject matter expert and CEO presented the Board factors related to increased homelessness, and the LGBTQ+ community. The Center, a local non-profit serving LGBTQ individuals is instrumental in the CoC processes, recently designated their Executive Officer to sit on the Coordinated Entry Committee, and the youth Stakeholder Consortium. The True Colors Fund, dedicated to serving LGBTQ youth, will provide two years of technical assistance to the CoC.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes

3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes
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1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

The CoC CAHP-CES system serves the entire region. Although the data is contained in one central data base, specific staff are assigned to each region. RTFH employs Housing Navigators, CES technical staff, matchers, and support staff who work with trained assessment personnel, agency case managers and housing 'matcher' to facilitate placement. Outreach teams access CES through assessment agencies in each subregion and through CES staff dedicated to those areas.

CoC policies and Written Standards require all CoC & ESG funded programs to participate in the system to the greatest extent permitted by regulations. Standardized assessment conducted with versions of the VI-SPDAT customized for subgroups(individuals, families, youth, serious mental illness) provide initial scores used to triage housing needs. In accord with CPD Notice 16-11, CoC policy mandates priority for the persons with the longest term in

homelessness and greatest needs. CES policies and procedures were updated in 2018 to reflect CPD 17-01. Assessment conducted through the VI SDPAT tools for families, individual and include supplemental sections added the CoC. These instruments generate scores used to prioritize clients. A chart in the Written Standards and CES policies detail how prioritization occurs. More comprehensive needs assessments such as the CSE-IT for HT/SCEC youth and the VA Acuity scale point to the more extensive needs. Customized VISPDt includes UDEs, place of habitation, LOT homeless, language barrier, gender orientation, military, health and wellness, human trafficking, child welfare, experience in jail, prison, and other institutions. The CES system uses the upper scores (16-18) of the VI SDPAT housing triage tool to identify priority referrals to PSH.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="checked" type="checkbox"/>
Health Care:	<input checked="checked" type="checkbox"/>
Mental Health Care:	<input checked="checked" type="checkbox"/>
Correctional Facilities:	<input checked="checked" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="checked" type="checkbox"/>
Health Care:	<input checked="checked" type="checkbox"/>
Mental Health Care:	<input checked="checked" type="checkbox"/>
Correctional Facilities:	<input checked="checked" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

(limit 2,000 characters)

Local project review employs data from 17 APR questions, two system-level performance standards scores, e-LOCCS records, independent audits and monitoring, HIC, PITC and HMIS data threshold criteria, and CES participation in ranking projects. CoC policy adheres to CDP 16-11 prioritization which is reflected in rating and ranking through high priority designation in the Universal Tool for chronic persons in PSH; rating factors that award points based on the percent of persons with multiple disabilities, substance use and mental health served by each project, the percent of persons entering housing directly from places not meant for Human Habitation. The CES system uses the upper scores (16-18) of the VI SDPAT housing triage tool to identify priority referrals to PSH. The rating criteria includes a factor measuring the level of CES participation of each project. Locally customized rating factors also additional points for Service to vulnerable populations such as youth /TAY, domestic violence households, and chronic persons, serving zero income clients success in placing persons directly from the streets, and in minimizing returns to homelessness are factor in scoring. Adherence to Housing First, written standards reflect priorities. Success in linking clients with health care works to

address the special needs rather than just identifying them. DV Applications were reviewed for expertise in trauma-informed care, cultural competence, and use of best practice interventions found in research. CoC systems needs and subregional gaps in service are also considered in selection. The 2018 process added a Housing First fidelity review to ensure daily operations reflect HF policies and commitments.

1E-3. Public Postings. Applicants must indicate how the CoC made public:

- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
- (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
- (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:

- (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**
- (2) rejected or reduced project application(s)—attachment required; and**
- (3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: Charter, p and MOU pages 7-11
 (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
 (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? MediWare

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
 (1) total number of beds in 2018 HIC;
 (2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	2,050	49	2,001	100.00%
Safe Haven (SH) beds	91	0	91	100.00%
Transitional Housing (TH) beds	1,818	344	1,474	100.00%
Rapid Re-Housing (RRH) beds	1,372	231	1,141	100.00%
Permanent Supportive Housing (PSH) beds	4,403	0	4,403	100.00%
Other Permanent Housing (OPH) beds	857	0	802	93.58%

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)**

Not applicable. All categories exceed 84.99%

**2A-6. AHAR Shells Submission: How many 12
2017 Annual Housing Assessment Report
(AHAR) tables shells did HUD accept?**

**2A-7. CoC Data Submission in HDX. 04/30/2018
Applicants must enter the date the CoC
submitted the 2018 Housing Inventory Count
(HIC) data into the Homelessness Data
Exchange (HDX).
(mm/dd/yyyy)**

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter 01/26/2018
the date the CoC conducted its 2018 PIT
count (mm/dd/yyyy).

2B-2. HDX Submission Date. Applicants 04/30/2018
must enter the date the CoC submitted its PIT
count data in HDX (mm/dd/yyyy).

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)**

As the CoC transforms its systems to improve effectiveness and data accuracy, shifts in the Sheltered PIT (S-PIT), such as reduction of 709 transitional housing beds and addition of 639 PSH and RRH beds, result. Enhanced methodology helps to ensure accurate, high-quality S-PIT data. Year-round HMIS participating projects went through a new process: HIC confirmations were combined with S-PIT efforts. Providers had to confirm their bed capacity and also confirm in writing that the project was eligible for inclusion on the HIC. This allowed us to include or exclude providers more accurately because both HIC and Sheltered PIT were reported in a single communication and their connection was more firmly established.

For projects which do not typically enter year-round into HMIS: providers used trained HMIS staff to provide to the CoC and HMIS client level information to inform the SPIT. In prior years, a spreadsheet was utilized and populated by providers. In prior years CoC staff would then enter based on the spreadsheet. Now a reduction in the number of times data is entered reduces possible sources of error. This impacted our sheltered PIT count by excluding certain providers which had given data with minimal context in years prior. These providers were unable to confirm that their project was eligible for inclusion on the HIC/PIT. This allowed us to better run data quality reports and understand projects more thoroughly.

Through processes noted above, projects were added or removed from the PIT. New projects which opened during the year (bridge shelters, new county funding for hotel/motel), newly awarded subcontractors, and providers who were able to contribute due to clearer instructions for the HIC/Sheltered PIT were added. Those removed were comprised of program changes and those who were unable to respond to requests for information (who typically do not contribute year-round to HMIS) and those who were unable to confirm their homeless-dedicated status.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	1,521
Beds Removed:	1,057
Total:	464

2C-3. Presidentially Declared Disaster No
Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count?

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Yes
Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.

2C-4a. If “Yes” was selected for question 2C-4, applicants must:
(1) describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC’s unsheltered PIT count results.
(limit 2,000 characters)

A methodology change made from the 2017 to the 2018 PIT count was that RVs were enumerated separately from cars, trucks and vans. For the 2018 PIT we did not include the count of RVs. Based on HUD guidance we need to engage and count the individuals living in RVs and not just the RV itself. Without this engagement we were unable to determine if those sleeping in RVs consider themselves as housed, unstably housed or unsheltered. The COC and HUD Technical Assistance is reviewing methodology for 2019.

2C-5. Identifying Youth Experiencing Yes

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Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe:

- (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;**
 - (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and**
 - (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.**
- (limit 2,000 characters)**

The 2018 youth count was structured as a separate event from the general PIC count. In collaboration with community youth partners a combined methodology model was used in a week long effort to reach homeless youth. Events at different regional youth providers sites were set up so youth would “come and be counted” as well as doing outreach to youth defined “hot spots.” In addition youth that considered themselves as unstably housed were surveyed in an attempt to understand fully what the scope of youth homelessness looks like in San Diego County.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

- (1) individuals and families experiencing chronic homelessness;**
 - (2) families with children experiencing homelessness; and**
 - (3) Veterans experiencing homelessness.**
- (limit 2,000 characters)**

In 2018 a committed effort was made to engage families who are living in their cars by surveying all three safe parking lot sites provided in the CoC by Dreams for Change. Interviews with families in homelessness capture important data about family members. For veterans, the CoC continued to employ strategies previously developed through a partnership with the VA such as veteran outreach workers or volunteers being included in the teams.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	5,556
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3A-1a. Applicants must:

- (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
- (2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

Metric 5.1 of the 2018 HDX Competition report shows 5,556 first time homeless persons. This is a decrease of nearly 500 persons (494) compared with the prior period. Strategies like CES triage and tracking, creation of recuperative health care beds, in-custody PITC survey, and targeted youth outreach deter persons at risk of homelessness. In prior years, the Opening Doors group (ODG) marshaled efforts to count, track and provide more frequent efforts focused on veterans. These effort spawned use of a by-names-list that helped identify those falling into homelessness for the first time. A CoC- developed local Systems-framework tool and reporting platform mines data on both region-wide and project level entry, exit, outcomes and transition between system components. Analysis of reports from this tool help identify key points of entry, successful interventions, and patterns of system weaknesses which allows the CoC to plan for system improvement. A Board appointed Planning Committee and consulting firm are directly responsible for development and oversight of strategies to end general homelessness. The Regional Task Force as the operational body and Collaborative Applicant is responsible for ensuring effective implementation of and strategies adopted by the Board. The veteran's consortium and a Youth Consortium Task force contribute to the ongoing planning and assessment for those subpopulations.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:

- (1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
- (2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;

(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

The HDX Competition report metrics 1.1 and 1.2 reveal an average length of time Homeless for persons in emergency shelter, safe haven, and transitional housing at 146 nights with a corresponding median term of 79 nights. When persons entering permanent housing are added and the average Length of Time homeless prior to move the average and median terms of homelessness is examined, the number of nights jumps to 547 and 275 nights respectively. This data reflects the challenges in access to permanent affordable and permanent supportive housing in the San Diego region.

HMIS is foundational to monitoring returns to homelessness (RTH). A newly launched Systems Framework reporting tool is able to publicly report RTH from each system component monthly. HDX Metric 2, shows total return to homelessness at 7%. Data reveal variances in RTH at 'critical times' and pathways. By-Name-Lists CES case conferencing identify those with high recidivism. Strategies include: 1) Expanded RRH and navigator support quickly move persons into housing; 2) Tracking and data analysis of RRH and TH practices and linked outcomes; 3) Consulting the PSH Learning Collaboratives that regularly reviews data and best practices; 4) Subregional assessment of housing capacity vs. need determined by PITC and funding allocation; 5) HMIS dashboard reports identify and track population trends; 6) Ongoing landlord outreach, education, and special incentives from PHAs and a help-line to reduce barriers and eviction. RTFH HMIS-CES Subpopulations Committee oversee progress on this measure.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:

- (1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and**
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	43%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	95%

3A-3a. Applicants must:

- (1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and**
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing

**destinations.
(limit 2,000 characters)**

HDX Competition Report, Metric 7b2 shows a 95% successful exit and retention rate with a 3% increase (2%) over 2016 and evidences the CoC's continuing success in PSH placement and retention. RTFH Standards emphasize low barrier, housing first, rapid movement to PSH followed by access to county full service partnership comprehensive services(FSP). Housing search and navigation and landlord incentives increased access to client- preferred units. "Step down" units were offered to PH tenants whose services needs had decreased and stabilized which increased FSP - supported units available for moving persons directly from the street. A permanent supportive housing learning collaborative helps examine the factors impacting placement and retention, point to trends in PSH, and creates strategies to reduce barriers to permanent housing. Public Housing Authorities (PHA), Community Housing Development Organizations (CHDOs), private developers, and non-profit agencies have invested in expanding PH resources. The County of SD recently announced \$25 million in funding for new affordable housing developments The Regional Task Force is responsible gathering input, overseeing the CoC plans for effective use of PH, and monitoring implementation of CoC-funded projects. Members of the CoC Board represent PHAs, developers, and other partners in these efforts.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	20%

3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
 - (2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.**
- (limit 2,000 characters)**

The HDX competition report Metric 2, shows returns from all programs types (Services only, Emergency Shelter, Transitional, Safe Haven and Permanent Housing during 0-6 Months as 14% and returns in 6-12 months as 6%. The central HMIS which shares information across programs in an "open system" is foundational to monitoring returns to homelessness (RTH). A newly launched Systems Framework reporting tool is able to publicly report RTH from each system component monthly. Data reveal variances in RTH at 'critical times' and pathways. By-Name-Lists CES case conferencing identify those with high recidivism. Strategies include: 1) Expanded RRH and navigator support quickly move persons into housing; 2) Tracking and data analysis of RRH and TH practices and linked outcomes; 3) Consulting the PSH Learning Collaboratives that regularly reviews data and best practices; 4) Subregional assessment of

housing capacity vs. need determined by PITC and funding allocation; 5) HMIS dashboard reports identify and track population trends; 6) Ongoing landlord outreach, education, and special incentives from PHAs and a help-line to reduce barriers and eviction. RTFH Board oversees policy and strategies. The RTFH Staff and the HMIS-CES Subpopulations Committee develop strategies for progress on this measure.

3A-5. Job and Income Growth. Applicants must:

- (1) describe the CoC's strategy to increase access to employment and non-employment cash sources;**
 - (2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
 - (3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.**
- (limit 2,000 characters)**

Change in Total income: Stayers = 26% a 4% increase.
 Change in Total Income Leavers = 35% a 7% increase. CoC-funded agencies are proactive in linking participants to mainstream resources and are working to identify methods to improve employment outcomes. and mainstream benefits (MB) access. Strategies include: employment support staff; formal/informal partnerships with WIA-funded workforce development providers; tangible assistance to support employment/ education goals; hard & soft skill development classes; SOAR training for staff; over-the-phone enrollment in MB; low/no-cost ID vouchers; call-in access centers to resolve issues in eligibility screening or benefits denial; clinics to assist in VA benefits screening. The CoC provides information about and support for new/recurring funding to support employment services. A case study running since 2014 under the SD Workforce Partnership (SDWP) is demonstrating strong outcomes in evidence-based employment. The collective action of the participating agencies, business and employer representatives on the CoC Governance Board and the federally-funded Work Force Partnership continues to lead SD toward more formal and region-wide strategic initiatives. The Regional Task Force on the Homeless, as directed by the CoC Board is responsible for overseeing system-wide productivity and monitoring project-level performance. CoC project-level evaluation awarded bonus point to projects that exceeded the standard for earned income. For youth, consideration is given to overall "productivity" which included both participation in both education and employment. This recognizes the special circumstances of youth and the long-term impact that education has on employability and income.

3A-6. System Performance Measures Data 05/24/2018
Submission in HDX. Applicants must enter
the date the CoC submitted the System
Performance Measures data in HDX, which
included the data quality section for FY 2017
(mm/dd/yyyy)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
 - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	131
Total number of beds dedicated to individuals and families experiencing chronic homelessness	747
Total	878

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad credit or rental history	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Applicants must:

- (1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
- (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
- (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
- (limit 2,000 characters)

New supportive services resources include a partnership with the City of San Diego Promise Zone, a division designated by the federal government to ensure that federal funds and resources are working together in the designated Promise Zone area. This new found partnership has increased coordination of needed services, as well as, system level planning for homeless youth. In addition, the CoC partnered with The Council for Supplier Diversity (CSD), a 501.3c nonprofit organization which uses Supplier Diversity initiatives as an engine for economic development in economically underserved communities. The CSD is dedicated to expanding business opportunities for women, minority, service disabled veteran business and other diverse business enterprises thereby reducing poverty, unemployment, increasing wealth, by integrating historically underserved individuals and businesses into American society. The Council has dedicated more than \$8,000 to support the CoC and homeless youth, and will be teaching the youth entrepreneurialism, and providing internships through their membership of over 200 companies.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes

Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes
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3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

The CoC recently partnered with 25 local agencies to secure the HUD Youth Homeless Demonstration Grant, which resulted in \$7.94 million dollars to be used over approximately two years in San Diego. In addition, the CoC has operating agreement with San Diego Youth Services that won a California Office of Emergency Services Grant for homeless youth, funding more than 2.5 million over two years. These two significant grants will allow the opportunity for increased housing options, shared housing and host housing for unsheltered youth, as well as provided funding for coordinated entry coordination specifically for homeless youth. The CoC has adopted a youth centric, youth specific Point in Time Count through a partnership with SDYS and Chapin Hall at the University of Chicago. This has allowed the CoC to count youth that may have been more difficult to count in the past. The CoC will continue to build on the partnership with Chapin Hall this year as a committed partner on the HUD Homeless Youth Demonstration Grant; they will assist in evaluating and analyzing current resources and data. In addition, the CoC was awarded one Americorps staff, in partnership with LISC. The new Americorps staff will be dedicated to the new youth efforts, and they will provide a 10 month community assessment which involves comprehensive information gathering, analysis, and documentation to understand community concerns and effectively characterize its needs and respond to those needs with the appropriate tools. This may be accomplished through interviews with community members, conducting listening sessions, holding public forums, and conducting other place-based research. LISC has determined that this will result in an assessment of the community that helps identify and prioritize critical issues and help the

organization plan for future interventions (<http://www.lisc.org>). Significant investment (\$14 K) of LISC-new funds and resources are targeted to these efforts.

3B-2.6a. Applicants must:

(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;

(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and

(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.

(limit 3,000 characters)

Strategies include use of youth homelessness pre-assessments which may help divert or prevent youth homelessness. PITC methodology was designed to engage youth and collect information specific to their circumstances. Development of a youth-centric coordinated entry system, will provide opportunities to look at youth from child welfare services, while also capturing multiple data points specific to youth, such as youth identifying as LGBTQ, and those involved in the justice system. Increased services to youth through RTFH Youth Action Council will help implement innovative approaches created by youth for youth ensuring the CoC has and maintains a consistent youth voice. Honing in on a specific youth coordinated entry system with 5 entry points for youth to access across the region will ensure that youth that are homeless can immediately access resources in, or nearby their own communities. In addition, utilizing pre-assessments to help divert and prevent homelessness amongst youth will help to ensure that young people who need help with problem-solving don't end up in a system without housing resources to match their low vulnerability. Also, our Point in Time methodology has been tailored to better engage youth to capture more specific data regarding youth homeless characteristics; we will be able to make better informed decisions regarding young people. Lastly, we are changing our HMIS system vendor, inclusive of our CES system, which will allow us a unique opportunity to build out our youth specific coordinated entry process, our pre-assessment processes, and our overall system wide planning process for youth. Investment of a recent Youth Demonstration award will allow the CoC to focus critical attention on planning and assessment of the special needs of homeless youth in 2019-2020.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

(1) youth education providers;

(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);

(3) school districts; and

(4) the formal partnerships with (1) through (3) above.

(limit 2,000 characters)

During 2016-18, the CoC and CoC representatives participated in monthly San Diego Youth Consortium meetings; a Homeless Liaison from the San Diego County Office of Education (SDCOE) is now an official Board member of the CoC Governance Board; CoC partners in the central district participate in

an early identification and intervention program sponsored by the United Way; members are connected with McKinney Vento Homeless Liaisons for the SDCOE and representatives for the National Association for the Education of Homeless Children and Youth (NAEHCY). The Homeless Liaison network provides support to the over 23,000 children experiencing homelessness and the 42 school districts that serve them in San Diego County.

The CoC has a dedicated spot on the Governance Board for an Education provider, which is being held by the Homeless Liaison for the San Diego County Office of Education (SDCOE); The Homeless Liaison is also the regional representative for the National Association for the Education of Homeless Children and Youth (NAEHCY). The CoC has met with the San Diego County Office of Education which represents all 42 school districts to collaborate on youth issues, and discuss federal best practices on how to partner with the CoC. In addition, the CoC and the SDCOE Homeless Liaison communicate often regarding the San Diego Youth Consortium, and Youth Action Council. The CoC recently partnered with the youth providing agencies, inclusive of a more formal partnership with the SDCOE to apply for the HUD Homeless Youth Demonstration Grant by which 7.94 million dollars was awarded to San Diego in July of 2018.

**3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)**

CoC funding recipients adhere to the local Educational Assurances Policy (EAP) which requires identification of staff whose job is to ensure children are enrolled in school consistent with HUD EAP and the Elementary and Secondary Education Act. The CoC policy includes:

- Formal adoption of a EAP
- Requirement that a signed EAP is filed by every CoC project serving households with children
- Family choice for selecting housing near child's school
- Assist DV families to enroll children in a public school of their choice and procedures to ensure safety
- Offering families a letter verifying eligibility for services
- Ensuring transportation
- Review of rights with parents
- Posting EAP
- Advocacy when educational rights are violated
- Exit plans include education
- Technical assistance on request
- SEA and LEA contacted when warranted.

School liaisons link youth to services and join CoC agencies on the Unaccompanied Youth Task Force to help identify and respond to special needs of homeless children. Board Members engage in SEA and LEA events.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	
Head Start	No	Yes
Early Head Start	No	Yes
Child Care and Development Fund		No
Federal Home Visiting Program		No

Healthy Start		Yes
Public Pre-K		Yes
Birth to 3 years		Yes
Tribal Home Visting Program		No
Other: (limit 50 characters)		

Applicant must select Yes or No for all of the agreements listed in 3B-2.8.

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

A region-wide action network addresses veteran homelessness. CoC outreach, assessment and placement systems coordinate VA, CoC, PHA, and mainstream supports. In the past two years, the Vet Consortium and Opening Doors committee lead the assessment efforts. A Vet Consortium and CES employ a By-Name-List to assess eligibility and assure match to appropriate housing and services. The VI- SPDAT lists the declared veteran status which the VA validates. VA case managers, treatment specialists, and housing navigators assess acuity and support placement in PSH, RRH, GPD, domiciliary or acute care facilities as needed. The network includes and coordinates non VA and VA funded programs that serve all veterans regardless of VA eligibility. Resources include: VASH, RRH, SSVF, CoC, ESG, HCV, and private funds programs. Landlord Incentives stimulate access to marketplace housing for veterans. Special landlord recruitment and incentives encourage market-based housing providers to participate in extraordinary campaigns designed to mobilize housing for veterans. "Housing Our Heroes" sponsored by PHAs and the 1,000 Vet campaign in the non-profit sector are examples of successful efforts that leverage SSVF, GPD, and state funds. PHA resources are also allocated for veterans who are ineligible for VA services.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to No

**quickly move into permanent housing using a
Housing First approach?**

3B-5. Racial Disparity. Applicants must: Yes
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare.** Applicants must indicate, for each type of healthcare listed below, whether the CoC:
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	No
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

- 4A-1a. Mainstream Benefits.** Applicants must:
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)**

Nearly all (98%) of CoC-funded providers assist clients with identifying, accessing, and maintaining appropriate mainstream benefits. Case managers work directly and indirectly with mainstream programs to understand benefits. Agencies track referrals to local resources and many staff who are SOAR (SD HOPE) trained. Each provider conducts followup with participants to ensure that mainstream benefits are renewed.

The CoC Board has a designated seat for the County department of Health and Human Services who provides updates on services, community-training, and changes in resources. CoC releases email blasts to alert the community about new information that may benefit homeless program participants and the RTFH website is able to share information with non-CoC members. Most participating

agencies receive direct notification from public listservs as well. The CoC Lead position at the RTFH coordinates CoC member training, helps monitor agency performance in tracking the provision of assistance. Period special training is offered through full membership meetings.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	51
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	51
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

The network of COC outreach services include teams from HHSA, law enforcement, VA, non-profit providers working with special populations (LGBTQ, HT), emergency response teams, faith-based organizations, business associations, churches and universities. Recent, dramatic growth outreach increased the number of teams to more than 50. While the frequency by individual teams varies, the COC network hosts dozens of team daily. Providers who focus on specific populations (e.g., vets, SMI, TAY, DV, etc.) tailor their outreach to those populations and the areas where each population may be found. With the advent and implementation of CES, all outreach teams, regardless of who they work for organizationally, have the ability to conduct an assessment or refer individuals to one of 20+ sub-regional intake/access points that use a standardized VISPDAT scale and client screening to prioritize the most needy persons, and direct each subpopulation to appropriate housing and services.

4A-4. Affirmative Outreach. Applicants must describe:

- (1) the specific strategy the CoC implemented that furthers fair housing**

as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and

(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above. (limit 2,000 characters)

In-person Fair-Housing training offered by the Legal Aid Society, brochures and written information, and links to web resources help to educate CoC providers and consumers of FH Rights and responsibilities. The CoC is clear that federal law does not allow discrimination with regards to housing or services on the basis of any protected classification per existing fair housing laws and regulations such as 77 FR 5662 & PIH Notice #2014-20. The CoC implements fair housing by incorporating it in contract agreements associated with federal funding, gaining commitment from all housing program providers, and encouraging agencies to post public notices of Fair Housing Rights. All providers have internal P&Ps regarding equitable delivery of services for all protected classifications. All providers are required to meet the needs of persons with disabilities or LEP through a variety of tools: bi-lingual staff, materials in other languages, translation services, housing that accommodates physical disabilities, etc. Sensitivity to gender-pronouns, and cultural competence in assessing needs are essential to during outreach, housing assessment, and housing placement processes. Community resources, such as TYY and communication to hearing impaired; language translation assistance, bi-lingual staff and outreach workers are only some of the mechanisms used to

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	706	1,372	666

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	PHA Policies Nee...	08/17/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	CES Assessment To...	08/17/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Universal Tool - ...	08/17/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	Priorities List	08/17/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Release Ra...	08/17/2018
1E-4. CoC's Reallocation Process	Yes	Reallocation Doc ...	08/17/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Notification outs...	08/17/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Notices - Reduced...	08/17/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Posting of Due Date	08/14/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	Governance Charter	08/14/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policies and...	08/14/2018
3A-6. HDX–2018 Competition Report	Yes	2018 HDX Competit...	08/14/2018
3B-2. Order of Priority–Written Standards	No	Written Standards...	08/17/2018

3B-5. Racial Disparities Summary	No	Racial Disparitie...	08/17/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: PHA Policies Need to highlight

Attachment Details

Document Description:

Attachment Details

Document Description: CES Assessment Tools - ZIP file

Attachment Details

Document Description: Universal Tool - RENEWAL

Attachment Details

Document Description: Priorities List

Attachment Details

Document Description: Public Release Rating and Ranking Criteria &

Tool

Attachment Details

Document Description: Reallocation Doc IN PROGRESS

Attachment Details

Document Description: Notification outside ESnapS

Attachment Details

Document Description: Notices - Reduced, Reallocated, Rejected

Attachment Details

Document Description: Posting of Due Date

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description: HMIS Policies and Procedures Manual

Attachment Details

Document Description: 2018 HDX Competition Report

Attachment Details

Document Description: Written Standards Part 1 of 2 see OTHER for part 2

Attachment Details

Document Description: Racial Disparities Brief Study

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	07/30/2018
1B. Engagement	08/17/2018
1C. Coordination	08/17/2018
1D. Discharge Planning	07/30/2018
1E. Project Review	08/17/2018
2A. HMIS Implementation	08/15/2018
2B. PIT Count	08/15/2018
2C. Sheltered Data - Methods	08/16/2018
3A. System Performance	08/14/2018
3B. Performance and Strategic Planning	08/15/2018
4A. Mainstream Benefits and Additional Policies	08/17/2018
4B. Attachments	08/17/2018

FY2018 CoC Application	Page 48	08/17/2018
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Submission Summary

No Input Required



SAN DIEGO
HOUSING
COMMISSION

San Diego Housing Commission Administrative Plan for the Section 8 Rental Assistance Programs

Approved June 17, 2016

San Diego Housing Commission
Rental Assistance Division
1122 Broadway, Suite 300
San Diego, CA 92101
www.sdhc.org





Which of the new families has custody of the dependent child(ren).

The composition of the new families, and whether they include elderly or disabled members.

Whether domestic violence was involved in the breakup.

Recommendations of reliable, knowledgeable third-party professionals.

Upon request of SDHC, documentation of these factors will be the responsibility of the family. If documentation is not provided, SDHC will deny eligibility based on failure to provide information necessary for the eligibility determination.

G. WAITING LIST ORDER [24 CFR 982.204]

Except for Special Admissions, applicants will be selected from SDHC waiting list in accordance with policies and preferences and income targeting requirements defined in this Administrative Plan. SDHC will maintain information that permits proper selection from the waiting list.

H. SPECIAL ADMISSIONS [24 CFR 982.54(d), 982.203]

If HUD awards SDHC program funding that is targeted for specifically named families, SDHC will admit these families under a Special Admission procedure.

Special admissions families will be admitted outside of the regular waiting list process. They do not necessarily have to qualify for any preferences, nor are they required to be on the program waiting list. SDHC maintains separate records of these admissions.

The Opt Out Conversions are examples of such special admissions.

I. RANKING LOCAL PREFERENCES

Within each of the following numbered categories, applicants will be served by date and time of application.

1. Applicants who live and/or work in the City of San Diego and who are families of two or more people that include a dependent, or individuals who are disabled or age 62 or older, or veterans, or active U.S. Service Person, or **a homeless person with a disability**, or a non-elderly person (under the age of 62) with a disability..
2. Other applicants who live and/or work in the City of San Diego.



3. Applicants who do not live and/or work in the City of San Diego and who are families of two or more people that include a dependent, or individuals who are disabled or age 62 or older, or veterans, or active U.S. Service Person, or a homeless person with a disability, or a non-elderly person (under the age of 62) with a disability..
4. Other applicants who do not live and/or work in the City San Diego.

J. INITIAL DETERMINATION OF LOCAL PREFERENCE

An applicant's certification that they qualify for a preference will be accepted without verification at the initial application. When the family is selected from the waiting list for the final determination of eligibility, the preference will be verified.

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list without the local preference, with his/her original date and time of application.

K. CHANGE OF PREFERENCE [24 CFR 982.207]

Changes in an applicant's circumstances while on the waiting list may affect the family's entitlement to a preference. Applicants are required to notify SDHC using the Waiting List Applicant Portal when his/her circumstances change.

L. CROSS LISTING OF PUBLIC HOUSING AND SECTION 8

SDHC will not merge the waiting lists for Public Housing and Section 8.

M. PREFERENCE DENIAL

If SDHC denies a preference, SDHC will notify the applicant in writing of the reason(s) why the preference was denied and offer the applicant an opportunity for a review with a staff member other than the one who made the decision. If the preference denial is upheld because of the review, or the applicant does not request a review, the applicant will be placed on the waiting list without benefit of the preference, with his/her original date and time of application.

If the applicant falsifies documents or makes false statements in order to qualify for any preference, he/she will be removed from the associated waiting list.



Where the calculation on the HUD 50058 results in a utility reimbursement payment due the family, SDHC will provide a Utility Reimbursement Payment for the family each month. The check will be payable directly to the tenant.

H. NON-MOVING FORWARD PROJECT BASED UNITS

1. Program Description

This is a Federal Section 8 housing subsidy program that ties rental assistance directly to a specific unit or project for an aggregate term up to 15 years. SDHC will fund the Project-Based Voucher Program through its Housing Choice Voucher Program (Section 8), using funds provided by the U.S. Department of Housing and Urban Development (HUD).

The Project-Based Voucher Program (PBV) consists of existing housing, new construction, or rehabilitation project comprised of multifamily or single-family units. The Program is targeted to homeless persons or families that receive supportive services in addition to housing. These populations may include, but are not limited to:

Victims of Domestic Violence

Persons with Disabilities-Mentally Ill, Developmentally Disabled, Physically Disabled

Persons with HIV/AIDS

Youth

Persons with Alcohol/Drug Addiction

Veterans

Elderly

The program may also be used for projects serving specialized populations, the elderly or persons with disabilities, whether they are homeless or not.

The PBV program provides housing assistance to qualified low income individuals and families. Project-Based Voucher Participants do not locate their own unit but must move into a unit already in the Project-Based Voucher Program.

2. HAP Contract Expiration

Upon expiration of a HAP contract, the owner will enter into a new HAP contract under the MTW program.

3. Program Goals

Expand and stabilize the housing opportunities of homeless persons/families and increase their economic opportunities by providing supportive services and teaching independent living skills.

4. Owner Proposal Selection

The owner proposal selection shall adhere to the same policies and procedures described previously in this Chapter.



Which of the new families has custody of the dependent child(ren).

The composition of the new families, and whether they include elderly or disabled members.

Whether domestic violence was involved in the breakup.

Recommendations of reliable, knowledgeable third-party professionals.

Upon request of SDHC, documentation of these factors will be the responsibility of the family. If documentation is not provided, SDHC will deny eligibility based on failure to provide information necessary for the eligibility determination.

G. WAITING LIST ORDER [24 CFR 982.204]

Except for Special Admissions, applicants will be selected from SDHC waiting list in accordance with policies and preferences and income targeting requirements defined in this Administrative Plan. SDHC will maintain information that permits proper selection from the waiting list.

H. SPECIAL ADMISSIONS [24 CFR 982.54(d), 982.203]

If HUD awards SDHC program funding that is targeted for specifically named families, SDHC will admit these families under a Special Admission procedure.

Special admissions families will be admitted outside of the regular waiting list process. They do not necessarily have to qualify for any preferences, nor are they required to be on the program waiting list. SDHC maintains separate records of these admissions.

The Opt Out Conversions are examples of such special admissions.

I. RANKING LOCAL PREFERENCES

Within each of the following numbered categories, applicants will be served by date and time of application.

1. Applicants who live and/or work in the City of San Diego and who are families of two or more people that include a dependent, or individuals who are disabled or age 62 or older, or veterans, or active U.S. Service Person, or **a homeless person with a disability**, or a non-elderly person (under the age of 62) with a disability..
2. Other applicants who live and/or work in the City of San Diego.



3. Applicants who do not live and/or work in the City of San Diego and who are families of two or more people that include a dependent, or individuals who are disabled or age 62 or older, or veterans, or active U.S. Service Person, or a homeless person with a disability, or a non-elderly person (under the age of 62) with a disability..
4. Other applicants who do not live and/or work in the City San Diego.

J. INITIAL DETERMINATION OF LOCAL PREFERENCE

An applicant's certification that they qualify for a preference will be accepted without verification at the initial application. When the family is selected from the waiting list for the final determination of eligibility, the preference will be verified.

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list without the local preference, with his/her original date and time of application.

K. CHANGE OF PREFERENCE [24 CFR 982.207]

Changes in an applicant's circumstances while on the waiting list may affect the family's entitlement to a preference. Applicants are required to notify SDHC using the Waiting List Applicant Portal when his/her circumstances change.

L. CROSS LISTING OF PUBLIC HOUSING AND SECTION 8

SDHC will not merge the waiting lists for Public Housing and Section 8.

M. PREFERENCE DENIAL

If SDHC denies a preference, SDHC will notify the applicant in writing of the reason(s) why the preference was denied and offer the applicant an opportunity for a review with a staff member other than the one who made the decision. If the preference denial is upheld because of the review, or the applicant does not request a review, the applicant will be placed on the waiting list without benefit of the preference, with his/her original date and time of application.

If the applicant falsifies documents or makes false statements in order to qualify for any preference, he/she will be removed from the associated waiting list.



Where the calculation on the HUD 50058 results in a utility reimbursement payment due the family, SDHC will provide a Utility Reimbursement Payment for the family each month. The check will be payable directly to the tenant.

H. NON-MOVING FORWARD PROJECT BASED UNITS

1. Program Description

This is a Federal Section 8 housing subsidy program that ties rental assistance directly to a specific unit or project for an aggregate term up to 15 years. SDHC will fund the Project-Based Voucher Program through its Housing Choice Voucher Program (Section 8), using funds provided by the U.S. Department of Housing and Urban Development (HUD).

The Project-Based Voucher Program (PBV) consists of existing housing, new construction, or rehabilitation project comprised of multifamily or single-family units. The Program is targeted to homeless persons or families that receive supportive services in addition to housing. These populations may include, but are not limited to:

Victims of Domestic Violence

Persons with Disabilities-Mentally Ill, Developmentally Disabled, Physically Disabled

Persons with HIV/AIDS

Youth

Persons with Alcohol/Drug Addiction

Veterans

Elderly

The program may also be used for projects serving specialized populations, the elderly or persons with disabilities, whether they are homeless or not.

The PBV program provides housing assistance to qualified low income individuals and families. Project-Based Voucher Participants do not locate their own unit but must move into a unit already in the Project-Based Voucher Program.

2. HAP Contract Expiration

Upon expiration of a HAP contract, the owner will enter into a new HAP contract under the MTW program.

3. Program Goals

Expand and stabilize the housing opportunities of homeless persons/families and increase their economic opportunities by providing supportive services and teaching independent living skills.

4. Owner Proposal Selection

The owner proposal selection shall adhere to the same policies and procedures described previously in this Chapter.



5. Waiting List and Lease Up

Complexes providing supportive services are permitted to self-refer applicants. The nonprofit or for-profit owner must provide supportive services to specified population. A specified population is defined as a group of people who must meet such specific criteria they could not be easily identified using the established SDHC waiting list. Such populations may include, but are not limited to Homeless individuals with AIDS or HIV, Victims of Domestic Violence, former Foster Care youth and/or recovering drug addictions with more than one additional disability.

Complexes that do not self-refer are required to utilize SDHC's project based waitlist. When the owner notifies SDHC of a vacant unit, the computer will randomly select the next 20 applicants from SDHC's waiting list. If the owner is unable to find a suitable tenant from the initial referral list, SDHC will select the next 20 applicants within the preference category from the waiting list. SDHC (or designee) will conduct an interview to determine eligibility for the program.

6. PBV Waiting List Preferences

SDHC PBV Waiting List will give a preference to homeless persons/families, the elderly, and persons with disabilities:

Homeless persons will receive a preference over non-homeless.

An applicant is considered homeless if the applicant lacks a fixed, regular, and adequate nighttime residence and can provide verification that their nighttime residence is:

A supervised publicly or privately operated shelter designed to provide temporary living accommodation; or

A public or private place that provides temporary residence for individuals intended to be institutionalized (not incarcerated); or

A public or private place not designed for, or ordinarily used as, regular sleeping accommodations for human beings.

Homeless applicants who meet the criteria described above must provide proof of homelessness. Examples of such proof include certification of homeless status from a public or private facility, including Transitional Housing, that provides shelter for such households; a copy of an arrest record for vagrancy or illegal lodging from the local police department; or other documentation that can be obtained from any social service agency that provides services to the homeless.

Within each of the following categories, applicants will be served by the date and time of application based on the availability of site-specific supportive services:

Homeless Families

Victims of Domestic Violence

Homeless Persons with Disabilities

Homeless Veterans



year (January 1 – December 31), and no more than 10% in any given month, would be allowed to move from the PBV assisted complex. A waiting list will be maintained for those wishing to move but who exceed the threshold.

The family must submit their request for a tenant-based voucher in writing prior to vacating the PBV unit.

The family must locate a program eligible unit to which it can relocate with continued rental assistance by the expiration of the voucher term.

SDHC will provide a tenant-based voucher when funding is available. When funding is not available, the tenant will be given priority once vouchers become available.

Households who leave the project-based voucher program before residing in the unit for 24 months and/or do not meet the requirements or agreements of the program are not eligible for continued assistance.

16. Rent Calculation Methodology and Minimum Rent for Tenant

The Path to Success rent calculation is used in the MTW PBV program. Refer to the applicable chapters where the Path to Success calculation and minimum rents are defined. All project-based voucher families will be recertified on an annual basis.

17. Hardship Policy

Families who present a compelling reason to move from the PBV unit and receive a tenant-based voucher prior to fulfilling the 24-month occupancy requirement will be reviewed on a case-by-case basis. The case will go before the Vice President of Rental Assistance or designee and approval to move with a tenant-based voucher may be granted. Circumstances surrounding the request to move, such as VAWA requirements, employment opportunities in other PHA jurisdictions and availability of tenant-based vouchers will be considered as part of the determination.

