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 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 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:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

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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

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Resources:
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1B-1. CoC Meeting Participants.
For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC’s coordinated entry system.

<table>
<thead>
<tr>
<th>Organization/Person</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including selecting CoC Board Members</th>
<th>Participates in Coordinated Entry System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>EMS/Crisis Response Team(s)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Applicant: San Diego City and County CoC
Project: CA-601 CoC Registration FY2019
1B-1a. CoC’s Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:
1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2. communicates information during public meetings or other forums the CoC uses to solicit public information;
3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and
4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF. (limit 2,000 characters)

1. The CoC hosts a wealth of persons, advisory boards, collaboratives, an intergovernmental council, and a membership group that actively recruit persons invested in solutions. Board agendas seek public input. Persons with lived experience, invested partners, behavioral and mental health experts, and law enforcement collaborate on outreach to an unsheltered population, high-risk persons, human trafficking survivors, or special needs. A Youth Action Board of 10 TAY with lived experience and LGBTQ advocates help plan youth services. Law enforcement, probation, and a Reentry group offer knowledge on justice-involved persons and systems. Leadership meet regularly with elected officials, VA, PHAs, and county departments to discuss issues, share data and coordinate. The Press and homeless newspaper staff give insight.
2. Meetings dates, agendas, and invitations for citizen input are publicly posted in advance. Special public sessions explored: Homeless Emergency Aid Program; unsheltered homelessness and encampment policies; Coordinated
Entry System; HMIS processes; and a Plan to End Youth Homelessness.
3. The CoC gathers input from other public forums: County Behavioral Health; County Homeless Integrated Services; regional alliances/ task forces; Consolidated Plan sessions; council sessions; DV Council; consultants; advocacy groups (eg. NAEH, USICH); and research. Knowledge is shared with stakeholders in forums sponsored by private foundations, a consortium of universities, business, and decision-makers; and a group that unites philanthropy with efforts to advance innovative best practices. Public feedback, training, and input by service agencies, 18 jurisdictions, the YAB, and philanthropy inform CoC strategic planning and implementation of prevention & diversion, rapid-rehousing, funding, coordination, and data analysis.
4. Web postings formats (PDF, WordDocX. Large Print); meeting rooms that accommodate disabilities; and a posted resource list ensure accessibility.

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 the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;
4. how often the CoC solicits new members; and
5. 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)

1. The RTFH uses multiple efforts to regularly invite interested persons and organizations to become active CoC members. Using monthly notices of public meetings via website postings, email distribution and outreach to potentially underrepresented 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, like the Alliance for Regional Solutions, East County Task Force, Network of Care, the Youth Action Board, the Center for Justice and Reconciliation, as well as, social and print media (Homelessness News; Voice of San Diego) offer information about the CoC activities.
2. Posting on the CoC website, announcements via email and in a wide array of community forums, and personal networking are key methods in solicitation.
3. Accessibility for persons with disability is enhanced by use of documents amenable to accommodation, such as .pdf, large print, and voice-activated services. Community resources (AT&T Translation Services; access to TTD, TDY, and services for visually impaired enhance accessibility. CoC member agencies and local organizations provide bilingual staff or translation services to non-English speaking persons.
4. Official invitation to General Membership occurs annually in the first quarter, however, informal outreach and invitations occur through monthly meetings. Recruitment of Board members occurs during the second quarter through a public invitations and review process.
5. Special outreach through current members, provider agencies, advocacy groups, peers, and persons giving public testimony solicit current and formerly homeless persons as members. An Advisory group is tasked to ensure the
Board slate represents constituents, including homeless service consumers. In 2019, Board recruitment protocols were enhanced to encourage expanded participation by homeless service consumers and persons in underrepresented minority groups.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:
1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;
2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;
3. the date(s) the CoC publicly announced it was open to proposal;
4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and
5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.

(limit 2,000 characters)

1. The open solicitation process uses a public website; email alerts to all HIC agencies including non-HUD funded agencies; social media; and community forums to invite participation in the CoC Competition. A public request for Intent to Submit is issued in advance of the formal call for proposals. Information about funding, project eligibility, local priorities, and training sessions are publicly offered via the RTFH website. Technical assistants are linked to each potential applicant submitting an intent which help new entities prepare for formal application.

