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)		
Members 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 members are officially solicited annually, however, informal outreach and invitations occur 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 educates and encourages a wide array of stakeholders to participate. 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 social and print media (Homelessness News or Voice of San Diego) provide information about the CoC and how to participate. Invitations to join the full membership are invited in the first quarter of each year. Recruitment of RTFH Board members occur during the second quarter. Special outreach to current providers, advocacy groups, and to persons giving public testimony solicit

current and formerly homeless persons. An Advisory Committee is tasked with ensuring the slate of potential Board members represent constituents, including homeless service consumers. Board Member selection occurs annually in June and requires a vote of the full membership which is the broadest group of interested parties.

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 in advance of the formal call for proposals. Notices of funding, information about project eligibiilty, local priorities, and training sessions are offered to public through the RTFH and stakeholder websites. Technical assistance and resources are provided to each potential applicant who responds with an intent to submit. This allows new entities to prepare for formal application. 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. The request for Intent to Submit applications was released and publicly posted on June 25, 2018 and the formal Call for Proposals was released and posted on July 20, 2018. The notices invite new organizations and new project applications. Six new potential applicants responded with intents in 2018 and ten new projects were submitted.

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 the Administrative Entity (AE) for CA-ESG for the local decision- making process. HIC, PIT, AHAR, unmet need data and trend information is provided all 13 CDBG entitlement and 4 PHA jurisdictions. An Evaluation Committee and the AE foster ESG coordination and

evaluation, including reviews and approval letters endorsing request for funding. Applicants applying for funds outside CoC Competitive funds submit a standardized Request for Letter of Support to the Evaluation Advisory Committee. The committee reviews the request, may ask for clarification or additional evidence, and issues a Letter of Determination. Representatives meet monthly as Board members. All ESG areas helped to create the Written Standards. An ESG manual contains cross- jurisdictional policies, standards, and information. RTFH and ESG areas 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. The RTFH website give homeless prevalence, population characteristics, and system –level performance data to the public including specific information 18 incorporated cities and the unincorporated county. El Cajon, Encinitas, Escondido, Carlsbad, La Mesa, Oceanside, National City, Chula Vista, San Diego, Santee, San Marcos, Vista, & County receive data and planning information. RTFH members attend Consolidated Plan advisory and planning meetings in several subregions, totaling over 12 sessions annually. Periodic system framework reports and the CoC Written Standards which includes ESG criteria and information encompass all sectors. Subregional capacity and needs data are distributed 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 victoms 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 applying for DV Bonus Projects?   Yes

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	X
RRH	X
Joint TH/RRH	X

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 54 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 3,398 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 DV: 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. Research found access to flexible funding aids in tailoring response to the unique needs of DV in the 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, LBTQ, 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, fully compliant CES /Data system dedicated to DV, response relies on coordination by individual staff from agencies. 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 cannot readily ID 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, particularly youth. Tracking service provision, analyzing the household characteristics, patterns of movement, and successful interventions are hampered, increasing potential risk to victims. A secure, compliant data and CES system that identifies and matches DV/HT and CSEC youth with specialized services, flexible resources and rapid response would ensure privacy and enhance efficiency,

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 offers15 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 hey 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. RFTH 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:
(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-HCV	No
Housing Authority of the City of National City	0.00%	Yes-HCV	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 National City 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. The PHA's have monthly learning collaborative meetings which include RTFH representatives. Although not all 18 jurisdictions are PHAs, their housing or community services divisions are key in prioritizing the public response to homelessness. The jurisdictions use of CDBG, ESG and other resources can assist in offering less intensive services to clients as they stabilize and choose to move to mainstream housing

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 Yes

low-income housing programs)?

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 (SDHC) Strategic Plan and the Annual Action Plan. SDHC and County Housing Authority and Housing and Community Development Services (HCDS) have used set aside and priority vouchers for clients whose ongoing stability can be supported through mainstream vouchers. Examples are: an initial trial of 35 vouchers used to step down clients from PATH to scattered sites HCV which was expanded to 50 vouchers, and HCD support for clients transitioning from Refuge PSH housings and 300 reserved vouchers. Also, residents who 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." This income growth assists households in moving from higher level of assistance to lesser assistance as the tenant's chooses.

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 Chapin's Voices of Youth Count study. This enhances knowledge about the needs of local youth who identify as lesbian, gay, bisexual, queer, or other (LGBTQ+). 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 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, is providing 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

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:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	
No strategies have been implemented:	
Other:(limit 50 characters)	

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 resides in a central data base, specific staff are assigned to each region. RTFH employs Housing Navigators, CES technical staff, 'housing matchers', and

support staff who work with trained assessment personnel and agency case managers 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:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

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:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

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	☐	**CoC or other Website**	☐
Email	☐	**Email**	☐
Mail	☐	**Mail**	☐
Advertising in Local Newspaper(s)	☐	**Advertising in Local Newspaper(s)**	☐
Advertising on Radio or Television	☐	**Advertising on Radio or Television**	☐
Social Media (Twitter, Facebook, etc.)	☐	**Social Media (Twitter, Facebook, etc.)**	☐

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: (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).

Charter, p. 25-27 and MOU pages 7-11

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 (ES) 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 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

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

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 the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/26/2018

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

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 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?   No

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 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.   Yes

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

**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. Youth helped to inform the PITC plan about key 'known
locations' where clusters of youth might be found, and were engaged in the
PITC outreach, street count, and data gathering processes.