SECTION 3: VETERANS AFFAIRS SUPPORTIVE HOUSING (VASH)

The 2008 Consolidated Appropriations Act (the Act) enacted in 12/26/07, provided millions of dollars of funding for the HUD-Veterans Affairs Supportive Housing (HUD-VASH) voucher program.

HUD awarded funding for HUD-VASH vouchers and the funding was made available to public housing agencies (PHAs) that partner with eligible VA Medical Centers (VAMC) or other entities as designated by the Secretary of the Department of Veterans Affairs, based on geographical need for such assistance as identified by the Secretary of the Department of Veterans Affairs.

The HUD-VASH program combines HUD HCV rental assistance for homeless veterans with case management and clinical services provided by the Veterans Affairs at its medical centers and in the community.

Generally, the HUD-VASH HCV program will be administered in accordance with regular HCV program requirements (24 CFR Section 982). However, the Act allows HUD to waive or specify alternative requirements for any provision of any statute or regulation that HUD administers in connection with this program in order to effectively deliver and administer HUD-VASH voucher assistance. In 2010 SDHC



received a HUD waiver to administer the HUD-VASH vouchers similarly to MTW vouchers. The HUD-approved MTW fiscal year 2013 Annual Plan included the following policies designed specifically for the HUD-VASH vouchers:

Any adults the VASH applicant/participant requests to add to his or her household will have a modified initial requirement for criminal history: no violent or drug-related criminal activity in the two years preceding application.

Minimum rent may be set at zero for the first 12 months of program participation. After the first 12 months, minimum rent shall be set at \$50.

Income garnishments that VASH participants experience may not be counted as income for the first 12 months of program participation.

To coincide with SDHC's rental assistance program administration, utility reimbursements will not be a part of the SDHC VASH program.

To coincide with SDHC's rental assistance program administration, VASH participants will be eligible for the biennial inspection cycle. The same criteria by which the general rental assistance program participants gain admission to the cycle must also be met.

The Moving Forward full time student definition, as described in Chapter 3 – Verifications, Assets, Income and Allowances of this document will be applicable.

While SDHC is required to waive some eligibility factors, all household members (including the veteran) will be held to the same standard as any other Housing Choice Voucher program participant once on the program.

VASH households are subject to the biennial recertification cycle. SDHC will conduct a full recertification of household income and family composition every two years.

The affordability cap for veteran families is 40% of their adjusted income. Families who move into targeted low-poverty neighborhoods will be allowed to pay up to 50% of their adjusted income. In order to qualify for this benefit, the family must demonstrate the ability to pay the higher rent burden.

For all other policies, the SDHC has adopted the published guidelines and has developed separate policy documents for VASH.

If VASH are Project Based, guidelines from PIH 20-11-50 (HA) will be applied. Competitive process will be conducted per HUD requirements as outlined in the PBV section.

SECTION 4: SPONSOR-BASE SUBSIDIES (SBS) FOR THE HOMELESS

SDHC provides subsidies to house homeless persons while sponsor organizations provide the necessary services. A typical sponsor is an organization providing supportive services to disabled individuals and/or individuals with substance abuse issues and requires additional housing resources to serve more clients. Sponsors may be both non-profit and for-profit agencies. Developers may also qualify as a sponsor if a service provider is contracted to render appropriate supportive services.



Sponsor Selection: SDHC engages in a competitive solicitation processes to select prospective non-profit and for-profit sponsors. If the process does not solicit an adequate response, SDHC will select sponsors without a competitive process. Additionally, SDHC may award sponsor-based subsidies to SDHC-owned developments using a non-competitive process.

In the event SDHC intends to serve a highly specialized population wherein only one service provider possesses the capability, expertise, and resources to serve the target population, SDHC may award sponsor-based subsidies without a competitive process.

Populations Served: The program serves homeless populations, and other designated populations as determined by SDHC. Subsidies will also be used to create assisted living housing for individuals/families requiring direct medical care or recently released from a medical institution.

Waiting Lists: Utilization of the Coordinated Assessment and Housing Placement (CAHP) system is required for homeless populations. With SDHC permission, a sponsor agency may create and maintain a site-based waiting list under unique circumstances to serve specialized populations.

Inspections: SDHC conducts Housing Quality Standards (HQS) inspections for each unit leased by a SBS program participant.

Administration: Sponsors provide program administration, including all eligibility and income determinations, rent calculations, interim and annual certifications. Generally, the rent calculation method uses 28.5 percent of gross monthly income to generate the client's rent portion and resulting subsidy payment. A minimum rent of \$25 applies to the program. As determined appropriate, SDHC may apply the Path to Success calculation to ensure work-able participants are incentivized to progress towards self-sufficiency.

When a subsidy provides rental assistance for an individual bed rather than a unit, the maximum assistance for the bed will be determined according to the unit size, number of participants, and rent reasonableness determinations. The overall per bed subsidy in a given unit will not exceed the current SDHC payment standards for the unit size.

The sponsors will be required to create a program plan defining eligibility factors, leasing requirements, and termination policies and procedures. Sponsors will develop written service protocols and define methods of client management. A written service plan will be maintained for each participant in the SBS program.

Unit and Development Structures: Sponsor-based subsidies allow the rental assistance to be attached to a sponsoring agency. In the SBS program, the sponsor may utilize a tenant-based or project-based approach. A sponsor may also utilize sponsor-owned units for purposes of the program. Master leasing units within a development remains an option.

Monitoring: SDHC provides program oversight and evaluation and monitors the sponsor for compliance with program requirements. Monitoring includes full audits of CAHP utilization or waitlists, rent calculation, tenant files, the administration of supportive service requirements, and any other items as determined necessary by SDHC.



SAN DIEGO
HOUSING
COMMISSION

San Diego Housing Commission Admissions and Continued Occupancy Policy for Public Housing

San Diego Housing Commission
1122 Broadway, Suite 300
San Diego, CA 92101
www.sdhc.org





4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

Verification Requirement for Preference: Homeless

Homeless applicants who meet the Homeless criteria must provide certification of homeless status from a public or private facility that provides shelter for such households, or from the local police department, or any social service agency that provides services for homeless people.

Applicants who are homeless due to residing in a transitional housing program must provide a letter from the transitional program's sponsoring agency documenting the applicant's participation and readiness to maintain an independent tenancy.

PHA Policy

The SDHC will use the following local preference:

WITHIN EACH OF THE BELOW NUMBERED CATEGORIES, APPLICANTS WILL BE SERVED ON A *FIRST COME/FIRST SERVED BASIS*

* Throughout this document "Veteran" is defined as the head or spouse being a veteran or family of a veteran; also, active U.S. servicepersons qualify as veterans. (*See II. Glossary of Housing Terms: "Family of Veteran"*)

Within each of the following numbered categories, applicants will be served by date and time of application.

1. Applicants who live/work/or are hired to work in the City of San Diego and who are veterans or active U.S. Servicepersons.
2. Applicants who live/work/or are hired to work in the City of San Diego and who are families with children or head of house, spouse/cohead who are disabled or age 62 or older, or **a homeless person with a disability.**
3. Other applicants who live/work/are hired to work in the City of San Diego.
4. Applicants who do not live/work/or are hired to work in the City of San Diego and who are veterans or active U.S. Servicepersons.



5. Applicants who do not live/work/or are hired to work in the City of San Diego and who are families with dependents or head of house, spouse/cohead who are disabled or age 62 or older, or **a homeless person with a disability.**
6. Other applicants who do not live/work/are hired to work in the City of San Diego.
7. Other applicants who do not live and/or work in the City San Diego.

When a family has been selected from the waiting list, they must be prepared at that time to begin the eligibility process. If the family is unable, they will be dropped from the waiting list.

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40% of the families admitted to public housing during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, the PHA may skip non-ELI families on the waiting list in order to select an ELI family.

If a PHA also operates a housing choice voucher (HCV) program, admissions of extremely low-income families to the PHA's HCV program during a PHA fiscal year that exceed the 75% minimum target requirement for the voucher program, shall be credited against the PHA's basic targeting requirement in the public housing program for the same fiscal year. However, under these circumstances the fiscal year credit to the public housing program must not exceed the lower of: (1) ten percent of public housing waiting list admissions during the PHA fiscal year; (2) ten percent of waiting list admissions to the PHA's housing choice voucher program during the PHA fiscal year; or (3) the number of qualifying low-income families who commence occupancy during the fiscal year of PHA public housing units located in census tracts with a poverty rate of 30 percent or more. For this purpose, qualifying low-income family means a low-income family other than an extremely low-income family.

An extremely low income family has been defined as a family whose annual income does not exceed 30 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. The Omnibus changes this definition of ELI. ELI will now be the higher of up to 30% of HUD's published adjusted area median income (AMI) or the federal poverty line.

PHAs located in higher income areas may experience no change because 30% of AMI will be higher than the poverty area.

PHA Policy

The SDHC will monitor progress in meeting the ELI requirement throughout the fiscal year. ELI families will be selected ahead of other eligible families on an as-needed basis to ensure that the income targeting requirement is met.

Deconcentration of Poverty and Income-Mixing [24 CFR 903.1 and 903.2]

The PHA's admission policy must be designed to provide for deconcentration of poverty and income-mixing by bringing higher income tenants into lower income projects and lower income tenants into higher income projects. A statement of the PHA's deconcentration policies must be included in its annual plan [24 CFR 903.7(b)].

The PHA's deconcentration policy must comply with its obligation to meet the income targeting requirement [24 CFR 903.2(c)(5)].

Developments subject to the deconcentration requirement are referred to as 'covered developments' and include general occupancy (family) public housing developments. The following developments

order on the waiting list for the purpose of selecting lower-cost families for admission to the program.

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the HACSD's hierarchy of preferences. Within each targeted funding or preference category, families will be selected according to the date and time their waiting list application is received.

LOCAL PREFERENCES

[24 CFR982.202 and 982.207]

The following local preferences are established. When determining equally ranked preferences, the date and time of application is the final deciding factor.

Special Local Preferences

The HACSD has established special local preferences for three groups: (1) HACSD Public Housing residents referred by the Public Housing administrator who must move due to being the victim of domestic violence, dating violence, or stalking; (2) HACSD Public Housing residents referred by the Public Housing administrator who must move out of their units for a significant period of time, as determined by the Public Housing Administrator, in order for repairs to be made to their HACSD Public Housing units; (3) Eligible homeless applicants who have been referred by the San Diego County Continuum of Care or Coordinated Assessment and Housing Placement (CAHP) system who either meet the definition of homeless or who are exiting federally-assisted housing programs with no other permanent housing placement options.* These selection preferences are superior to the following ranking preferences. The HACSD will not process waiting list applications in a subordinate category before all waiting list applications in a superior category have been processed. ***Note:** Special local preference (3) will have a maximum of 500 vouchers available to those who meet the criteria.

Category One

The HACSD uses equally weighted local preferences for applicants, with priorities for those **who live or work** (see definition of working families on page 2-3) **in the HACSD jurisdiction** and are in one or more of the following categories:

Families with dependent children

Working Families - (The Head of household , spouse or sole household member must have worked an average of at least 32+ hours per week with no more than a two-week break for the previous 12 months. Applicants may combine job training or academic program participation as part of the

previous 12-month requirement. Applicants receiving unemployment, disability, or worker's compensation benefits will be considered qualifying under this preference if those benefits were the result of 12 continuous months of employment at 32+ hours per week up to the start of the above referenced benefits.)

Elderly families (The Head of household or spouse is 62 years of age or older.)

Disabled families (At least one household member is disabled.)

Veterans or surviving spouses of veterans (A veteran with a dishonorable discharge does not qualify for this preference.)

Homeless- "homeless individual," "homeless person," or "homeless family" per HUD's Definition of Homeless for the Continuum of Care (CoC) Program (previously Shelter Plus Care)

Category Two

Applicants who live or work in the HACSD jurisdiction, but who do not fit in Category One

Category Three

Applicants who *do not live or work within the HACSD jurisdiction*, but are one or more of the following:

Families with dependent children

Working Families - (The Head of household, spouse or sole household member must have worked an average of at least 32+ hours per week with no more than a two-week break for the previous 12 months. Applicants may combine job training or academic program participation as part of the previous 12-month requirement. Applicants receiving unemployment, disability, or worker's compensation benefits will be considered qualifying under this preference if those benefits were the result of 12 continuous months of employment at 32+ hours per week up to the start of the above referenced benefits.)

Elderly families (The Head of household or spouse is 62 years of age or older.)

Disabled families (At least one household member is disabled.)

Veterans or surviving spouses of veterans (A veteran with a dishonorable discharge does not qualify for this preference.)

Homeless "homeless individual," "homeless person," or "homeless family" per HUD's Definition of Homeless for the Continuum of Care (CoC) Program (previously Shelter Plus Care)

Category Four

All other applicants not indicated above.

GENERAL WAITING LIST MANAGEMENT

[24 CFR 982.204]

The HACSD uses a single waiting list for admission to its Section 8 tenant-based assistance program. The HACSD will not merge its waiting lists [24 CFR 982.205]. However, if the Section 8 waiting list is open when the applicant is placed on the Public Housing Program, another project-based voucher program, or the Moderate Rehabilitation Program waiting lists, the HACSD must offer to place the family on the tenant-based assistance list.

Moderate Rehabilitation Program applicants may be taken from the Section 8 waiting list. Mainstream Program applicants are taken from the Section 8 waiting list.

A family who lives in the jurisdiction of another cooperative housing authority, named below, will be advised of the benefit of being placed on the appropriate housing authority's waiting list, and the information will be forwarded to the appropriate cooperative housing authority upon verbal permission of the family.

COOPERATIVE AGREEMENT

The HACSD and the PHAs of the cities of San Diego, Oceanside, National City, Encinitas, and Carlsbad have a cooperative agreement to accept application transfers from a cooperating PHA of like-program, providing the applicant resides or works in the receiving PHA's jurisdiction.

The PHAs will transfer, upon request, to the appropriate cooperating PHA, the waiting list applications of applicants who are residing or working in the jurisdiction of the cooperating PHA. Upon receipt of the application, the receiving PHA will preserve the original date, time, and requested program, providing the receiving PHA has an open waiting list and the applicant has not been removed and/or denied from the HACSD waiting list after the original date. If the receiving PHA's waiting list is closed when the application is transferred, the application will reflect the earliest date that the waiting list is reopened.

D. Admission Preferences for Selection of Applicants

Single Elderly, Disabled, Displaced Person. A single person who is elderly, disabled or displaced is selected or assisted before a single person who is not elderly, disabled or displaced.

Local Preferences. The City of Oceanside has established local preferences. An applicant who is a resident of or employed within Oceanside will have preference over an applicant who is not a resident or is not employed in Oceanside. Applicants may also be eligible for the following local preferences in the following order:

1. **Homeless preference.** Veteran families (including single persons or two or more persons who share residency) and chronically homeless single persons referred through the San Diego Regional Continuum of Care Coordinated Assessment and Housing Placement (CAHP) system. The definition of veteran and chronically homeless will be the same as that used in the CAHP system. A maximum of 30 veteran or chronically homeless single applicant households may qualify for this preference. This preference is restricted to referrals through the CAHP system and is intended to assist applicants who are homeless in Oceanside, living in a shelter in Oceanside, or living in a shelter in North San Diego County Coastal or Inland (as defined by San Diego Health and Human Services Agency) and can provide documentation of residing in Oceanside in the last six months.
2. Project One for All (POFA). **Severely mentally ill homeless persons** referred through the San Diego Regional Continuum of Care Coordinated (RCCC) Assessment and Housing Placement (CAHP) system and connected to POFA. A maximum of 96 vouchers will be available for this preference. This preference is restricted to referrals through the CAHP system and is intended to assist applicants who are homeless in Oceanside, living in a shelter in Oceanside, or living in a shelter in North San Diego County Coastal or Inland (as defined by San Diego Health and Human Services Agency) and can provide documentation of residing in Oceanside in the last six months.
3. Displaced by government action or Natural Disaster.
4. Veteran's preference. A head of household or spouse who has been discharged from military service under honorable or general (except dishonorable) conditions, or a spouse of a deceased veteran will have preference over non-veterans who submitted applications during the same calendar year (January-December).

Income Targeting. In accordance with HUD's mandate to admit 75% of applicants at 30% of median income, the HA will give a preference to applicants with incomes at or below 30% of the county median income (by household size) when the admit percentage falls below an acceptable level. Applicants with incomes above 30% of the county median income will be placed back on the waiting list until the percentage of admissions reaches the acceptable level.

E. Order of Waiting List Selection

Applicants will be selected from the waiting list in accordance with the date and time of application and taking into consideration the preferences that they are entitled to. Selection of applicants will be made in the following order:

Applicant resides or is employed in Oceanside:

1. VETERAN FAMILIES AND CHRONICALLY HOMELESS SINGLE PERSONS REFERRED THROUGH THE RCCC CAHP SYSTEM.
2. SEVERELY MENTALLY ILL HOMELESS PESONS REFERRED THROUGH THE RCCC CAHP SYSTEM

3. DISPLACED BY GOVERNMENT ACTION OR NATURAL DISASTER
4. HEAD OF HOUSEHOLD OR SPOUSE IS A VETERAN
5. ALL OTHER APPLICANTS

Applicant does not reside or is not employed in Oceanside:

1. DISPLACED BY GOVERNMENT ACTION OR NATURAL DISASTER
2. HEAD OF HOUSEHOLD OR SPOUSE IS A VETERAN
3. ALL OTHER APPLICANTS

F. Verification of Preferences

All preferences must be verified

1. Live in or work in the City of Oceanside
 - Copy of Lease Agreement and three most recent rent receipts, canceled checks or money order receipts.
 - A California driver's license or California ID in conjunction with copies of recent bills sent to the address.
 - Copy of paycheck stubs that indicate the location of the place of employment for third party verification that indicates the place of employment.
2. Homeless
 - An applicant is considered homeless if the applicant lacks a fixed, regular and adequate nighttime residence and can provide verification that their nighttime residence is:
 - A supervised publicly or privately operated shelter designed to provide temporary living accommodations; or,
 - An institution that provides temporary residence for individuals intended to be institutionalized (not incarcerated); or
 - A public or private place not designed for, or ordinarily used as, a regular place for human beings.

Homeless applicants who meet the criteria described above must provide certification of homeless status from a public or private facility that provides shelter for such households, or from the local police department, or any social service agency that provides services for homeless people.

Applicants who are homeless due to residing in a transitional housing program must provide a letter from the transitional housing program's sponsoring agency documenting the applicant's participation and readiness to maintain an independent tenancy.

IV. DETERMINATION OF APPLICANT ELIGIBILITY

A. Income Limits

The HA will not admit families whose income exceeds 50 percent of the area median income, except for those families included in 24 CFR 982.201(b) as described below .

To be income eligible, the family may be under the low-income limit in any of the following categories:

City of Carlsbad Housing Agency - CA077

3. Housing representatives will attend local agency and community fairs to increase awareness of the program and benefits for owners. Housing representatives will also participate in Owner seminars/workshops, which are organized in coordination of with other local housing agencies, San Diego County Apartment Association, North County Apartment Managers Association, and local property management companies.
4. Owner information packets describing the benefits of the rental assistance program will be available upon request.
5. The PHA will market the Section 8 program by conducting Rental Owner workshops for prospective owners periodically to explain the program benefits, especially during periods of low voucher utilization and low vacancy rates.
6. The PHA will utilize the media, including newspapers, magazines, internet, television, and radio to market the Section 8 program as determined necessary.

The PHA will periodically evaluate the distribution of assisted families to identify areas within the jurisdiction where owner outreach should be targeted.

Family Outreach

Outreach will inform all eligible segments of Carlsbad's population of the availability of the Section 8 Rental Assistance program. If applicant groups are not reflective of the eligible population, additional outreach aimed at targeted groups will be increased. The PHA will publicize the availability of rental assistance for very low-income families in newspapers of general circulation, minority media, and by other suitable means. Notices will also be provided in Spanish.

In addition, the PHA will distribute fact sheets to the broadcasting media, and initiate personal contact with members of the news media and community service agencies to utilize public service announcements.

Liaisons have been established with a variety of city and county agencies, private social service agencies, non-profit agencies and special interest groups. The PHA will communicate the status of rental assistance availability to the service providers in the community, advising them of eligibility factors and guidelines so that they can make appropriate referrals.

Payment Standards

Payment Standards are currently set above 100% but at or below 110% of the Fair Market Rent (FMR). Traditionally FMRs have not been adequate to ensure success among assisted families in Carlsbad's segment of the FMR area. The higher payment standards reflect the higher rents in Carlsbad and increase the housing options for families in Carlsbad; therefore, furthering the PHA's efforts for fair housing and deconcentration.

(c) If the PHA answered yes for any element, describe the revisions for each element below:

Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions

In cooperation with the efforts to house Homeless Veterans and the Chronically Homeless, the Carlsbad PHA has set aside 10 vouchers that are specifically targeted to homeless individuals.

NOFA

The Regional Task Force on the Homeless, San Diego Continuum of Care (CoC), is the Collaborative Applicant designated by The U.S. Department of Housing and Urban Development (HUD) to apply for the CoC HUD, Notice of Funding Availability or NOFA. The HUD NOFA establishes the funding criteria for the Continuum of Care (CoC) program. See below for more information and resources related to the 2018 NOFA. See the [2017 NOFA page](#) for information about last year's NOFA process.

2018 HUD CoC NOFA

See below for information and documents related to this year's NOFA.

Official CALL for Proposals 2018 CoC Competition and application document checklist

- [DOCUMENTS NEEDED FOR 2018 CoC APPLICATIONS](#) – *posted July 20, 2018*
- [FY2018 NOFA CALL for applications and Local Process Notice](#) – *posted July 20, 2018*

Links to Application Guides and HUD Exchange

- [New Project Application Detailed Instructions](#) – *posted July 17, 2018*
- [Renewal Project Application Detailed Instructions](#) – *posted July 17, 2018*
- ["How to" guides in e- SNAPS](#) – *posted July 17, 2018*

Notice – Agency Financial Audit

All CoC 2018 NOFA providers should submit their agency's most recent Financial Audit by July 13, 2018 into your CoC DropBox. Please contact the appropriate [Technical Assistance provider](#) with any questions. – *posted July 3, 2018*



Regional Task Force on the Homeless

San Diego City & County

Governance Charter

Operational Responsibilities and Authorities

Version 4.0

Document Number: CoCGC2.0

Corresponding By-Laws Number: CoCBL1.0

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1. Introduction

The purpose of the Regional Task Force on the Homeless Governance Charter (Charter) is to describe the structure, composition, roles, responsibilities and committee formation of the organization.¹ On an annual basis, the Charter will be updated allowing for Regional Task Force on the Homeless (RTFH) response to environmental, regulatory, and strategic issues. This Charter incorporates the Bylaws of the RTFH with regard to its operations and stated roles and responsibilities.

In 2009, the U.S. Department of Housing and Urban Development (HUD) enacted the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) that established a Continuum of Care (CoC) program to address homelessness and created specific rules, regulations and procedures to be competitive for federal dollars. The HEARTH Act also includes a provision to establish a "governance structure" that ensures an opportunity for all stakeholders to be included and participate in the CoC program.² Subsequently HUD released the 2012 Interim Rule detailing the requirements for CoC implementation of HEARTH.³

Serving as the San Diego City and County CoC 601, the Regional Continuum of Care Council (RCCC), a cross-sector stakeholder group established in 1998, reconstituted in 2014, and merged to become RTFH in January 2017 develops strategic policy as well as

¹ RTFH serves as San Diego City and County's Continuum of Care as defined in Section 578.5 of the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) published in July 2012.

² Southern Nevada Homelessness Continuum of Care (CoC) Governance Structure

³ 24 CFR 578 HUD Interim Rule, CoC Program, effective August 30, 2012

coordinates resources needed to effectively address homelessness in San Diego.⁴

In its capacity as the CoC as well as the regional leadership and guidance organization on homelessness in the region, the RTFH is the authority and the central organization addressing homelessness in San Diego through the coordination of resources, evaluation of the crisis response system, development of strategies and implementation of best practices for dramatically reducing and ending homelessness. The RTFH is responsible for:

- Advocating for policies and essential services that promote fair housing, client well-being, and rights/protections under the law;
- Promoting a community-wide commitment to the goal of ending homelessness;
- Providing funding for efforts to quickly re-house individuals and families who are homeless, which minimizes the trauma and dislocation caused by homelessness;
- Promoting access to and effective use of mainstream programs and resources; and
- Optimizing self-sufficiency among individuals and families experiencing homelessness.⁵

2. Overview

The RTFH is a membership-based, collective impact organization originally formed in 1984 as the San Diego Mayor's Task Force on Homelessness, which later expanded to serve the full region as a community collaborative. In 2004, the RTFH became an independent 501(c)3 nonprofit that absorbed the RCCC to create a regional authority on homelessness in 2017. Goals adopted by the RCCC in 2015 note the need for stakeholder engagement well beyond the homeless and housing service delivery system in order to achieve the regional goal of ending homelessness by 2020.

San Diego envisions a system of care throughout the region that ensures all persons at-risk of or experiencing homelessness have a safe, supportive and permanent place to call home with services available to help them stay housed and improve the quality of their lives. The vision is ambitious, and possible. The community is building a future where homelessness is rare, brief, and non-recurring and in which there are sufficient resources, political leadership, and civic involvement to erase homelessness as a permanent fixture in our social landscape. The vision focuses on the principles of Housing First as well as quick access to permanent housing, strengths-based consumer relationships, coordination and collaboration with mainstream partners, provision of necessary services, policy and resource advocacy, comprehensive community education, and data-driven

⁴ Until 2017, the RCCC was an unincorporated association as defined under Section 18035 of the California Corporations Code. The RCCC no longer exists and its functions have been transferred to the RTFH.

⁵ <https://www.hudexchange.info/resources/documents/CoC-Duties-Establishing-and-Operating-a-CoC-Slides.pdf>

decision-making.

This Charter memorializes the purpose of the collective impact initiative to end homelessness using the federally-defined CoC responsibilities, outlines the primary work of RTFH, and promotes partnership among the various leadership bodies.⁶ An organizational chart depicting the relationships amongst the various leadership bodies in the collective impact initiative may be found in Appendix F.

2.1 Mission

The mission of RTFH is to engage stakeholders in a community-based process that works to end homelessness for all individuals and families throughout the San Diego County region, address the underlying causes of homelessness, and to lessen the negative impact of homelessness on individuals, families and communities.

2.2 Geographic Boundaries

The RTFH includes total geography within the County of San Diego, including all (un)incorporated cities and areas. These boundaries contain other HUD designated program components, including Housing Authorities, HUD geocode areas, local Emergency Solutions Grant (ESG) Areas, communities eligible for State ESG funds, as well federally designated Community Development Block Grant (CDBG) entitlement areas, Housing Opportunities for Persons With AIDS (HOPWA), HOME Investment Partnerships Program (HOME), and U.S. Department of Veterans Affairs (VA) service areas. This geography is referred as the San Diego Region (Region). Various subdivisions are recognized within the Region such as Central, East, South, North Inland, and North Coastal areas.

2.3 Emergency Solutions Grant Entitlement Areas

Emergency Solutions Grant (ESG) funds are awarded to the San Diego ESG entitlement areas by HUD for the purpose of providing Essential Services, Shelter Operations, and assistance to persons who are homeless or at-risk of being homeless in the Region. The RTFH directly participates with jurisdictions that receive ESG funds. In each case, the RTFH consults with the jurisdiction to develop cooperative plans and strategies that leverage ESG and other resources to provide emergency shelter, prevention, and rapid re-housing services.

The RTFH and ESG entitlement areas are responsible for reporting and evaluating the performance of ESG program recipients and subrecipients. In response, the RTFH has prepared an ESG Guide that includes information about the responsibilities of the RTFH and ESG area, HUD regulations, cross-jurisdiction strategies, and policy statements.

⁶ CoC responsibilities outlined in 24 CFR Part 578.

Because the Guide is updated periodically, the most recent Guide is incorporated in its entirety in the Charter by reference here.

3. Assumptions/Constraints/Risks

3.1 Assumptions

For the purpose of this Charter, the RTFH is assuming its current structure remains in place but acknowledges change may occur due to efficiency studies underway.

3.2 Constraints

Implementation of this Charter is reliant on volunteer participation from members of the community and continued funding from HUD and other sources such as those providing match and leverage to RTFH programs.

3.3 Risks

Should no stakeholders agree to participate in the RTFH, the Region may not meet HUD HEARTH regulations. Non-compliance with federal regulations could result in reputational damage to RTFH, as well as jeopardize current and future funding. It is the responsibility of RTFH, as the lead coordinating group inclusive of the Homeless Management Information System Lead Agency and Collaborative Applicant, to ensure the effective implementation of the Charter.

4. Purpose & Responsibilities

4.1 Purpose

The purpose of RTFH is to assist in the coordination, development, and evaluation of services and housing for populations at-risk of and experiencing homelessness through planning, education and advocacy. To achieve this purpose RTFH will:

- Create a system for coordinated assessment and housing prioritization for the most chronic and vulnerable homeless individuals and families;
- Reinforce a Housing First philosophy for all homeless housing and service providers;
- Increase access to permanent housing through various means including rapid re-housing, permanent supportive housing, and other viable forms of permanent housing;
- Evaluate performance of services within the Region through data collection, analysis, and monitoring;
- Plan for and conduct an annual Point-In-Time Count (PITC) of homeless persons within the Region;

- Create capacity in communities throughout the Region to take ownership of and incorporate evidence-based practices to end homelessness;⁷ and
- Develop plans to fulfill the mission of ending homelessness for all individuals and families throughout the Region.

4.2 Roles & Responsibilities

The RTFH is, at minimum, responsible for all duties assigned by HUD under the CoC Program.⁸ This section defines the basic roles, responsibilities, and committee structures required for operation of RTFH. Appendix H provides a detailed overview of RTFH roles and responsibilities.

4.2.1 Full Membership

The RTFH garners community-wide commitment to ending and preventing homelessness by engaging stakeholders in all parts of the Region. In addition to the entities identified by HEARTH as required to participate in RTFH, the Full Membership includes a variety of community partners to the extent they are invested in ending homelessness and present in the Region. Examples of additional stakeholders include private foundations, philanthropists, employment development, and private health service organizations. Members can be individuals or representatives of organizations.

It is the responsibility of the **RTFH Full Membership (FM)** to:

- Establish a Board to act on behalf of RTFH. This Board must be representative of the relevant organizations and projects serving homeless sub-populations and include at least one homeless or formerly homeless individual;
- Adopt and follow a written process for selection of Board Members and review this process at least once every five years;
- Elect Homeless Service Provider seats annually;
- Elect Full Membership Liaison to the Board at discretion of FM;
- Ratify full slate of Board Members annually;
- Participate on Board Committees;
- In consultation with RTFH, follow and ratify annually a Governance Charter;
- Attend meetings of the FM, with published agendas, at least twice per year;
- Facilitate sharing of provider expertise and intervention strategies through Learning Collaboratives, as needed; and
- Inform and support the development of regional plans.

⁷ West Virginia Balance of State Governance Charter.

⁸ HUD identifies three major areas of responsibility for a CoC: operating a CoC; designing and operating a Homeless Management Information System and ensuring CoC planning.

4.2.2 Board

The Board is representative of the relevant organizations and projects serving people experiencing homelessness within the Region, including at least one homeless or formerly homeless individual. This cross-sector representative Board enhances the Region's capacity to coordinate and leverage resources from various sectors and carry-out its responsibilities.

It is the responsibility of the **Board** to:

- Select Board Members annually and fill vacancies as needed;
- Establish policies for RTFH operations including but not limited to written standards for providing homeless assistance, conflict of interest, recusal, and terms of assistance;
- Direct and evaluate performance of RTFH operations;
- Establish plans for reducing and ending homelessness in the Region:
 - Set regional goals and priorities for ending homelessness, including but not limited to HUD CoC and ESG targets;
 - Use data to inform planning processes, decisions, setting appropriate system level and program level performance and local and regional goals;
 - Ensure relevant organizations, funders, and projects serving homeless sub-populations are represented in planning and decision-making; and
 - Build community awareness and collaboration inclusive of the needs of all homeless populations for housing.
- Review, update, and approve annual Charter.
- Issue an annual report of homelessness in the region.
- Call and facilitate meetings of the FM. Meetings will be held, at minimum, twice annually;
 - Designate a single Homeless Management Information System (HMIS) lead to operate the regional HMIS, designate a Coordinated Entry System (CES) lead and designate a Collaborative Applicant for the HUD CoC:
 - The RTFH is currently the management and operational organization designated for the HMIS, the CES and Collaborative Applicant for the San Diego City and County CoC 601.
 - Establish priorities for funding for region and competitive annual HUD NOFA;
 - Authorize grant applications, raise and allocate funds, and approve sustainability plans.
 - Support RTFH Executive leadership and management, who must possess a comprehensive understanding of HUD regulations and detailed procedures associated with compliance with CoC, ESG, and HUD Veterans Affairs Supportive Housing (VASH) programs, including HMIS functions.
- With regard to CoC matters, the Board should hold at least four (4) open and public meetings per year, and should endeavor to operate in an open and transparent manner to the extent practicable.

4.2.3 Board Executive Committee

The Executive Committee provides a mechanism for Board leaders (Chair, Vice Chair, Secretary, Treasurer) to engage, within the limits set by Board policy and the bylaws, in decision making, oversight, and communication on important RTFH matters.

The Executive Committee has meetings during the year separate from the Board and are convened as needed by the Chair. The Executive Committee's actions are reported not later than the next meeting of the Board. **The Executive Committee** has the responsibility to:

- Act for the Board and make decisions on matters which:
 - Require action before the next Board meeting;
 - Have been specifically delegated by the Board to the Executive Committee; and
 - Affect the budget and require immediate action.
- Evaluate and make recommendations on financial policies, goals, and budgets.
- Act for the Board in the administration of established policies and programs, and make recommendations to the Board with respect to matters of policy and operations. May use a Working Group to assist in vetting items for Board and Executive Committee meetings; and
- Review RTFH activities and programs and recommend priorities.

4.2.4 Board Committees

The RTFH established Committees to provide advice on its primary activities, key issues or community initiatives. The following Committees are established as Standing Committees incorporating members of the FM and may only be disbanded by a change to the Charter. The Committees are as follows:

Audit Committee: Responsible for making recommendations to the Board on hiring and firing independent auditors, negotiating the auditor's compensation, conferring with the auditor to satisfy its members that the RTFH's financial affairs are in order, reviewing and determining whether to accept an audit, assuring non-audit services performed by the auditors conform with standards for auditor independence, and approving performance of any non-audit services provided by the auditor.

Evaluation Advisory Committee: Responsible for monitoring, evaluating and recommending improvements to enhance RTFH and RTFH Member Organization performance. Agencies receiving CoC funding are unable to participate in the annual rating and ranking process for HUD CoC funds.

The Evaluation Advisory Committee is responsible for advising on the Homeless system of care which includes;

- the CES regional support and effectiveness
- HMIS data system and/or other relevant data and systems
- Support of the HUD NOFA competitive process and collaborative application

- Regional Homeless System performance measures and metrics
- Review of AHAR, PITC and HIC
- Review of HUD CoC and ESG program monitoring and grievances of any corrective action or final funding recommendations of any competitive process RTFH may be party to; and
- Make recommendations to the Board for changes in CES or HMIS systems that require board and/or FM approval
- Report out to the Board at least annually
- Create a strategic annual plan with the RTFH staff to calendar activities and areas of focus for the committee

Governance Advisory Committee: The committee evaluates and recommends changes to improve RTFH's structure and ensure it is meeting the mission. Governance reviews Board Member nominations and provides recommendations to the Board. It also reviews the Charter and provides recommendations to the Board and FM.

Task Groups: Periodically, RTFH needs to complete specific, time limited tasks in order to comply with regulatory demands or to advance its goals and objectives. At the request of the Board, a temporary Task Group or Ad Hoc Committee may be formed to complete the identified task. These groups perform specific functions associated with completion of the task and are guided by and report to one of the established RTFH groups which may include the Board or a Committee.

4.2.5 Intergovernmental Council

In order to engage key government representatives in the effort to end homelessness, RTFH will form an Intergovernmental Council (IC). The purpose of the IC will be to promote and coordinate local government activities to assist homeless persons. The IC will consist of current public officials representing various levels of government such as cities, county, state, and federal. The positions of Chairperson and Vice Chairperson will be elected and rotate among the represented agencies on an annual basis.

The **IC** will have various duties, including:

- Fill the two Elected Official seats on the Board;
- Meet regularly and serve in an advisory role to the Board; and
- Review local activities and programs assisting people experiencing homelessness to ensure alignment with RTFH policy and plans such as CES participation.

4.2.6 Management and Operations

RTFH management and staff provide infrastructure support to the Board, Full Membership and Committees. The CEO is responsible for the direct management

and operational day to day activities of the RTFH.

Examples of responsible areas include but are not limited to:

- Provide leadership and guidance on regional homelessness issues
- Collaborative Applicant
- HMIS Lead
- CES Administration & Oversight
- Performance Monitoring and Evaluation
- Point-in-Time Count Coordination
- Full Membership Coordination including Annual Recruitment
- Support to Board, Executive Officers, and Committees
- Website & Document Portal Management
- General Point-of-Contact
- Fundraising
- Community Outreach & Education

Appendix A: Record of Changes

The RTFH Governance Charter will be updated annually. The table below will be used to provide the version number, the date of the version, the author/owner of the version, and a brief description of the reason for creating the revised version should any changes be made.

Table 1: Record of Changes

Version Number	Date	Author/Owner	Description of Change
1.0	4/28/15	RCCC	Administrative changes
2.0	3/28/16	N&S Charter Sub-Committee	New format, condensed verbiage, added by-laws, governance structure modification
3.0	5/4/2017	N&S Committee	Changes to align with merging of RCCC & RTFH
4.0	5/11/2018	N&S Committee	Administrative changes

Appendix B: Acronyms

Table 2: Acronyms

Acronym	Literal Translation
CA	Collaborative Applicant
CES	Coordinated Entry System
CDBG	Community Development Block Grant
CoC	Continuum of Care
ESG	Emergency Solutions Grant
FM	Full Membership
HEARTH	Homeless Emergency Assistance and Rapid Transition to Housing Act
HMIS	Homeless Management Information System
HOME	HOME Investment Partnerships Program
HOPWA	Housing Opportunities for Persons With AIDS
HUD	U.S. Department of Housing & Urban Development
IC	Intergovernmental Council
IO	Infrastructure Organization
MOU	Memorandum of Understanding
N&S	Nominations & Selection Advisory Committee – renamed Governance Advisory Committee (2018)
NOFA	Notice of Funding Availability
PITC	Point-in-Time Count
RCCC	Regional Continuum of Care Council
VA	U.S. Department of Veterans Affairs

Appendix C: Glossary

Table 3: Glossary

Term	Definition
Collaborative Applicant	The Collaborative Applicant is the entity that submits the annual CoC Consolidated Application for funding and is charged with collecting and combining the application information from all applicants for all projects within the RTFH's geographic area.
Collective Impact	Commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communications, and mutually reinforcing activities among all participants.
Community Development Block Grant (CDBG)	CDBG, one of the longest-running programs of the U.S. Department of Housing and Urban Development, funds local community development activities such as affordable housing, anti-poverty programs, and infrastructure development.
Consolidated Plan	The Consolidated Plan is designed to help states and local jurisdictions to assess their affordable housing and community development needs and market conditions, and to make data-driven, place-based investment decisions. The consolidated planning process serves as the framework for a community-wide dialogue to identify housing and community development priorities that align and focus funding from the CPD formula block grant programs: CDBG, HOME, ESG, and HOPWA. The Consolidated Plan is carried out through Annual Action Plans, which provide a concise summary of the actions, activities, and the specific federal and non-federal resources that will be used each year to address the priority needs and specific goals identified by the Consolidated Plan. Grantees report on accomplishments and progress toward Consolidated Plan goals in the Consolidated Annual Performance and Evaluation Report (CAPER).
Continuum of Care (CoC)	A CoC is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.
Coordinated Entry System (CES)	CES is a system designed to coordinate program participant intake, assessment, and provision of referrals for housing placement. The system covers the Region, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Term	Definition
Emergency Solutions Grant (ESG)	The ESG program provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, and (6) prevent families/individuals from becoming homeless.
Geo Code Area	A particular geographic location identified with a six-digit number by HUD and used for annual allocation of funds. The characterization is based on population statistics such as the average age or income of its inhabitants.
Geographic Boundaries	Includes all geography within the County of San Diego, including (un)incorporated cities and areas.
Board	Body leading the collective impact initiative that oversees RTFH functions.
Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009	On May 20, 2009, President Obama signed the HEARTH Act of 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including a consolidation of HUD's competitive grant programs.
HOME Investment Partnerships Program (HOME)	HOME is a type of United States federal assistance provided by HUD to States in order to provide decent and affordable housing, particularly housing for low- and very low-income Americans.
Homeless Management Information System (HMIS)	HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.
Homeless Management Information System (HMIS) Lead	Entity designated by the RTFH in accordance with HEARTH to operate HMIS.
Housing Opportunities for Persons with AIDS (HOPWA)	To help take care of the housing needs of low-income people who are living with HIV/AIDS and their families.
Housing Authority	A housing authority is generally a governmental body that governs some aspect of a region's housing, often providing low rent or free apartments to qualified residents.
Housing First	Housing First is a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed.
Memorandum of Understanding (MOU)	An MOU is a formal agreement between two or more parties. Companies and organizations can use MOUs to establish official partnerships. MOUs are not legally binding but they carry a degree of seriousness and mutual respect.