2. All projects compete for inclusion in the application based on eligibility, organizational capacity, evaluation using standardized scoring tools, established CoC housing and population priorities, subregional need for project, contribution to the CoC system and alignment with Board directives. A team of non-conflicted persons use objective data from the HMIS, CES, GIW, the application and supporting evidence to rate projects. Publicly released priorities, strategies and protocols, and Board directives are used to hone the final ranking. Projects are included until funds are exhausted.

3. A NOFA announcement was posted on 7.8.19 Requests for Intent to Submit were issued on 6.28.19; 7.5.19; and 7.10.19; Call for Proposals and reminders issued on 7.31.19; 8.9.9; 8.12.19; 8.14.19. The notices invite new organizations and new project applications and assigns technical assistance to each applicant. Nine new potential applicants responded with intents in 2019.

4. To ensure effective communication, the CoC provides a list of resources offering services and accommodations for hearing and vision impairment; uses documents in .pdf or large type; or in software that offers oral reading of their content.

5. NA
1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

<table>
<thead>
<tr>
<th>Entities or Organizations the CoC coordinates planning and operation of projects</th>
<th>Coordinates with Planning and Operation of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
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<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
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<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
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<tr>
<td>Head Start Program</td>
<td>Yes</td>
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<tr>
<td>Funding Collaboratives</td>
<td>Yes</td>
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<tr>
<td>Private Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through other Federal resources</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through Local Government</td>
<td>Yes</td>
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<tr>
<td>Housing and service programs funded through private entities, including foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
</tr>
<tr>
<td>Youth Homeless Demonstration Grant Operations Team</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.

(limit 2,000 characters)

1. RTFH consults with 4 local ESG areas and the Administrative Entity (AE) for CA-ESG for the local decision-making process. Executives for CoC and ESG areas meet monthly on the CoC Board. County HCDS has been the official Administrative Entity (AE) for State and County ESG funds. Smaller entitlements meet monthly as CoC general members. 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. An Intergovernmental Council offer continuous consultation. RTFH members attend Consolidated Plan advisory and planning meetings in several subregions.
2. The Board, an Evaluation Committee, and the CEO foster ESG reporting and evaluation. CAPER reports are reviewed annually. The AE issues requests for proposals, establishes a project review and selection group which included the RTFH CEO, to recommends projects for CA-ESG funding allocation. Applicants for homeless assistance funds outside CoC Competitive funds can submit a standardized Request for Letter of Support to the CoC Lead Agency. RTFH reviews the request, may ask for clarification or additional evidence, and issues a Letter of Determination of approval or denial of support.
3. HIC, PIT, LSA, unmet need data and trend information are provided all 13 CDBG entitlement and 5 PHA jurisdictions. The RTFH website gives 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. Periodic system framework reports and the CoC Written Standards which include 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.

Applicants must indicate whether the CoC provided 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.

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

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 protocols for coordinated entry and the CoC’s emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and
2. How the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality.

(limit 2,000 characters)

1. Safety is essential in the lives of survivors of violence (DV) or human trafficking (HT). Initial contact occurs via hotlines, emergency response, justice system referrals, or in public places. Initial assessment prompts action if DV risk is detected. Confidential, privacy-secured communications welcome victims to 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 action. Protocols minimize physical and emotional risks and promote privacy and confidentiality. Adherence to state laws enhances protection. Safety plans, secured housing, transportation, health care, legal aid, and alerts when abusers are released promote safety. In-home training and distance learning offer bridges to jobs. An Emergency Transfer Plan (ETP) ensures continuous access to safe housing and supports. The ETP is grounded in trauma-informed care, client empowerment, and a strengths perspective. The ETP offers crisis resolution, safe housing transfer and helps navigate interactions with child welfare, police, courts; or landlord relationships that can inadvertently re-traumatize victims or create barriers to housing. ETP features 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.

2. CES process relies on unique identifiers and strict data sharing protocols. Risk reviews developed with clients show housing options. Clients register preferred housing locations or features and have final authority in housing and service selection.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services.
providers to provide training, at least on an annual basis, for:
1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and
2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.