**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. During the PITC,
three emergency shelters were in place and expanded the shelter capacity in
the areas with the highest concentration of street homelessness. One shelter
was exclusively for families, the second was designated for veterans and the
third was designed for individuals, especially chronic and highly vulnerable
persons. These facilities offered hundreds of beds to persons who typically
would be living on the streets in scattered locations throughout the area. As a
result, persons in each group were clustered together in one safe location,
helping to improve the efficiency of the count. Each of the shelters were
designed for the populations and staffed by personnel familiar with the unique
needs of the group. The shelters offered safety, basic tangible goods and
people in similar situations which acts as incentives to those who are often
resistant using shelter. Once in the shelters health screening, as well as
services customized to the more complex needs were offered. By clustering
people in shelter among people similar to each other and tailoring services

enhances the sense of safety and the willingness to engage in PITC surveys. Each of these strategies works to improve the PITC count, population data, and client access to services.

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

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, an in-custody PITC survey, and targeted youth outreach help deter persons at risk from 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-name-list that helps 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 for entry, exit, outcomes and transition between system components. Analysis of reports from this tool have been used to 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 strategic plan to end general homelessness. The Regional Task Force as the CoC operating body and Collaborative Applicant is responsible for ensuring effective implementation of and strategies adopted by the Board. The Veteran's Consortium and a Youth 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 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). B-Name-Lists CES case conferencing identify persons and projects with high recidivism. Assessment of patterns for common characteristics of persons, or of project designs and of system use assist in development of strategies, which include: 1) Tracking and data analysis the factors identified above; 2) consulting with HUD TA and the SO Cal. CoC Alliance leaders to explore best practices; 3) Subregional assessment of housing capacity vs. need 4)Finding from item 1-3 considered during funding allocation and requests for other resources; 5) HMIS dashboard reports identify and track population trends; 6) Ongoing landlord

outreach, education, and special incentives from PHAs and 7) a help-line to reduce barriers and eviction. RTFH Board oversees policy and strategies. The RTFH Staff, the HMIS-CES,and the Evaluation Committee help develop strategies and recommend resources to accomplish 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)

HDX reports the change in Total income for Stayers as 26%, a 4% increase over the prior period; and the change for Leavers as 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. An ongoing case study under the SD Workforce Partnership (SDWP) is demonstrating strong evidence-based outcomes for employment. The collective action of the participating agencies, business and employer representatives on the CoC Governance Board and the federally-funded Work Force Partnership continue 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 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)

05/24/2018

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)	X
Number of previous homeless episodes	X
Unsheltered homelessness	X
Criminal History	
Bad credit or rental history	
Head of Household with Mental/Physical Disability	X

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. RTFH is responsible - CES assesses the evidence and
community members are educated by RTFH staff, and the Rating and Ranking committee reinforces outcomes with points in project scoring. The CoC Lead Staff coordinates the efforts.

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.	☐
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	☐
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	☐
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.	☐
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	☐

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

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)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	
Bad Credit or Rental History	

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 vulnerability. The Point in Time methodology has been tailored to engage youth and to capture more specific data regarding youth homeless characteristics and enable better informed- decisions regarding young people. A change in HMIS system vendor, inclusive of the CES system, allows a unique opportunity to build out a youth-specific coordinated entry process, a pre-assessment processes, and a customized 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. Effectiveness is gauged by the level of youth involvement in system planning, by reduction in the time spent in homelessness, a reduction in recidivism, and service-recipient feedback. These measures are comparable to those in adult intervention and are performance measures of interest to HUD.

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). 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	No
Head Start	No	Yes
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	Yes	Yes
Public Pre-K	No	Yes
Birth to 3 years	No	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

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   Yes

homelessness?

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

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.	☐
The CoC has identified steps it will take to help the CoC board and decisionmaking 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 races and ethnicities in its homeless services system.	☐
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	☐

Other:	☐

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)

Virtually all (99%) 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 traing i 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 responsiblities. 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 Preference Pr...	09/08/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	SDHC - MOVE ON PO...	09/08/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	CES Assessment To...	08/17/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Rating And Rankin...	09/10/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	Public Posting #1	No Attachment
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	Ranking Tiering a...	09/10/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Notice Outside eS...	09/08/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Notice Outside e-...	09/08/2018
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	CHARTER and MOU HMIS	09/08/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policies and...	08/17/2018
3A-6. HDX–2018 Competition Report	Yes	2018 HDX Competit...	08/14/2018
3B-2. Order of Priority–Written Standards	No	Order of Priority...	09/08/2018

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 Preference Priority Policies

Attachment Details

Document Description: SDHC - MOVE ON POLICY

Attachment Details

Document Description: CES Assessment Tools - ZIP file

Attachment Details

Document Description: Rating And Ranking Tool,, Criteria ,Data Sources, Protocols

Attachment Details

Document Description: Public Posting #1

Attachment Details

Document Description: Public Release Rating and Ranking Criteria & Tool

Attachment Details

Document Description: Ranking Tiering and Reallocation

Attachment Details

Document Description: Notice Outside eSNAPS - ACCEPT

Attachment Details

Document Description: Notice Outside e-SNAPS - REJECT, REDUCE

Attachment Details

Document Description: Posting of Due Date

Attachment Details

Document Description: CHARTER and MOU HMIS

Attachment Details

Document Description: HMIS Policies and Procedures Manual

Attachment Details

Document Description: 2018 HDX Competition Report

Attachment Details

Document Description: Order of Priority - Written Standards

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	09/11/2018
1B. Engagement	09/11/2018
1C. Coordination	09/11/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/11/2018
2A. HMIS Implementation	09/11/2018
2B. PIT Count	09/11/2018
2C. Sheltered Data - Methods	09/11/2018
3A. System Performance	09/11/2018
3B. Performance and Strategic Planning	09/11/2018
4A. Mainstream Benefits and Additional Policies	09/11/2018
4B. Attachments	09/11/2018

Submission Summary   No Input Required