Term	Definition
Permanent Supportive Housing (PSH)	PSH is a program that helps eligible people find a permanent home and also get local mental health services but only if and when they need that help.
Point-in-Time Count (PITC)	The PITC is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that CoCs conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night and unsheltered at least biennially.
Prevention Programs	Homeless Prevention Programs provide rental assistance, utility assistance and supportive services directly related to the prevention of homelessness to eligible individuals and families who are in danger of eviction, foreclosure or homelessness.
Rapid Re-Housing (RRH)	RRH is an intervention, informed by a Housing First approach that is a critical part of a community's effective homeless crisis response system. It quickly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.
Regional Continuum of Care Council (RCCC)	<i>The RCCC was a cross-sector stakeholder group established in 1998, reconstituted in 2014, and merged with the Regional Task Force on the Homeless in 2017 to develop strategic policy as well as coordinate resources needed to effectively address homelessness in San Diego.</i>
RTFH Member	RTFH members can be an individual, agency and/or department within a political subdivision who are concerned with and/or providing services to the various homeless sub-populations furthering the direction of the RTFH. An agency and/or department with more than one individual representing that organization will be recognized as one member.
RTFH Individual Member	RTFH full individual membership is designed for those interested in and committed to ending homelessness, including consumers, students, educators, San Diego residents, and others. Individuals who care about the quality of services provided to persons experiencing homelessness, who want to ensure they are meeting their needs to the greatest extent possible are individual RTFH members.
RTFH Organizational Member	RTFH Organizational Membership is open to organizations, corporations and agencies interested in supporting the RTFH's commitment to ending homelessness.
Recipient	An eligible entity that signs a grant agreement for a specified funding source.
Sub-population (homeless)	For the purpose of the Charter, sub-populations are referring to categories of individuals with related, yet distinct, needs that can be addressed through a CoC. Representation of sub-populations as required by HEARTH must be reflected on the Board.

Term	Definition
Sub-recipient	Eligible entity that receives a sub-grant from the recipient to carry-out a project.
U.S. Department of Housing & Urban Development (HUD)	A U.S. government agency created in 1965 to support community development and increase home ownership.
U.S. Department of Veterans Affairs (VA)	The VA is a government-run military veteran benefit system with Cabinet-level status.

Appendix D: Referenced Documents

This table summarizes the relationship of the Charter to other relevant documents. Here, identifying information for all documents used to arrive at and/or referenced within this document will be provided (e.g., related and/or companion documents, prerequisite documents, relevant technical documentation, etc.).

Table 4: Referenced Documents

Document Name	Document Location and/or URL	Issuance Date
Alameda County CoC/ EveryOne Home Governance Charter	http://everyonehome.org/wp-content/uploads/2016/02/CoCs-Governance-Charter.pdf	June 2015
Continuum of Care Duties	https://www.hudexchange.info/resources/documents/CoC-Duties-Establishing-and-Operating-a-CoC-Slides.pdf	NA
ESG Guide	TBD	TBD
HEARTH Act	https://www.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf	May 2009
HUD Interim Rule	https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf	August 2012
Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System	https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf	January 2017
RTFH By-Laws	http://nebula.wsimg.com/295b6dc187e4b55049160278c72dfe76?AccessKeyId=84F4D43D27BED21A7BD2&disposition=0&alloworigin=1	January 2016
Southern Nevada Homelessness CoC Governance Structure	http://www.helphopehome.org/	August 2014
West Virginia Balance of State CoC Charter	Drop Box (will update with URL once finalized)	October 2015

Appendix E: Approvals

The undersigned acknowledge they have reviewed the Charter and agree with the information presented within this document. Changes to this Charter will be coordinated with, and approved by, the undersigned, or their designated representatives.

Instructions: List the individuals whose signatures are desired. Examples of such individuals are RTFH Board Chair, RTFH Board Vice-Chair, RTFH President & CEO, and any other appropriate stakeholders.

Signature: _____ Date: _____

Print Name: _____

Title: _____

Role: _____

Signature: _____ Date: _____

Print Name: _____

Title: _____

Role: _____

Signature: _____ Date: _____

Print Name: _____

Title: _____

Role: _____

Appendix F: Organizational Chart

Table 5: RTFH Board Organizational Chart

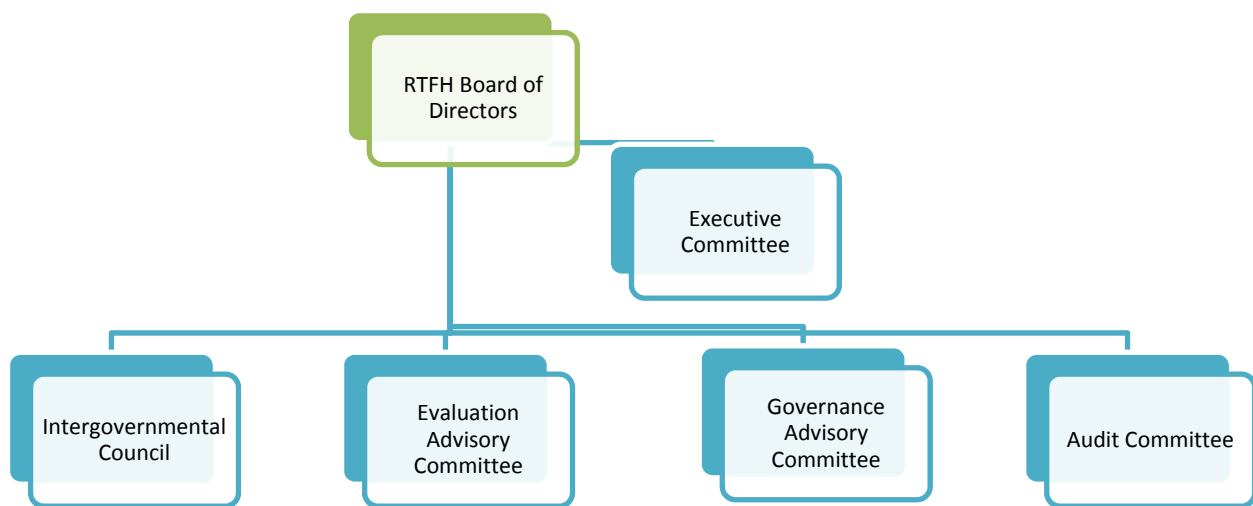
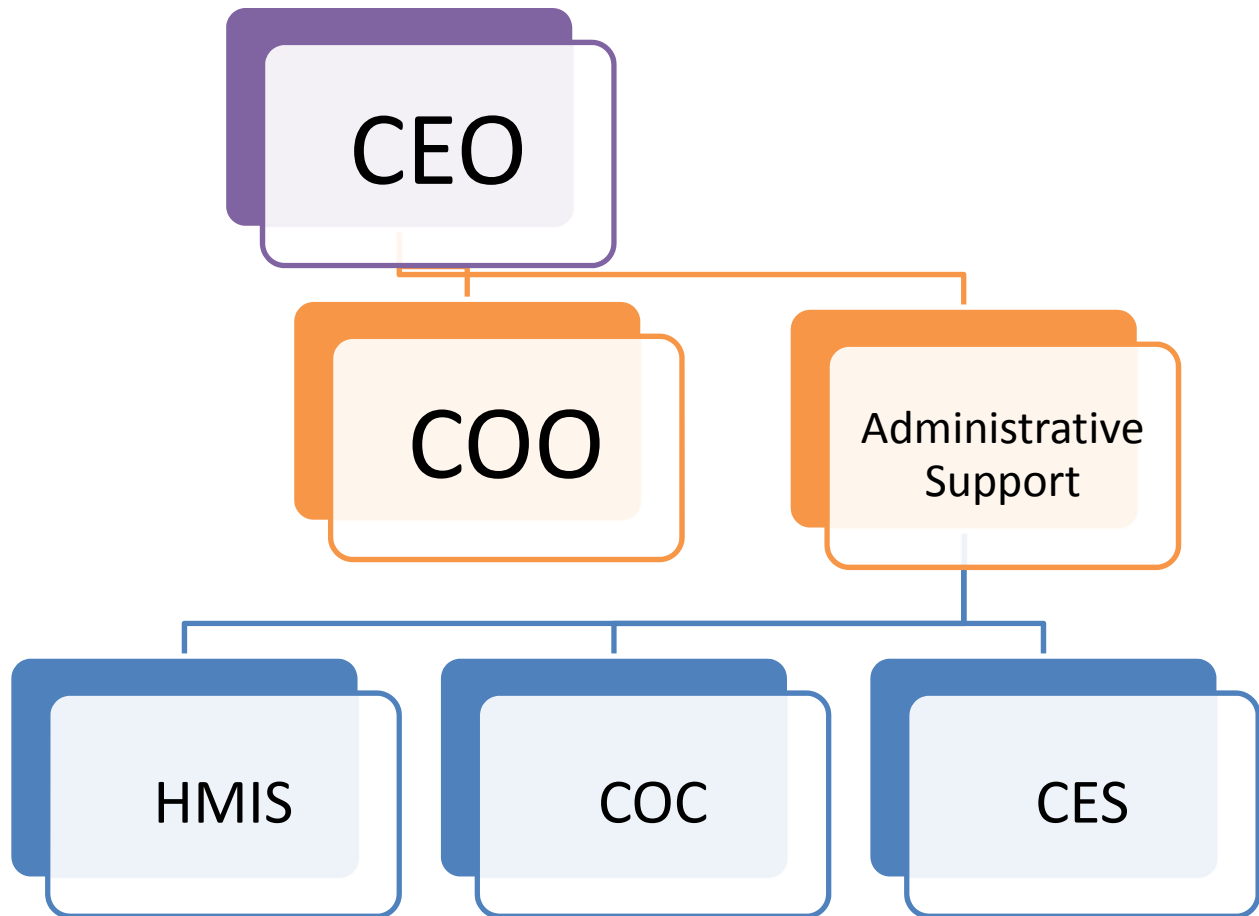


Table 6: RTFH Staff Organizational Chart

Appendix G: RTFH Board Structure

Table 6: RTFH Board Structure

Board Structure		Sub-Population Representation	Organizational Representative
<i>Appointed Seats</i>	County Health and Human Services Agency	Homeless Families with children Unaccompanied youth (UY) Seniors Veterans Chronic homeless Substance abuse Co-Occurring Disorders Victims of domestic violence Seriously mentally ill Transition Age Youth (TAY) HIV/AIDS Human trafficking Unaccompanied women	Charged with coordinating efforts of all health and human services providers.
	Public Housing Authority: County of San Diego Department of Housing and Community Development		Charged with coordinating efforts with all other public housing authorities within the Region.
	Public Housing Authority: San Diego Housing Commission		
	San Diego Workforce Partnership		Charged with coordinating efforts of all employment agencies and workforce development services providers.
	United Way of San Diego County		Charged with coordinating collective impact efforts.
	U.S. Department of Veterans Affairs		Charged with coordinating efforts of all homeless Veterans providers.
<i>Community Stakeholders</i>	Homeless / Formerly Homeless		Charged with representing all homeless individuals or formerly homeless individuals.
	Homeless Service Provider – General, Central, East, North Coastal, North Inland, and South Bay Regions (6)		Charged with coordinating efforts with all service providers in the designated region. Preference given to emerging needs and regions under the General Homeless Service Provider seat.
	Education		Charged with coordinating efforts with all education organizations.
	Health (3)		Charged with coordinating efforts with all healthcare providers.
	Law Enforcement / Justice System		Charged with coordinating efforts with all other public law enforcement agencies within the Region.

	Business (3)		Charged with coordinating efforts with all business organizations. Preference given to affordable housing developers.
	Elected Official (2)		Charged with coordinating efforts with all jurisdictions within the Region.
	Funder (2)		Charged with coordinating efforts of philanthropy.
	Faith Community		Charged with coordinating efforts of all faith-based organizations.
	Technology Business		Charged with coordinating efforts of all technology organizations.
	Homeless Advocate		Charged with advocating on behalf of persons experiencing homelessness.
	Flexible (3)		Charged with coordinating efforts in their sectors. Preference given to consumers, affordable housing developers, and County of San Diego law enforcement agencies.

Appendix H: RTFH Roles & Responsibilities

Table 6: RTFH Roles & Responsibilities

Responsibility	Required Activity	Responsible Stakeholder(s):
Operate the RTFH	Hold meetings of the FM, with published agendas, at least twice per year. One meeting will be the Annual Meeting.	Board RTFH Staff
	Make an invitation for new members to join publicly available within the geographic area at least annually. Ensure an updated membership roster is maintained.	RTFH Staff
	Adopt and follow a written process to select a Board and its members to act on behalf of RTFH. The process must be reviewed, updated, and approved by the Board and FM at least once every 5 years.	Board FM RTFH Staff
	Appoint additional committees, subcommittees, or workgroups.	Board
	Participate in Committees, additional committees, subcommittees, or workgroups.	Board FM RTFH Staff
	Develop, follow, and update annually a Charter, which will comply with HEARTH and all other applicable regulations.	Board FM Governance Advisory Committee HMIS Lead Collaborative Applicant RTFH Staff
	Establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers. This includes ESG and CoC funded programs.	Board Evaluation Advisory Committee RTFH Staff Recipient
	Establish and operate a CES system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.	Board Evaluation Advisory Committee

		RTFH Staff
	Establish and consistently follow written standards and policies for providing homeless assistance inclusive of CoC and ESG programs.	Board Evaluation Committee RTFH Staff Advisory
	Designate a single HMIS for the Region.	Board
	Direct and evaluate performance of RTFH.	Board
	Provide support to Board, Executive Officers, and Committees. In addition, manage the Website & Document Portal and serve as the RTFH's general Point-of-Contact as directed by the Board. Conduct community outreach and engagement as appropriate.	RTFH Staff
	Review RTFH activities and act on behalf of the Board as designated by the Board.	Executive Committee
Designating and operating an HMIS	Designate an eligible applicant to manage the RTFH's HMIS, which will be known as the HMIS Lead.	Board
	Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.	HMIS Lead Evaluation Committee Advisory
	Ensure consistent participation of recipients and sub-recipients in the HMIS.	HMIS Lead RTFH Staff
	Ensure the HMIS is administered in compliance with requirements prescribed by HUD.	HMIS Lead Evaluation Committee RTFH Staff Advisory
Continuum of Care planning	Coordinate the implementation of a housing and service system within the Region that meets the needs of homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following: <ul style="list-style-type: none"> • Outreach, engagement, and assessment; • Shelter, housing, and supportive services; and • Prevention strategies. 	Board Evaluation Committee RTFH Staff Advisory
	Planning for and conducting, at least biennially, a PITC of homeless persons within the Region.	RTFH Staff

	Establish plans for ending homelessness in the Region.	Board IC RTFH Staff
	Conduct an annual analysis including gaps of homeless systems needs and services available within the Region.	RTFH Staff HMIS Lead
	Provide information required to complete the Consolidated Plan(s) within the Region.	RTFH Staff
	Consult with ESG program recipients within the Region on the plan for allocating ESG funds as well as reporting on and evaluating the performance of ESG program recipients and sub-recipients.	Evaluation Advisory Committee HMIS Lead RTFH Staff
	Identify and apply for competitive homeless-related federal, state, and local grants, as appropriate.	Board Collaborative Applicant RTFH Staff
	Facilitate Learning Collaboratives to help assure the use of evidence-based programs and other innovations with fidelity and benefit to consumers.	FM RTFH Staff
	Issue annual report of homelessness in the region.	Board RTFH Staff
	Develop, as appropriate, and review solicitation responses for the RTFH and provide recommendations to the Board.	RTFH Staff
	Actively engage with RTFH stakeholders.	Board RTFH Staff

San Diego County Continuum of Care Homeless Management Information System (HMIS)

Policies and Procedures

HMIS Lead Agency
Regional Task Force on the Homeless (RTFH)



September 21, 2017

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1. PROJECT SUMMARY

1.1 Background

To end homelessness, a community must know the scope of the problem, the characteristics of those who find themselves homeless, and understand what is working in their community and what is not. Solid data enables a community to work confidently towards their goals as they measure outputs, outcomes, and impacts.

A Homeless Management Information System (HMIS) is the information system designated by a local Continuum of Care (CoC) to comply with the requirements of CoC Program interim rule 24 CFR 578. It is a locally-administered data system used to record and analyze client, service and housing data for individuals and families who are homeless or at risk of homelessness. HMIS is a valuable resource because of its capacity to integrate and un-duplicate data across projects in a community. Aggregate HMIS data can be used to understand the size, characteristics, and needs of the homeless population at multiple levels: project, system, local, state, and national. The Annual Homeless Assessment Report (AHAR) is HUD's annual report that provides Congress with detailed data on individuals and households experiencing homelessness across the country each year. This report could not be written if communities were not able to provide HUD with reliable, aggregate data on the clients they serve.

In 2010 the U.S. Interagency Council on Homelessness (USICH) affirmed HMIS as the official method of measuring outcomes in its Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. Since then many of the federal agencies that provide McKinney-Vento Act and other sources of funding for services to specific homeless populations have joined together and are working with HUD to coordinate the effort.

HMIS is now used by the federal partners and their respective programs in the effort to end Homelessness, which include:

- U.S. Department of Health and Human Services (HHS)
- U.S. Department of Housing and Urban Development (HUD)
- U.S. Department of Veterans Affairs

The HMIS Data Standards provide communities with baseline data collection requirements developed by each of these federal partners. The HMIS Data Standards Manual is designed for CoC's, HMIS Lead Agencies, HMIS System Administrators, and HMIS Users to help them understand the data elements that are required in an HMIS to meet participation and reporting requirements established by HUD and the federal partners.

HUD is responsible for coordinating the collection of data, oversee HMIS rules and regulations, and report to Congress through the AHAR, and will continue to manage the HMIS regulations provide support and guidance to local CoC's and HMIS Lead Agency Agencies, and provide guidance to users in collaboration with the federal partner agencies. The 2014 release of the Data Dictionary and Manual is the first joint publication of HUD and the federal partners and is intended to provide guidance to communities around federal expectations for HMIS. The HMIS Data Standards Manual was updated most recently in July 2017.

1.2 San Diego's Continuum of Care

The San Diego CoC includes all of the geography within San Diego County, including 18 incorporated cities and all unincorporated areas. For HMIS purposes, the San Diego Region is often described as the City of San Diego and the outlying County, or as composed of five sub regions, Central, East, South, North Inland, and North Coastal areas. These boundaries contain other HUD designated program

components, including multiple Housing Authorities, thirteen (13) HUD geocode areas, three (3) local Emergency Solutions Grant (ESG) areas, ten (10) communities eligible for State ESG funds, as well as federally designated Community Development Block Grant (CDBG) entitlement areas, Housing Opportunities for Persons With AIDS (HOPWA) programs, HOME Investment Partnerships Programs (HOME), Veterans Administration (VA) service areas, Projects for Assistance in Transition from Homelessness (PATH), and Runaway and Homeless Youth (RHY) programs. The CoC's primary area of operations within the CoC geography includes the areas served by the program components listed above. This geography is referred to as the San Diego CoC Region (Region).

1.3 San Diego's HMIS Software

The HMIS provides homeless service providers throughout the Region with a collaborative approach to data collection and client management.

The CoC selected "ServicePoint," a web-based HMIS software owned by Mediware Information Systems, to be the HMIS software of record. It empowers human services providers, agencies, coalitions, and communities to manage real-time client and services data. The RTFH contracts directly with Mediware Information Systems for this software and supports end-users with help desk, ongoing training, and project customization including development of project-specific assessments and settings. The RTFH works directly with Participating Agencies to identify needs and requirements for custom reports developed by the RTFH or canned reports made available by Mediware Information Systems.

ServicePoint features:

- Combine the ease of the internet and the performance of a powerful database;
- Protects client confidentiality by carefully restricting access;
- Has a robust client and referral tracking, case management, agency and project indexing;
- Has an advanced reporting tool to understand and use key data;
- Facilitates the secure sharing of data to help providers to effectively and efficiently perform client case management;
- Ensures client, project, and agency-level data is available and accessible to all Participating Agencies in accordance with Federal, State, and local data sharing policies;
- User-friendly, requiring a minimum learning curve for data entry and generation of reports;
- Ensures project and agency-wide reports are easily produced by agencies; and
- Ensures providers can record detailed client profiles, assessments, referrals, history, and outcomes.

Benefits to Participating Agencies:

- Increased ability to prepare statistical and programmatic reports for funders, boards, and other stakeholders;
- Saves staff time needed to gather client data;
- Formulates statistics and completes funding reports;
- Increases ability to track client outcomes and measures the success of services provided;
- Increases ability to work collaboratively and to cooperate with other agencies to achieve meaningful results; and
- Significantly improves efficiency in delivering and managing services, resulting in tangible cost savings.

Benefits to Clients:

- Provides a comprehensive view of the client, minimizing data collection;

- Provides an ability to comprehensively coordinate client care in real time; and
- Provides a single client record for improved provision of services.

2. HMIS LEAD AGENCY MISSION AND CONTACT INFORMATION

2.1 Regional Task Force on the Homeless (RTFH)

RTFH Mission

“To provide comprehensive data and trusted analysis that empowers the entire community to identify, implement, and support efforts to prevent and alleviate homelessness.”

The Regional Task Force on the Homeless (RTFH) serves as the HMIS Lead Agency. In that capacity, RTFH is responsible for the management and development of the HMIS implementation. Under the guidance of the RTFH, agencies with homeless-dedicated programs are required to participate in the HMIS to support local data collection, service, and planning functions within the CoC's jurisdiction. Participating Agencies are defined as those agencies that have signed Agency Participation Agreements. The RTFH encourages Agencies that provide beds and services funded by other federal, state, local, or private resources to also participate in the HMIS.

Contact Information

Regional Task Force on the Homeless
4699 Murphy Canyon Road
San Diego, California 92123
Telephone: (858) 292-7627
Fax: (858) 292-7627
Email: Support@RTFHSD.org
Website: www.RTFHSD.org

Role	Function
<i>Executive Director</i>	<ul style="list-style-type: none"> • CoC HMIS Lead Agency • HMIS direction & oversight
<i>HMIS System Administrator</i>	<ul style="list-style-type: none"> • General HMIS administration • Oversight and supervision of HMIS Technical Team
<i>HMIS Security Officer</i>	<ul style="list-style-type: none"> • Monitor security of the HMIS • Ensure HMIS Lead Agency and Participating Agency compliance with Security Policies and Procedures
HMIS Technical Team	
<i>HMIS Project Analyst</i>	<ul style="list-style-type: none"> • General technical support for HMIS issues related to end-user access, troubleshooting, information requests, system functionality errors, etc. • End-user training
<i>HMIS Data Analyst</i>	<ul style="list-style-type: none"> • Issues related to data quality, data analysis, mandated reports, report failure, etc.

3. ROLES AND RESPONSIBILITIES

3.1 General Compliance, Documentation, and Officials

General Compliance, Documentation, and Officials Policy

The HMIS Lead Agency will adopt and implement the Physical, Technical, and Administrative safeguards for the protection of information contained in the HMIS. The HMIS Lead Agency will be responsible for the organization and management of the HMIS as outlined in the CoC's Memorandum of Understanding with the HMIS Lead Agency.

Participating Agencies shall adopt, at a minimum, the HMIS Policies and Procedures as a baseline or develop their own where not in conflict with this Policy.

HMIS Lead Agency Procedure

The HMIS Lead Agency is responsible for all system-wide policies, procedures, communication, and coordination. It is also the primary contact with the software vendor, and is expected to implement all necessary system-wide changes and updates. The system is defined as the HMIS system.

In addition, the HMIS Lead Agency is responsible for all privacy concerns relating to the HMIS and serves as the Privacy Official (PO) for the CoC.

The HMIS Lead Agency may amend the HMIS Policies and Procedures at any time, subject to the approval of the Data Advisory Committee (DAC). The DAC may bring issues to the Governance Board as necessary for resolution.

Amendments may affect data that had been entered in the HMIS before the effective date of any such amendment. This policy is consistent with current standards for HMIS as outlined in the most recently published HMIS Data Standards Manual.

The HMIS Lead Agency Executive Director (or his/her designee) will serve as the HMIS System Administrator whose primary function is to manage the HMIS in accordance with HUD and other federal agency guidelines.

HMIS Lead Agency System Administrator

The HMIS System Administrator shall:

- Provide training support to Participating Agencies by determining training needs of HMIS end-users, developing training materials, and providing technical support by troubleshooting data with Participating Agencies;
- Manage end-user accounts and access controls;
- Identify and develop system enhancements and communicate enhancements and/or changes to Participating Agencies;
- Communicate system-related information to Participating Agencies;
- Develop and modify reports for end-users as requested;
- Maintain files of the name and contact information of the current Security Officer for each Participating Agency;
- Ensure, through contract or instruction, that Participating Agencies will:

- Identify a Participating Agency Administrator who serves as the primary contact between the Participating Agency and the HMIS Lead Agency on matters outlined in this document including but not limited to:
 - Providing HMIS support for their agency and escalating unresolved issues to the HMIS System Administrator;
 - Notify all end-users from their agency of system-wide changes and other relevant information;
 - Ensure all end-users from their agency are trained in the HMIS;
 - Notifies the HMIS Lead Agency of personnel changes;
 - Monitors their agency's compliance with standards of confidentiality and data collection, entry and retrieval;
 - Ensures all authorized end-users from their agency complete training before requesting access to the HMIS and understand and adhere to the HMIS User Agreement;
 - Ensures Participating Agency adherence to HMIS Policies and Procedures; and
 - Makes continuous efforts to detect violations of privacy and security and respond to any indication or report of violations.

HMIS Lead Agency Security Officer

The HMIS Lead Agency will name one employee as HMIS Security Officer.

The duties of the HMIS Lead Agency Security Officer will be included in the individual's job description and must be signed by the HMIS Security Officer to indicate understanding and acceptance of these responsibilities. The HMIS Security Officer's contact information is incorporated into these HMIS Policies and Procedures by reference.

Duties include, but are not limited to:

- Work cooperatively with the HMIS System Administrator to review the HMIS Policies and Procedures on an annual basis or at the time of any changes to the following:
 - The security management process, the methods of data exchange, and any HMIS data or technical requirements issued by HUD and the federal partners;
 - In the event that changes are required to the HMIS Privacy and Security Policies and Procedures, the Security Officer will work with the HMIS System Administrator to develop recommendations for review, modification, and approval by the DAC;
 - Review the HMIS Security Certification Checklist annually, test the HMIS Lead Agency security practices for compliance, and work with the HMIS System Administrator to coordinate communication streams;
 - Certify that the HMIS Lead Agency adheres to the HMIS Privacy and Security Policies and Procedures;
 - Demonstrate risk in reduction over time;

- Develop mitigation plans for any identified security shortfall, including milestones to demonstrate the reductions in risk over time;
- Implement any approved plan for mitigation of shortfalls and provide appropriate updates on progress to the DAC;
- Respond to any security questions, requests, or security breaches, and communicate security-related HMIS information to each Participating Agency Security Officer and the Participating Agency's end-users, and will inform the DAC as appropriate; and
- Monitor HMIS Audit Reports monthly.
- The HMIS Security Officer and any user employed or retained by the HMIS Lead Agency able to access HMIS data will undergo criminal background verification. Records of the completed background checks (though not the results) are subject to inspection;
 - The HMIS Lead Agency will follow its own policies regarding hiring individuals with criminal justice histories, as long as they comply with all relevant laws; and
 - The HMIS Lead Agency will not hire individuals whose background checks reveal criminal histories related to identity theft or fraud. The HMIS Lead Agency will manage the results of any background checks conducted on a case-by-case basis.
- The HMIS Lead Agency will maintain all policies and procedures, including changes, in either electronic or paper format, for a period of six (6) years after creation or most recent revision and adoption; and
- The HMIS Lead Agency will also document all changes to electronic systems such as server change out, new applications, changes in technology vendors or any substantive change to the infrastructure of systems.

Participating Agency Procedure

Participating Agency shall adopt, at a minimum, the HMIS Privacy and Security Policies as a baseline or develop their own where not in conflict with the HMIS Privacy and Security Policies and Procedures.

- Participating Agencies may require more rigorous privacy standards but they must, at minimum, meet and not contradict the HMIS Privacy and Security Policies and Procedures;
- Participating Agencies that elect to adopt different Privacy and Security Policies shall attach a copy of the policies to the HMIS Security Certification Checklist;
- More stringent mandates shall be submitted to the HMIS System Administrator for incorporation into these policies where applicable;
- Participating Agencies shall annually self-certify compliance with the HMIS Privacy and Security Policies and Procedures unless they have developed and operate under their own;
- Participating Agencies shall record compliance with the HMIS Privacy and Security Policies and Procedures, or their own if so elected, through completion of the HMIS Security Certification Checklist;
- Failure to submit the HMIS Security Certification Checklist within 30 (thirty) days of its due date in any given year will be considered to be a violation of the terms of the HMIS Agency Participation Agreement and these policies;

- Each Participating Agency shall indicate within the HMIS Security Certification Checklist, whether or not it has:
 - Adopted the HMIS Privacy and Security Policies and Procedures; or
 - Adopted different Privacy and Security Policies and Procedures that meet the requirements outlined in the HMIS Privacy and Security Policies and Procedures.
 - Participating Agencies must maintain documentation regarding changes to their Security and Privacy policies for a period of six (6) years beyond adoption.

A Participating Agency's Privacy and Security Policies shall at minimum:

- Specify the purpose for collecting the information;
- Specify all potential uses and disclosures of information;
- Specify the time period for which the hard copy and electronic data will be retained at the organization;
- Specify the method for disposing of data or removing identifiers from personal information that is not in current use;
- State the process and applicability of amendments;
- Offer reasonable accommodations for persons with disabilities and/or language barriers;
- Allow the client the right to inspect and to have a copy of their client record and offer to explain any information the individual may not understand;
- Include reasons and conditions when a Participating Agency would not release information to any party not authorized by the client; and
- Specify a procedure for accepting and considering questions or complaints about the Privacy and Security Policy.

Participating Agency Data Owner

The Participating Agency Data Owner is an employee of the Participating Agency who is ultimately responsible for the protection and use of the data entered into the HMIS and shall:

- Develop Participating Agency procedures for determining and granting access to systems that comply with applicable Federal and State laws that govern the privacy and confidentiality of data;
 - Participating Agency may impose greater restrictions not specifically covered by Federal or State law, or other regulations; and
 - Data sharing restrictions requested by the client and accepted by the Participating Agency may also impose a data access restriction.
- Monitor end-user data access; and
- Determine Participating Agency data retention schedule.

Each Participating Agency is responsible for conducting a security review annually and certifying that each participating project is in compliance with minimum standards of the HMIS Privacy and

Security Policies and Procedures and HMIS Data and Technical Standards. Participating Agencies shall include a provision in their policies and procedures to comply with this policy.

Participating Agency network design should allow for uninterrupted communication between workstations and the internet. All communication between servers should be designed to be performed on a Local Area Network (LAN).

Participating Agency hard copies of data stored in HMIS shall be treated in the following manner:

- End-users are responsible for maintaining the security of all client data extracted from the HMIS, including hard copies, and any data collected for purpose of data entry into the HMIS;
- Hard copy records containing Personally Identifiable Information (PII) must be disposed of through means such as cross cut shredding and pulverizing or use of a Certified Destruction Vendor;
- Records shall be kept in individual locked files or in rooms that are locked when not in use;
- Records in use (i.e. on the desktop) shall be maintained in such a manner as to prevent exposure of information to anyone other than the user directly utilizing the record;
- End-users or other staff shall not remove records or other information from their place of business without written permission from appropriate supervisory staff;
 - Written permission must specify the reason for removal of information and handling procedures while off site;
 - Staff shall maintain information in a secure manner while off site; and
 - Records transferred from one location to another physical location (i.e., different building), must be placed in sealed envelopes and utilize a tracking receipt to capture in transit responsibility up to and including delivery of records.
- Faxes or other printed documents with HMIS information shall not be left unattended; and
 - Fax machines and printers shall be kept in secure areas.
- After completion of faxing, copying or printing information, documents should be removed from the machines immediately; and
 - The Participating Agency Data Owner may delegate the responsibility of the day-to-day maintenance of the data, which then becomes the responsibility of the Participating Agency Administrator (defined below).

Participating Agency Administrator

Each Participating Agency must designate an Agency Administrator and a backup Agency Administrator responsible for the oversight of all activities that generate or have access to client data in the HMIS to ensure adherence to HMIS Policies and Procedures in this document. Changes to Agency Administrators must be reported to the HMIS Lead Agency within ten (10) business days.

The Participating Agency Administrator shall be responsible for:

- Reviewing the Participating Agency's Privacy and Security Policies to ensure consistency

with the HMIS Privacy and Security Policies and Procedures;

- Providing oversight of all personnel who generate or have access to client data in the HMIS for HMIS Policy & Procedure compliance;
- Serving as the primary contact between end-users and the HMIS System Administrator;
- Providing Participating Agency technical support by troubleshooting data and escalating unresolved issues to the HMIS System Administrator;
- Notifying members of their Participating Agency of any system-wide changes and other relevant information;
- Offering training support to Participating Agency end-users when approved by the HMIS Lead Agency (ex. "Train-the-Trainer");
- Notifying the HMIS Lead Agency of Participating Agency personnel changes;
- Monitoring compliance with standards of confidentiality and data collection, entry, and retrieval related to the HMIS;
- Ensuring all authorized end-users are trained before being granted access to the system and are adhering to the HMIS User Agreement (Appendix B);
- Ensuring Participating Agency adherence to internal Privacy and Security Policies and Procedures and contractual privacy and security procedures;
- Making continuous efforts to detect violations of privacy and security of the HMIS and respond to any indication or report of violations; and
- Providing the name and contact information of the Participating Agency's Security Officer.

Participating Agency Security Officer

Each Participating Agency must designate an Agency Security Officer who will serve as the Participating Agency Security Officer for the HMIS and is responsible for ensuring compliance with the security standards outlined in this document.

Participating Agencies must provide the name and contact information of the Agency Security Officer to the HMIS Lead Agency and report changes to that information within ten (10) business days.

Participating Agency Security Officer responsibilities include but are not limited to:

- Review and testing the Participating Agency's security practices for compliance;
- Certify the Participating Agency's adherence to the HMIS Security Policy and Procedures;
- Develop mitigation plans for identified security shortfalls including milestones;
- Demonstrate reduction in risk over time;
- Complete HMIS Security Certification Checklist and submit it within thirty (30) days of its due date to the HMIS Security Officer;

- Communicate any security questions, requests, or security breaches to the Participating Agency Administrator;
- Communicate security-related HMIS information relayed from the HMIS Security Officer to the Participating Agency end-users; and
- Complete security training offered by the HMIS Lead Agency.

3.2 Monitoring and Auditing

Monitoring and Auditing Policy

The HMIS Lead Agency will develop monitoring procedures so regular checks are performed on system usage, security attack vectors, and other risks to information. Mitigation plans, based on risks, shall be developed to reduce risk associated with an event or identified system vulnerability.

The HMIS Lead Agency will develop an investigation process including a communication plan for informing and coordinating with the DAC and Agency Administrators and/or Security Contacts.

Procedure

The HMIS Lead Agency will develop a monitoring and investigation process including a communication plan for informing the DAC, Participating Agency Administrators, and Participating Agency Security Officers of issues related to privacy and security including:

- Identification of risks associated with the connection between the HMIS and Participating Agencies shall be addressed in contractual language to ensure the reduction of risk;
- Development and implementation of Participating Agency requirements for reporting and investigation of complaints on privacy or security policies, security incidents, or privacy breaches;
 - The HMIS Lead Agency will communicate any reported security breaches or failures to the Participating Agency Security Officer with mutual clients within 24 hours of the discovery.
- Privacy and Security Policy and Procedure concerns reported to the HMIS Lead Agency; and
- Processes established by Participating Agencies for receiving and reviewing complaints from clients about potential violations of HMIS policies.

The HMIS software vendor will monitor HMIS for security breaches and suspected system security failures.

- Breaches or system security failures will be reported to the HMIS Security Officer and HMIS System Administrator;
- Corrective actions, potentially in the form of sanctions, may be implemented if necessary to mitigate the identified risk; and
- Any sanction by RTFH may be appealed, after the completion of investigation, to the DAC for relief of the severity of the penalty.

Participating Agency Procedure

All suspected breach of security, or any incident in which unauthorized use or disclosure of information has occurred, or where the HMIS may have been accessed or used in a manner inconsistent with the HMIS Policies and Procedures, must be reported to the HMIS Security Officer.

Procedures include:

- HMIS end-users are obligated to report to their Participating Agency's HMIS Security Officer suspected instances of noncompliance with established HMIS Policies and Procedures that may leave HMIS data vulnerable to intrusion;
- The HMIS Lead Agency is responsible for reporting security incidents involving the real or potential intrusion of HMIS to the DAC;
- Each Participating Agency is responsible for reporting any security incidents involving the real or potential intrusion to the HMIS Security Officer;
- Participating Agencies will regularly check their system for security breaches and failures by running reports such as User Login, User Information, and Audit Report. Any such breaches or failures will be reported to the HMIS System Administrator and HMIS Security Officer;
- The HMIS Lead Agency will notify the DAC of critical security breaches that require necessary corrective action to mitigate the identified risk;
- End-users must report security violations, including suspected uncorroborated violations, as soon as discovered to their Participating Agency Administrator or Participating Agency Security Officer;
- Participating Agency will relay reports within one (1) business day of receipt to the HMIS Lead Agency Security Officer
- A complete investigation, or determine and mitigation actions, is not required prior to the initial reporting;
- Participating Agencies shall report any violation of the HMIS Policies and Procedures to the HMIS Lead Agency; and
- Reporting does not preclude or substitute for any corrective actions determined by Participating Agency.