(limit 2,000 characters)

1. Optimal implementation of DV 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 clients and personnel implementing emergency response must hold appropriate knowledge of the existing safety-first network of providers of victim services, lethality assessment, and VAWA policies. Select CoC project staff are State Certified DV trainers who offer intensive training 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. Survivor-centric curriculum offers best practices trauma-informed care, 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.

2. CoC Standards contain VAWA-ETP policies and protocols to ensure a trauma-informed, client-centric, safety-first system response. DV ‘anchor’ agencies located in CoC subregions help implement the system through direct services, outreach workers in concert with CoC and CES staff and agency networks. A County HHSA contract supports human trafficking awareness and response using the kNOw More network. This training employs survivors as actors in a theatre of the oppressed production to educate the public. This innovative design ensures training is victim-centered and sensitive. Training offered in public schools, fosters prevention and early identification DV/HT. Protection of personal information in record-keeping (HMIS, CES) is paramount and is guidelines are available on-line throughout the year.

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.

(limit 2,000 characters)

CES uses a unique combination of universal data elements from existing enrollments gathered from both mainstream and comparable database systems, in conjunction with a triage tool focused on the immediate needs of clients. The triage tool contains data which is utilized in the prioritization process for clients. Efficiency and confidentiality are integral parts of any system where the wellbeing and safety of those fleeing domestic violence are at stake and a centralized Coordinated Entry system for survivors of violence (domestic violence, stalking, human trafficking) is a prime example of where efficiency, strong policy, and vigilance are required of the system’s and survivors’ success. A distinct centralized Coordinated Entry system essential to improve efficiencies. This project addresses challenges when implementing CES for DV: 1) Being able to more seamlessly integrate the local assessment tool 2)
Expansion of data collected regarding the immediate needs, to quickly address needs. Components of the assessment and placement system include: 1) Use of a common assessment tool at first contact - to be expanded to be done via phone in addition to emergency sites, 2) a lethality assessment for level of risk, 3) specific survivor housing navigation & case conferencing, 4) contact and referral to child welfare services when appropriate, 5) safe housing referral and housing selection with consumer choice, 6) secure, privacy-protected data. Recognizing that DV victims and HT survivors are often served by non-homeless dedicated agencies, assessment of community need also includes information from other systems such as law enforcement, emergency response teams, school liaisons, and the Domestic Violence and kNOw-More HT networks.

*1C-4. PHAs within CoC. Attachments Required.

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
<th>PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Diego Housing Commission</td>
<td>32.00%</td>
<td>Yes-Both</td>
<td>Yes-HCV</td>
</tr>
<tr>
<td>Housing Authority of the County of San Diego</td>
<td>80.00%</td>
<td>Yes-Both</td>
<td>Yes-HCV</td>
</tr>
</tbody>
</table>

1C-4a. PHAs’ Written Policies on Homeless Admission Preferences.

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC’s geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

1. The CoC represented by the RTFH Chief Executive Officer (CEO) meets regularly with decision-makers for the two largest PHAs, both of which have designated seats on the CoC Board. Both PHAs have adopted homeless preferences and engage in Move-On, Step Down, and self-sufficiency programs. The RTFH CEO is integrated in critical path decision-making groups with the PHAs such as a strategic planning group with the Corporation for Supportive Housing Lead Consultants and administrators of the largest PHA in the CoC. This group is preparing the homelessness plan for the City of San Diego and is setting policy precedence and introducing innovations for other areas in the CoC. The City PHA has set aside 22 units for homeless youth as a match to the YHDP grant. In addition, the CoC Lead Staff has connected with the other PHAs and assisted them in adopting homeless preferences policies and their administrative and action plans. The PHA’s have monthly learning
collaborative meetings which include RTFH representatives. The CoC has sponsored listening and learning sessions with technical experts and consultants to explore ways to optimize housing opportunities, such as shared or host housing; engaging new partners through landlord recruitment and incentives, and facilitating the involvement of faith-based property owners. A County initiative, Project One-for-All, POFA, prioritized severely disabled homeless persons for vacancy and turn-over vouchers, boosting the homeless percentage of new admissions to 80%. An Intergovernmental Council of the CoC meets regularly to review data and discuss strategies. 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.