Each Participating Agency is responsible for monitoring its projects to ensure the standards set forth in these HMIS Policies and Procedures are met to the greatest possible extent, and that data quality issues are quickly identified and resolved. Each Participating Agency is responsible for addressing and correcting any issues identified through the monitoring process.

Any Participating Agency failing to meet data quality standards will be in violation of the terms of the HMIS Agency Participation Agreement.

Participating Agency Security Officer will be responsible for:

- Testing its security practices; and
- Completing an HMIS Security Certification Checklist;

- Failure to submit the Checklist within thirty (30) days of its due date in any given year may require the Participating Agency to undergo graduated sanctions as defined by the CoC;
- Participating Agencies may appeal sanctions to the DAC;
- The DAC may sanction the Participating Agency, including revocation of access to the HMIS and CoC funding for that year, until such time as the DAC determines the Participating Agency has achieved compliance. The DAC may elevate issues to the Governance Board.

The Participating Agency's HMIS Security Certification Checklist will indicate whether it meets each of the requirements outlined in the HMIS Privacy and Security Policies and Procedures.

If a requirement is not met at the time of execution of the HMIS Agency Participation Agreement, or at the time of annual certifications thereafter, the Participating Agency must establish a date no later than three (3) months from the certification review date by which that requirement will be met. An updated HMIS Security Certification Checklist indicating full compliance will be provided to the HMIS Lead Agency by the target date or the Participating Agency will be in violation of the terms of the HMIS Participation Agreement and could be subject to sanctions.

4. IMPLEMENTATION

4.1 HMIS Agency Participation Agreement

HMIS Agency Participation Agreement Policy

The Executive Director (and/or designee) of any Participating Agency shall execute, comply, and enforce the HMIS Agency Participation Agreement (Appendix A).

Procedure

Participating Agencies wishing to participate in the HMIS must sign an HMIS Agency Participation Agreement (Appendix A) before any end-user is allowed access to the HMIS.

4.2 HMIS User Agreement

HMIS User Agreement Policy

End-users of Participating Agencies shall execute, and comply with the HMIS User Agreement (Appendix B).

Procedure

The HMIS System Administrator shall provide end-users authorized by Participating Agencies with an HMIS User Agreement (Appendix B) for signature. The HMIS System Administrator will maintain HMIS User Agreements of all end-users.

The Participating Agency end-user must sign an HMIS User Agreement and be trained by the HMIS Lead Agency before being granted access to the HMIS. The HMIS Lead Agency will train the Participating Agency end-users to use the HMIS software upon execution of the HMIS Participation Agreement. HMIS access will only be granted after required training is satisfactorily completed. Participating Agency end-user access and passwords will be granted upon completion of mandatory training.

4.3 HMIS Data Collection and Data Quality

HMIS Data Collection and Data Quality Policy

Participating Agencies shall enter data into the HMIS in real time or within three (3) business days of collecting the information. At minimum, data entered must include Universal Data Elements (UDEs). Program Specific Data Elements (PSDEs) are required to be entered as outlined in the most recently published HMIS Data Standards Manual. Participating Agencies may also be required to collect additional data fields locally identified to support specific regional projects.

Procedure

Data Entry

Participating Agencies must enter:

- Universal Data Elements (UDEs) as documented in the most recently published HMIS Data Standards Manual as the minimum set of data elements for all clients served by projects;
- Program-Specific Data Elements (PSDEs) as required by the Participating Agency and/or funder as documented in the most recently published HMIS Data Standards Manual;
- Participating Agencies must also collect data fields locally identified for specific projects; and

- “Client Doesn’t Know” and “Client Refused” must only be used to indicate the client did not know or the client refused to provide the data. “Data Not Collected” must only be used to indicate the data was not collected.

Data Quality and Completeness

All data entered into the HMIS shall be complete. Partially complete or missing data (e.g., digit(s) in a SSN, year of birth, information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients. Missing data could mean the client does not receive services that could help them become permanently housed and end their homelessness.

The goal is to collect one hundred percent (100%) of all data elements. However, the CoC recognizes this may not be possible in all cases. Therefore, it has established an acceptable range of Missing (null) and Incomplete (Client Doesn’t Know/Client Refused) responses, depending on the data element and the type of project entering data.

All projects using the HMIS shall enter data on one hundred percent (100%) of the clients they serve.

Acceptable Range of Missing and Incomplete Responses:

Data Element	Required For	Residential Projects		Street Outreach & Supportive Services Only Projects	
		Missing	Incomplete	Missing	Incomplete
Universal Data Elements (UDEs):					
Name	All	<5%	<7%	<10%	<12%
Social Security Number	All	<5%	<7%	<10%	<12%
Date of Birth	All	<5%	<7%	<10%	<12%
Race	All	<5%	7%	<10%	<12%
Ethnicity	All	<5%	<7%	<10%	<12%
Gender	All	<5%	<7%	<10%	<12%
Veteran Status	Adults	<5%	<7%	<10%	<12%
Disabling Condition (Y/N)	Adults	<5%	<7%	<10%	<12%
Residence Prior to Project Entry	Adults/HoH	<5%	<7%	<10%	<12%
Length of Stay in Previous Place	Adults/HoH	<5%	<7%	<10%	<12%
Destination (Exit)	Adults/HoH at Exit	<5%	<7%	<10%	<12%
Relationship to Head of Household	All	<5%	<7%	<10%	<12%
Client Location	HoH ONLY	<5%	<7%	<10%	<12%
Continuously Homeless for at Least One Year	Adults/HoH	<5%	<7%	<10%	<12%
Number of Times Client Homeless in Past 3 Years	Adults/HoH	<5%	<7%	<10%	<12%
If 4 or More (for Above), Total Number of Months	Adults/HoH 4+ONLY	<5%	<7%	<10%	<12%
Total Number Months Cont. Homeless Prior to Entry	Adults/HoH	<5%	<7%	<10%	<12%
Status Documented?	Adults/HoH	<5%	<7%	<10%	<12%
Additional Data Elements:					
Domestic Violence Victim/Survivor	Adults/HoH	<5%	<7%	<10%	<12%
Service	Adults/HoH	<5%	<7%	<10%	<12%
Income Received (Y/N)	Adults/HoH	<5%	<7%	<10%	<12%

Non-Cash Benefit Received (Y/N)	Adults/HoH	<5%	<7%	<10%	<12%
Covered by Health Insurance (Y/N)	Adults/HoH	<5%	<7%	<10%	<12%
HUD Verification: (Elements measure completeness at Entry ONLY)					
Disability Type	All	<5%	<7%	<10%	<12%
Income Source	All	<5%	<7%	<10%	<12%
Income Amount (for all valid sources)	Adults/HoH	<5%	<7%	<10%	<12%
Non-Cash Source	Adults/HoH Rec Inc. = Y	<5%	<7%	<10%	<12%
Health Insurance Type	Adults/HoH	<5%	<7%	<10%	<12%
Other Federally Mandated Data Elements: (Based on Funding Source, as applicable)					
Various Data Elements (as outlined in the most recently published HMIS Data Standards)	As Applicable	<5%	<7%	<10%	<12%

Bed/Unit Utilization Rates

Acceptable range of bed/unit utilization rates for established projects:

- Emergency Shelters (ES): 75%-105%;
- Transitional Housing (TH): 80%-105%; and
- Permanent Supportive Housing (PSH): 85%-105%.

Projects outside of this acceptable range may provide a brief explanation to the HMIS Lead Agency.

New projects may require time to reach the projected occupancy numbers and will not be expected them to meet the utilization rate requirement during the project's first operating year.

Timeliness

Participating Agencies are expected to enter data into the HMIS in real-time or within three (3) business days of collection.

- Changes for clients active in the HMIS should occur at point of service or within thirty (30) business days a Participating Agency learns of a material change.

Accuracy

All data entered into the HMIS shall be a reflection of information provided by the client. Intentionally recording inaccurate information is strictly prohibited, unless in cases when a client refuses to provide correct personal information (see below). All data in HMIS shall be collected and entered in a common and consistent manner across all projects.

Only when a client refuses to provide personal information and the program funder does not prohibit it, is it permissible to enter client data under an alias.

- The Participating Agency is responsible to the funding source for any duplication of services that results from knowingly entering false information (i.e., hiding the actual name under an alias).

Monitoring

The HMIS Lead Agency shall conduct annual reviews and upon request of the DAC and/or Governance Board provide project-level monitoring reports to the DAC, Evaluation Committee, or

the general public for transparency and for the purpose of ensuring projects comply with standards outlined by local, state, and federal partners.

Unless a more accurate method is available (e.g., client interview, third party verification, etc.), a sampling of client source documentation can be used to measure the data accuracy rate. The HMIS Lead Agency may request client files or intake forms during the annual HMIS Security Certification Checklist process and compare the source information to the information in the HMIS. Only those parts of the client file containing the required information will be reviewed, excluding any non-relevant, personal, or Participating Agency-specific information.

The HMIS Lead Agency shall provide Participating Agencies the training and tools necessary for Participating Agencies to self-monitor project performance.

4.4 Technical and Security Standards

Technical and Security Standards Policy

Participating Agencies must meet the technical standards outlined below to participate in the HMIS.

Procedure

Supported Browser Brands

Microsoft Internet Explorer versions 8, 9, 10
Google Chrome (recommended)
Mozilla Firefox
Apple Safari

Java

Required	Recommended
Any version of Java	Version 7 release 76 (32 bit)

Mobile Devices

Apple iPad with latest version of IOS; version 8.1.2
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Operating Systems

Operating System	Required	Recommended
Windows Vista	Any version of Internet Explorer 2 GB of RAM	Any version of Internet Explorer other than version 9. 4 GB of RAM
Windows 7	Version 32bit 2GB of RAM	Windows 7 version 64bit 4 GB of RAM
Windows 8	Run with most version of Java (version Java 7 release 76), with "Modern" version of Internet Explorer	Run with most version of Java (version Java 7 release 76), with "Desktop" version of Internet Explorer
Windows XP, Windows 8 RT, and Windows 10	Not recommended operating systems due to a lack of compatibility and support with ServicePoint.	

Connection to the Internet is the sole responsibility of the Participating Agency and is a requirement to participate in the HMIS.

Participating Agency network design should allow for uninterrupted communication between workstations and the internet. All communication between servers should be designed to be performed on Local Area Network (LAN).

For security purposes, all computers must have the following:

- An updated and adequate firewall protection; and
- Virus protection software in which virus definition must be updated regularly.

Similarly, Participating Agencies are required to establish a policy for disposal of or anonymization of information not in current use seven (7) years after the information was created or last changed unless prohibited.

4.5 Maintenance of Onsite Computer Equipment

Maintenance of Onsite Computer Equipment Policy

Participating Agencies will commit to a reasonable schedule of equipment maintenance to sustain an efficient level of system operation.

Procedure

The Executive Director (and/or designee) of Participating Agencies will be responsible for the maintenance and disposal of onsite computer equipment. This includes:

- Purchase of and upgrades to all existing and new computer equipment for utilization in the system;
- Workstations accessing the system must have a username/password to log onto Microsoft Windows and/or Mac Operating System(s);
- Workstation accessing system must have locking, password-protected screen saver; and
- All workstations and computer hardware (including Participating Agency network equipment) must be stored in a secure location (locked office area).

4.6 HMIS Technical Support Protocol

HMIS Technical Support Protocol Policy

The HMIS Lead Agency will provide technical support to all Participating Agencies as needed.

Procedure

- Participating Agency end-users should first seek technical support from the Participating Agency Administrator;
- If more expertise is required to troubleshoot the issue, the Participating Agency Administrator or end-user will contact the HMIS Lead Agency's Technical Team;
- Technical support hours are Monday through Friday (excluding holidays) from 8:00 am to 5:00 pm;
- The Participating Agency Administrator will work closely with the HMIS Lead Agency to identify details of technical problems experienced;
- The HMIS System Administrator or Technical Team will respond to all email inquiries and issues within one (1) business day but no more than three (3) business days.

4.7 System Availability

System Availability Policy

The HMIS will make all attempts to be available to Participating Agency end-users Monday – Friday during normal business hours, holidays excluded. The HMIS Vendor or the HMIS Lead Agency will inform Participating Agency end-users of any interruption in service as soon as reasonable.

Procedure

- The HMIS Vendor will communicate to the HMIS Lead Agency any necessary downtime for system upgrades and patches;
- In the event it is determined the HMIS accessibility is disabled system-wide, the HMIS Lead Agency will work closely with the HMIS Vendor to resolve any issues; and
- The HMIS Lead Agency will send communication to the Participating Agency Administrators within two (2) hours of problem awareness and provide an estimated time of system availability.

4.8 HMIS Participation Fees

HMIS Participation Fees Policy

HMIS participation fees include the cost of Participating Agency end-user licenses as required by the HMIS Vendor. In addition to costs associated with licensing, the HMIS Lead Agency may charge reasonable technical support fees. Depending on funding availability, the HMIS Lead Agency may, at its discretion, waive or reduce fees to encourage HMIS participation for Participating Agencies.

Procedure

The HMIS Fee Schedule will be included as an attachment to the HMIS Participation Agreement (Appendix A). The HMIS fee structure will be reviewed by the DAC annually. Changes to the HMIS Fee Structure must be approved by the Governance Board.

4.9 Training, Ethics, and Sanctions

Training, Ethics, and Sanctions Policy

All Participating Agency end-users shall receive privacy, security, ethics, and sanctions policies training related to the HMIS prior to accessing the system.

Each Participating Agency end-user must complete the required trainings relevant to their user role prior to receiving access to the HMIS.

Procedure

Training

The HMIS Lead Agency will provide Participating Agency end-users a copy of the HMIS Policies and Procedures. Additionally, the HMIS Lead Agency will provide:

- Basic User Training to new Participating Agency end-users;
- Basic User Training to Participating Agency Administrators for support of agency personnel, if applicable; and

- Training in security-related requirements such as:
 - Prohibition on sharing usernames or passwords;
 - Allowing others to occupy their work station (use their computer) when logged into the HMIS; and
 - Writing/Posting user IDs and/or password where other may access them.

Participating Agency End-users must successfully complete the new user training and pass the exam to demonstrate proficiency in the system and understanding of the HMIS Policies and Procedures.

Trainings

Module/Course	Module/Course Detail	Required
New User Training		
<i>HMIS 101</i>	Review of HMIS background and HMIS Data and Technical Standards	All new Participating Agency end-users, one time.
<i>HMIS Privacy, Security, and Ethics</i>	Review of HMIS Policies and Procedures including Privacy and Security standards, authorization forms, ethics, and confidentiality	All new Participating Agency end-users one-time, and existing end-users annually.
<i>HMIS Basic User</i>	Introduction to using the HMIS, including how to navigate and use the basic workflow	All new Participating Agency end-users, one time.
<i>HMIS Workflows</i>	Navigation, system use, and HMIS Data and Technical Standards information tailored for each unique HMIS workflow	All new Participating Agency end-users, one-time as necessary per workflow.
Other Trainings		
<i>HMIS Refresher</i>	Workflow-specific review of navigating and using the HMIS, review of HMIS Data and Technical Standards	All existing Participating Agency end-users, annually.
<i>Participating Agency Administrator</i>	Navigating client-level and administrative level data	All new Participating Agency Administrators and backup Participating Agency Administrators, one time.
<i>Reports</i>	Running and understanding management reports such as Advanced Reporting Tool (ART) and canned reports	All Participating Agency end-users who run reports, one time.

The HMIS System Administrator shall maintain documentation that each Participating Agency end-user has completed training prior to gaining system access and annually thereafter.

Sanctions

The HMIS Lead Agency will apply progressive discipline to HMIS Lead Agency workforce members who violate HMIS Policies and Procedures or law.

Participating Agency staff who violate HMIS Policies and Procedures are subject to revocation of HMIS access and may be subject to criminal investigation.

Regardless of the Participating Agency end-user's position, discipline shall be based on:

- The severity of the incident;
- The asset value;
- Impact on funding;
- Mitigating circumstances;

- Repetitive nature of the incident; and
- Previous behavior.

Progressive Discipline Severity Groups

Group 1	<ul style="list-style-type: none"> • Not signing off HMIS when leaving a work area; • Inadvertent disclosure of HMIS information to wrong individual; and • Failure to follow appropriate guidelines for use of fax, mailing, email, computer or other transmission of client information causing a disclosure to an unintended recipient.
Group 2	<ul style="list-style-type: none"> • Sharing password; and • Accessing confidential information such as medical, billing or demographic information on a client the Participating Agency end-user has no job-related responsibility for, including friends, family, and the Participating Agency end-user's own record.
Group 3	<ul style="list-style-type: none"> • Using a coworkers password without their knowledge; • Releasing information for personal gain; • Releasing information with intent to harm the reputation of the individual or agency; and • Unauthorized or impermissible disclosure or access of: <ul style="list-style-type: none"> ○ Mental Health or Alcohol Drug information; ○ HIV test results; and ○ Records of sexual assault or any condition with special protection from the state or federal government.

Ethics

These general principles form the ethical or professional standards of conduct necessary for access to the HMIS. Each Participating Agency end-user shall adhere to the delivery of services with the highest standards of professionalism, integrity, and competence. This set of principles applies to all HMIS Participating Agency end-users including employees, temporary workers, and volunteers.

- Perform all duties in compliance with the spirit and letter of federal, state, and local laws, and avoid any involvement in illegal, unethical, or improper conduct;
- Conduct duties in conformance with all Participating Agency policies and procedures;
- Create a work environment that promotes open and honest communication, and encourages raising ethical concerns without fear of retribution or retaliation; and
- Assume responsibility for knowing, understanding, and having a practical working knowledge of the laws and regulations applicable to the job.

Participating Agency Procedure

Participating Agencies shall follow their own policies regarding background checks and hiring individuals (including volunteers) with criminal histories, as long as they comply with all relevant laws.

Participating Agencies that request access for individuals who have not been subject to a background check or where the Participating Agency allows individuals with criminal histories related to identity theft or fraud assume all liabilities resulting from those actions.

The Participating Agency Security Officer will document each Participating Agency end-user has completed security training prior to requesting system credentials and annually thereafter.

Participating Agencies are required to have a Code of Conduct or Ethics Policy that aligns with the HMIS Lead Agency's Ethics Policy. Annual ethics training is required and written confirmation that each HMIS end-user has acknowledged and agrees to the policy.

Each Participating Agency is required to have a Progressive Discipline Policy.

5. PRIVACY AND SECURITY

5.1 Privacy and Security

Privacy and Security Policy

The HMIS Privacy and Security Policies and Procedures apply to any person accessing HMIS data, however, Participating Agencies subject to more restrictive regulations will be honored. In order to incorporate any Participating Agency's more restrictive regulations, additional implementation elements may be utilized to provide a cohesive framework for policies and procedures.

Procedure

All HMIS Lead Agency assets (e.g., workstations, laptops, and other systems or devices that process and/or store HMIS information) must be protected by commercial anti-virus and Internet Security Software solutions.

- HMIS Lead Agency devices used to access HMIS shall utilize a firewall between the workstation and any external system including the Internet;
- Security solutions must be updated when new versions or releases become available;
- Security software and operating system patches shall be applied within a reasonable time when they become available; and
- Any HMIS information stored on media shall be encrypted.

Participating Agency End-users are advised that these policies do not allow any use that is unlawful or other applicable rules and regulations, or is specifically prohibited by this policy or another applicable agency policy.

Under no circumstances will end-users store Personally Identifiable Information (PII) on any personally owned media; end-users may not place PII on a work-owned USB drive for personal use.

PII and removable data devices (e.g., USB drives, CDs, and external drives) must be protected by appropriate physical means from modification, theft, or unauthorized access. Such records and confidential information contained therein remain subject to the HMIS Policies and Procedures. When these media have reached the end of their useful life, the data will be disposed of in a manner consistent with the procedures outlined in this policy.

Risk Analysis Management - HMIS Lead Agency Risk Analysis

The HMIS Security Officer, in conjunction with executive management, and the HMIS Lead Agency Privacy Officer, will perform a modified Security Risk Analysis (RA) in accordance with the National Institute of Standards and Technology (NIST). The minimum content of the RA shall consist of:

- List of assets (i.e. hardware, software, data, physical sites);
- Threats to each of the listed assets (ex.: hacking, malware, misuse of data, burglary);
- Likelihood threats and impact of threat exploitation; and
- Heat map of likelihood versus impact.

Any decisions on selection of security measures to reduce risk must be documented and based on the RA.

Lack of funds to support security measures may be a mitigating factor for the current fiscal term, however lack of funds should be addressed in a Short Term Security Mitigation Plan that is three (3) to five (5) years in implementation length and addresses funding.

HMIS Vendor

The CoC is responsible for the process and selection of the region's HMIS Vendor.

The HMIS Lead Agency is responsible for ensuring HMIS is operated in accordance with HMIS standards via the HMIS Vendor Contract.

The HMIS Lead Agency will include provisions in the HMIS Vendor contract requiring the physical security of the facilities and media storing the data is protected.

- The HMIS Vendor is required to take steps, consistent with the most current HMIS technical and security standards, to prevent unauthorized access to the data and the software (See Section 5.2 "Access Controls");
- The HMIS Lead Agency, through the HMIS Vendor contract, will take measures to ensure the system is protected from intrusion and risks to data loss is minimized;
- The HMIS Vendor will maintain software consistent with the most up-to-date HMIS technical and security standards:
 - The HMIS Vendor must retain a log of system changes and/or software version changes;
 - Security gaps or issues, identified by the HMIS Vendor or HMIS Lead Agency, shall be resolved in an expedient manner; and
 - The HMIS Lead Agency is responsible for ensuring all vendor-released enhancements, upgrades and bug fixes are applied promptly.

Participating Agencies shall be notified of changes by HMIS Lead Agency where appropriate.

Data Backup

HMIS Vendor shall store and maintain backup versions of the data in a separate physical location consistent with the most up-to-date HMIS technical and security standards. Examples include:

- HMIS Vendor servers on which the HMIS data is stored shall utilize firewalls;
- HMIS Vendor will also perform daily, weekly and monthly data backups;
 - Backups will be held offsite at a secondary (hot) data center;
 - Intra-day and day-end backups will be held on a local server as well as offsite at the secondary data center;
 - The failover function will be tested at least once per year and after each major system upgrade to ensure accurate continuous backup.

The HMIS Vendor shall:

- Maintain an accessible audit trail of the system;
 - Audit trail must capture user activity;
 - Activity will be monitored by the HMIS Lead Agency and the HMIS Lead Agency Security Officer will monitor audit reports monthly for security breaches or behavior inconsistent with this HMIS Privacy Policy and Procedure.

Physical Safeguards

Participating Agencies are contractually required to maintain procedures ensuring the physical security of facilities and media in which HMIS data is stored.

Technical Safeguards

Participating Agencies shall maintain and follow procedures to ensure a unique Participating Agency end-user nomenclature (one system-user per system-username).

Participating Agencies shall provide a procedure for password reset and a schema that prevents reuse or transfer of previously issued system credentials.

Participating Agencies shall develop, maintain, and follow procedures for accessing HMIS, regardless of the network or device ownership, which support data confidentiality and HMIS security.

Procedures must state:

- Individual Participating Agency end-users do not have exclusive rights to HMIS data;
- Participating Agency end-user access will be monitored;
- Participating Agencies shall maintain a current list of Participating Agency end-users; and
- How HMIS security will be ensured and the confidentiality of the data during collection, use, and transmission.

Participating Agency Procedure

- Conducting annual HMIS Privacy and Security Policy and Procedure reviews;
- Certifying each participating project is in compliance with the minimum standard of the HMIS Privacy and Security Policy and HMIS guidelines;
 - The HMIS Lead Agency retains the right to conduct at least annual site visits to ensure compliance;
 - Annual site visits will be announced and the HMIS Lead Agency may conduct unannounced site monitoring visits at its discretion; the HMIS Lead Agency will provide Participating Agencies 24 hours' notice for unannounced visits.
- Developing and maintaining Privacy and Security Policies and Procedures consistent with the most recently published HMIS Data Standards, and at minimum:
 - Mandate Participating Agency devices, used to access or store HMIS data, maintain a firewall between the device and any external system, including the Internet;
 - Mandate anti-virus software for Participating Agency end-users; and
 - Install, maintain, and update anti-virus software and internet security solutions such as firewalls, malware detection, and system intrusion detection for Participating Agency devices used to access HMIS;
 - Security solutions, and operating systems must be updated when new versions, patches or releases become available.

- Specify the Participating Agency Security Officer who is responsible for managing the security of Participating Agency hardware and software;
- Specify the frequency with which the software will be updated; and frequency of portable and desktop device security scanning; and
- Notify the HMIS Lead Agency of security issues within three (3) business days.

5.2 Access Controls

Access Controls Policy

The HMIS Lead Agency will develop and implement an integrated set of access controls to establish, monitor, audit, and terminate account access in supporting the confidentiality, availability, and integrity principles of information security. The HMIS Vendor is required to maintain access control mechanisms designed to reduce the risk of access to the system by unauthorized users. Access to the HMIS is governed by multiple layers of securities – passwords, user group assignment, and permissions as well as Public Key Infrastructure (PKI). Additionally, the HMIS will be structured in such a way as to prevent users from logging on to the system from more than one workstation at a time.

All connections to the HMIS shall be made over Secure Socket Layer (SSL) connections. Other connections to HMIS shall be limited to secure, direct, encrypted connections.

Procedure

Each Participating Agency end-user shall be granted a user access level in accordance with the type of information required for the Participating Agency user role.

- Participating Agencies are required to communicate to the HMIS System Administrator when a Participating Agency end-user's data needs change;
- HMIS System Administrator shall terminate access upon notification of termination of employee via direct contact from the Participating Agency;
- Anyone suspected of violating, or found to be in violation of HMIS Policies and Procedures shall have their access revoked;
 - Reestablishment of access may be granted after investigation or at the discretion of HMIS Lead Agency.

Role Based Access

The table below lists the levels of access tied to existing user roles across the HMIS. Customization of roles may be offered in consultation with, and approval of, the HMIS System Administrator.

HMIS Roles

HMIS User Role	Level of Access	Description
<i>System Administrator</i>	Access to <u>all</u> levels of data within the HMIS	This role will grant access to all system-wide data in order to support all Participating Agencies, meet reporting requests, and other system administration responsibilities.
<i>Agency Administrator</i>	Access project-level, client level, and agency user data	This role will grant the ability to view and edit data within the users' visibility settings, as well as basic project and end-user information.
<i>Case Manager II & III</i>	Access client-level data	This role will grant the ability to view and edit client-level data within the users' visibility settings.

<i>Read Only</i>	Access client-level data	This role will grant the ability to view client-level data within the users' visibility settings.
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Passwords

Participating Agency HMIS end-users shall be issued a unique username and password. Default passwords must be changed upon initial log-in; passwords must have required rotation period and format enforcement, and must be 8-50 characters long with at least two numbers or symbols. Participating Agency end-users shall not compose passwords consisting of:

- Participating Agency end-user's own user ID;
- Proper names such as the Participating Agency end-user, application, or vendor name;
- Solely words from any dictionary; or
- Personally identifiable numbers such as phone extension, SSN, or zip code.

Passwords shall not be shared. Writing down passwords is only permitted if it can be stored where no one else, including managers and supervisors, can see or access it. Written passwords shall not also reference the user ID, the system, or the account where the data is stored.

5.3 Data/Information Classification and Handling, Collection, Maintenance, Assistance, and System Availability

Policy

This Policy and Procedures is to standardize expectations and provide guidance to Participating Agencies on the data entered into the HMIS, in order for the CoC to draw data-driven conclusions about and report on homelessness, the impact of homeless services, and other social issues affecting the San Diego region.

Procedure

All projects receiving Continuum of Care (CoC), Emergency Shelter Grant (ESG), and other federal funding sources outlined in the most recently published HMIS Data Standards Manual are contractually required to participate in the HMIS and must comply with expectations outlined by federal funding sources.

The HMIS Lead Agency is responsible for ensuring the HMIS is operated in accordance with HMIS Data and Technical standards. The HMIS Lead Agency is responsible for monitoring the HMIS to ensure projects are in compliance with the standards been set forth in these Policies and Procedures. The HMIS Lead Agency will work with Participating Agencies on ensuring compliance with the Policies and Procedures, and will demonstrate a reasonable level of discretion and will not make automatic determinations of agencies and/or projects being out of compliance.

The HMIS Lead Agency shall provide statistics and outcome measures for reports to the U.S. Department of Housing and Urban Development (HUD) and the Governance Board. The HMIS Lead Agency may produce HUD and Federal Partner required reports, such as the Housing Inventory Chart (HIC), the Annual Point in Time Count (PITC), and the Annual Homeless Assessment Report (AHAR).

The HMIS Lead Agency shall maintain a listing of all beds and service projects participating in HMIS and provide reports as required by the DAC.

The CoC, through the HMIS Lead Agency, retains the right to conduct site visits to check compliance with Privacy and Security Policies and Procedures and verify self-certification of Participating Agencies.

Media Sanitization and Reuse

Proper disposal of electronic and hard copy information in accordance with the following:

- When disposing of media (e.g., servers, workstations, mobile devices, and removable storage) which contain HMIS information, options include:
 - Final disposition of hardware, such as disk drives, shall be sanitized through crushing, shredding, incineration, or melting;
 - Use of a Certified Destruction Vendor.
- Hardware, such as desktop computers and servers, for reuse shall be sanitized by utilizing the DOD 5220.22-M standard.

Data Availability

The HMIS Lead Agency shall make every effort to have the HMIS available to Participating Agency end-users 98% of the year.

The HMIS Lead Agency shall inform end-users as soon as reasonable of any interruption in service.

Internet connection, a requirement of HMIS participation, is the sole responsibility of the Participating Agency.

The HMIS Vendor shall be required contractually to communicate with the HMIS Lead Agency any necessary downtime for system upgrades and patches.

- In the event it is determined that HMIS accessibility is disabled system-wide, the HMIS Lead Agency will work closely with the HMIS Vendor to resolve any issues;
- The HMIS Lead Agency shall email, or use other expedient means, to communicate disruptions of the HMIS to the Participating Agency Administrators within two (2) hours of problem awareness and provide an estimated time of system availability.

Access to information must be in timely manner, including temporary disruptions of business services or regional catastrophic interruption of services.

- The HMIS Lead Agency will grant access to information in relation to the HMIS' and the referring Participating Agency's business need via the process outlined in Access Controls;
- The HMIS Lead Agency shall develop, test, and implement a Contingency Plan and a Disaster Recovery Plan for operations to address interruption of HMIS services.

Maintenance and Disposal

The HMIS Lead Agency Executive Director (or other empowered officer) will be responsible for the maintenance and disposal of HMIS Lead Agency onsite computer equipment. This includes:

- Purchase of, and upgrades to, all computer equipment;
- HMIS Lead Agency systems credential issuance for workstations accessing HMIS including:
 - Unique username/password for operating system;
 - Enforcement of electronic controls such as auto-time out and password-protected screen saver.

All workstations and computer hardware (including Participating Agency network equipment) must be stored in a secure location (locked office area).

Retention

HMIS client data must be maintained for a minimum of seven (7) years. HMIS information may be kept for a longer period by the HMIS Lead Agency if required to do so by an applicable statute, regulation, contract or other requirement.

The HMIS Lead Agency may dispose of or anonymize information:

- Not accessed in the previous seven (7) years;
- Seven (7) years since last changed or amended.
- Anonymized information may be retained in alignment with the purposeful life of the information.

The HMIS Lead Agency shall coordinate with the HMIS Vendor to ensure data is retained and/or disposed of according to HMIS Policies and Procedures.

5.4 Privacy Use and Disclosures

Privacy Use and Disclosures Policy

In order to properly fulfill the responsibilities as the HMIS Lead Agency, all persons who have access to data must be informed on how they must, may, and may not, use or disclose information.

Procedure

The HMIS Lead Agency will list and define all uses and disclosures it performs via its Notice of Privacy Practices (NPP) (Appendix D).

The HMIS Lead Agency and staff have access to retrieve all data in the HMIS, however, the HMIS Lead Agency will protect client confidentiality in all reporting by limiting it to the minimum necessary to accomplish the reporting purpose.

The following data elements shall be collected by Participating Agencies and made available to those Participating Agencies who share common clients. The default minimum elements are:

- Client Profile;
- Universal Data Elements (UDEs) as outlined in the most recently published HMIS Data Standards;
- Program Specific Data Elements (PSDEs) as outlined in the most recently published HMIS Data Standards;
- Coordinated Entry System (CES) assessments including Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SDPAT) assessment and score (when applicable)
- File Attachments needed for coordinated assessment and housing placement;
- Program Case Manager and Contact Information; and
- Program Entry and Program Exit.

Participating Agencies who are also sub-recipients of federal funds shall comply with federal Title VI requirements as they apply to language accessibility.

Participating Agencies may use data they collect for any legal purpose, however, data accessed through the HMIS may only be used or disclosed for the purpose of coordination of client housing and services.

Entities providing funding to Participating Agencies, or projects required to use HMIS, will not have automatic access to the HMIS.

- Access to HMIS will only be granted according to the Access Controls;
- Funders requesting access to HMIS data, or summary reports, must submit through their contracted Participating Agency;

Any requests for reports or information from an individual or group who have not been explicitly granted access to the HMIS will be directed to the HMIS Lead Agency.

- No individual client data will be provided to meet these requests without DAC review of the data request.

Verbal Consent for Services

In an effort to more efficiently serve the client, the HMIS Lead Agency may authorize the use of a verbal process for assessment and documentation by 2-1-1 San Diego. The verbal process does not replace in person enrollment.

- The verbal process to collect information shall replace a written signature on the Multiparty Authorization (MPA) with a telephonic signature which will allow for authorized access to the client's data, and shall collect relevant identifiers to ensure unique identification of the individual and record of the Authorization;
- Authorized Participating Agencies shall certify in the HMIS they have talked to the individual, and to the best of their ability, collected the required unique identifiers and have indicated such by including a telephone reference number on the electronic file in the HMIS;
- "Data Not Collected" for identifier fields shall require physical corroboration prior to delivery of services;
- Verbal Consent process shall be monitored on an ongoing basis and should be used sparingly when a written signature is not possible;
- The HMIS Lead Agency must provide written authorization to Participating Agencies wishing to use the verbal consent process.

Research Projects

Request for research projects must be approved by the HMIS Lead Agency. Should the HMIS Lead Agency determine that additional review is required, the request will be forwarded to the DAC for a final determination.

Research that is approved by the Institutional Review Board (IRB) must meet the Office for Human Research Protections (OHRP) requirements for use of individual client data. Waiver of Informed Consent by an IRB does not constitute a waiver of individual privacy rights under other federal or state laws.

Requirement of an IRB for research is exempt at 45 CFR 46.101 where:

- Unless otherwise required by the research entity or Participating Agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:
 - Research and demonstration projects which are conducted by or subject to the approval of the research entity or Participating Agency, and which are designed to study, evaluate, or otherwise examine:

- Public benefit or service programs;
- Procedures for obtaining benefits or services under those programs;
- Possible changes in or alternatives to those programs or procedures; or
- Possible changes in methods or levels of payment for benefits or services under those programs.

Access to client-level data for uses or disclosures not described here must be done only utilizing the Multiparty Authorization.

HMIS Reporting and Publication

The HMIS Lead Agency may utilize data in the HMIS for federal reporting, local evaluation, analysis, and publication.

To foster full transparency, identifiable project-level data pertaining to CoC and/or federally, state, or locally funded program performance may be published by the HMIS Lead Agency upon request by the Governance Board, Full Membership, and/or its subcommittees. Identifiable client-level data may only be released within the HMIS with client Authorization solely for coordination of housing and services. Clients may authorize the HMIS to release their information outside of the HMIS (ex.: Community Information Exchange (CIE)).

Participating Agency Procedure

Notification

At minimum, the HMIS Lead Agency requires Participating Agencies to post signs (Appendix F) where data collection occurs. The sign will include the following language:

"We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information as mandated by law or as requested from entities that fund this program. Other personal information we collect is necessary to operate programs, improve services, and better understand homelessness. We collect appropriate information only. A Privacy Notice is available upon request."

Participating Agencies must notify individuals seeking their assistance of data collection, use, and that disclosure will occur for the purposes of:

- Coordination of individual referrals, case management, housing, or other services; and
- Sharing with other organizations that may have separate privacy policies and that may allow different uses and disclosures of the information.

Data Standard Compliance

Participating Agencies and the HMIS Lead Agency are jointly responsible for ensuring project data in the HMIS meets the thresholds outlined in this policy:

- Participating Agencies will develop and implement a policy and procedure requiring that all client data be entered into the HMIS at point of service or within three (3) business days of a client interaction;
- Data required to be collected at entry and/or exit according to the most recently published HMIS Data Standards will be entered at point of service or within three (3) business days of a client's entry or exit date;
- Data required to be collected at least once every three (3) months or annually during program participation at least annually during enrollment, according to the most recently

published HMIS Data Standards, will be entered at point of service or within three (3) business days of the client reaching those respective deadlines;

- Data required to be collected at every contact or service provision according to the most recently published HMIS Data Standards will be entered at point of service or within three (3) business days of the contact/service.

The HMIS Lead Agency assumes that client information in the HMIS has been entered with the consent of the client through the Multiparty Authorization (Appendix C) process and in accordance with these HMIS Policies and Procedures. Participating Agencies shall maintain copies of the signed Multiparty Authorization.

Updates and Corrections Requests

Client requests to update information in the HMIS shall come from the Participating Agency.

If a Participating Agency agrees the information is inaccurate or incomplete, they may delete it or they may choose to mark it as inaccurate or incomplete and to supplement it with additional information.

Such corrections applicable to the data stored in the HMIS will be corrected within five (5) days of the determination that the request is accepted.

Clients who request to view data in the HMIS shall be documented by the Participating Agency.

- Agency Administrators or Case Managers may provide a copy of the requested data within a reasonable timeframe to the client;
- Participating Agencies with medical information are legally limited in establishing reasons for denying client requests for inspection of HMIS records and must, if applicable, follow either:
 - 45 CFR 164.524(d)(i through iii); or
 - Health & Safety Code 123.115(d).
- Partial releases may be permitted where the record contains information about another client or individual (other than a healthcare provider or homeless provider) and the denial is limited to the section of the record containing such information;
- Participating Agencies, after investigation, may reject repeated or harassing requests for access to or correction of an HMIS record;
- Participating Agencies who deny requests for access or correction will document the request and the reason for the denial.

The HMIS Lead Agency must ensure that Participating Agencies seek Authorization from the client prior to releasing client level HMIS data that do not fall within the scope of the purposes listed above.

Participating Agencies may only disclose HMIS data for the specific purposes and reasons defined on the Authorization form.

Participating Agencies may retrieve HMIS data entered to produce statistical reports for internal purposes and other required reports within the parameters established by the HMIS Lead Agency.

HMIS data download should be limited to the minimum necessary to accomplish the purpose.

San Diego County CoC Homeless Management Information System (HMIS)

Agency Participation Agreement

I. Purpose

The San Diego County Homeless Management Information System (HMIS) is a web-enabled database used by homeless service providers within the San Diego region to capture information about the persons they serve.

II. Audience and Agreement

This Agency Participation Agreement ("Agreement") permits the Participating Agency listed below and its users to access the HMIS on their computer system through an Internet connection. The Participating Agency is the "Agency" named in this agreement as participants of the HMIS. The HMIS "Users" are the guardians entrusted with personal data to be entered and used in the HMIS and the "Client" is the consumer of services. The HMIS Lead Agency serves as the "System Administrator" whose primary function is to manage the HMIS.

All agencies which are granted access to the HMIS must agree to abide by all laws, and the HMIS Policies and Procedures pertaining to client confidentiality, user conduct, security, and the ongoing functionality and stability of services and equipment used to support the HMIS. Fees for HMIS use are outlined as Attachment A to this agreement.

The signature of the Executive Director or authorized designee of the Participating Agency indicates agreement with the terms set forth for an HMIS account for the Agency.

III. Confidentiality and Informed Consent

The Agency agrees to abide by and uphold all privacy protection standards established by the HMIS as well as their respective agency's privacy procedures. The Agency will also uphold relevant Federal and California State confidentiality regulations and laws that protect client records, and the Agency will only release confidential client records with written consent by the client, or the client's guardian, unless otherwise provided for in the regulations or laws. Access to the HMIS is granted to the Participating Agency based on the following premises:

Oral Explanation: All clients will be provided an oral explanation stating their information will be entered into a computerized record keeping system. The Agency will provide an oral explanation of the HMIS and the terms of consent. The Agency is responsible for ensuring that this procedure takes place prior to every client interview.

Written Explanation: Each client whose information is being shared with another Participating Agency must agree via execution of the Multiparty Authorization form. A Client must be informed as to what information is being shared and with whom it is being shared.

Information Release: The Agency agrees not to release client identifiable information to any other organization that is not listed on the Multiparty Authorization form without proper client consent except as provided by federal and California State law. See Multiparty Authorization (Appendix B) and Legal Citations (Appendix I). Releasing information to another HMIS Participating Agency shall not constitute an unauthorized disclosure, even in the event that no authorization form is on file.

Regulations: The Agency will uphold all relevant Federal and California State confidentiality regulations to protect client records and privacy. In addition, the Agency will only release client records with written consent by the client, unless otherwise provided for in the regulations. Specifically, but not limited to, the following:

- a. The Agency will abide specifically by the federal confidentiality rules as contained in the Code of Federal Regulations (CFR) 42 Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records, regarding disclosure of alcohol and/or drug abuse records. In general terms, the Federal regulation prohibits the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by CFR 42 Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Agency understands that the Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.
- b. The Agency will abide specifically with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and corresponding regulations passed by the U.S. Department of Health and Human Services. In general, the regulations provide consumers with new rights to control the release of medical information, including advance consent for most disclosures of health information excluding treatment, the right to see a copy of health records, the right to request a correction to health records, the right to obtain documentation of disclosures of information may be used or disclosed. The current regulation provides protection for paper, oral, and electronic information.
- c. The Agency will abide specifically with the California Government Code 11015.5, and if applicable, CA Civil Code 1798, regarding Personal Information Collected on the Internet. In general, the Government Code ensures that any electronically collected personal information about clients cannot be shared with any third party without the client's

San Diego County CoC Homeless Management Information System (HMIS)

Agency Participation Agreement

written consent.

Postings: Privacy and Mandatory Collection notices (Appendices E and F) must be posted at the Agency.

- A. The Agency must post Privacy and Mandatory Collection notices at each intake desk or comparable location.
- B. Privacy and Mandatory Collection notices must be made available in writing at the client's request.
- C. If the Agency maintains a website, a link to the privacy notice must be accessible from the Agency's website.

IV. Data Use

Data contained in the HMIS will only be used to support the delivery of homeless services in the San Diego region. Each User will affirm the principles of ethical data use and client confidentiality as noted and contained in the HMIS User Agreement.

- 1. The Agency will not solicit or input information from clients unless it is essential to provide services, or conduct program evaluation.
- 2. The Agency understands that all client data will be maintained on a central server, which will contain all client information in an encrypted state. All client identifiable data is inaccessible to unauthorized users.
- 3. The Agency shall use the system to enter and corroborate services but not for location services for past due billing.
- 4. The Agency shall not be denied access to client data entered by the Agency. Agencies are bound by all restrictions placed upon the data by the client of any Participating Agency. The Agency shall diligently record in the HMIS all restrictions requested.
- 5. The Agency shall not knowingly enter false or misleading data under any circumstances.
- 6. The Agency shall maintain appropriate documentation of client consent to participate in the HMIS.
- 7. If a client withdraws consent for release of information, the Agency remains responsible to ensure that the client's information is unavailable to all other Agencies.
- 8. The Agency shall keep signed copies of the Multiparty Authorization form for a period of seven (7) years.

V. Responsibilities

The Agency is responsible for ensuring that its staff does not intentionally or unintentionally misuse the HMIS. Such misuses are but are not limited to: damage of computing resources, obtaining unauthorized resources, taking resources from another user, gaining unauthorized access to resources, or otherwise using of computing resources without proper authorization.

- 1. The Agency will maintain an environment free of illegal or malicious acts and the Agency's users agree to never use the system to perform an illegal or malicious act. Any attempt to increase the level of access to which the User is authorized or any attempt to deprive other authorized Users of resources or access to HMIS shall be regarded as a violation of this Agreement that will be addressed as set forth in the HMIS Policies and Procedures.
- 2. Any User who finds a possible security lapse on the system is obligated to report it to the HMIS System Administrator immediately.
- 3. The HMIS software application was paid for with U.S. Department of Housing and Urban Development (HUD) grant funds. The maintenance, upgrades and license purchases are limited by the sanctions of the HUD grant.

VI. System Usage

Computer Equipment and Services are intended for HMIS-related activities. Acceptable computer system use includes data intake, reports, research of Client, Client development, and public service purposes. Prohibited Usage includes, but is not limited to, the following activities: the sending of fraudulent, threatening, harassing, or obscene messages and/or materials; inappropriate mass mailing (spamming, flooding, bombing); creation or intentional distribution of computer viruses, worms, or Trojan horses; unauthorized access to or denial of service; attempted attacks on any computer system.. Abusers are subject to sanctions as outlined in the HMIS Policies and Procedures.

VII. Rights

The HMIS Lead Agency reserves all rights, including access audit, termination of agreements, of the HMIS application and the service resources that it owns and/or operates on behalf of the Continuum of Care. These procedures shall not be construed as a waiver of any rights of the HMIS Lead Agency or the Participating Agency, nor shall they conflict with applicable acts of law.

VIII. Privileges

The HMIS services and or equipment are a privilege and are assigned and managed by the HMIS Lead or designee(s). The Agency is responsible for proper use of the system as outlined in Section VI.

San Diego County CoC Homeless Management Information System (HMIS)
Agency Participation Agreement

IX. Confidentiality

Although technological and procedural securities have been reasonably exhausted by the HMIS Lead to ensure client data confidentiality, this HMIS is being used by a multitude of end users and is therefore subject to the diligence to which the Participating Agencies' staff protects client records.

The protections that the HMIS put in place to protect client confidentiality include compliance with HUD Data and Technical Standards Final Notice, institution of a mandated HMIS training program for all HMIS users, consistent application of Policies and Procedures, and signed Agency End-User Agreements.

X. Copyright

The HMIS is protected by copyright and is not to be copied, except as permitted by law or by contract with owner of the copyright. The number of copies and distribution of copies are to be managed by the HMIS Lead. Interference with measures used by copyright holders to protect copyrighted works is prohibited.

Agency users storing materials copyrighted by others on the systems or displaying the materials through web pages must comply with copyright laws and guidelines.

XI. Violations

An individual violating any of the guidelines outlined in this agreement will be reported immediately upon discovery. Such suspected violations will be confidentially reported to the HMIS Lead and or the designee of that agency in accordance with the HMIS Policies and Procedures

Agreement

I have read this HMIS Agency Participation Agreement and thoroughly understand that this technology is for HMIS purposes only and is to be used in accordance with the HMIS Policies and Procedures.

This Agreement is executed between the Participating Agency listed below and the Regional Task Force on the Homeless (RTFH) acting as the San Diego County HMIS Lead Agency and upon execution the Participating Agency will be given access to the HMIS. The Executive Director or Authorized Designees for each Agency will sign this agreement.

Participating Agency (Print)

HMIS Lead Agency (Print)

Signature – Authorized Representative

Signature - Authorized Representative

Name (Print)

Name (Print)

Date

Date

San Diego County CoC Homeless Management Information System (HMIS)
Agency Participation Agreement

Regional Task Force on the Homeless
ServicePoint Fee Structure
CoC CA-601

Products / Services	2015 11/1/15-10/31/16	2016 11/1/16-10/31/17	2017 11/1/17-10/31/18
1. ServicePoint Licenses			
User License			
RTFH Technical Support Fee	\$125	\$125	\$125
Bowman Annual Fee	Waived (\$68)	Waived (\$75)	\$75
	<u>\$125</u>	<u>\$125</u>	<u>\$200</u>
ART Viewer License			
RTFH Technical Support Fee	\$65	\$65	\$65
Bowman Annual Fee	Waived (\$85)	Waived (\$85)	\$85
	<u>\$65</u>	<u>\$65</u>	<u>\$150</u>
ART Adhoc License			
RTFH Technical Support Fee	\$90	\$90	\$90
Bowman Annual Fee	Waived (\$160)	Waived (\$160)	\$160
	<u>\$90</u>	<u>\$90</u>	<u>\$250</u>

Waiver Policy Statement: Waiver (or reduction) of fees for hardship may be granted upon recommendation from the RTFH and approval of the Data Advisory Committee (DAC). Requests for waivers (or reductions) due to hardship must be submitted to the RTFH prior to November 1st annually. The Bowman Annual Fee may be waived contingent upon HMIS funding availability.

2. Statement of Work (SOW)

Project Setup			
Existing Funding Source	Waived	Waived	Waived
New Funding Source	\$60 hrly	No Charge	No Charge
Custom Reports			
RTFH In-House	\$60 hrly	No Charge	No Charge
Third Party (Vendor Fee)	\$125 hrly	\$125 hrly	\$125 hrly
Data Exports	\$65 hrly	\$65 hrly	\$65 hrly

Statement of Analysis (SOA) Requirement: A Statement of Analysis may be required depending on the magnitude and/or nature of the requested work, and will be credited towards completion of Statement of Work.

San Diego County CoC Homeless Management Information System (HMIS)

User Agreement

First and Last Name	
Job Title	
E-mail Address	
Phone Number with Extension	
Agency	
HMIS Provider ID # and Project Name for my Default Provider	
Other HMIS Provider ID #'s and Project Names I need EDA access to	
<i>Please check with your supervisor for Provider ID # and Project Name information</i>	
Training Date	

Purpose

The HMIS recognizes the priority of client needs in the design and management of the HMIS. These needs include both the need to continually improve the quality of homeless and housing services with the goal of eliminating homelessness in San Diego County, and the need to vigilantly maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care.

As the guardians entrusted with this personal data, HMIS end-users have a moral and a legal obligation to ensure that the data they collect is being collected, accessed, and used appropriately. It is also the responsibility of each employee, volunteer, and any other person with access to the HMIS to ensure that client data is only used to the ends to which it was collected, the ends that have been made explicit to clients and are consistent with the mission of the HMIS, to use the HMIS to advance the provision of quality services for homeless person, improve data collection, and promote more responsive policies to end homelessness in San Diego County.

Proper user training, adherence to the HMIS Policies and Procedures, and a clear understanding of client confidentiality and HMIS user responsibility are vital to achieving these goals.

Client Confidentiality

- A Multiparty Authorization form must be signed by each client whose data is to be shared within the HMIS. Client authorization may be revoked by that client at any time through a written notice.
- No client may be denied services for failure to provide authorization for HMIS data collection. Clients have a right to inspect, copy and request changes in their HMIS records.
- HMIS end-users may not share HMIS client data with individuals or agencies that have not entered into an HMIS Agency Participation Agreement or obtained written permission from that client.
- Excluding information shared in the client profile, HMIS users may not share client data with any agency that is not specified without obtaining a written permission from the client.
- HMIS end-users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals or entities.
- Personal User Identification (User ID) and Passwords must be kept secure and are not to be shared.
- Confidential information obtained from the HMIS is to remain confidential, even if the individual's relationship with the participating agency changes or concludes.
- Misrepresentation of the client data by entering known or inaccurate information is prohibited. Any information that is not given by the client should be marked unknown.
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex and sexual orientation are not permitted in the HMIS. Profanity and offensive language are not permitted in the HMIS.
- The HMIS is to be used for business purposes only. Transmission of material in violation of Federal or California State regulations or laws is prohibited and includes material that is copyrighted, and/or judged to be threatening or obscene. The HMIS will not be used to defraud the Federal, State, or local government or an individual entity or to conduct any illegal activity.
- Any HMIS end-user found to be in violation of the HMIS Policies and Procedures, or the points of client confidentiality in this User Agreement, will result in immediate suspension of access to the HMIS and may jeopardize your employment status with the participating agency.

San Diego County CoC Homeless Management Information System (HMIS)

User Agreement

Ethics

These general principles form the ethical or professional standards of conduct necessary for access to HMIS. Each end-user shall adhere to the delivery of services with the highest standards of professionalism, integrity, and competence.

1. Treat both clients and fellow employees respectfully, fairly and honestly at all times.
2. Perform all duties in compliance with the spirit and letter of federal, state and local laws and avoid any involvement in illegal, unethical or improper conduct.
3. Conduct duties in conformance with all company policies and procedures.
4. Create a work environment that promotes open and honest communications, and encourages raising ethical concerns without fear of retribution or retaliation.
5. Assume responsibility for knowing, understanding and having a practical working knowledge of the laws and regulations applicable to your job.

User Responsibilities

- I affirm I have received training in using the HMIS, which is valid for one (1) year. I must attend an HMIS User Refresher training annually.
- I must login to the HMIS within thirty (30) days of receiving training. If I do not login within thirty (30) days of receiving training, I will be required to attend another training.
- I have read and will abide by all policies and procedures in the HMIS Policies and Procedures Manual.
- I will maintain the confidentiality of client data in the HMIS as outlined above and in the HMIS Policies and Procedures Manual.
- I will only collect, enter and extract data in the HMIS relevant to the delivery of services to people in housing crisis in the San Diego County region. I agree to use the data within the HMIS only for the purposes of homeless service delivery.
- I understand that my User ID and Password are for my use only and must not be shared with anyone, and I agree to take all reasonable precautions in keeping my password physically secure.
- I agree to refrain from leaving my computer unattended while logged into the system and further agree to log out of the system before leaving my work area.
- I agree to properly protect and store in a secure location client specific hardcopy information printed from the HMIS.
- I agree to notify my Agency Administrator and/or HMIS System Administrator in the case where I suspect that the HMIS security has been compromised.
- I agree, to the best of my ability, to enter and maintain accurate information into the HMIS.

Failure to comply with the provisions of this User Agreement, including Client Confidentiality, Ethics, and Responsibilities, is grounds for immediate termination of access to the HMIS. The signature below indicates an agreement to comply with the client confidentiality and user responsibilities. There is no expiration date of this agreement. My signature indicates that I have read this User Agreement, I am aware of my responsibilities, agree to abide by these standards of ethical conduct, have had the opportunity to ask questions, and agree that when I am in doubt as to the right action, I will seek support and advice from my supervisor or management.

User's Name	
User Signature	
Date	

Official HMIS Lead Agency Use Only

User ID Assigned					
Access Level	Case Manager II		Case Manager III		Agency Administrator
Settings & Permissions	SkanPoint		ShelterPoint		ART License
Notes					

San Diego County CoC Homeless Management Information System (HMIS)
Multiparty Authorization to Use and/or Disclose Information

_____ Client/Head of Household Name	_____ Date of Birth	_____ HMIS #
_____ Mailing Address/Place of Stay	_____ Phone Number	_____ Email

I am requesting the following information (historical and up to the date of expiration) be shared with the Regional Task Force on the Homeless (RTFH), added to the Homeless Management Information System (HMIS), and shared with the authorized recipient organizations described herein for purposes that include supporting our efforts to provide coordinated housing and comprehensive services. The data elements authorized to be shared include:

- | | | |
|---------------------------------------|--|---|
| • My Name | • My Destination | • Any Developmental Disability |
| • My Age | • My Relationship to Head of Household | • Any Chronic Health Condition |
| • My Social Security Number | • My Location | • HIV/AIDS condition |
| • My Veteran Status | • My Length of time on the Street, in an Emergency Shelter or Safe Haven | • Mental Health condition |
| • My Personal ID | • My Housing Status | • Substance Abuse |
| • My Household ID | • My Income Sources | • Domestic Violence |
| • My Date of Birth | • Any Non-Cash Benefits | • VISPDAT assessment and score |
| • My Race | • My Health Insurance | • My answers to locally required questions |
| • My Ethnicity | • Any Physical Disability | • Documents necessary for housing placement |
| • My Gender | | |
| • Any Disabling Condition | | |
| • My Residence Prior to Project Entry | | |

Sensitive Information: I understand that the information I provide may come from mental health or alcohol and drug abuse treatment programs. RTFH will employ administrative, technical, and physical safeguards to protect sensitive information collected under this agreement.

Right to Revoke: I understand that I have the right to revoke this authorization, in writing, at any time. I understand that the revocation will not be retroactive and will not apply to information that has already been released or until the service provider receives the revocation. I understand that revocation of this authorization may limit referrals to housing and/or other services that may be available to me.

Multiparty Authorization to Use and/or Disclose Information

Expiration/Renewal: Unless otherwise revoked, to the fullest extent allowed by law, this authorization shall remain valid for seven (7) years. This authorization may be renewed with my written consent.

Other Rights: I understand that authorizing the disclosure of information is voluntary and I can refuse to sign. I do not need to sign this form to be assured of housing and/or health care treatment services or enrollment in a housing program or health plan. However, if this authorization is required for my disciplinary treatment team to coordinate care, or for housing needs, my treatment and/or housing services may be limited.

I authorize RTFH to de-identify the information described above and share such information for research purposes and in furtherance of RTFH's mission to provide comprehensive data and trusted analysis that empowers the entire community to identify, implement, and support efforts to prevent and alleviate homelessness.

I understand that I may inspect or obtain a copy of the information to be used or disclosed from my providers.

I have right to receive a copy of this authorization. Check here to receive a copy: ☐

Authorized Recipient Organizations: Page three (3) contains a list of HMIS Participating Agencies that can receive my data under this agreement, and that are authorized to use or disclose the information described above for purposes related to and including supporting efforts to provide coordinated housing and comprehensive services. This list of authorized recipient organizations may be updated periodically. The complete and updated list of authorized recipient organizations will be posted on the RTFH website at <http://www.rtfhsd.org>. RTFH and authorized recipient organizations shall only use the information described above in compliance with all applicable laws.

Signature of Individual or Legal Representative

_____	_____	_____
Client Signature	Client Name	Date

If signed by Legal Representative, Relationship to Individual

I do not wish to share information with any organizations: ☐

San Diego County CoC Homeless Management Information System (HMIS)
Multiparty Authorization to Use and/or Disclose Information

2-1-1 San Diego	Housing Development Partners of San Diego
Affirmed Housing	Housing Innovation Partners
Alpha Project for the Homeless	Hyder Co.
Bread of Life	Impact Lab
Bridge Housing Corporation	Institute for Public Health, San Diego State University
Catholic Charities	Interfaith Community Services
City of Oceanside	Interfaith Shelter Network
City of San Diego Homeless Outreach Team	Lutheran Social Services
Cloudburst	McAlister Institute
Community Catalysts of California/ Veteran Community Services	Mental Health Systems, Inc.
Community Housing Works	Operation Hope
Community Resource Center	NAMI San Diego
Community Research Foundation	North County Solutions for Change
ConAm Management	People Assisting the Homeless
County of San Diego Health and Human Services Agency	Pathfinders of San Diego, Inc.
Crisis House	Pathways Catalyst
Department of Housing and Urban Development and its contractors	Presbyterian Urban Ministries
Downtown San Diego Partnership	Public Consulting Group
East County Transitional Living Center	ResCare
Episcopal Community Services	Royal Property Management
Escondido Education COMPACT	Second Chance
Family Health Centers of San Diego	South Bay Community Services
F.P.I. Management	San Diego Housing Commission
Generate Hope	San Diego Rescue Mission, Inc.
Home Start, Inc.	San Diego Youth Services
	Serving Seniors
	Solari Enterprises

San Diego County CoC Homeless Management Information System (HMIS)
Multiparty Authorization to Use and/or Disclose Information

St. Paul's PACE	Vista Hill
St. Vincent de Paul Village	Volunteers of America Southwest
Telecare Corporation	Veterans Administration San Diego
Think Dignity	Veterans Village of San Diego
Travelers Aid Society of San Diego	Wakeland Housing and Development Corp.
The Salvation Army	Women's Resource Center
The San Diego LGBT Community Center	YMCA of San Diego County
Townspeople	YWCA of San Diego County
Union of Pan Asian Communities	

San Diego County CoC Homeless Management Information System (HMIS)

Notice of Privacy Practices

Effective Date: _____

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, you may contact either your service provider, or:

Regional Task Force on the Homeless
4699 Murphy Canyon Rd., San Diego, CA 92123
858-292-7627

Your information is personal, and the Regional Task Force on the Homeless (RTFH) is committed to protecting it. Your information is also very important to our ability to provide you with quality services, and to comply with certain laws. This notice describes the privacy practices our employees and other personnel are required to follow in handling your information.

We are legally required to: Keep your information confidential, give you this notice of our legal duties and privacy practices with respect to your information, and comply with this notice.

CHANGES TO THIS NOTICE

We reserve the right to revise or change the terms of this Notice, and to apply those changes to our policies and procedures regarding your information. To obtain a copy of this notice you can either ask your treatment provider or any staff person, or go to the RTFH's web site at <http://www.rtfhsd.org/>.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

For Housing: We create a record of your information including housing services you receive at our partner agencies. We need this record to provide you with quality services and to comply with certain legal requirements.

Your service team may use or disclose your information to other personnel who are involved in providing services for you. For example, a housing navigator may need to know disability information to provide appropriate housing resources. Your service team may share your information in order to coordinate the different things you need, such as referrals and services.

We also may use and disclose your information to people outside this agency who may be involved in your service coordination when you access services from our partner agencies.

We may use and disclose your information to contact you with a reminder that you have an appointment and you have the right to tell us how you want to receive appointment reminders. At your request, a form will be provided to you for that purpose.

We may use and disclose your information to recommend service options or alternatives that may be of interest to you. Additionally, we may use and disclose your information to tell you about health-related benefits or services that may be of interest to you for example, Medi-Cal eligibility or Social Security benefits. You have the right to refuse this information.

For Service Corroboration: We may use or disclose basic information about you so that you do not have to provide information more than once. This sharing, only when you access one of the participating agencies, can help avoid duplication of services and referrals that you are already receiving.

For RTFH Operations: We may use and disclose information about you for administrative operations. These uses and disclosures are necessary to run our agency and make sure that all of our clients receive quality

San Diego County CoC Homeless Management Information System (HMIS)

Notice of Privacy Practices

services. For example, we may use information to review our services and evaluate the performance of our staff in providing those services.

We may also combine information from our participating agencies to decide what additional services should be offered, what services are not needed, and whether certain new services might be effective.

We may also combine the information with information from other agencies to compare how we are doing and see where we can make improvements in the services we offer. We may de-identify your information so others may use it to study services delivery without learning who the specific clients are.

Unless you object, we may disclose your information to any other person identified by you who is involved in your services. Your objection must be in writing (at your request, a form will be provided to you for this purpose). We will not honor your objection in circumstances where doing so would expose you or someone else to danger.

In the event of a disaster we may disclose your information to a housing disaster relief agency.

USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Research: Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing your service levels and of all clients who received similar services. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of information, trying to balance the research needs with clients' need for privacy of their information. Before we use or disclose information for research, the project will have been approved through a research approval process, but we may, however, disclose information about you to people preparing to conduct a research project, for example, to help them look for clients with specific needs, so long as the information they review does not leave our agency.

As Required By Law: We will use and disclose information when required to do so by federal or state law or regulation.

To Avert a Serious Threat to Health or Safety: We may use and disclose your information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Public Health Activities: We may disclose your information for public health activities such as to report the abuse or neglect of children, elders and dependent adults;

Abuse, Neglect or Domestic Violence: We may disclose your information when notifying the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Oversight Activities: We may disclose your information to a federal oversight agency, such as the Department of Housing and Urban Development, for activities authorized by law. These oversight activities are necessary for the government to monitor government service programs, and compliance with civil rights laws.

Court Orders and Subpoenas: If you are involved in a lawsuit or a dispute, we may disclose your information in response to a court or administrative order. We may also disclose your information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute.

Law Enforcement: We may disclose your information if asked to do so by law enforcement officials in any of the following circumstances:

- In response to a court order, subpoena, warrant, summons or similar process;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

San Diego County CoC Homeless Management Information System (HMIS)

Notice of Privacy Practices

- About a death we believe may be the result of criminal conduct;
- About criminal conduct at any of our facilities; or
- In emergency circumstances to report a crime; the location of the crime, the victim(s); or the identity, description or location of the person who committed the crime.

OTHER USES OF YOUR INFORMATION

Other uses and disclosures of your information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to disclose your information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your information for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the services that we provided to you.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

Right to Inspect and Obtain Copies:

With certain exceptions, you have the right to inspect and obtain copies of your information from our records. To inspect and obtain copies of your information, you must submit a request in writing to your service provider where you received services. If you request a copy of your information, they may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and obtain copies of parts of your information. If you are denied the right to inspect and obtain copies of your information in our records, you may appeal this decision and request that another services professional designated by the RTFH, who was not involved in your treatment review the denial. (At your request, a form will be provided to you for this request.)

Right to Request an Amendment: If you feel that your information in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, you must submit a request in writing to your service provider. In addition, you must tell your provider the reason for the amendment, and at which agency you want your request to apply to. Your request will become part of your record. (At your request, a form and a list of participating agencies will be provided to you for this purpose.)

Right to Request Restrictions:

You have the right to request that we follow additional, special restrictions when disclosing your information. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment as determined by a doctor. To request restrictions, you must make your request in writing to your service provider. In your request, you must tell us what information you want to limit, the type of limitation, and to whom you want the limitation to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you about appointments or other matters related to your services in a specific way or at a specific location. For example, you can ask that we only contact you at work, or by mail at a post office box. To request confidential communications, you must make your request in writing to your Agency case manager or the person in charge of your services. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You may ask us for a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are entitled to receive a paper copy of this Notice. To obtain a paper copy of this Notice, ask any staff person. You may also obtain a copy of this Notice at our website www.rtfhsd.org.

San Diego County CoC Homeless Management Information System (HMIS)

Notice of Privacy Practices

COMPLAINTS

You have the right to file a complaint if you believe that RTFH staff has not complied with the practices outlined in this Notice. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint with the RTFH.

To file a complaint with the RTFH, contact:
Regional Task Force on the Homeless
4699 Murphy Canyon Rd., San Diego, CA 92123
858-292-7627

To file a complaint with the State of California, contact:
www.privacy.ca.gov
866-785-9663
800-952-5210

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the HMIS Notice of Privacy Practices. Our Notice of Privacy Practices provides information about how we may use and disclose your protected information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our web site, <http://www.rtfhsd.org/> or by contacting any staff person involved in your services.

If you have any questions about our Notice of Privacy Practices, please contact:
Regional Task Force on the Homeless
4699 Murphy Canyon Rd., San Diego, CA 92123
858-292-7627

I acknowledge receipt of the HMIS Notice of Privacy Practices.

Client Signature

Client Name, Printed

Date

Inability to Obtain Acknowledgement

To be completed only if no signature is obtained. If it is not possible to obtain the client's acknowledgement, describe the good faith efforts made to obtain the client's acknowledgement, and the reasons why the acknowledgement was not obtained:

Staff Member's Signature

Staff Name and Title Printed

Date

San Diego County CoC Homeless Management Information System (HMIS)
Summary of Privacy Practices

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED
SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE READ IT CAREFULLY

Effective Date: _____

Our Duty to Safeguard Your Protected Information

(Agency Name Here) collects information about who uses our services. We will ask for your permission to enter the information we collect about you and your family into a computer program called the Homeless Management Information System (HMIS) for the use of housing and services. Although the HMIS helps us to keep track of your information, individually identifiable information about you is considered "Protected Information." We are required to protect the privacy of your identifying information and to give you notice about how, when and why we may use or disclose any information you may give us.

We are also required to follow the privacy practices described in this Notice, although **(Agency Name Here)** reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the notice from any agency that participates in the HMIS.

How We May Use and Share Your Information

We use and share collective information for a variety of reports. We have a limited right to include some of your information for reports on homelessness. Information that could be used to tell who you are will never be used for these reports. We will not turn your information over to a state, local, private, or national database without your consent. We must have your written consent to use or disclose your information unless the law permits or requires us to make the use or disclosure without your permission. **Please review the Client Consent to Share and/or Disclose Information for details. You must sign this form before we can use your information, but you do not have to sign the form in order to receive services.**

Your Rights Regarding Your Information

- ✓ You have the right to get services even if you choose **NOT** to participate in the HMIS. However, clients may be refused program entry for not meeting other agency eligibility criteria.
- ✓ You have the right to ask for information about who has seen your information.
- ✓ You have the right to see your information and change it, if it is not correct.
- ✓ You have the right to revoke your consent to release information at any time. Information regarding the Client Revocation of Consent to Release Information is available at www.rtfhsd.org.
- ✓ You have the right to file a Grievance (complaint) if you feel your rights have been violated. Information regarding this HMIS Grievance Procedure is available at www.rtfhsd.org.

San Diego County CoC
Homeless Management Information System (HMIS)

MANDATORY COLLECTION NOTICE

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information as mandated by law or as requested from entities that fund this program. Other personal information we collect is necessary to operate programs, improve services, and better understand homelessness. We collect appropriate information only.

A Privacy Notice is available upon request.

San Diego County CoC Homeless Management Information System (HMIS)
Client Revocation of Authorization to Release Information

I, _____, hereby revoke permission for this agency to share my personal information in the San Diego County CoC Homeless Management Information System (HMIS). I understand that my information will remain in HMIS as part of the non-identifying data collected on homeless services provided by the San Diego County Continuum of Care (CoC).

I understand that information that has already been entered will remain in the system. By canceling my agreement for participation in the HMIS, my personal information that has been saved will be restricted.

I further understand that any information entered and/or shared under my previously agreed-to consent will continue to be shared and that this Client Revocation of Consent to Release Information applies to any information entered into the HMIS from this day forward.

I also understand that the disclosure of my non-identifying information may be required in some instances, such as for the reporting of aggregate and to entities that provide funding to this agency.

The San Diego County CoC HMIS Lead Agency and this agency are hereby released from any legal responsibility or liability for the release, use or disclosure of information I previously authorized.

Client Name	Date of Birth	Social Security Number
Client Signature	Date	
Agency Staff	Agency Staff Signature	
Agency Name	Date	

San Diego County CoC Homeless Management Information System (HMIS)
How to File a Privacy Complaint

If you feel that a violation of your rights as an HMIS client has occurred, or if you disagree with a decision that has been made about your Protected HMIS Information, you may complete this form and submit to the HMIS Lead Agency, the Regional Taskforce on the Homeless. Please complete this form only after you have exhausted the grievance procedures for the agency providing you housing and/or services. **It is against the law for any agency to take retaliatory action against you if you file this grievance.** You can expect a response within 30 (thirty) days via the grievance method of your choice.

Grievances must be submitted in writing to:
Regional Taskforce on the Homeless
4699 Murphy Canyon Rd.
San Diego, CA 92123

Brief Description of grievance (what happened):

Date(s) of offense(s)

Name of Individual(s) who violated your rights

Name of Agency(ies) who violated your rights

Your Contact Information

Your Name	
Phone Number and/or Email Address	
Mailing Address	
Today's Date	

HMIS Lead Agency Use Only

Response Date	
Recommendation to Agency	

San Diego County CoC Homeless Management Information System (HMIS)
Policies and Procedures Legal Framework

a.	Handwritten by the person who signs it or is in typeface no smaller than 14-point type. [Cal. Civil Code 56.11(a)]
b.	Authorization is not combined with any other document to form a compound authorization. [45 CFR 164.508(b)(3)] Cal. Civil Code 56.11(b)
c.	Provides a specific and meaningful description of the information to be disclosed, including specific records and service dates. [45 CFR 164.508(c)(1)(i), and 42 CFR 2.31(3) requires patient NAMES and what kind of information]
d.	A specific division is identified as the one authorized to disclose the medical record. [45 CFR 164.508(c)(1)(ii); Cal. Civil Code 56.11(e) and 42 CFR 2.31(1)]
e.	Provides the name or other specific identification of the person(s) or entity(ies) to whom disclosure can be made. [45 CFR 164.508(c)(1)(iii); Cal. Civil Code 56.11(f) and 42 CFR 2.31(2)]
f.	Provides a statement of the purpose, and limitations, of the requested disclosure (which may be “at the request of the client”), including any limitations on the use of the information. [45 CFR 164.508(c)(1)(iv); Cal. Civil Code 56.11(g) and 42 CFR 2.31(4)]
g.	Provides an expiration date or a valid expiration event when information may no longer be disclosed, AND the date has not passed nor has the expiration event occurred. [45 CFR 164.508(b)(2)(i), 45 CFR 164.508(c)(1)(v), Cal. Civil Code 56.11(h) and 42 CFR 23.1(7) and (9)]
h.	Signed and dated by client or client’s authorized personal representative. If signed by the authorized personal representative, a description of such representative’s authority to act for the client is provided. [45 CFR 164.508(c)(1)(vi), Cal. Civil Code 56.11(c) and 42 CFR 2.31(6)]
i.	Statement of client’s right to revoke the authorization, exceptions to this right, and a description of how to revoke (a reference to the same information in the Notice of Privacy Practices may be provided instead of the last two items). [45 CFR 164.508(c)(2)(i) and (a); Cal. Civil code 56.15 and 42 CFR 2.31(8)]
j.	Statement that treatment, payment, enrollment or eligibility for benefits in health care services or health plan may NOT be conditioned upon signing the authorization. [45 CFR 164.508(c)(2)(ii)(A)]
k.	Statement regarding the potential that the information disclosed pursuant to the authorization may be re-disclosed by the recipient and, if so, it may no longer be protected by a federal confidentiality law (i.e., HIPAA) if the recipient of the medical record is not subject to such federal confidentiality law. [45 CFR 164.508(c)(2)(iii)]
l.	Statement that person signing the authorization has the right to (or will receive) a copy of the authorization. [45 CFR 164.508(c)(4) and Cal. Civil Code 56.11(i)]

Policies and Procedures Revision History

Version Number	Date	Author/Owner	Description of Change
1.1	April 21, 2016	Regional Taskforce on the Homeless	Approval of HMIS Policies and Procedures by the Regional Continuum of Care Council Governance Board
1.1	October 10, 2016	Regional Taskforce on the Homeless	Addition of new agencies to HMIS Trust Network/Multiparty Authorization
1.1	November 3, 2016	Regional Taskforce on the Homeless	Addition of new agencies to HMIS Trust Network/Multiparty Authorization
1.1	December 10, 2016	Regional Taskforce on the Homeless	Addition of new agencies to HMIS Trust Network/Multiparty Authorization
1.1	September 1, 2017	Regional Taskforce on the Homeless	Addition of new agencies to HMIS Trust Network/Multiparty Authorization. Other changes made to MPA include clarifying language, extending the term, adding a section to collect client contact information, and making it available in Spanish and as a fillable PDF.
1.2	September 21, 2017	Regional Taskforce on the Homeless	Administrative changes to the Policies and Procedures Manual and appendices. Clarifying language added to Agency Participation Agreement.

2018 HDX Competition Report

PIT Count Data for CA-601 - San Diego City and County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	8669	9160	8576
Emergency Shelter Total	1250	1,572	1,948
Safe Haven Total	52	42	64
Transitional Housing Total	2427	1,925	1,574
Total Sheltered Count	3729	3539	3586
Total Unsheltered Count	4940	5621	4990

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	1417	2176	2171
Sheltered Count of Chronically Homeless Persons	309	389	771
Unsheltered Count of Chronically Homeless Persons	1108	1,787	1,400

2018 HDX Competition Report

PIT Count Data for CA-601 - San Diego City and County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	545	514	483
Sheltered Count of Homeless Households with Children	469	423	381
Unsheltered Count of Homeless Households with Children	76	91	102

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	1649	1156	1067	1312
Sheltered Count of Homeless Veterans	756	584	613	653
Unsheltered Count of Homeless Veterans	893	572	454	659

2018 HDX Competition Report

HIC Data for CA-601 - San Diego City and County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	2050	49	2001	100.00%
Safe Haven (SH) Beds	91	0	91	100.00%
Transitional Housing (TH) Beds	1818	344	1474	100.00%
Rapid Re-Housing (RRH) Beds	1372	231	1141	100.00%
Permanent Supportive Housing (PSH) Beds	4403	0	4403	100.00%
Other Permanent Housing (OPH) Beds	857	0	802	93.58%
Total Beds	10,591	624	9912	99.45%

2018 HDX Competition Report

HIC Data for CA-601 - San Diego City and County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	592	661	743

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	70	136	223

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	579	706	1372

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for CA-601 - San Diego City and County CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2017 data for each measure and associated metrics.

RESUBMITTING FY2017 DATA: If you provided revised FY2017 data, the original FY2017 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	6765		6707	72		81	9	35		42	7
1.2 Persons in ES, SH, and TH	9658		9075	150		146	-4	79		79	0

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	6784		6686	268		404	136	94		166	72
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	10487		9715	451		547	96	209		275	66

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2016	FY 2017	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO		193		45	23%		11	6%		3	2%	59	31%
Exit was from ES		1524		266	17%		106	7%		123	8%	495	32%
Exit was from TH		1963		280	14%		98	5%		127	6%	505	26%
Exit was from SH		35		6	17%		1	3%		3	9%	10	29%
Exit was from PH		1247		81	6%		70	6%		101	8%	252	20%
TOTAL Returns to Homelessness		4962		678	14%		286	6%		357	7%	1321	27%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	8669	9160	491
Emergency Shelter Total	1250	1572	322
Safe Haven Total	52	42	-10
Transitional Housing Total	2427	1925	-502
Total Sheltered Count	3729	3539	-190
Unsheltered Count	4940	5621	681

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	10573		9823	-750
Emergency Shelter Total	6743		6669	-74
Safe Haven Total	122		84	-38
Transitional Housing Total	5763		4370	-1393

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FY2017 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	641		677	36
Number of adults with increased earned income	39		41	2
Percentage of adults who increased earned income	6%		6%	0%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	641		677	36
Number of adults with increased non-employment cash income	122		149	27
Percentage of adults who increased non-employment cash income	19%		22%	3%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	641		677	36
Number of adults with increased total income	143		175	32
Percentage of adults who increased total income	22%		26%	4%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	1834		1139	-695
Number of adults who exited with increased earned income	312		275	-37
Percentage of adults who increased earned income	17%		24%	7%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	1834		1139	-695
Number of adults who exited with increased non-employment cash income	249		165	-84
Percentage of adults who increased non-employment cash income	14%		14%	0%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	1834		1139	-695
Number of adults who exited with increased total income	518		403	-115
Percentage of adults who increased total income	28%		35%	7%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	8802		8127	-675
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2752		2571	-181
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	6050		5556	-494

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	12649		12881	232
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	3751		3913	162
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	8898		8968	70

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	1040		1150	110
Of persons above, those who exited to temporary & some institutional destinations	314		239	-75
Of the persons above, those who exited to permanent housing destinations	51		110	59
% Successful exits	35%		30%	-5%

Metric 7b.1 – Change in exits to permanent housing destinations

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	10529		9704	-825
Of the persons above, those who exited to permanent housing destinations	4571		4218	-353
% Successful exits	43%		43%	0%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	3691		4411	720
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	3409		4171	762
% Successful exits/retention	92%		95%	3%

2018 HDX Competition Report

FY2017 - SysPM Data Quality

CA-601 - San Diego City and County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	415	666	1211	1230	3560	3400	2680	1956	3296	3501	4038	4696	39	158	579	603				
2. Number of HMIS Beds	371	615	1211	1230	3393	3160	2581	1939	2952	2855	3936	4385	39	158	579	603				
3. HMIS Participation Rate from HIC (%)	89.40	92.34	100.00	100.00	95.31	92.94	96.31	99.13	89.56	81.55	97.47	93.38	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	7413	7105	7024	7007	8096	7899	5775	4370	2999	3252	3929	4729	1746	2925	4989	6015	162	910	757	327
5. Total Leavers (HMIS)	6809	6143	5805	5847	5824	5910	4370	2983	506	491	503	543	1313	1751	3646	3623	53	380	214	59
6. Destination of Don't Know, Refused, or Missing (HMIS)	2366	1710	1297	1254	525	528	676	528	130	140	209	141	58	184	169	164	3	117	76	29
7. Destination Error Rate (%)	34.75	27.84	22.34	21.45	9.01	8.93	15.47	17.70	25.69	28.51	41.55	25.97	4.42	10.51	4.64	4.53	5.66	30.79	35.51	49.15

2018 HDX Competition Report

Submission and Count Dates for CA-601 - San Diego City and County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/26/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/30/2018	Yes
2017 System PM Submittal Date	5/24/2018	Yes



REGIONAL TASK FORCE
ON THE **HOMELESS**
"OUR COMMUNITY, OUR HOMELESS, OUR ISSUES"

Regional Task Force on the Homeless

Written Community Standards

May 2017

July 2018 Update

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Introduction

“*A Street is Not a Home*”¹ reminds us that each day thousands of San Diegans are living on our streets or in places not meant for human habitation², without a home. This problem has not gone away. On a single night in early 2017, over 5,600 persons were found on the streets.³Thousands more live in temporary housing or emergency shelter.⁴To thrive, each man, woman, and child needs a safe and permanent home. By working together, we can help people find homes, we can end homelessness.