2. Not Applicable

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

If “Yes” is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs.

(limit 1,000 characters)

1. The SDHC Move On program is part of a Homeless Action Plan, Housing First. SDHC and the County Housing Authority (HCDS) use set aside and priority vouchers for clients whose stability can be supported by mainstream programs. HCV in two areas are being used to step down clients from CoC PSH to scattered sites HCV; to support clients moving from de-funded transitional housing programs; and permanent, affordable housing; and subsidy to 38 households achieved long-term housing stability in PSH. To support housing retention, public housing tenants and low- or very low-income persons are linked to “Business Concerns” employment training and jobs, or private resources. Income growth assists households in moving to other units as the tenant chooses. Landlord-tenant initiatives, outreach to multi-family assisted housing using state funds, State HEAP and LITC projects, and partnering with Community Housing Development Organizations to secure affordable units are some strategies used.

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

(limit 2,000 characters)

1. The CoC works to ensure anti-discrimination practices based on age, sex,
gender and LGBTQ status, marital status, and disability are followed. Policy and training actions are: Inclusion of 24CFR 576.102 as a minimum requirement in the CoC Standards and reference to 24CFR 5.105 in the RTFH Standards are two of the policies implemented as part of the CoC Written Standards which apply to all homeless projects regardless of funding source.

2. Fair Housing Training is offered annually CoC-wide and Paired-Applicant testing is conducted regularly by Member agencies.

3. Activities included: CoC Separation Policy distributed and adopted and in place for past five years; Training & Community Conversations on 24 CFR 5.105 Anti-discrimination topics over past 4 years including marital status challenges for non-CoC funded housing provided by faith-based organizations; annual training on Fair Housing policies, incidence of racial disparity in housing; accommodating gender identities provided by Legal Aid Society attorneys; and distribution of an Equal Access Assessment Tool for Gender; inclusion of non-discrimination policies in the CoC Standards. To test inclusion, the CoC captures and assesses protected class information through the PITC and HMIS data. Recent efforts focus on youth & LGBTQ+. The 2019 unsheltered PITC recorded transgender or non-CIS responses. A CSE-IT screening identifies trafficked and exploited youth and triggers provider response. The CoC partnered with the University of Chicago’s Chapin Hall (Chapin) to enhance youth-focused actions. These activities enhance knowledge about the needs of persons in protected classes. Organizations and experts protecting housing rights are instrumental in the CoC processes, developing CES and other core CoC systems.

*1C-5a. Anti-Discrimination Policy and Training.

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

| 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 address discrimination based on any protected class under the Fair Housing Act? | Yes |
| 3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing? | Yes |

*1C-6. Criminalization of Homelessness.

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC’s geographic area.

| 1. Engaged/educated local policymakers: | X |
| 2. Engaged/educated law enforcement: | X |
| 3. Engaged/educated local business leaders: | X |
4. Implemented communitywide plans:  

5. No strategies have been implemented:  

6. Other:(limit 50 characters)  

Implemented the CCP and Youth Justice Work Group  
Coordination with San Diego Reentry Roundtable  
Unsheltered Policy/Encampments w/Law Enforcement

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

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 for homelessness assistance in the absence of special outreach; and  
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)

1) CES covers all of the geographic San Diego region, which includes areas in the most southern, eastern, northern and coastal areas of San Diego. The CES process is embedded in the work that homeless dedicated programs provided throughout San Diego. Currently, there are 20 access sites, including youth-specific sites, and three call-only access sites, as well as, 211- where a homeless individual can access the homeless system by simply calling 211.

2) CES data comes from street outreach teams, day centers, shelters, safe parking programs, and other points of entry where persons least likely to reach out are found. A key hospital trained staff on CES and assessment. Outreach programs enter clients into the CES are mobile throughout the County. Behavioral health are part of outreach teams. CES encompasses all housing types including Outreach, Emergency Shelter, and Transitional Housing through the Access and Assessment components of the system. Information captured through these projects inform the CES through the By Name List, assisting the referral process in identifying households in greatest need. Projects are included in the CES process through the prioritization and referral by referring prioritized households to these resources.