The Regional Task Force on the Homeless (RTFH) is the name of the San Diego Continuum of Care (CoC) which plans and coordinates the housing and supportive services system for homeless individuals and families. The mission of the CoC is to engage stakeholders in a community-based process that works to end homelessness for all individuals and families throughout the County of San Diego and 18 incorporated cities, to address the underlying causes of homelessness, and to lessen the negative impact of homelessness on individuals, families, and communities.⁵

The RTFH strives to be participant-centered and to provide services that are tailored to the unique needs and strengths of every person or family that is homeless. The service providers and other stakeholders of the RTFH service area are committed to providing empathic, consistent, non-judgmental support to homeless individuals and families; are willing to do whatever it takes to help people quickly access permanent housing and provide the right amount of support and facilitate community connections to maintain permanent housing. Effective service provision and positive outcomes for participants require that service providers operate using best practice approaches and interventions for ending homelessness as well as have a positive, hopeful, and supportive relationship with the participant.

These Written Standards (Standards) are intended to support RTFH efforts by offering a framework for service providers in the San Diego homelessness system that work together with mutual respect, collectively serving the needs of homeless individuals and families. The

¹ Coates, Robert C., 1990. *A Street is Not a Home: Solving America's homeless dilemma*. Prometheus Books.

² “a place not meant for human habitation” is HUD phrasing that describes a living condition that categorizes an individual’s episode of homelessness as “unsheltered”

³ Regional Task Force on the Homeless, 2017 WeALLCount Point in Time Count Summary Report accessed April 2017, RTFHSD.org.

⁴ Regional Task Force on the Homeless, 2016 WeALLCount Point in Time Count Comprehensive Report

⁵ San Diego Regional Continuum of Care Charter, June 2016, p.5.

Standards were developed by the Evaluation Advisory Committee for adoption by the RTFH Board and CoC agencies. They represent the norms of service delivery for our entire community and serve as a guide to the network of resources specifically targeted to address homelessness in the region.

The Standards were developed through a community process that included input from stakeholders and are subject to annual review and update, typically during the second quarter of the calendar year. The RTFH will provide access to the Standards for community stakeholders, including agencies receiving CoC Program, Emergency Solutions Grant (ESG), and grant funding⁶ targeted to homelessness and other social needs. The RTFH Standards are also designed to comply with the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act⁷.⁸

For the benefit of program participants, once adopted by the RTFH Governance Board, the Standards will be applied to all programs and must be followed by programs that receive U.S. Department of Housing and Urban Development (HUD) funding through the CoC Program Competition, the Emergency Solutions Grant (ESG), and the State of California ESG program.

Although not required, programs that receive funding through other sources are also encouraged to follow these standards, and funders of housing services are encouraged to adopt the Standards for the programs they support. Because systems that are cohesive, inclusive, and share common goals and standards have collective impact, the RTFH will promote adoption of these Standards by all organizations providing housing and services to homeless individuals and families. Other entities that often touch the lives of homeless persons, such as healthcare, criminal justice, and education are encouraged to contribute to the development of system-wide standards.

Adhering to the Standards is critical to the coordination and effective use of resources. When the RTFH is evaluating applications for funding and requests for letters of support, those that choose not to abide by the Standards will not be approved. The Standards include prioritization requirements for each program type that are updated to ensure the effective implementation of

⁶ Targeted funding refers to funding sources that either require or give preference to projects endorsed by the CoC, such as Veterans Affairs, Supportive Services for Veteran Families; Funder's Together to End Homelessness

⁷ Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009. 42 USC 11301

⁸ Requirements are found in: U.S. Department of Housing and Urban Development, 2012 Interim Rules. Subpart B Responsibilities and Operating CoC, p 15; and 24 CFR 578.7 (a) 9.; and referenced in the 2016 CoC Competition NOFA.

the Coordinated Entry System (CES)⁹ which aims to place program participants in the appropriate housing intervention to end the participants' homelessness. Established policies and procedures provide detailed information about the CES and guide system implementation¹⁰.

The RTFH has established operating principles and standards to support effective implementation of the homeless service system. Standards and descriptions for key components of the system include community-wide, system-level practices and procedures such as Housing First, CES, and the Homeless Management of Information System (HMIS); agency-level activities such as grievance procedures and reporting; and individual project activities for each project type such as outreach and emergency services, transitional housing, bridge housing, rapid rehousing and permanent supportive housing.

Section I: System Level Principles and Standards

This section addresses the principles and standards for system-level operations.

System Principles

In keeping with the goals and objectives of the RTFH, activities provided through local agencies should work together to support the mission of ending homelessness and lessening the negative impacts of homelessness on people experiencing homelessness and on communities. A series of principles and best practices have been developed and are integral to ensuring that homelessness is rare, brief, and non-recurring¹¹ and in establishing new homeless services programming in the future. Core concepts include:

- Fully embrace a Housing First approach that includes the use of low-barrier strategies and policies including Harm Reduction, operating from the perspective that homelessness is first and foremost a housing problem and the system should act as a flexible coordinated crisis response system to provide access to permanent housing as quickly as possible.
- System-wide coordination for assessment, prioritization, and access to the homeless assistance system and programs using the Coordinated Entry System

⁹ The Coordinated Entry System (CES) was previously known in San Diego as the Coordinated Assessment and Housing Placement system or CAHP

¹⁰ Details on the CES Policies and Procedures are available on the Continuum of Care website.

¹¹ Housing First requirements from "Housing First Checklist: A Practical Tool for Assessing Housing First in Practice, United States Interagency Council Homelessness," (http://usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf). See also National Alliance to End Homelessness (www.endhomelessness.org)

- ☐ Use of evidence-based and data-driven practices that promote on-going evaluation of system and program data for continuous process improvement and that inform funding and resource allocation decisions
- ☐ Respect for the dignity and autonomy of the person
 - Trauma-informed systems of care
 - Recognition of the importance of relationship building
 - Respect for cultural competence and non-discriminatory practices
 - Flexible, program participant-driven, and strengths-based service delivery
 - Participant self-determination (i.e. participants select from a menu which offers a variety of services that are flexible and appropriate for the participant in various stages of change)
 - Developmentally appropriate services (i.e. families, youth)
- ☐ Civic engagement and systems advocacy: engagement of agencies and participants
- ☐ Centralized recordkeeping using an approved HMIS
- ☐ Governance of the RTFH comprised of representatives from various stakeholder groups, including homeless or formerly homeless persons.
- ☐ Commitment to meeting the requirements in the HEARTH Act with the goal of exceeding minimum expectations
- ☐ Use of an approved Emergency Transfer Plan to promote safety of tenants in accordance with the Violence Against Women Act (VAWA)

System-Level Standards

Housing First Orientation

Housing First is an evidence-based approach and is the most effective approach to ending homelessness.¹² Housing First seeks to offer individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing, with a low-threshold for entry, and without clinical prerequisites like completion of a course of treatment or evidence of sobriety¹³. Housing First is an overarching philosophy and approach that can be applied to all homeless assistance programs, and Housing First also encompasses two specific intervention types; 1) Permanent Supportive Housing (PSH) and 2) Rapid Re-Housing (RRH).

Housing First Permanent Supportive Housing models are typically designed for individuals or families who have complex health and behavioral health needs requiring intensive services, as well

¹² This quote from USICH (footnote below) is supported by articles available on-line at *Research Matters: Homelessness Hub*, http://homelesshub.ca/search-resources?keywords=housing+first&resource_type=All&publication_date=1970-01-01+00%3A00%3A00&sort_by=created&sort_order=DESC, accessed April 2017.

¹³ USICH: <https://www.usich.gov/tools-for-action/housing-first-checklist>, Sept. 28.2016

as have lengthy and/or repeated episodes of homelessness. Permanent Supportive Housing Programs (PSH) are longer term in nature and housing and services are offered indefinitely based on need, to participants who are often turned away from other affordable housing settings, and/or who are the least likely to be able to proactively seek and obtain housing on their own.

Housing First approaches for RRH provide quick access to permanent housing through targeted housing search and identification, the provision of short-term rental assistance based services and supports. Time-limited housing or rental assistance has also been recognized to address the housing needs of unaccompanied youth and persons fleeing domestic violence. The system is designed to have low barriers for program admission, and to serve individuals and families without consideration of past rental, credit or financial history. HUD recognizes that Housing First yields¹⁴ high housing retention rates, low returns to homelessness, and reductions in crisis or institutional care¹⁵.

The Housing First approach has evolved to encompass a community-level orientation to ending homelessness in which barriers to housing entry are removed and efforts are in place to prioritize the most vulnerable and high-need people for housing assistance first. A Housing First philosophy can be used in all phases of the homeless housing and services system.

At a systems level, all entities affiliated with the RTFH including agencies, board members, funders, staff, and partners embrace the following:

1. All people can achieve housing stability in permanent housing with the right supports
2. Everyone is “housing ready”
3. Improved quality of life, health, mental health, and employment can be achieved through housing
4. All clients have the right to self-determination, dignity and respect
5. The configuration of housing and services should be based on participants’ needs and preferences.¹⁶

¹⁴ Gubits, Daniel, et al. "Family Options Study: Short-term impacts of housing and services interventions for homeless families." Washington, DC: US Department of Housing and Urban Development (2015).)

¹⁵ Somers, Julian M., et al. "A Randomized Trial Examining Housing First in Congregate and Scattered Site Formats." PLoS one 12.1 (2017): e0168745.

¹⁶ HUD and USICH: Core Principles of Housing First and Rapid Re-Housing Webinar. July 22, 2014

What Happens with a System-wide Orientation to Ending Homelessness?

- First, strong and direct referral linkages and relationships exist between the crisis response system (emergency shelters, street outreach, etc.) and the CES which manages participant access to RRH and PSH, or when necessary, Transitional Housing (TH). Crisis response providers are aware and trained in how to assist people experiencing homelessness to enter the CES and to work with a Housing Navigator toward permanent housing. For those who experience homelessness and are not prioritized for RRH or PSH, the crisis response system provides referrals to other resources and services that support participants in exiting homelessness on their own.
- Next, RTFH's region-wide CES which matches people experiencing homelessness to the most appropriate housing and services, becomes an even more critical lynchpin component of the system. CES allows participants a unified, streamlined, and user-friendly way to access RRH, PSH, and/or other housing interventions.
- The CES system's data-driven approach to prioritizing highest need people for housing assistance supports Board policy, which prioritizes persons with the longest terms in homelessness, and those with the highest level of special needs. Data from the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) which is the Common Assessment Tool (CAT)¹⁷, length of stay information from the HMIS, or data on utilization of crisis services such as health care of criminal justice systems help document the level of participant need
- In addition, policymakers, funders, and providers collaboratively conduct planning and raise and align resources to increase the availability of affordable and supportive housing to ensure that a range of housing options and models are available to maximize housing choice among people experiencing homelessness. A stakeholder can recommend new resources and solutions for the RTFH to consider for adoption.
- There is a San Diego County provider community that promotes entering housing to reduce health and safety risks for homeless persons, enhances potential participation in services, and provides opportunities for increased access to care. With a system-wide perspective, emergency shelter, street outreach providers, and other parts of the crisis response system work to align with Housing First and to recognize that their roles encompass housing advocacy and rapid connection to permanent housing. Persons staffing the crisis response system services operate under the philosophy that all people experiencing homelessness are 'housing ready'. This philosophy assumes that each person is ready to be permanently

¹⁷ The Common Assessment Tool is an instrument that is approved by the RTFH Board and is used for initial assessment of housing need. The approved tool is available at www.CoCSanDiego.org.

housed and does not require training or a stay in an entry-level program or shelter prior to being permanently housed.

- It is commonly understood that the shift to a system-wide orientation to ending homelessness means adhering to Housing First principles. The RTFH will review agency and program adoption of Housing First Principles, offering support where needed. The guidelines found in the Agency Level Standards section below have been created to minimize barriers to housing whenever possible, recognizing that this may not be feasible under all circumstances. In some cases, there may be other entities, including, but not limited to, private landlords, the criminal justice system, and funders that place additional tenant requirements upon program participants.
- Finally, for the system-wide approach to accelerate change, all agency-level and program-level standards will align with HUD, Housing First, and Low-Barrier, and rapid movement to housing protocols. Program reviews described in this section will be conducted internally by the RTFH on behalf of the Evaluations Advisory Committee.

Coordinated Entry System

The CES (previously known as the Coordinated Assessment and Housing Placement or CAHP) is a centralized system for people with a housing crisis to access local housing programs targeted for people who are homeless. The Board has adopted policies, procedures, and participation rules for the CES System for the San Diego CoC. Participants will be assessed and access CoC housing resources following the adopted CES Policies and Procedures Handbook.¹⁸ The Handbook includes extensive guidelines for participation in the CES system. Outreach, assessment, or housing programs must abide by coordinated entry and housing placement standards as described in the Handbook.

Participants are enrolled in CES after completing the CAT. Verification of information from the CAT and basic personal characteristics (referred to as the “Universal Data Elements” in HMIS) must be maintained in participant files. There are specific documents needed by CES to verify the assessment in order for scoring and matching to be completed. These include the participant profile VI-SPDAT or VI-F-SPDAT, evidence of homeless status, documentation of the length of time in homelessness, disability, chronic homelessness criteria, and veteran’s status. Any agency providing housing intervention projects is required, and others are strongly encouraged, to use the HMIS for participant and program data. Agencies that do not use HMIS can partner with Coordinated Entry staff to make alternate arrangements for referring participants to

¹⁸ See CAHP Policies and Procedures, adopted May 2016. Link <..\Advisory Committee 2015\CAHP Subpopulations\1. CAHP P & P.pdf>

the prioritization list. Details can be found in the CES Policies and Procedures Guide (CES P &P).

State and federal regulations¹⁹ require special protections for domestic violence (DV) survivors. Particular attention is related to tenant's rights and protection of personal information. The CAT includes supplemental questions to help identify DV victims so that alternate record-keeping protocols can be followed in order to ensure protection of DV households. The CES P & P Guide contains the most recent Standards for households in this special population.

Minimum Standards

1. **Prioritization:** Follow Board-established priorities to ensure that the most vulnerable participants are served first, by using the approved CAT which measures the length of homelessness, chronic homeless status, vulnerability, and severity of need.
2. **Low Barrier:** CES staff partner with programs and systems that have low barriers. Participants are served through Coordinated Entry regardless of income level, drug or alcohol use and criminal background.
3. **Housing First Orientation:** The purpose of the system is to house participants as quickly as possible. Policies assume that all persons are 'housing ready'.
4. **Rapid Movement to Permanent Housing:** participants move directly to permanent housing as soon as it is available without needing to transition through other programs, or without having to participate in services for a specific period.
5. **Person-Centered:** Participants can accept or deny services from any agency without losing their spot on the prioritization list until placed in housing. The housing unit which is rejected by a participant can be offered to the next appropriate participant in the CES system. Subsequent vacancies that match the profile will be offered to the first participant until housing is achieved.
6. **Fair and Equal Access:** All programs and services will adhere to Fair Housing Standards. All participants in the RTFH geographic area can access services through the established CES. Services are offered in English and Spanish. Translation services are made available as needed. Going forward, The CES system will be advertised and promoted in ways that make information available to non-English speakers and persons with disabilities.
7. **Standardized Assessment:** All agencies will use the CAT as approved by the Board.

¹⁹ U.S. Department of Housing and Urban Development. (2010) 24 CFR Parts 5, 91, 880, et al. HUD Programs: Violence Against Women Act Conforming Amendments; Final Rule; Violence Against Women and Department of Justice Reauthorization Act of 2005, 42 U.S. Code § 1437f(5). ; Marsy's Law, the California Constitution article I, § 28, section (b)

Each subpopulation will be assessed through the CES and provided access to housing in accordance with approved CES policies and procedures. To ensure safety and efficiency, participants may be directed to different assessment centers or access points.

8. Referral Protocols: CES will refer participants to appropriate housing services including ESG and projects funded by HUD CoC Competitive grants. CoC HUD-funded and ESG funded projects are required to fill housing vacancies with participants that are matched to their projects through the CES system. All homeless housing projects must use the CES system for as the system becomes available for that project type. People accepted into housing must be recorded in the HMIS so that the prioritization lists remain current.
9. Outreach: Street outreach workers will administer the CAT, or refer people to assessment sites, and enter the participant in HMIS so that participants can be prioritized and be added by HMIS to the appropriate By Name Lists.
10. Access points: The RTFH ensures full access to the CES through multiple assessment and access points throughout the CoC geography. Access centers will assess any participant experiencing homelessness or at risk of homelessness in the CoC. Information about access points will be provided on the RTFH website and through a centralized telephone number²⁰.

Emergency Transfers for Victims of Violence

The RTFH promotes the safety of tenants in CoC-supported housing by establishing policy and protocols for transferring housing relocation for tenants who are at imminent risk of harm if they remain in their current housing unit. This policy and protocols are referred to as an Emergency Transfer Plan (ETP). The RTFH ETP is designed to comply with the Violence Against Women Act (VAWA) and work cooperatively with other components of the region-wide system.

Requests for emergency transfer are available regardless of sex, gender identity, or sexual orientation. The ability of provider to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether provider has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

The Emergency Transfer Plan found in the Appendices is incorporated into these Written Standards by reference.

Section II: Agency-Level Principles and Standards

This section addresses the operating principles and standards to be followed at the agency-level.

Principles

Homeless housing and service providers will consider the system principles detailed above when planning and implementing programs and will work together with other service providers and

stakeholders to uphold these principles for the benefit of all individuals and families who are homeless. The agencies are also responsible for:

- ☐ Maintenance of at least minimum records in the HMIS are required, however more in-depth use of the HMIS is encouraged
- ☐ Systems collaboration, sharing, and utilizing agency expertise to achieve the greatest impact
- ☐ Active participation in the CES
- ☐ Offering programs that are safe and welcoming for all who are eligible to access services
- ☐ An organizational commitment to excellence and accountability

²⁰ Currently 2-1-1

- Continuum accountability: Agencies understand program impacts and communicate changes in programs (i.e. closures, elimination of units) to prevent the displacement of participants and utilize all available resources
- Ensure fiscal responsibility (adheres to regulatory standards for tracking and use of funds)
- Commitment to staff training and development
- Use of evidence-based practices (such as trauma-informed care)
- Adherence to applicable regulations and law (Fair Housing laws/Americans with Disabilities Act/Section 504, etc.)
- Play an active role in connecting participants to, and ensure coordination with other services and systems of care, such as:
 - Eligibility screening for and application to mainstream services. Examples of these programs include: HUD public housing programs, Section 8 tenant based rental assistance, HOME²¹, CalWorks, Medi-Cal, Head Start, Social Security, Supplemental Security Income, Social Security Disability Insurance, CalFresh, and Veterans' Affair programs.
 - Coordination with other systems of care, such as foster care, in-home health services, probation or corrections, substance use and/or mental health treatment, and employment or education services that are supported by a variety of resources.

Standards

*Housing First Standards for Agencies*²²

- ☐ The agency verbally explains program eligibility criteria, which align with the Housing First philosophy, to participants, and provides the criteria in writing when requested.
- ☐ The project has admission/tenant screening and selection practices that promote the acceptance of applicants regardless of their sobriety, use of substances, criminal history,

completion of treatment, or participation in services.²³

²¹ HOME refers to the HOME Investment Program which offers grants to states and units of general local government to implement local housing strategies designed to increase homeownership and affordable housing opportunities for low and very low-income Americans. Retrieved March 23, 2017 from <https://portal.hud.gov/hudportal/HUD?src=/hudprograms/home-program>

²² See CAHP Policies and Procedures, adopted May 2016

²³ An eligibility matrix of CES criteria is found in the appendices.

- The project accepts participants who are diagnosed with or show symptoms of a mental illness.
- The project has and follows a written policy that: does the following:
 - States that taking psychiatric medication and/or treatment compliance for mental illness is not a requirement for entry into or continued participation in the project.
 - States that sobriety and/or treatment compliance for substance use disorders is not a requirement for entry into or continued participation in the project, unless the project is specifically a substance abuse treatment facility.
 - Provides harm-reduction services that are readily available and engaging
 - Accepts participants without regard based on previous criminal history that is not relevant to participation in the program, and accepts participants to the project regardless of criminal convictions, unless there is a serious concern for the safety of other residents in a site-based project.
 - Does not reject participants based on prior rental history or past evictions in the project.
 - Accepts participants into the project regardless of lack of financial means.
 - Accepts participants into the project regardless of past non-violent rule infractions within the agency's own program and/or in other previous housing.
- The project agrees to allow participants to remain in the project if they require an absence of less than 90 days due to the reasons outlined below, unless otherwise prohibited by law or funder policy:
 - Substance use treatment intervention
 - Mental health treatment intervention
 - Hospitalization and short-term rehabilitation
 - Incarceration
 - Other service- related reason approved by an agency supervisor

Participant Empowerment

Participant choice is a fundamental part of an effective Housing First approach. Homeless service and housing agencies in the CoC empower participants through uniform standards and processes.

Minimum Standards

1. Participants are provided with opportunity for self-determination and choice in selecting specific housing and services within the housing intervention per CAT assessment. A Housing Navigator or case manager supports the participant selection during the housing match and program placement process.
2. Participants retain their place in the prioritization list until permanent housing placement is accomplished. A unit that is rejected by one participant can be offered to the next appropriate participant in the CES system. Subsequent vacancies are offered to the first participant until housing is successfully accomplished.

3. Participants are given regular opportunities in decision-making for programs and services, such as participation on an operating board, a tenant board, or a consumer input panel.
4. Participant feedback on programs and services is solicited at least annually.

Appeals and Grievance Procedures

Occasionally, participants or residents may be denied assistance or may want to issue a complaint about a program or service. Agencies are responsible for implementing a termination or grievance process that meets at least the following minimum standards.

Minimum Standards

1. All agencies must advise program participants of behaviors or conditions that are grounds for termination and have posted and advertised appeals or grievance policy and process. The conditions that are grounds for termination should be aligned with Housing First principals including low-barrier programming.
2. Have a consistent method for filing an appeal or grievance and a timeline for the agency to respond to an appeal or grievance.
3. Provide contact information for the person designated to receive a grievance or complaint.
4. Agencies reserve the right to reinstate services to meet program rules or applicable laws without having to conduct a new CES assessment process.
5. Agencies may reserve the right to reinstate services following an appeal that rules against them and in favor of the client without having to do a new assessment.

Termination of Housing Assistance

Provider-initiated termination of housing assistance should be rare and used only as a last resort to ensure safety or compliance with regulations, laws, or the signed lease agreement. Agency and programs are expected to maintain a low-barrier, housing –first approach to services, and to follow the minimum standards described below.

Minimum Standards

1. Housing programs adhere to low-barrier criteria²⁴ meaning that the program will not terminate housing assistance to the participant for
 - Failure to participate in supportive services
 - Failure to make progress on a service plan
 - Loss of income or failure to improve income

²⁴ HUD description of low- barrier criteria are found in the 2016 CoC NOFA

- Fleeing domestic violence
 - Any other activity not covered in a lease agreement typically found in the mainstream housing market.
2. All agencies must advise program participants upon entry of behaviors or conditions that are grounds for termination.
 3. Nothing in this section prevents an agency from reinstating services pursuant to applicable program rules or law.

Record Keeping Requirements

Housing and service information will be retained in a centralized HMIS, which will be maintained as described in the approved HMIS Participation Policies and Procedures.²⁵ In accordance with federal regulations²⁶, programs designed to exclusively serve domestic violence victims will maintain client-level records in a secure, comparable database and provide information to the HMIS for program-level and system reports. Electronic submittal of records in accord with established HMIS policies is strongly encouraged for all agencies, regardless of funding source.

Agencies are responsible for knowing the reporting requirements for each funder and program. Documentation of the delivery and tracking of service will be kept up to date and the confidentiality of program participants will be maintained.

Minimum Standards

1. Each participant file should contain, at minimum, information required by funders, participation agreements and/or signed lease agreements, service plans, case notes, information on services provided both directly and through referral, and any follow-up and evaluation data that are compiled. Again, the use of an electronic client file in HMIS is strongly encouraged.
2. Participant information will be entered into HMIS in accordance with the data quality, timeliness and additional requirements found in the HMIS Policies and Procedures (HMIS P&P) manual. Agencies are responsible for remaining aware of changes in HMIS P&P and for timely compliance with changes.
3. Financial recordkeeping requirements include documentation of all costs charged to the grant, funds being spent on allowable costs, the receipt and use of program income, compliance with expenditure limits, and deadlines and match contributions.

²⁵ HMIS P & P were Board approved, 2016, located at www.rtfhsd.org

²⁶ HUD Regulations 24 CFR 587 and HMIS operating standards

4. The program will maintain each participant file in a secure place and shall not disclose information from the file without the written permission of the participant as appropriate except to project staff and other agencies as required by law. Participants must give informed consent prior to release of any participant identifying data to be utilized for research, teaching and public interpretation.
5. Files must be saved for a minimum of five years beyond the term of assistance, or longer if required by a program funding source.

Section III: Program-Level Principles and Standards

This section provides the principles and standards for various types of housing and service programs.

Principles

In addition to the general system principles and agency standards outlined above, the following principles guide program level services:

1. In providing or arranging for housing, shelter, or services, the program will consider the needs of the individual or family experiencing homelessness.
2. The program will aid households in accessing suitable housing as quickly as possible.
3. The program is aligned with RTFH established policies and priorities, and current HUD priorities, including priorities for facility usage and ending homelessness among specified sub-populations.
4. The CAT is used to screen households for homeless housing programs. The approved version of the screening tools is posted on the CoC website. It is administered by trained and approved personnel and volunteers. Data from assessments is entered into the CoC-approved HMIS.
5. The program fully participates in the CES system and follows CoC-approved priorities when determining placement priority and housing program type for a participant.
6. Programs ensure access to education for children. Each housing and housing case management program must be aware of, and inform family and youth-only households of the educational rights of children and unaccompanied youth in their programs. Programs serving families or youth will adhere to the provisions of the adopted CoC Educational Assurances policy. Each organization will implement the policy by public posting of client rights to education, and through designation of staff who are responsible for collaboration with McKinney-Vento School Liaisons or other school officials to coordinate educational services. Program staff will highly encourage school attendance and will work with households to address any barriers to regular school attendance.
7. Each program in the CoC will minimize their eligibility criteria as described in and strive to accept and accommodate all people fitting the criteria

8. Each program in the CoC will provide accurate and up-to-date information on eligibility criteria for participation in the program; e.g. – gender specific, household type (individual/family), disability
9. Each agency will provide information to the HMIS. Each program participating in the HMIS will follow the HMIS Policies and Procedures as adopted by the RTFH Board.²⁷
10. Each housing and housing case management program in the CoC will maintain eligibility, service, and benefits documentation for each participant. A mainstream benefits checklist should be completed in HMIS and all verification documents should be kept in the file for each household and updated annually.
11. Each program will ensure language translation services are available for participants when needed. These services may be provided through a third-party or community resource if necessary.

Program Level Standards

In addition to general program standards, the RTFH has identified standards for each specific project type comprising the system targeting homeless individuals and families. For all programs, participants must be homeless and meet specific eligibility requirements such as meeting the definition of homelessness. The Standards use the four categories defined by HUD, found Appendix A, and summarized in highlight boxes.

HUD's Four Categories of Homeless

Category 1: Literally Homeless

Category 2: Imminent Risk

Category 3: Category 3: Homeless Under other Federal Statutes
(Note: CoC funds cannot currently be used for this category).

Category 4: Fleeing/Attempting to Flee Domestic Violence

Details for each category are provided in highlight boxes.

²⁷ www.RTFHSD.org. HMIS Policies and Procedures manual, adopted 2016.

Category 1: Literally Homeless

Is an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, TH, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where he/she has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 3: Homeless Under Other Federal Statutes

Is an unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Are defined as homeless under the other listed federal statutes;
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- Have experienced persistent instability as measured by two moves or more in the preceding 60 days; and
- Can be expected to continue in such status for an extended period due to special needs or barriers.

Category 2: Imminent Risk

Is any individual or family who will immediately lose housing, meaning:

- Residence will be lost within 14 days of the date of application for homeless assistance;
- No subsequent residence has been identified; and
- Household lacks the resources or support networks needed to obtain other permanent housing.

Category 4: Fleeing/Attempting to Flee Domestic Violence

Is any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
- Has no other residence; and
- Lacks the resources or support networks to obtain other permanent housing.

ESG Programs²⁸

The Emergency Solutions Grant program and the HUD CoC program are intended to work together. Federal rules require collaborative planning for use of ESG and CoC funds. This section of the Standards focuses on special system coordination for ESG and CoC. A variety of project types and services are supported through ESG funds. Project-level standards also apply to ESG programs unless otherwise noted.

Description

ESG programs receive funding from HUD. The program provides support for outreach, prevention, emergency shelter and essential services, and rapid rehousing. ESG funds provided to local jurisdictions can only be used in targeted areas within the RTFH geography. State ESG funds flow through an Administrative Entity (AE) selected by the RTFH Board and are intended for use in areas that do not have a direct ESG allocation.

Eligibility

Participants must meet the HUD definition of homeless and have income below 30% Area Median Income.

Access

In consultation with recipients of ESG's program funds within the geographic area, the RTFH establishes and consistently follows Written Standards for providing CoC assistance. The ESG program principles and standards are detailed in the ESG Policy and Operations Guidebook²⁹. ESG Standards include:

1. Coordination with the RTFH to ensure effective use of resources
2. Compliance with the RTFH Written Standards except as required by the ESG program regulations such as income eligibility limitations, housing inspection standards or terms of assistance. The standards for determining housing and rental assistance participation are further described in the ESG Policies and Operating Guidelines.³⁰
3. Registration of participants in the CES System

²⁸ ESG program standards are required by the HUD 2012 Interim Rule.

²⁹ Updated in December 2014. Link:

³⁰ As accepted by the CoC and ESG Entitlements in 2013, and amended December 2014. [..\ESG program\ESG Policies and Procedures\ESG Policies and Procedure GUIDE bk -2014 PDF.pdf](#).

4. Policies and procedures for evaluating individual's and family's eligibility for assistance
5. Policies and procedures for determining and prioritizing which eligible individuals and families will receive a particular type of housing assistance (PSH, RRH, TH, or other)
6. Standards for determining what percentage or amount of rent each program participant must pay while receiving RRH assistance;

Street Outreach

Description

A set of strategies of outreach and engagement, in the geographical location where individuals and families experiencing homelessness reside, including streets, parks, campsites, abandoned buildings, cars, and other places not meant for human habitation with the intention to establish relationships, build trust and rapport, provide necessities, and begin the process to link households to housing and support services.

Eligibility Criteria

There are no individual eligibility criteria for receiving street outreach services.

Targeted Populations

- Individuals and families who are present on the street or places not meant for human habitation; and
- Who have been underserved; or
- Do not know about services; or
- Believe they do not need services; or
- Do not, or think they do not, qualify for services

Priority Populations

- Follows CoC priority policy (See Appendix B: San Diego CoC Prioritization Policy)
- Individuals and families who have the longest history of homelessness.
- Individuals and families with most severe needs, particularly mental health or substance abuse disability.
- Veterans and chronically homeless persons

Program Standards

1. Build relationships over time with the goal of moving people from the street into permanent housing.

2. Assure services meet people where they are at and provide low-demand, street-based services. Services should not include trying to get people to access treatment services for substance use or mental health unless that is the participant's goal. All services are focused on securing permanent housing, not the connection to shelter or other temporary housing programs.
3. Address basic needs such as ensuring access to food, clothing, and safety.
4. Provide access to medical care, transportation, mental health care, substance abuse treatment as quickly as possible.
5. Understand that outreach is an interactive process.
6. Are connected to the CES system and outreach staff use the community's CAT to enroll participants in CES or refer participants to Assessment site.
7. Ensure all participants requesting housing are referred to shelter while waiting for PSH or RRH.
8. Maintains records documenting outreach efforts and participant's choice to accept or refuse housing opportunities.
9. Provides outreach to known individuals at least every two weeks³¹.
10. Expedites access to housing and services for persons on established By Name Lists for priority populations.
11. Ensures all participants are registered in the HMIS.
12. Offer participants housing assessment and referral at least every two weeks.

Minimum Performance Benchmarks for Street Outreach

Performance thresholds for this service area will be determined as aggregate data becomes available.³²

Emergency Shelter/ Interim Housing and Bridge Housing

Description

Emergency Shelter and Interim Housing, and Bridge Housing operate as a low-barrier residence that provide a safe, secure, and clean place to stay for those who cannot be diverted from the homeless assistance system. These programs are intended to be a short-term bridge to placement in permanent or more long-term housing options and provide support with accessing housing resources in the community as quickly as possible. Although each operates from the same framework and share the goal of providing a temporary residence while moving toward permanent housing, there are

³¹ Per the 2016 By Name List policy

³² In keeping with the principle of data-driven decision-making, the Standards will be updated after sufficient data has been collected.

unique differences among the three. The following are definitions of each that highlight key distinctions:

1. **Emergency Shelter:** Safe, short-term program that provides basic services such as temporary housing, restrooms, meals, and services focused on supporting an individual or family access permanent housing as quickly as possible. The key distinction is that some Emergency Shelter programs may only operate as seasonal, inclement weather or rotational shelter services and may be open for less than 24 hours a day and operate for periods during the year as permitted by special arrangement with local jurisdictions. Given that some Emergency Shelter programs may only provide night time services, a bed might not be guaranteed each night for those who stayed the previous night. In addition, some Emergency Shelter programs because of capacity and hours may not participate in the CES and rather provide resources for individuals or families to get their assessment completed elsewhere.
2. **Interim Housing:** Safe, short-term program that provides basic services such as temporary housing, restrooms, meals, and services focused on supporting an individual or family access permanent housing as quickly as possible. Key distinctions are that individuals and families can stay there for a brief period of time and their bed is reserved from night to night. In addition, Interim Housing programs are full participants in CES and complete the CAT for those entering and the CAT scores drives the individual or families housing plan while in the program.
3. **Bridge Housing:** Safe, short-term program that provides basic services such as temporary housing, restrooms, meals, and services focused on supporting an individual or family access permanent housing as quickly as possible. Key distinctions are that Bridge Housing is specifically defined as a temporary housing program for individuals or families who have accepted and are enrolled in a permanent housing program (RRH or PSH) but have not yet moved into a permanent unit. In this situation they are only using the program as a safe place to stay while they await permanent housing placement. This is different than Emergency Shelter or Interim Housing in that individuals or families entering those programs may not be connected to a permanent housing resource yet. Bridge Housing can be implemented as a stand-alone program or as a process as a part of an Interim Housing program.

In addition to the definitions of the temporary housing interventions above, shelters providing temporary housing for Persons with Immediate safety needs (domestic violence or human trafficking) also fall into the category of emergency shelter/interim/bridge housing: Individuals and families with children who have an immediate need for shelter to escape domestic violence access housing and services through the network of care for domestic violence victims³³. When

³³ Access to resources at www.sandiego.networkofcare.org/dv . Retrieved March 23, 2017.

shelter beds are not available, participants may be assisted through temporary placement in local motels or referred to other community resources. Eligible participants may be single men, single women, youth, or adults with children who are experiencing intimate partner violence or human trafficking.

The following criteria and standards are for Emergency Shelter and Interim Housing programs. These programs are intended to provide short-term assistance, typically for up to 90 days.

Eligibility Criteria

Individuals and families must meet the HUD definition of Literally Homeless (Category 1), At Imminent Risk of Homelessness (Category 2), or Fleeing/Attempting to Flee Domestic Violence (Category 4).³⁴

Targeted Populations

- Individuals and families who meet the eligibility criteria.
- Who have low acuity and will be using ES/interim housing as a temporary place to stay while they self-resolve their homelessness; or
- Households who have been recommended for RRH but need a temporary place to stay while they are enrolled in a RRH program, permanent housing is identified and located, and are awaiting placement; or
- Households with mid-range to high acuity who, instead of accepting a permanent housing resource, have requested TH services but are awaiting placement; or
- Households with high acuity who have been recommended for PSH but need a temporary place to stay after they are matched with appropriate housing programs and while they wait for their PSH unit to become available.
- Individuals and families fleeing or attempting to flee a domestic violence situation. These individuals and families will specifically be referred to a domestic violence shelter and services.

Prioritization

- Follows CoC Priority Policy (See Appendix B: San Diego CoC Prioritization Policy)
- Follows CES Prioritization Guidelines (See Appendix C: CES Prioritization Guidelines)

Program Standards

Entry Criteria

³⁴ See definitions of homelessness in inset box on page 17.

In addition to the low barrier principles described in the community-wide standards section above, ES/interim housing operates a low barrier to shelter model that only uses the following criteria for entry for single adults:

- Ability to use the restroom on their own and not requiring hospital or nursing home care
- Agree to be nonviolent
- Agree not to sell drugs or use alcohol or illegal substances on the premises
- Agree to treat other participants, staff, and the property with respect
- Agree to obey fire and other safety regulations

The following criteria are not included as a requirement for shelter entry for single adults:

- Sobriety and/or commitment to be drug free
- Requirements to take medication if the participant has a mental illness
- Participation in religious services or activities
- Participation in drug treatment services (including Narcotics Anonymous/Alcoholics Anonymous)
- Proof of citizenship
- Identification
- Referral from the police, hospital, or other service provider (as opposed to self-referrals)
- Payment or ability to pay (no minimum rent)
- Absence of a criminal record

Emergency Shelter or, Bridge Housing provided to families or unaccompanied youth under 18 years of age should use the above criteria for single adults as a guide for their program entry criteria, recognizing that some specific items might be different for these populations especially when it comes to the safety of children.

Minimum Standards

- Each participant has his/her own bed with clean and appropriate linens and bedding.
- Participants have access to a safe and secure space that is designated for usage as a place to store their personal belongings.
- In facilities that are not single-sex, separate sleeping quarters and hygiene facilities are maintained for single male adults, single female adults, and families.
- If clothing is provided, it has been washed and sanitized prior to distribution.
- Personal hygiene products are made available to residents as needed.
- Length of stay is determined in written guidelines.
- Participants may expect a reasonable degree of privacy regarding information not protected by federal and state laws.
- Substantial efforts are made to locate permanent housing or longer-term housing and supportive services.
- Emergency preparedness policies are adopted with attention being given to the elderly

and disabled.

- Programs must create policies and procedures that provide a safe environment for shelter participants and staff; policies and procedures may vary depending on the population being served. These policies and procedures must be explained to applicants prior to moving into the shelter. In addition, they should be posted in the shelter and on the agency's website.
- Programs do not require occupants to sign leases or occupancy agreements
- Supportive services are available to assist persons in obtaining permanent housing as quickly as possible. All residents are notified of the availability of support services and how to access the services and are encouraged to find permanent housing.
- Interim is meant to be available 24 hours a day, each day of the year. If it is necessary to temporarily close a shelter as much advance notice as possible must be given to the RTFH and participants. Unless closure is required due to unforeseen circumstances or safety, a minimum of 30 days' notice is required. In any closure situation, efforts should be made to find a short-term replacement shelter or other accommodations to prevent participants from returning to the streets.
- Shelter participants will be treated by staff and volunteers with respect and dignity and will receive a welcoming, safe, and non-intimidating environment. Respectful treatment is evidenced by use of polite and non-aggressive language (by a respectful tone of voice, by no swearing by staff, no threats, assaults, etc.)
- Shelter staff and volunteers are provided with a clear anti-harassment and non-discrimination policy. The agency provides access to regular training on the policy at least annually.
- Shelter staff or others are encouraged to provide diversion counseling to aid new shelter applicants to find alternative housing to divert them from becoming homeless.
- Each shelter will have a policy of respect for each individual's self-identified gender. Participants who request shelter services will be admitted to the shelter operated for the gender to which individuals identify themselves. Staff will not share or in any way reveal that certain participants may have identified themselves as transgendered/transsexual.
- Transgender and transsexual participants will be offered the same services and resources as all other participants as long as participant safety can be maintained. While shelter staff will take reasonable steps to accommodate specific needs, and it may not be possible to provide the specific accommodation requested, shelters would meet the federal Equal Access to Housing Standards.
- All individuals or groups of individuals regardless of age, gender identification, sexual orientation, and marital status identifying, as a family at a family shelter must be served as a family³⁵. Families at family shelters must not be separated when entering a shelter. There can be no inquiry, documentation requirement or "proof" related to family status, gender identification and/ or sexual orientation. The prohibition on inquiries or documentation

³⁵ HUD 24 CFR § 576.102 Prohibition against involuntary family separation; 24 CFR § 5.403 Definitions-Family; 24 CFR §570.3 Definitions – Household; 24 CFR 5.105(a) Nondiscrimination and equal opportunity)

excludes inquiries related to the purpose of determining safe placement in temporary emergency shelters that are limited to one sex, or for determining the number of bedrooms to which a household may be entitled. The age and/or gender of a child under 18 must not be used as a basis for denying any family's admission to a HUD-funded program.

- ☐ Shelters are encouraged to accommodate participant's pets if at all possible.
- ☐ There are no fees or rent charged to a shelter participant.
- ☐ Providers will outline in writing and verbally list their norms for appropriate behavior. Participants may be asked to leave only for behavior that is deemed seriously threatening or harmful to other participants and staff.
- ☐ The written policy for refusing to admit, asking a participant to leave or banning a shelter participant from reentering the program must be available and used only when all other options have been explored and the ban is necessary to protect the health and safety of staff and participants. Programs will document the behavior, any attempts to remedy the threat, and the efforts to secure more appropriate housing.
- ☐ All shelter participants will be notified of the agency's termination policy. When it is not possible to provide services because of the participant's behavior, efforts will be made by shelter staff to assist the guest in finding alternatives. Access to a shelter is not a privilege and is not taken away except under extreme circumstances. (See appeals and termination policies in agency-level standards).

Minimum Performance Benchmarks for Emergency Shelter

Performance thresholds for Emergency Shelter outcomes will be determined as aggregate data becomes available.³⁶

Bridge Housing

The Bridge Housing model is temporary housing used as a short-term stay when a participant has been offered and accepted a permanent housing intervention, but access to that permanent housing is still being arranged.

Eligibility Criteria

Individuals and families must meet the HUD definition of Literally Homeless (Category 1), At Imminent Risk of Homelessness (Category 2), or Fleeing/Attempting to Flee Domestic Violence (Category 4).

³⁶ In keeping with the principle of data-driven decision-making, the Standards will be updated after sufficient data has been collected.

Participants have been assessed by CES and matched to potential permanent housing programs.

Targeted Populations

- ☐ Individuals and families who meet the eligibility criteria.
- ☐ Participants using ES/interim housing as a temporary place to stay while they wait for their PSH or RRH unit to become available.

Prioritization

- ☐ Follows CoC Priority Policy (See Appendix B: San Diego CoC Prioritization Policy)
- ☐ Follows CES Prioritization Guidelines (See Appendix C: CES Prioritization Guidelines)

Standards

The operating standards for Bridge Housing mirror those set for interim housing except that the entrance criteria include having an existing PSH or RRH match.

Minimum Performance Benchmarks for Bridge Housing

Performance thresholds for Emergency Shelter outcomes will be determined as aggregate data becomes available.³⁷

Rapid Rehousing

Description

RRH is a Housing First intervention designed to help individuals and families quickly exit homelessness, return to housing in the community, and maintain long-term housing stability. The core components of RRH includes housing identification, move-in and rental assistance, housing stabilization, case management, and services designed to increase household incomes to fully assume the cost of rent at program termination.

The following outlines the principles for each of the core components for providing RRH services. These principles are from the RRH Performance Benchmarks and Program Standards published in February 2016 by the National Alliance to End Homelessness (NAEH):

Housing Identification

- ☐ Within the limits of the participant's income, a RRH program helps households access units that are desirable and sustainable—those that are in neighborhoods where they want to live, have access to transportation, are close to employment, and are safe.

³⁷ In keeping with the principle of data-driven decision-making, the Standards will be updated after sufficient data has been collected.

- Assistance includes accompanying the participant to potential housing locations as determined by case plan.
- Housing identification efforts are designed and implemented to actively recruit and retain landlords and housing managers willing to rent to program participants who may otherwise fail to pass typical tenant screening criteria.
- Critical to the formation of landlord-program relationship is the recognition of the landlord as a vital partner. The RRH provider must be responsive to landlords to preserve and develop those partnerships for future housing placement.

Rent and Move-In Assistance

- Rent and move-in assistance should be flexible and tailored to the varying and changing needs of a household while providing the assistance necessary for households to move immediately out of homelessness and to stabilize in permanent housing.
- A RRH program should make efforts to maximize the number of households it can serve by providing households with the financial assistance in a progressive manner, providing only the assistance necessary to stabilize in permanent housing.
- The level of rental assistance and participant contribution to rent is described in an individualized case plan but do not exceed the limits established in the ESG Policies and Guidelines adopted by the RTFH.
- Assistance may include rental subsidy and deposits, move-in assistance, or housing supports as allowed by the assistance-funding source.
- The initial term of rental assistance for RRH is limited to no more than six (6) months and may be renewed for a maximum of 18 months based on case plan and participant need. It is expected that most participants will need 12 months or less of subsidy.
- The level of participant contribution to rent should increase during the program term so that the participants are paying 100% of rent by time of termination.

Case Management and Services

- RRH case management should be participant-driven. Case managers should actively engage participants in voluntary case management and service participation by creating an environment in which the participant is driving the goal-setting based on what they want from the program and services, rather than on what the case manager decides they need to do to be successful.
- RRH case management should be flexible in intensity—offering only essential assistance until or unless the participant demonstrates the need for or requests additional help. The intensity and duration of case management is based on the needs of individual households and may lessen or increase over time.
- RRH Case management services will be offered a minimum of once per month.
- RRH Case management services should be available either in the participant residence or readily accessible office setting.

- RRH case management uses a strengths-based approach to empower clients. Case managers identify the inherent strengths of a person or family instead of diagnoses or deficits, and then build on those strengths to empower the household to succeed.
- RRH program case management reflects the short-term nature of the rapid rehousing assistance. It focuses on housing retention and helping a household build a support network outside of the program. It connects the participant with community resources and service options, such as legal services, health care, vocational assistance, transportation, child care, and other forms of assistance, that continue beyond

Eligibility Criteria

- Individuals and families must meet the HUD definition of literally homeless (Category 1), or fleeing Domestic Violence (Category 4).
- Households with income of 30% AMI or less is required for RRH assistance by ESG

Targeted Populations

- Individuals and families who meet the eligibility criteria; and
- Have mid-range acuity according to the Common Assessment Tool; or
- Households expected to regain housing independence in less than 18 months.

Priority Populations

- Follows RTFH Priority Policy (See Appendix B: RTFH Prioritization Policy)
- Follows CES Prioritization Guidelines (See Appendix C: CES Prioritization Guidelines)
- Refers to NAEH Model Priorities (See Appendix D: NAEH RRH Program Standards)
- Families coming from the streets or ES

Program Standards

The RTFH adopts the RRH program standards outlined in the RRH Performance Benchmarks and Program Standards published in February 2016 by the National Alliance to End Homelessness (NAEH). They include the core program components listed above and provide detailed standards for programs to operate by (see Appendix C.)

Determining Percentage of Rent Households Must Pay

The participant contribution to rent mirrors the ESG program guidelines. The goal of RRH is to have the household contributing to 100% of the rent at the time of termination of rental assistance. With this goal, the maximum amount of rent that a participant will pay will be up to 100% of the rental amount. Programs providing RRH assistance will use a progressive engagement model that will start with the household contributing at least 30% of their income to rent if receiving income. This will steadily increase in incremental monthly steps over the course of the program with the household ultimately paying 100% of the rent and program termination. 100% of the cost of rent in rental assistance may be provided to program participants at initial program entry; however, to maximize the number of households that can be served with RRH services, it is expected that the level of subsidy will be based

on the goal of providing only what is necessary for each household to be stably housed for the long term. RRH case managers should work with participants receiving assistance to develop a plan whereby rental subsidies will decrease as the participant prepares to become self-sufficient from the rental assistance. Rental assistance can only be provided for a unit that meets funding source criteria.

*Minimum Performance Benchmarks for RRH Projects*³⁸

- ☐ 69% of households will exit to permanent destinations
- ☐ 85% of households will not return to homelessness in the following 12 months
- ☐ 84% of households will maintain or increase income
- ☐ 50% of households served will move into housing within 45 days of RRH referral to agency
- ☐ The remaining 50% of households served will move into housing within 90 days of RRH referral to the agency

Transitional Housing

TH is a time-limited (up to 24 months) residential facility (congregate-site or scattered-site) paired with supportive services targeted to individuals and families to help them address barriers such as domestic violence, substance use, mental illness, lack of sufficient income, or legal issues prior to entering permanent housing. TH is used when permanent housing resources (RRH and PSH) are not available or the participant is choosing TH over RRH and PSH. Although TH can be up to 24 months in duration, it is recommended that programs only provide housing and services for what is essential for the person to move to stable permanent housing and to limit the program residence to substantially less than 12 months on average. Program designs work to reduce the length of time in homelessness, TH or temporary housing and enhance housing stability by providing aftercare or follow-up support services.

Eligibility Criteria

- ☐ Individuals and families must meet the HUD definition of homeless (Category 1, 2 or 4).

Target Populations

The CoC will target populations for TH identified as ‘best practices’:

- ☐ Individuals and families who meet the eligibility criteria and
- ☐ Who have mid-range acuity according to the VI-SPDAT, and are

³⁸ Performance thresholds for permanent housing (RRH and PSH) reflect data from the System Framework reports for all projects in the HMIS for the FY2015 federal fiscal year and the midpoint performance data for HUD CoC-funded projects as established in the 2016 Scoring process.

- ☐ Unaccompanied youth age 17 and younger, or
- ☐ Transition age youth ages 18-24, especially those aging out of the foster care system, or
- ☐ Individuals and families fleeing domestic violence, or
- ☐ Individuals and families interested in substance abuse treatment
- ☐ People who are re-entering the community following a period of incarceration of less than 90 days

Priority Populations

- ☐ Follows CoC Priority Policy (See Appendix B: San Diego CoC Prioritization Policy); and
- ☐ Follows CES Prioritization Guidelines (See Appendix C: CES Prioritization Guidelines)

Program Standards

1. All households are required to have a signed lease or occupancy agreement upon program entry.
2. The program explains the services that are available and the behavioral requirements for participation. It secures a commitment from each adult household member to adhere to the occupancy agreement and behavioral standards prior to admitting the individual or family into the program.
3. The program can only require disability-related services if the participant has voluntarily committed to services, or if the program is a licensed treatment facility.
4. Individualized case management is available at minimum of every week to each household who are admitted into the program.
5. The program assists participants in accessing appropriate support services, such as basic life skills information, counseling, and training, including budgeting, money management, use of credit, housekeeping, menu planning and food preparation, consumer education, leisure-time activities, transportation, and obtaining vital documents (Social Security card, birth certificate).
6. Educational advancement, such as GED preparation and attainment, post-secondary training (college, technical school, military, etc.), and vocational education will be provided or will be coordinated through external referrals.
7. Job preparation and attainment, such as career counseling, job preparation-training, dress and grooming, job placement and job maintenance will be provided or will be coordinated through external referrals.
8. Behavioral health care, such as substance use counseling (individual and group), education, prevention and referral services, and mental health counseling will be provided or will be coordinated through external referrals.
9. Assistance in accessing mainstream benefits, including food stamps, childcare assistance, and health insurance, must be provided.

Minimum Performance Benchmarks for TH Projects³⁹

- 64% or more of all participants will exit to permanent housing
- 64% of participants will access mainstream resources (i.e. Cal-Fresh, Medi-Cal)⁴⁰
- 68% of participants will maintain or increase income from benefits, or employment or a combination of both
- 38% of participants will exit with employment

Permanent Supportive Housing

PSH is community-based housing with indefinite leasing or rental assistance paired with supportive services to help people with disabilities that are experiencing homelessness, especially chronic homelessness, achieve housing stability, live independently, and improve their overall quality of life.

Eligibility Criteria

- ☐ Participants must meet the HUD definition of homeless (Category 1, 2, or 4) and have a professionally diagnosed disability.

A person with disabilities means a household composed of one or more persons at least one of whom is an adult who has a disability. For HUD purposes, the disability must be confirmed by professional who is licensed to make that type of diagnosis. A detailed description is found in Appendix F.

Program Prioritization Requirements

- ☐ Follow CoC Priority Policy (See Appendix B: San Diego CoC Prioritization Policy)
- ☐ Follows CES Prioritization Guidelines (See Appendix C: CES Prioritization Guidelines)
- ☐ Priority must be given to chronic homeless households when vacancies occur

Targeted Populations

³⁹ Minimum performance standards for TH were established based on documented averages of CoC project outcomes, and funding source standards. Projects receiving funding with other performance outcome thresholds are expected to meet the higher standard. ³⁹ Data from the System Framework reports for all projects in the HMIS for the FY2015 federal fiscal year and the midpoint performance data for HUD CoC-funded projects as established in the 2016 Scoring process

⁴⁰ The measure of access to resources includes any resources received while the participant is housed in the program, including resources which the participant was receiving at the time of entry.

- ❑ Individuals and families who meet the eligibility criteria; and
- ❑ Priority is given to Individuals and families who meet HUD's definition of Chronically Homeless; and
- ❑ Have the longest term in homelessness, and
- ❑ Have high needs with multiple barriers to housing; including individuals serious mental illness or substance use disorder, and / or
- ❑ Individuals or families identified as frequent users of high-cost systems through administrative data sources, including health care or criminal justice systems.

Program Standards

1. Promotes participant self-determination in selection of housing.
2. Use of assertive outreach/engagement strategies and housing stabilization case management with the understanding that participation in supportive services is not required.
3. Provides services that will promote the household increasing income levels, including employment as well as assisting the household apply for permanent disability benefits. Individualized budgeting and money management services are provided to program participants as needed.
4. Provides access to full-service wrap around services, including representative payee if needed.
5. Provides basic life skills information including housekeeping, menu planning and food preparation, consumer education, leisure-time activities, transportation, and information for obtaining vital documents (Social Security card, birth certificate, etc.).
6. Provides access to employment and educational advancement, such as GED preparation and attainment, post-secondary training, and vocational education may be provided.
7. Promotes sobriety by utilizing a Harm Reduction approach to drug and alcohol treatment to help the participant with making decisions that lessen the negative impact of their drug and alcohol use on their housing stability, health, and general well-being.
8. Connects participants to community-based and mainstream resources, especially enrollment in a health care home to receive primary care services.
9. Participant contributions to housing costs do not exceed established local rent reasonableness or maximum allowed by funding source.
10. Households are expected to contribute 30% of the household's monthly-adjusted gross income to rent, if they have income. There is no minimum rent for households without income.
11. Provides tenant education and housing stability services or access to services by referral or through mainstream resources. Provides individualized case management to program participants on a regular and consistent basis as determined by the individual's needs and goals. Case management services should be available either in the participant residence or readily accessible office setting.
12. Case management includes the following:

- Comprehensively assessing the individual's needs and creating an individualized care coordination plan; working with the person to access services and supports in accordance with their care coordination plan, and reassessing the person's needs over time to adjust the care coordination plan and link them with ongoing services and supports to help them meet their goals.
- Helping participants learn to live in housing, maintain their housing in a safe manner, get along with fellow tenants and the landlord.
- Helping participants create support systems and participate in the community as they desire.
- Assisting participants in accessing necessary furniture or household items to meet habitability needs.
- Provides reevaluation of participant need at least annually.
- Assisting participants to find other appropriate permanent housing if they are no longer eligible for PSH.

Minimum Performance Benchmarks for PSH Projects⁴¹

- ☐ 85% of participants will remain permanently housed for 12 months
- ☐ 44% of participants who exit PSH programs within 90 days will re-enter PSH as a priority
- ☐ 32% of participants without a source of reportable income at program entry will obtain cash benefits within one year
- ☐ 58% of participants without a source of reportable income at program entry will obtain non-cash benefits within one year

⁴¹ Performance benchmarks for RRH, TH and PSH reflect data from the System Framework reports for all projects in the HMIS for the FY2015 federal fiscal year and the midpoint performance data for HUD CoC-funded projects as established in the 2016 Scoring process.

Appendix A. HUD Homeless Definition Categories

The following Homeless Definition Categories can be found in the HUD Federal Register Volume 76, No. 233, dated Monday, December 5, 2011, under Rules and Regulations.

Category 1: Literally Homeless

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- ☐ Has a primary nighttime residence that is a public or private place not meant for human habitation;
- ☐ Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, TH, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- ☐ Is exiting an institution where he/she has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 2: Imminent Risk of Homelessness

Individual or family who will imminently lose their primary nighttime residence, if:

- ☐ Residence will be lost within 14 days of the date of application for homeless assistance;
- ☐ No subsequent residence has been identified; and
- ☐ The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Category 3: Homeless under other Federal Statutes⁴²

Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:

1. Are defined as homeless under the other listed federal statutes;
2. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
3. Have experienced persistent instability as measured by two moves or more in the preceding 60 days; and
4. Can be expected to continue in such status for an extended period due to special needs or barriers.

Category 4: Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- 1 Is fleeing, or is attempting to flee, domestic violence;
- 2 Has no other residence; and
- 3 Lacks the resources or support networks to obtain other permanent housing.

⁴² Note: CoCs must have written permission from HUD to utilize CoC or ESG funds for Category 3. HUD as not given permission to use the Category 3 definition

Appendix B. San Diego CoC Prioritization Policies

The CoC Board adopted policy priorities which incorporate Community Planning and Development (CPD) bulletin #14-012: *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in PSH*, issued July 28, 2014. These priorities were updated in 2016 to mirror CPD #16-11 and further define most needs to include persons with serious mental illness or substance use disorder.

In 2018, the CoC RTFH Board adopted CPD #16-11 for permanent supportive housing. The policy is to be considered included in its entirety by reference here. Further, the Board endorsed the use of best-practice evidence in recognizing priorities for other housing program types.

Board Action¹ Establishes the Following Population Priorities for the San Diego City and County CoC:

Part A: Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional

Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

Recipients of CoC Program-funded PSH should follow the order of priority above, while also considering the goals and any identified target populations served by the project. For example, non-dedicated or non-prioritized CoC Program-funded PSH that is permitted to target youth experiencing homelessness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which youth meet the stated criteria.

Part B: Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that

transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

Part C: Prioritizing Homeless Persons in CoC Program-funded Housing Other than Permanent Supportive Housing

There are various types of housing programs noted through the Written Standards. Research evidence and best practice models have assessed the efficacy of specific housing intervention for persons with characteristics other than those associated with chronic homelessness.

New housing program types, such as a combination of Transitional Housing (TH) and Rapid Rehousing (RRH) being operated jointly in a single project (TH-PH-RRH) have been introduced. As a result, the Board recognizes the need to develop population priorities for programs other than permanent housing and to further refine these Written Standards to reflect those priorities. The Evaluation Advisory Committee and the Rating and Ranking subgroup were authorized to adapt the prioritization strategies for other types of projects. The Standards for programs other than permanent supportive housing will be amended as decisions are made.

Appendix C. CES Prioritization Guidelines

Documentation of Priority Status

	Priority	Homeless Category	Length of Stay in Homelessness	Where Experienced Homelessness	Documented Disability	Severity of Service Needs
Permanent Supportive Housing	1	Category 1 - Homeless Individual or Family	> 12 months continuous OR Total of at least 4 episodes totaling >12 months in 3 years	Unsheltered, Emergency Shelter, Safe Haven	Yes	High = VI-SPDAT 2 score of 8 or higher for singles and 9 or higher for families AND/OR Documented frequent user of health or criminal justice systems through data source
	2	Category 1 - Homeless Individual or Family	> 12 months continuous OR Total of at least 4 episodes totaling >12 months in 3 years	Unsheltered, Emergency Shelter, Safe Haven	Required	Low = VI-SPDAT Score of less than 8 for individuals and less than 9 for families
	3	Category 1 - Homeless Individual or Family	Total of at least 4 episodes total <12 months in 3 years	Unsheltered, Emergency Shelter, Safe Haven	Required	High = VI-SPDAT 2 score of 8 or higher for singles and 9 or higher for families AND/OR Documented frequent user of health or criminal justice systems through data source
	4	Category 1 - Homeless Individual or Family	Total of at least 4 episodes total <12 months in 3 years	Unsheltered, Emergency Shelter, Safe Haven	Required	Low = VI-SPDAT Score of less than 8 for individuals and less than 9 for families

Transitional Housing	1	Category 1 or 4 Family and one of CoC TH target	Length of Stay > 14 days	Unsheltered, Emergency Shelter, Safe Haven	Not required	Mid= VI-SPDAT Score between 4-8 of for individuals and between 4-9 for families who have chosen TH over PH resource
	2	Category 1 or 4 Individual and one of CoC TH	Length of Stay > 14 days	Unsheltered, Emergency Shelter, Safe Haven	Not required	Mid = VI-SPDAT Score between 4-8 of for individuals and between 4-9 for families who have chosen TH over PH resource
Rapid Re-Housing	1	Category 1 or 4 Family	Length of Stay > 14 days	Unsheltered, Emergency Shelter, Safe Haven	Not required	Mid = VI-SPDAT Score between 4-8 of for individuals and between 4-9 for families
	2	Category 1 or Individual	Length of Stay > 14 days	Unsheltered, Emergency Shelter, Safe Haven	Not required	Mid = VI-SPDAT Score between 4-8 of for individuals and between 4-9 for families
Emergency Shelter Interim Housing	1	Category 1, 2, 3, or 4 Family	Any Length of Stay	Any	Not required	Low = VI-SPDAT Score 3 or less for individuals and families or awaiting placement in PSH, TH, or RRH
	2	Category 1, 2, 3, or 4 Individual	Any Length of Stay	Any	Not required	Low = VI-SPDAT Score 3 or less for individuals and families or awaiting placement in PSH, TH, or RRH

Homeless Prevention	NA	Category 2 Individual or Family	Primary nighttime residence will be lost within 14 days	Meet Category 2	Not required	Past episode of homelessness within the last 12 months
	NA	Category 2 Individual or Family	Primary nighttime residence will be lost within 14 days	Meet Category 2	Not required	Past episode of homelessness
	NA	Category 2 Individual or Family	Meet Category 2	Meet Category 2	Not required	No prior homeless episodes

Appendix D. NAEH RRH Program Standards

The following program standards are from the Core Component Program Standards section in the RRH Performance Benchmarks and Program Standards published in February 2016 by the National Alliance to End Homelessness (NAEH).

Housing Identification Program Standards

Program Staffing

- ☐ Program designates staff whose responsibility is to identify and recruit landlords and encourages them to rent to homeless households served by the program. Staff has the knowledge, skills, and agency resources to understand landlord's perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord support. A program may have dedicated staff for which this is the primary responsibility. If a program does not have a dedicated staff person(s) who performs this function, case manager job descriptions must include responsibilities including landlord recruitment and negotiation and at least some of the program's case managers must be trained in this specialized skill set to perform the recruitment function effectively.
- ☐ Staff is trained on housing identification, landlord tenant rights and responsibilities, and other core competencies as well as the wider array of housing assistance available within a community. Program has routine ways to onboard new staff and to keep staff regularly updated on new strategies, policies, and housing assistance options in the community.

Program Policies

- ☐ Program has written policies and procedures for landlord recruitment activities, including screening out potential landlord partners who have a history of poor compliance with their legal responsibilities and fair housing practices.
- ☐ Program offers a standard, basic level of support to all landlords who lease to program participants. This support is detailed in a written policy distributed to landlords. Program can negotiate additional supports, as needed, on a case-by-case basis. At a minimum, this policy specifies that program staff:
- ☐ Respond quickly (within one business day) to landlord calls about serious tenancy problems;
- ☐ Seek to resolving conflicts around lease requirements, complaints by other tenants, and timely rent payments; and
- ☐ Whenever possible, negotiate move-out terms and assist the person/household to quickly locate and move into another unit without an eviction
- ☐ Program has a detailed policy for the type of assistance provided to help households find and secure housing. Staff explains and distributes this policy to households at entry to the program. Some households may decline assistance in finding housing, but the program checks on their progress and offers advice and/or direct assistance if they encounter obstacles they cannot resolve independently.
- ☐ Program has a written policy requiring staff to explain to participant's basic landlord-tenant rights and responsibilities and the requirements of their specific lease.

Program Activities

- Program continually engages in the recruitment and retention of landlord partners and has methods of tracking landlord partners and unit vacancies, unit locations, characteristics, and costs.
- Program provides participants with multiple housing choices within practical constraints. The onus is on the program to provide these housing choices, but this does not preclude program participants from conducting their own search and choosing housing they identify independently.
- Program assists participants in making an informed housing choice with the goal that the participant will be able to maintain after program exit, even when the household will experience high housing cost burden. While, participants ultimately chose their housing unit, a program uses housing and budgeting plans that help a participant understand the likelihood of being able to pay rent and meet the requirements of the lease by the end of assistance. For extremely low income households, there should be reasonable projections and expectations and due diligence on the program's part to help participants secure income (through employment, public benefits, and/or on-going rental assistance) at program exit
- When closing a case, program provides information to landlords about how they can contact the program again if needed and what kind of follow-up assistance may be available.

Rent and Move-In Assistance

Program Staffing

- Program staff are trained on regulatory requirements of all RRH funding streams and on the ethical use and application of a program's financial assistance policies, including, but not limited to initial and ongoing eligibility criteria, program requirements, and assistance maximums. Program has a routine way to onboard new staff and to keep staff regularly updated on changing regulations and/or program policies.

Program Policies

- Program has clearly defined policies and procedures for determining the amount of financial assistance provided to a participant, as well as defined and objective standards for when case management and financial assistance should continue and end. Guidelines are flexible enough to respond to the varied and changing needs of program participants, including participants with zero income.
- If participants are expected to pay an amount toward their housing, program has written policy and procedures for determining that amount, and it must be an amount that is reasonable for their income (this could be up to 50-60 percent of income), including \$0 for those with no current income.
- A progressive approach is used to determine the duration and amount of rent assistance. Financial assistance is not a standard "package" and is flexible enough to adjust to households' unique needs and resources, especially as participants' financial circumstances or housing costs change. Policies detailing this progressive approach include clear and fair decision guidelines and processes for reassessment for the continuation and amount of financial assistance. Policies and procedures also detail when and how RRH assistance is used as a bridge to a permanent subsidy or PSH placement.

Program Activities

- ☐ Program provides when needed—either directly or through formal agreement with another organization or agency—financial assistance for housing costs, which may include rental deposits, first month’s rent, last month’s rent, temporary rental assistance, and/or utility assistance.
- ☐ Program issues checks quickly and on time and has the capacity to track payments to landlords and other vendors.
- ☐ Program has the capacity to pay reasonable back rent and utility arrears that directly prevent a participant from being able to sign a lease.
- ☐ Program helps participants meet basic needs at move-in, such as securing basic furnishings for an apartment, including mattresses and basic kitchen items such as a pot for cooking and utensils.
- ☐ The transition off financial assistance is coordinated with case management efforts to assist program participants to assume and sustain their housing costs

RRH Case Management and Services

Program Standards

Program Staffing

- ☐ Case manager’s job descriptions direct case managers to focus on housing and to use strengths- based practices focused on participant engagement and meeting the unique needs of each household.
- ☐ In programs that have specialized staff that conduct housing location case manager’s work closely with housing locator staff to match the participant to an appropriate unit as quickly as possible.
- ☐ Case managers are trained on RRH case management strategies and related evidence-based practices as well as program policies and community resources. Additionally, a program has a regular process for onboarding new staff and regularly updating the training of current staff.

Program Policies

- ☐ Except where dictated by the funder, program participants direct when, where, and how often case management meetings occur. Meetings occur in a participant’s home and/or in a location of the participant’s choosing whenever possible.
- ☐ Case managers respect a program participant’s home as their own, scheduling appointments ahead of time, only entering when invited in, and respecting the program participant's personal property and wishes while in their home.
- ☐ When case management and service compliance is not mandated by federal or state regulation, services offered by a program have voluntary participation.
- ☐ Program has clear safety procedures for home visits that staff is trained on and that are posted clearly visible in office space and shared with program participants at intake, and shared with participants and staff whenever changes are made.
- ☐ Program has clearly defined relationships with employment and income programs that it can connect program participants to when appropriate.
- ☐ Program has clearly defined policies and objective standards for when case management should continue and end. These guidelines are flexible enough to respond to the varied

and changing needs of program participants. In instances where cases are continued outside of these defined policies and objective standards, there is a review and approval process.

Program Activities

Program activities for RRH case management are grouped into categories that will contribute to the specific goals of RRH case management. The program activities listed here are not exclusively provided in a linear progression and can be administered in whatever order and intensity is most appropriate for a participant.

Obtain and Move into Permanent Housing

- At enrollment or within 72 hours of enrollment, program conducts a tenancy barriers assessment— not for screening out a participant, but to quickly address any such barriers, help direct and navigate the housing search and contribute to landlord negotiation efforts. Any other assessments completed prior to housing are limited and focus on those things necessary to support health and safety and resolve the housing crisis as quickly as possible.
- Program has resources and/or can connect participants to community resources that help participants: resolve or navigate tenant problems (like rental and utility arrears or multiple evictions) that landlords may screen for on rental applications; obtain necessary documentation such as identification; prepare participants for successful tenancy by reviewing lease provisions; and support other move-in activities such as providing furniture.
- Program offers basic tenancy skills learning opportunities which can include instruction or guidance on basic landlord-tenant rights and responsibilities, requirements and prohibitions of a lease, and meeting minimum expectations for care of the housing unit, such as not causing damage

Support Stabilization in Housing

- Program staff works directly with the participant and landlord to resolve tenancy issues without threatening the participant's tenancy. The issue might be failure to pay rent, not properly maintaining the unit, or disturbing the quiet enjoyment of others. It also may include a landlord not meeting his/her obligations. Program works quickly to identify a corrective course of action, and, without breaking a participant's confidentiality, keep the landlord and participant informed about the program's action to mitigate the situation.
- When appropriate, case managers work with participants to build their communication skills to better respond to or negotiate with a landlord. This might relate to repairs; an extension on a rent payment; or complaints against the tenant concerning noise, odors, trash, or the behavior of children or participants, for example.
- When necessary, case managers help participants avoid evictions before they happen, and maintain a positive relationship with the landlord. This can be done by moving a household into a different unit prior to eviction and possibly identifying a new tenant household for the landlord's unit.

- Housing plans, sometimes known as case plans or goal plans, focus on how program participants can maintain a lease and address barriers to housing retention, including maximizing their ability to pay rent; improving understanding of landlord/tenant rights and responsibilities; and addressing other issues that have, in the past, resulted in housing crisis or housing loss. Plans account for participant preferences/choices, and include only goals created with and agreed to by the participant.
- Program, at a minimum, maintains a list of community resources (and their eligibility requirements) to which participants can be referred. Preferably, program has relationships with these agencies. The list is regularly updated, and includes other low-income housing assistance programs.
- Case managers make referrals to appropriate community and mainstream resources, including, but not limited to income supplements/benefits (TANF, Food Stamps/SNAP, etc.), non-cash supports (healthcare, food supports, etc.), legal assistance, credit counseling, and subsidized childcare. When making these referrals, it is the case manager's responsibility to follow-up on receipt of assistance. However, a participant may choose not to follow up on or participate in any referred services or programs.
- As RRH assistance is short-term, case managers pay attention to participants' incomes moving forward. Though income is not a requirement at the beginning of a program, case manager's help participants review their budgets, including income and spending, to make decisions about reducing expenses and increasing income. Options include benefit enrollment and increasing employment and earnings over time.
- Case manager's work with participants to identify pathways for increasing earned income; including participating in mainstream and community employment support programs as well as using a program's own employer connections.
- If necessary, participants are assisted in identifying existing familial and personal connections that can help them maintain housing by providing supports such as child care, transportation, etc. Participants may choose not to engage in this process.

Close the Case

- When closing a case, case managers are responsible for ensuring that all appropriate referrals have been made and information on available community assistance has been shared with a participant.
- When a referral to on-going supports is made while a case is open or in the process of closing, case managers provide a "warm handoff" and follow up, to assure that assistance is satisfactory.

When closing a case, case managers provide information to participants about how they can access assistance from the program again if needed and what kind of follow-up assistance may be available. In instances when a participant is at imminent risk of returning to homelessness, program has the capacity to either directly intervene or provide referral to another prevention resource.

Appendix E. Definition of Chronically Homeless

24 CFR §578.3 HUD Chronically Homeless Definition

A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, if the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, if the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.
- An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all the criteria in paragraph (1) of this definition, before entering that facility; or
- A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Appendix F. Definition of Disability

Person with disabilities means a household composed of one or more persons at least one of whom is an adult who has a disability.

(1) A person shall be considered to have a disability if he or she has a disability that:

- (i) Is expected to be long-continuing or of indefinite duration;
- (ii) Substantially impedes the individual's ability to live independently;
- (iii) Could be improved by the provision of more suitable housing conditions; and
- (iv) Is a physical, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, posttraumatic stress disorder, or brain injury.

(2) A person will also be considered to have a disability if he or she has a developmental disability, as defined in this section.

(3) A person will also be considered to have a disability if he or she has acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

(4) Notwithstanding the preceding provisions of this definition, the term person with disabilities includes, except in the case of the SRO component, two or more persons with disabilities living together, one or more such persons living with another person who is determined to be important to their care or well-being, and the surviving member or members of any household described in the first sentence of this definition who were living, in a unit assisted under this part, with the deceased member of the household at the time of his or her death. (In any event, with respect to the surviving member or members of a household, the right to rental assistance under this part will terminate at the end of the grant period under which the deceased member was a participant.)

https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

Appendix G. List of Acronyms

CAT – Common Assessment Tool
CES – Coordinated Entry system
CoC – Continuum of Care
CoC Program – Continuum of Care Competitive Program- funded by HUD
ES – Emergency Shelter
ESG – Emergency Solutions Grant – direct entitlements funded by HUD
ESG – State – ESG funds awarded to California Department of Housing and Community Development for use in non-entitlement areas
HMIS – Homeless Management Information System
HUD – U.S. Department of Housing and Urban Development
PSH – Permanent Supportive Housing
RRH – Rapid Re-housing
TH – Transitional Housing
VA – Department of Veterans Affairs
VI-SPDAT – Vulnerability Index-Service Prioritization Decision Assistance Tool
VI-F-SPDAT – Vulnerability Index-Family Service Prioritization Decision Assistance Tool

Appendix H. References and Websites Additional Information

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The 2017 RTFH Standards were developed with the assistance:



FERMANIAN BUSINESS &
ECONOMIC INSTITUTE

APPENDIX I: EMERGENCY TRANSFER PLAN

This is a working draft ETP under VAWA.

The final ETP will include detailed protocols to implement the safety policy.

Approved by the RTFH Governance Board
January 2018

Emergency Transfer Plan

**For the Regional Task Force
on the Homeless, San Diego
City and County CoC**

Evaluations Advisory Committee

EMERGENCY TRANSFER PLAN

Context

The Regional Task Force on the Homeless, Inc. (RFTH) is concerned about the safety of tenants assisted through the Continuum of Care. In accordance with the Violence Against Women Act (VAWA), housing providers within the CoC allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request emergency transfer of assistance between housing units when there is imminent risk of harm.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the Regional Task Force on the Homeless is in compliance with VAWA.

Purpose

Provide for the safety of tenants facing imminent risk of harm.

Policy Statement

Promote the safety of tenants in CoC-supported housing by establishing policy and protocols for transferring housing relocation for tenants who are at imminent risk of harm if they remain in their current housing unit.

Requests for emergency transfer are available regardless of sex, gender identity, or sexual orientation. The ability of provider to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether provider has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

Components of Policy

Definitions

For purposes of this policy, the following definitions apply²:

CoC- supported housing: as described in VAWA 2013³, public housing programs, tenant-based, project-based Section 8, housing and rental assistance provided under the Continuum of Care and Emergency Solutions Grants programs, Multi-Family Housing, Housing Opportunities for Persons with AIDS, and HOME.

Covered unit: a unit where rental assistance or subsidy is provided by HUD CoC funding (includes TBRA).

External transfer: emergency relocation of a tenant to another unit here the tenant would be categorized as a new applicant; that is the tenant must undergo an application process in order to reside in the new

² adopted from VAWA Emergency Transfer Plan Sect. 5. 2005; HUD Interim Rule 2012; and RFTH Written Standards 2017.

³ 24 CFR Parts 5, 91, 92, 93, 200, 247, 574, 576, 578, 880, 882, 883, 884, 886, 891, 905, 960, 966, 982, and 983

unit.

Immediate Transfer: transfer of household to another housing location, preferably within 48 hours, which may be extended up to 30 days

Internal transfer: emergency relocation of a tenant to another unit where the tenant may reside in the new unit without having to undergo an application process.

Interjurisdictional transfer: relocation to another CoC geographic area or requiring housing assistance transfer to another housing authority catchment area.

Reasonable belief: standard of awareness in which facts, circumstances, or experiences can be articulated that would result in similar caution by an ordinary person

Safe unit: housing within a designated ‘safe house’ or location that the victim of domestic violence, dating violence, sexual assault, or stalking believes does not pose imminent risk.

Tenant: any individual or household receiving HUD housing assistance or legally residing in housing from the programs covered by this policy,

Eligibility

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD’s regulations⁴ is eligible for an emergency transfer, if: The tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

General Qualifications

To qualify for emergency transfer:

The tenant must expressly request the transfer; and

The tenant must reasonably believe there is a threat of imminent harm from further violence if they remain within the same dwelling unit that they are currently occupying; or

In the case of a tenant who is a victim of sexual assault, either they reasonably believe there is a threat of imminent harm from further violence if they remain in the same dwelling unit they are currently occupying, or they experienced sexual assault on the premises during the previous 90-calendar-day period⁵.

Confidentiality

Federal and California State Laws protect victims of violence. State statutes include civil codes, family and welfare and institutions codes, labor and employment codes, and penal codes. In general, disclosure of identifying information or of the location of residences for domestic violence to unauthorized persons is prohibited by law and subject to serious penalties.

⁴ as described in 24 CFR part 5, subpart L

⁵ California Civil code extends this period to 180 days for early termination of lease agreements.

Under HUD regulations, domestic violence programs are restricted from entering personally identifying information about victims into the HMIS system. Data regarding client services pertinent for system performance reporting may be provided using entry into a comparable data base.

All persons assisting with the emergency transfer (including a non-CoC housing provider) will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This specifically includes keeping confidential the new location of the dwelling unit of the tenant from public disclosure or to the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. The Notice of Occupancy Rights under the Violence Against Women Act for all tenants provides more information about the responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Documentation

Tenant Transfer Request

Requests for emergency transfer are submitted to the housing agency or assistance responsible for housing placement. Requests for transfer will be documented in writing, either by the tenant or the responsible housing agency.

The tenant's submission of a written request to the covered housing provider, where the tenant self-certifies that they meet the criteria in the general qualifications section of this policy, is sufficient documentation to meet the VAWA requirements. The responsible agency will provide reasonable accommodations to this policy for individuals with disabilities, persons needing language translation, and those at immediate risk whose safety may be compromised by a delay in order to complete a written request.

Verification of Risk

A covered housing provider may ask an individual seeking an emergency transfer to document the occurrence of violence that qualifies for implementation of the Emergency Transfer Plan. Documentation may include:

A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the program.

A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

When the emergency transfer includes early termination of a lease for a unit in the general housing market, additional documentation may be required, such as a copy of temporary restraining order or protective order, copy of a report to law enforcement, or documentation from a qualified third party⁶

Under VAWA, no other documentation is required to initiate the transfer process. Other information may be subsequently needed to facilitate implementation of the transfer.

Reasonable Effort to Seek Alternate Unit

The housing provider and CoC Coordinated Entry System staff will take every reasonable effort to locate

⁶ California Civil code identifies qualified third parties such as physicians, psychologist, licensed clinical social workers, or domestic violence or sexual assault counselors.

alternate safe housing for tenants requesting emergency transfer. Housing comparable to that being vacated and which is acceptable to the tenant is preferred, however, an alternate form of housing that is safe may be offered as an immediate, temporary response. Efforts to identify alternate housing and client acceptance or refusal of the housing offered will be documented in a tenant record maintained by the agency receiving the request for transfer.

Transparency

The RTFH will provide a copy of this policy available to the housing providers covered by this policy. Providers will make the Emergency Transfer Plan available to tenants upon request. Information about the ETP, limited to the extent that it protects system safety, will be made publicly available on the RTFHSD website.

System-level Reporting

The RTFH system provider will maintain records of transfer requests, and outcomes of such requests for a period of three years from the initial request, or for a longer period as specified in regulations for the program(s) providing funding or other resources supporting tenant assistance.

When an Emergency Transfer results in moving the tenant(s) to a temporary housing location or institutional setting that is necessary to protect the safety of the client household, the RTFH project performance evaluation process will not penalize the program for a ‘non-permanent housing’ outcome. Local procedures will adjust program outcome data to neutralize the potential impact of what may otherwise be assessed as a negative outcome. Emergency Transfers that result in successful placement in permanent housing will be credited to the agency initiating the transfer.

Relationship to Other Policies

California Civil Code

California Civil Code (1946.7) allows survivors of domestic violence, sexual assault, human trafficking, stalking, elder abuse, and dependent adult abuse to end their housing leases. This law empowers survivors to leave abusive situations while avoiding the usual penalties associated with breaking a lease. Personnel involved in implementing emergency transfer for tenants of HUD housing assistance will comply with this code.

Case managers and housing navigators will assist HUD- assisted households in early termination of a lease when necessary by (1) advising tenant of their rights and offering written information, such as a copy of the National Housing Law Project brochure⁷ and (2) informing landlords of this Civil code.

Child Welfare Services

In cases where the tenant household is involved with Child Welfare Services (CWS), household must comply with existing court orders. In cases of risk, the parent/Agency can request a modification of existing court orders to allow the children to move out of the county/country with the parent. It is reasonable to expect that process would take, on average, 48 to 72 hours. It might take less time if, for example, all the parties to the dependency case agree and an Emergency Ex Parte Request can be submitted to the juvenile court that same day

⁷ Brochures are available in English and Spanish as part of the National Housing Law Project Early Termination Toolkit.

during business hours. It could, however, take considerably more time if, for example, the parties do not agree and a contested hearing/trial is required.

The juvenile court may authorize the parent to go to another county with the children on an emergency/temporary visit basis while the court orders about a longer-term move are being addressed. Authorization to leave the U.S. would be problematic since that could affect the juvenile court's jurisdiction and the other parent's ability to obtain custody/visitation rights. The custodial parent would need to ask to modify the court orders (with their attorney and the Agency's assistance) on an emergency basis in the juvenile court. The ETP will expect that CWS-involved households may need interim temporary safety arrangements within the CoC (San Diego County) for at least 48-72 hours but up to 60 days while the matter is being addressed in juvenile court.

Coordinated Entry System (CES)

The RTFH will provide a coordinated system to assure secure emergency transfers. The system will comply with federal and state mandates for protection of victims of violence. Coordination by the RTFH will work with the existing safe shelter system to enhance the capacity of the CoC to respond to the needs of victims of violence. The system design will ensure confidentiality of identifying personal information in accordance with federal and state law, and health-related information protected by the Health Insurance Portability and Accountability Act (HIPAA).

Prioritization and Housing Waiting Lists

Emergency transfer requests are initiated in response to physical harm, as such, this policy takes lethality into consideration. Priority is given in transfer to an available comparable housing resource. For example, priority is given when a transfer from an occupied unit or bed can be made available in exchange for the unit or bed the ETP client will occupy. Retaining tenant safety for all persons immediately impacted by the exchange will be given consideration in prioritizing the use of resources.

Waiting list priority will be given only to the extent necessary to facilitate transfer between housing units of the same housing type and to the extent that it does not violate Fair Housing regulations. This type of transfer results in creating a vacancy that can be made available to the first qualifying person or household on the waiting list. As a result, the order of the waiting list is preserved.

Office of the Public Defender / Law Enforcement

Some cases of violence may require involvement of the Office of the Public Defender or other law enforcement agencies such as the Drug Enforcement Agency. In these cases, the responsible housing agency will assist the tenant in connecting with these external organizations. Information about the case continues to be governed by the terms and conditions described under confidentiality.

Termination of Assistance

Reasons for Termination of Assistance or Eviction from Occupancy

Under the ETP, the conditions for termination of housing assistance or eviction from occupancy remain consistent with existing policies for any recipient, such as failure to pay rent. These policies consider the safety of tenants but do not permit the removal of assistance based on the mere fact of being a victim of violence.

Determination of Household Assistance

When households separate as the result of violence, members of the household identified as victims of violence

are offered assistance under the ETP policy. When circumstances include mutual combatants, where both parties may be considered victims, housing for each of the victims is offered in accordance with the ETP policies. In cases where one component of the separated household needs to establish eligibility, VAWA cites that a period of 90 days to establish eligibility for a program or find new housing is generally reasonable.

Limitations and Disclaimers

Nothing in this policy may be construed to supersede any eligibility or other occupancy requirements that may apply under a covered housing program.

Housing provider is not liable for protection of tenants (damages, injury, harm) resulting from tenant refusal of safe housing; or from actions of individuals not under the direct control of the provider. The responsibilities of agency and housing provider personnel do not extend beyond the ordinary protections of clients as mandated by law. (i.e. no liability beyond that of an ordinary citizen is assumed as the result providing assistance to the household.)

Plan Implementation Protocols

Implementation of the RTFH Emergency Transfer Plan (ETP) has the following features:

Request for Transfer

Request for emergency transfer will be initiated by the tenant through contact with the agency case manager or housing provider who placed the tenant into housing.

Requests will be documented in writing by the staff receiving the request or written request from the tenant. Documentation will contain only information critical to facilitate safe transfer; use of a standardized form is preferred but not required as long as documentation includes the information that would be included on the form.

Assessment

Staff receiving the request will conduct a brief assessment to determine the type of transfer required (internal, external, inter-jurisdictional) and the urgency of transfer to ensure safety. Assessment may include review of the safety screening performed prior to placement in housing, or in cases where an immediate transfer is required, may be completed after moving the tenant to a safe setting that is temporary.

Use of the Campbell's Danger Assessment⁸ is the preferred risk and lethality assessment instrument; however, it is not required to initiate an immediate move to a safe setting. Experts caution that the risk assessment should be used shelter and service response programs and it should not be used by law enforcement or court systems⁹.

This assessment is protected by confidentiality in the records of a shelter or advocacy program and is protected by federal and state statutes that give specific confidentiality protections to domestic violence victims. Release of the risk-assessment instrument without explicit written release has dangerous implications for the victim and is prohibited by this policy.

Communication

To help maintain confidentiality, a secured distribution list and non-electronic communication are the preferred methods for arranging safe housing. Any electronic communications will include a statement of confidentiality advising all unintended recipients of their responsibilities to immediately delete the communication, to retain confidentiality, and to advise the sender.

⁸ Campbell, J.C. (1995). Assessing dangerousness. Danger Assessment Newbury Park, CA: Sage

⁹ Journal of Interpersonal Violence 2009, published online 30 July 2008, State of Louisiana summary.

Key Features in Implementation

Immediate internal transfer: Safety of the tenant is paramount in the implementation of the ETP. Immediate transfer (within 48 hours) upon availability of safe unit and verification of eligibility is anticipated.

Trauma-informed care: Trauma informed care implies a framework that involves understanding, recognizing, and responding to the effects of all types of *trauma, including violence and the threat of violence*. Trauma-informed care means treating a whole person, taking into account past trauma and the resulting coping mechanisms when attempting to understand behaviors and treat the patient.¹⁰ The RTFH expects ETP providers to engage with ETP applicants in keeping with the principles of trauma-informed care.

Client Choice: If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit.

Preferred housing providers: Memoranda of Understanding (MOUs) with other housing providers can help facilitate rapid transfer. Housing providers are encouraged to develop MOUs

Outreach and Support: To assist tenants in accessing support services, the RTFH will provide information about CoC programs serving victims of violence and the 2-1-1 referral system. Pending processing of an emergency transfer and the actual transfer, tenants will be urged to take all reasonable precautions to be safe. VAWA suggests that tenants who are victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1–800–799–7233, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1–800–787–3224 (TTY). Additionally, tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network’s National Sexual Assault Hotline at 800–656–HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>. Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime’s Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.¹¹

Personnel Facilitating Emergency Transfers

Personnel responsible for implementation of the ETP should evidence appropriate knowledge of the existing safety-first network of providers of victim services, lethality assessment, and have completed State Domestic Violence Certification training. As a component of the ETP, the RTFH will identify or develop a Domestic Violence High-Risk Response Team comprised of individuals possessing these qualifications.

Time limits

There are regulatory guidelines related to the incidence of a qualifying event. To initiate the ETP an incident or threat of violence must have occurred within past 90 days or within the past 180 days for early lease

¹⁰ Compiled from the www.thenationalcouncil.org, psychology today, and the Alameda County CoC website.

¹¹ VAWA, 2016 update, section

termination.

The RTFH housing provider cannot guarantee how long it will take to process a transfer request. The provider will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit, preferably within 48 hours.

Unit availability

If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant is being transferred. If no safe units are available for which a tenant who needs an emergency is eligible, HP will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, RTFH will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

If a safe unit is not available, the tenant may request an emergency transfer within the same housing provider must receive, at a minimum, additional priority that housing providers may already provide to other types of emergency transfer requests.

The tenant may request external emergency transfers concurrently with internal transfers if a safe unit is not immediately available. RTFH may be unable to provide immediate transfer to a particular program or unit if the tenant has not established or cannot establish eligibility for that unit.

Tenant transfer to a temporary safe housing location may be necessary for safety. In these instances, transfer may involve movement between housing types (such as moving from a permanent, or market place unit to an emergency safe house or sponsor-based facility). Immediate placement with a known hotel-motel provider will be used as a last resort and will be limited only to the time necessary to locate a more secure setting.

ETP ATTACHMENTS

Emergency Transfer Plan Checklist per VAWA 2016

Section 5.2005

(1) For purposes of this section, the following definitions apply:		
(i) <i>Internal emergency transfer</i> refers to an emergency relocation of a tenant to another unit where the tenant would not be categorized as a new applicant; that is, the tenant may reside in the new unit without having to undergo an application process.	Y/N	
(ii) <i>External emergency transfer</i> refers to an emergency relocation of a tenant to another unit here the tenant would be categorized as a new applicant; that is the tenant must undergo an application process in order to reside in the new unit.	Y/N	
(iii) <i>Safe unit</i> refers to a unit that the victim of domestic violence, dating violence, sexual assault, or stalking believes is safe.	Y/N	
(2) The emergency transfer plan must provide that a tenant receiving rental assistance through, or residing in a unit subsidized under, a covered housing program who is a victim of domestic violence, dating violence, sexual assault, or stalking qualifies for an emergency transfer if:		
(i) The tenant expressly requests the transfer; and	Y/N	
(ii)(A) The tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying; or	Y/N	
(B) In the case of a tenant who is a victim of sexual assault, either the tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying, or the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.	Y/N	
(3) The emergency transfer plan must detail the measure of any priority given to tenants who qualify for an emergency transfer under VAWA in relation to other categories of tenants seeking transfers and individuals seeking placement on waiting lists.	Y/N	
(4) The emergency transfer plan must incorporate strict confidentiality measures to ensure that the covered housing provider does not disclose the location of the dwelling unit of the tenant to a person who committed or threatened to commit an act of domestic violence, dating violence, sexual assault, or stalking against the tenant.	Y/N	
(5) The emergency transfer plan must allow a tenant to make an internal emergency transfer under VAWA when a safe unit is immediately available.	Y/N	
(6) The emergency transfer plan must describe policies for assisting a tenant in making an internal emergency transfer under VAWA when a safe unit is not immediately available, and these policies must ensure that requests for internal	Y/N	

emergency transfers under VAWA receive, at a minimum, any applicable additional priority that housing providers may already provide to other types of emergency transfer requests.		
(7) The emergency transfer plan must describe reasonable efforts the covered housing provider will take to assist a tenant who wishes to make an external emergency transfer when a safe unit is not immediately available. The plan must include policies for assisting a tenant who is seeking an external emergency transfer under VAWA out of the covered housing provider's program or project, and a tenant who is seeking an external emergency transfer under VAWA into the covered housing provider's program or project. These policies may include:		
(i) Arrangements, including memoranda of understanding, with other covered housing providers to facilitate moves; and	Y/N	
(ii) Outreach activities to organizations that assist or provide resources to victims of domestic violence, dating violence, sexual assault, or stalking.	Y/N	
(8) Nothing may preclude a tenant from seeking an internal emergency transfer and an external emergency transfer concurrently if a safe unit is not immediately available.	Y/N	
(9) Where applicable, the emergency transfer plan must describe policies for a tenant who has tenant-based rental assistance and who meets the requirements of paragraph (e) (2) of this section to move quickly with that assistance.	Y/N	
(10) The emergency transfer plan may require documentation from a tenant seeking an emergency transfer, provided that:		
(i) The tenant's submission of a written request to the covered housing provider, where the tenant certifies that they meet the criteria in paragraph (e)(2)(ii) of this section, shall be sufficient documentation of the requirements in paragraph (e)(2) of this section;	Y/N	
(ii) The covered housing provider may, at its discretion, ask an individual seeking an emergency transfer to document the occurrence of domestic violence, dating violence, sexual assault, or stalking, in accordance with § 5.2007, for which the individual is seeking the emergency transfer, if the individual has not already provided documentation of that occurrence; and	Y/N	
(iii) No other documentation is required to qualify the tenant for an emergency transfer.	Y/N	
(11) The covered housing provider must make its emergency transfer plan available upon request and, when feasible, must make its plan publicly available.	Y/N	
(12) The covered housing provider must keep a record of all emergency transfers requested under its emergency transfer plan, and the outcomes of such requests, and retain these records for a period of three years, or for a period of time as specified in program regulations. Requests and outcomes of such requests must be reported to HUD annually.	Y/N	
(13) Nothing in this paragraph (e) may be construed to supersede any eligibility or other occupancy requirements that may apply under a covered housing program.	Y/N	

TRANSFER PLAN ATTACHMENT

Training and Support Features of the Emergency Transfer Plan

Optimal implementation of the RTFH Emergency Transfer Plan (RTP) rests on the ability to provide immediate response by personnel with a working knowledge of the local emergency shelter and housing systems, the needs of victims of violence, and laws applicable to protecting victims. The system includes resources beyond those funded by the U.S. Department of Housing and Urban Development (HUD) for homeless assistance.

Personnel implementing the RTFH ETP should evidence appropriate knowledge of the existing safety-first network of providers of victim services, lethality assessment, and have completed State Domestic Violence Certification training. As a component of the ETP, the RTFH will identify or develop a Domestic Violence High-Risk Response Team comprised of individuals possessing these qualifications. This team will offer periodic training at the request of the RTFH. Provision of a safe environment for victims of violence should be augmented by services that work to overcome the trauma associated with violence and ensure the tenant sense of safety. A myriad of services, such as legal assistance, personal or family counseling, education and advocacy concerning fair housing, transportation, or access to medical and mental health care may be needed. The RTFH ETP will include access to information about services available to victims of violence.

ATTACHMENT

Sample Certification and Verification Form

This form is completed by or on behalf of the victim of violence requesting an emergency transfer.

Date of request _____ Date Received by Authorized Provider _____

Name of victim: _____

Name of person completing form: _____

Names of family member or other persons on lease:

Names of

additional persons residing in current housing unit: _____

Current residence of victim: _____

Name of Alleged Perpetrator (if known and safe to disclose): _____

Relationship of Alleged Perpetrator to Victim: _____

Date(s) and time(s) of incidence: _____

Brief Description of Incidents (attach pages if necessary): _____

Is this request the result of sexual assault on the premises within the past 90 days? ☐ Yes ☐ No

Describe why the victim believes they are at imminent harm if they remain in the current housing:

Names of third- party having knowledge of incidents (if any):

Certification: I certify that the information provided on this form is true and correct to the best of my knowledge and recollection and that the person(s) identified is / are or have been victim(s) of domestic violence, dating violence, sexual assault, stalking, or human trafficking. I acknowledge that submission of false information may jeopardize program eligibility and could be the basis of denial of assistance, revocation or termination of assistance, or eviction.

Date: _____

A Preliminary Look at Participation in the
Homeless Continuum of Care System in San
Diego City and County

Racial Equality in the San Diego Continuum of Care:

What the data tells us
about access and
outcomes among CoC
Participants

2018

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RACIAL EQUALITY AND THE SAN DIEGO CONTINUUM OF CARE

Context and Purpose

Inequality is often created and maintained by cultural, social, and economic structures without the acknowledgment of the communities in which it exists.¹ Racial disparity and at times overt discrimination in access to housing, however, have long been recognized.^{2,3} A 1947 Presidential Committee on Civil Rights declared that “housing clearly illustrates the national failure to treat individuals on the basis of individual merit versus racial myth” and pointed to disparity in “Negro housing”. By the turn of the century, legislative and economic policies had been created to try to right the inequity in housing⁴. While significant efforts such as the Fair Housing Act have attempted to remedy previous discrimination and promote equality in access to housing, and testing of Fair Housing practices is evidenced,⁵ relatively little testing of potential racial disparity in homeless housing programs is found in peer-reviewed literature.⁶

The purpose of this brief study is to test whether or not there is preliminary evidence of racial inequity in the San Diego City and County Continuum of Care (CoC). This inquiry explores the relative frequency of homelessness of persons in racial and ethnic subgroups in the CoC; compares referrals and outcomes in usage of CoC housing resources among racial and ethnic groups; the racial composition of the CoC Board as representatives of homeless subgroups, and draws conclusions about the likelihood of unequal treatment in CoC systems. The results of this inquiry form the foundation for proposing additional action when warranted by the evidence. Results of the study will be used to answer two mandatory questions in the 2018 CoC Regional Application.

¹ Rothman, Robert A., 2006. *Inequality & Stratification: Race, class, and gender*. Press.—5th ed.

² A Report of the President’s Committee on Civil Rights. 1947. *To Secure These Rights*. Quoted in *Race Discrimination in Housing. Yale Law Journal: 57 (426, 1947-1948. retrieved on-line. July 2018.*

³ P. G. A. and M. C. G. 1959. *University of Pennsylvania Law Review*. 107 (4) p. 515-550

⁴ Examples include: The Fair Housing Act of 1968; The Stewart B Mc Kinney Act, 1987 and Mc Kinney-Vento Act.

⁵ Yinger, J. 1986, *American Economic Review*. Measuring Racial Discrimination with Fair Housing Audits: Caught in the Act. 76 (5), p 881-893.

⁶⁶⁶ Pager, D. and Shepherd, Hana. 2008. *Annual Review of Sociology*. The Sociology of Racial Discrimination: in Employment, Housing,, Credit, and Consumer Markets. 34. P.181-209. Retrieved <https://www.annualreviews.org/doi/10.1146/annurev.soc.33.040406.131740>

Racial and Ethnic Profiles: Inequity and Homelessness

This study uses U.S. Census data⁷ to establish expected frequencies for racial and ethnic distribution. Data for the homeless population and participation in various aspects of the CoC housing system are drawn from the CoC Homeless Management of Information System (HMIS) and the Coordinated Entry Systems (CES) managed by the Regional Task Force on the Homeless⁸(RTFH).

Table 1: Racial Profile, below, summarizes Census a quick review of the data points to disparities in the racial distribution of persons in homelessness in the regional CoC when compared with the general population of San Diego County.

Table 1: Racial Profile

Primary Race	HMIS Client Count	CoC %	Census %*	Expected count	Disparity Note
American Indian/Alaskan Native & White (HUD)	85	0.2%		0	Not included in Census summary
American Indian or Alaska Native (HUD)	1423	2.6%	1.3%	706	CoC twice Census
Asian (HUD)	1067	2.0%	12.5%	6792	CoC only 15% of Census
Black or African American (HUD)	15023	27.6%	5.5%	2989	CoC 5 times Census
Native Hawaiian or Other Pacific Islander (HUD)	821	1.5%	0.6%	326	CoC 2.5 times Census
Other	149	0.3%		0	Not included in Census summary
Other Multi-Racial	86	0.2%	4.4%	2391	CoC less than 4% of Census
SD - Middle Eastern Descent	11	0.0%		0	Not included in Census summary
White (HUD)	33650	61.9%	75.6%	41080	CoC only 82% Census
Client doesn't know (HUD)	309	0.6%			Not included in Census summary
Client refused (HUD)	608	1.1%			Not included in Census summary
Data not collected (HUD)	469	0.9%			Not included in Census summary
Missing	638	1.2%			
HMIS TOTAL	54,339				2% incidence exceeds the 1/2 % expected occurrence of homeless in an urban area
Census Total Population for San Diego County			3,095,342		

Table 2: Ethnic Profile on the following page, displays the self-declared ethnicity of persons included in the HMIS data as compared with the Census. Because the number of cases with unknown ethnic data exceeds 1,000 cases across only two categories, the table shows the disparity percentage with and without inclusion of those cases.

⁷ U.S. Census Bureau, Census Quick Facts, 2017, San Diego County, C.A, Dept. of Commerce webpage, <https://www.census.gov/quickfacts/fact/table/sandiegocountycalifornia,ca/PST045217>

⁸ The Regional Task Force on the Homeless is a 501 C (3) non-profit organization that is the HMIS Lead Agency and the CoC Collaborative Applicant responsible for operating the CES system.

Table 2: Ethnic Profile

Ethnicity	Client Count	CoC %	Census %	Adjusted for Unknown	Disparity Notes Total	Disparity Notes Adjusted
Hispanic/Latino (HUD)	15453	28.4%	33.9	29.4%	80.0%	0.87%
Non-Hispanic/Non-Latino (HUD)	37069	68.2%	45.5	70.6%	1.5 x	1.55 x
Total Ethnicity Unknown	1180	2.2%				
Known Cases	52522					

Discussion of Racial and Ethnic Profiles

Table 1 data points to circumstances of racial disparity when comparing the racial profile of homeless persons in the CoC with that of the general population of San Diego County. Most notably, homelessness among Black or African Americans represents more than five (5.5) times their proportion of the general population; Native Hawaiian and other Pacific islanders are 2.5 times; American Indian and Native Alaskans are 2 times the proportion of the general census. Each of these three groups is over-represented in the homeless population. Conversely, three other racial groups are under-represented. The Multi-racial, Asian, and White populations occur at 4%, 15%, and 82% of the expected occurrence.

Table 2 points to a substantial disparity for non-Hispanic / Non-Latino persons as well as a measurable difference for Hispanic or Latino persons when compared with census data. Self-identified Hispanic Latino persons comprise 33.9% of the general population in the County while less than 30% are counted in the HMIS group. Non-Hispanic/ Non-Latino persons account for 45.5% of the general population, but make up over 70% of the homeless persons which translates to 1.5 times the expected rate.

Together, tables and 2 evidence inequality in the occurrence of homelessness among racial and ethnic persons. This finding mirrors what is known about homeless populations at the national level.⁹

Also of note, the general incidence of homelessness in the CoC is substantially above the one-half to one percent rate of homelessness historically reported as expected in urban areas across the U.S.¹⁰. The measured rate, however, falls below the more recently reported rates, especially for California where USICH reported a 24% rate of homelessness in 2017.¹¹ Lack of affordable housing, low vacancy rates, military presence, and mild climates are often cited as factors contributing to the high proportion of

⁹ National Alliance to End Homelessness. *Racial Inequalities in Homelessness, by the Numbers*, June 4, 2018 Retrieved on – line: <https://endhomelessness.org/resource/racial-inequalities-homelessness-numbers>.

¹⁰ Rates of homelessness in America, 2008-2009 2017 Rates by State – USICH Interactive maps.

[https://www.usich.gov/tools-for-action/map/#fn\[\]=1500&fn\[\]=2900&fn\[\]=6100&fn\[\]=10100&fn\[\]=14100&all_types=true&year=2017&state=CA](https://www.usich.gov/tools-for-action/map/#fn[]=1500&fn[]=2900&fn[]=6100&fn[]=10100&fn[]=14100&all_types=true&year=2017&state=CA)

homelessness in Southern California. Although these statements may be accurate, the data in this study does not examine causal factors and can only point to areas for additional study.

Given the disparities in racial profile, exploration of the system response to racial and ethnic subgroups is warranted.¹²

Racial Composition of the CoC Board

The CoC Board has thirty-one (31) seats with members elected to represent various homeless special needs populations and community sectors. The recruitment, nomination, and selection process focuses on the capacity of the potential Board member to bring necessary skills and knowledge to execute the responsibilities of the Board to various funding sources, to the RTFH as a non-profit corporation, and to the community invested in alleviating the negative impacts of homelessness. Board nomination and selection guidelines state:

The nomination and selection of Regional Task Force on the Homeless (RTFH) Governance Board (Board) members is the prerogative of the members of the RTFH through an election process. However, given the responsibilities of the Board, there is a need for the Board to have an appropriate mix of expertise and experience. Policies and procedures must facilitate the election of those people who best meet the needs of the Board. Board members should provide an appropriate mix of skills to provide the necessary breadth and depth of knowledge and experience to meet the Board's responsibilities and objectives.

The Board also aims for a composition that will appropriately represent the interests of RTFH stakeholders, the local community, and will reflect diversity in its composition by recruiting members with varied geographical, social, economic, environmental, business, and cultural backgrounds. The Board should maintain a reasonable balance with respect to age and gender.¹³

The current racial and ethnic composition of the Board is summarized in this chart:

Primary Race and Ethnicity	# Board Members	% Of Board	% Homeless persons served (HMIS) rounded to nearest%
American Indian/Alaskan Native & White	0	0.0%	3.00%
Asian	2	6.5%	2.00%
Black or African American (HUD)	3	9.7%	28.00%
Native Hawaiian or Other Pacific Islander (HUD)	1	0.0%	2.00%
White	24	77.4%	62.00%
Other	0	0%	2.00%
Ethnicity			
Non- Hispanic	28	90.3%	
Hispanic	3	9.7%	
Total Members	31	100.0%	100.00%

¹² After removing the single case classified as "other".

¹³ RTFHSD.org website, retrieved, July 2018.

Discussion of Board Composition

As the chart above shows, the CoC Board composition is overwhelmingly white (77.4%), non-hispanic (90.3%) with a total of six racially diverse persons (19%). The RTFH client population while containing a white majority (62%), also holds approximately twice the number of racially diverse persons. Although historically decision-making bodies were characterized as dominated by white males, recent public and private sector efforts work to encourage greater diversity.¹⁴

Racial Equality and Access to Housing Services

Access to permanent housing in the CoC occurs through the Coordinated Entry System (CES) and the primary processes of referral to housing, participant acceptance, and housing placement. A review of data for each of these processes is included in evaluating the potential for racial disparity in the CoC system.

Analysis of Referral Data

Participants are registered in the CES system and are referred to housing opportunities based on the participant characteristics and preferences and the profile of the housing resource. Participants and housing opportunities are matched by these factors and housing referrals are offered to the participant. Referral outcomes are listed in four classifications: accepted, accepted on wait list, cancelled, and declined. *Table 3: CES Referrals by Racial Group* captures the data for housing referrals segmented by race and *Table 4: CES Referrals by Ethnicity* displays the information by ethnicity. Due to size, these tables are found on separate pages. Discussion of Tables 3 and 4 begins prior to the separate tables pages.

Discussion of CES Referrals by Racial Group

Table 3 contains data concerned with CES referral outcomes within each racial group and aggregate outcomes for all participants referred through the CES system for housing. Referral acceptance rates for all cases (except for one case classified as ‘other’) ranges between 38.2% and 70.5%. This range includes cases where data is unknown, missing, or refused. In cases where outcome and racial group are known, the acceptance rates range narrows to 58.4% to 70.5%. The acceptance rate in the 29 cases where the participant refused to self-identify race was measured at 44.8% about 14% below the cases where participants’ race is known. Native Hawaiian / Pacific Islander, the group with the highest acceptance rate (70.5%) is drawn from 78 cases which is the smallest racial group¹⁵ for this data element. Two other relatively small groups, American Indian / Alaskan Native (N = 127) and Asian (N = 98) hold acceptance rates of approximately 52% and 57% respectively. The largest groups, Black / African American and White comprise 35% and 58% of all cases, and hold referral acceptance rates of 57% and 62% respectively. It is noted that the proportion of homeless persons in the CoC for these groups as shown in *Table 1: Racial Profile* are 27.6% and 61.9%. Indications are that the proportion of Black / African Americans who are referred by CES to housing opportunities exceeds their relative contribution to the CoC homeless population, while whites are represented equally.

¹⁴ Reference from ACLU, Business Journal, Me Too go here.

¹⁵ Again, after removing the single case classified as “other”

Examination of other referral outcomes (cancelled, denied, and wait listed) reveals relatively limited ranges for cases where race and outcome are known. The outcome “cancelled” ranges between 3.85% and 10.2% while the outcomes “denied” and “wait listed” have ranges of 18.37% to 29.92% and .88% and 1.4%. Simple descriptive statistics do not signal an alert for disparity in the less desirable referral outcomes (denied, cancelled).

Race and Housing Placement

A premier goal of the CoC system is to help homeless persons secure permanent housing appropriate to their needs. Examination of this aspect of CoC outcome by racial group are essential to the assessment of potential racial disparity in the system.

Table 5: Exits to Permanent Housing by Racial Group, below, captures a summary of the permanent placement outcomes achieved by each racial group as compared with their proportion of the homeless population as reported in HMIS.

Primary Race	Exit to Permanent Housing	%of Exits to PH	% HMLS Pop	Comparison of Exit Outcome to % HMLS Population
American Indian/Alaskan Native & White (new HUD an prior)	187	2.0%	2.6%	76%
Asian (HUD)	154	1.6%	2.0%	83.4%
Black or African American (HUD)	3198	34.0%	27.6%	123.0%
Native Hawaiian or Other Pacific Islander (HUD)	145	1.5%	1.5%	102.0%
White (HUD)	5557	59.1%	61.9%	95.4%
Other	2	0.0%	0.3%	7.8%
Other Multi-Racial	1	0.0%	0.2%	6.7%
SD - Middle Eastern Descent	0	0.0%	0.0%	0.0%
Client doesn't know (HUD)	17	0.2%	0.6%	31.8%
Client refused (HUD)	43	0.5%	1.1%	40.9%
Data not collected (HUD)	60	0.6%	0.9%	73.9%
Missing	41	0.4%	1.2%	37.1%
Total Exits to Permanent Housing	9405	100.0%		

Discussion of Permanent Housing Outcomes

A review of the data in *Table 5: Exits to Permanent Housing by Racial Group* evidences a wide range of permanent housing placement rates, from virtually no exits to permanent housing to 59% of persons in a racial group representing 59% of the successful exits to permanent housing for the CoC. When compared with the relative proportion that each racial group is found within the data set, the disparity

(excluding the categories with two or less persons and cases with data missing), ranges from 76% to 123% of expected values.

In general, the trends seen in other parts of this study continues. Black/African American rates of placement are higher than their inclusion in the homeless population found in the HMIS, Asian and American Indian / Alaskan Native achievement numbers are lower than their incidence in the population, and whites are slightly below but nearly equal to the expectation.

This data suggests that issues of racial discrimination against Blacks reported in prior decades are not present in the current system.

Summary

This study reviewed the descriptive data for the San Diego CoC from the HMIS and CES data repositories, and the U.S. Census report for 2017 for various factors distributed by racial and ethnic groups. Comparisons between the expected racial distribution based on 2017 Census data for San Diego County and the levels of representation of racial groups within the local homeless population coincides with findings of other studies, Blacks / African Americans, Native Americans and Alaskan Natives, and Hawaiian/Pacific Islanders are over-represented in the homeless population when compared with the general population distribution in a given area.

This brief study addresses key structures within the CoC system designed to move homeless persons through referral processes to successful placement in permanent housing. The study focuses on simple descriptive data, such as frequencies and ratios as preliminary indicators of potential racial disparity.

Findings and Recommended Actions

The U.S. Department of Housing and Urban Development (HUD) has asked CoCs to classify their study findings in one of four categories:

People of different races or ethnicities are more or less likely to receive homeless assistance.

People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.

There are no racial disparities in the provision or outcome of homeless assistance

The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.

While none of the choices above fully reflect the San Diego CoC situation, it is accurate that there is an overrepresentation of minorities in the homeless population when compared with the racial distribution from 2017 reports drawn from Census data for the region. Data about clients served by the CoC as represented in HMIS and CES data, however, have relatively proportional access to assistance and similar outcomes after entering the system.

Given the disproportionate representation of racially diverse persons in homelessness, and a CoC Board composition that does not mirror the client population distribution, the CoC classifies our findings in category 1 with one clarification: races or ethnicities are more / less likely *than their occurrence in the general population* to receive homeless assistance.

HUD asked CoCs to select from eleven strategic options (below) to try to address any racial disparities. The process of conducting this brief study has peaked the interest of leaders in the CoC. Five strategies in italics below have already been initiated or are being planned by CoC members.

The CoC's board and decision-making bodies are representative of the population served in the CoC.

The CoC has identified steps it will take to help the CoC board and decision-making bodies better reflect the population served in the CoC.

The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.

The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups

The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.

The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.

The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.

The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.

The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.

The CoC is collecting data to better understand the pattern of program use for people of different

The CoC is conducting additional research to understand the scope and needs of different races and ethnicities experiencing homelessness.

Closing Statement

While racial and ethnic subgroups are overrepresented in the homeless population nationally and locally, access to care and outcomes of care in the San Diego CoC are relatively proportionate. The study, however, is a catalyst for further exploration and action.

Table 3: CES Referrals by Racial group

Race	Accepted	Cancelled	Declined	Wait List	Not collected	Case Total	% Accepted	% Cancelled	% Declined	% wait list
American Indian Alaskan Native (HUD +Original)	66	9	38	0	14	127	51.97%	7.09%	29.92%	0.00%
Asian	56	10	18	0	14	98	57.14%	10.20%	18.37%	0.00%
Black / African American	1107	152	378	17	282	1936	57.18%	7.85%	19.52%	0.88%
Native Hawaiian/ Pacific Islander	55	3	19	1		78	70.51%	3.85%	24.36%	1.28%
White	1975	252	895	44		3166	62.38%	7.96%	28.27%	1.39%
Other	0	0	1	0	0	1	0.00%	0.00%	100.00%	0.00%
Unknown Race	9	3	4	0	6	22	40.91%	13.64%	18.18%	0.00%
Refused Race	13	2	13	1	5	34	38.24%	5.88%	38.24%	2.94%
Not collected	16	0	8	0	3	27	59.26%	0.00%	29.63%	0.00%
TOTAL	3297	431	1374	63	324	5489	60.07%	7.85%	25.03%	1.15%

Table 3: CES Referrals by Racial Group, Continued. Known Cases

Race	N without Missing cases	% Accepted Known Cases only	% Cancelled Known Cases only	% Declined Known Cases only	% Wait List Known Cases only
American Indian Alaskan native (HUD +Original)	113	58.4%	8.0%	33.6%	0.0%
Asian	84	66.7%	11.9%	21.4%	0.0%
Black / African American	1654	66.9%	9.2%	22.9%	1.0%
Native Hawaiian/ Pacific Islander	78	70.5%	3.8%	24.4%	1.3%
White	3166	62.4%	8.0%	28.3%	1.4%
Other	1	0.0%	0.0%	100.0%	0.0%
Refused Race	29	44.8%	6.9%	44.8%	3.4%
TOTAL	5125	63.8%	8.3%	26.6%	1.2%

Table 4: CES Referrals by Ethnicity

Ethnicity	Accepted	Cancelled	Declined	Wait List	Not collected	Row Total	% Accepted	% Cancelled	% Declined	% wait list
Hispanic / Latino	917	122	328	22	224	1389	66.02%	8.78%	23.61%	1.58%
Non-Hispanic / Non- Latino	2360	307	1030	41	555	4293	54.97%	7.15%	23.99%	0.96%
Unknown Ethnicity	12	5	17	0	6	40	30.00%	12.50%	42.50%	0.00%
TOTAL	3289	434	1375	63	785	5722	57.48%	7.58%	24.03%	1.10%

Table 4: CES Referrals by Ethnicity, Continued, Known Cases - Outcomes

Ethnicity	N without Missing cases	% Accepted Known Cases only	% Cancelled Known Cases only	% Declined Known Cases only	% Wait List Known Cases only
Hispanic / Latino	1165	78.7%	10.5%	28.2%	1.9%
Non-Hispanic / Non- Latino	3738	63.1%	8.2%	27.6%	1.1%
Unknown Ethnicity	34	35.3%	14.7%	50.0%	0.0%
TOTAL	4937	66.6%	8.8%	27.9%	1.3%