CES prioritizes those with the greatest need and uses the outcomes of the common assessment tools customized for families, DV, youth, and justice-involved persons. CES utilizes the HMIS data to prioritize clients through the Community Standards through identifying chronicity, their length of time homeless, disability, current living situation, sub-populations and special needs such as pregnant, with minor children, or on-going critical medical needs. CES ensures a client-centered approach through Case Conferencing where a client’s nuanced situation that is otherwise not captured through collected data is
shared by a provider who is working with the client. By Name Lists help ensure priority assistance to those most in need.
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1D-1. 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).

<table>
<thead>
<tr>
<th>Foster Care:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities:</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>
1E. Local CoC Competition

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at:

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;  Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;  Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline. Yes


Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served); Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served. Yes

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.

(limit 2,000 characters)

1. Rating factors award points for service to vulnerable clients: youth, domestic violence survivors, clients with two or more disabilities (substance; mental or physical health), or chronic persons. Serving zero income clients, success in moving persons coming directly from the streets to PH, in minimizing returns to homelessness are factors in scoring. Project rating includes criteria to assess CES participation. CES assessment is a triage tool to identify priority referrals persons with severe need. Points for implementing Housing First and linking clients to health care emphasize addressing special needs clients. Review of new DV projects are screened for trauma-informed care, client safety and choice, cultural competence, and use of best practices. A Housing First fidelity review ensures project operations reflect HF policies and lower barriers to care.

2. Seven criteria award nearly one-fourth of the weighted points for service to high-need, vulnerable groups using a low barrier approach. In addition to the score, strategies and protocols for project ranking assess benefits to CoC systems, established priorities, subregional gaps, or project uniqueness (eg. Safe Haven).

A Simtech Tool was used for scoring. Renewal Project review used data from HMIS and DV databases; 16 APR questions, system-level performance items, enhanced by LOCCS records, financial audits, monitoring and cost–effectiveness data. HMIS data quality, HUD threshold criteria are checked. CDP 16-11 priorities are reflected in high priority designations in the tool. New project review in Simtech looked at severity of need and service to vulnerable. Projects were also scored for agency experience and capacity, housing priorities, project design, cost-effectiveness. Core features sought for DV projects were best-practice designs, safety-first; client-centric empowerment activities; subregional need, agency capacity; innovative/ flexible approaches.


Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.
1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC’s ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 43%


Applicants must:
1. describe the CoC written process for reallocation;
2. indicate whether the CoC approved the reallocation process;
3. describe how the CoC communicated to all applicants the reallocation process;
4. describe how the CoC identified projects that were low performing or for which there is less need; and
5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.

(limit 2,000 characters)

1. Reallocation is data-driven, strategic and transparent. It relies on performance, optimal benefit to the CoC, prior recapture of funds, and need. Renewals undergo performance review and scoring. Pre-NOFA reviews and consultations can result in voluntary reductions by projects. Local resources replace federal funds when feasible. Funds are re-distributed to priority projects in subregions or for groups, or to system enhancement. Redistribution for projects with the same weighted score are listed by Priority Protocols. If projects continue to be tied in rank when priorities are considered, the project with the greater benefit to CoC goals is ranked higher.
2. The Board authorizes review processes, priorities, gives directives, and approves final allocations.
3. Strategies, protocols are posted on a website, sent via email, and Twitter
alerts. A notice of the right to appeal and directions to submit an appeal are provided using the same communication mechanisms at the time of initial posting. If the rank order changes as the results of appeal, a new list is posted. Minor adjustments in scoring that do not impact rank order are noticed to the individual applicant.

4. Objective scoring determines initial rank order until funds are exhausted. Next, reviewed for consistency with Board priorities. Adjustments are made if necessary, such as ranking of two projects with identical scores but filling different Board priorities. Any project meeting the eligibility and threshold criteria remaining after the pool of funds for which the project is eligible is expended, is eliminated from the rank order due to a lack of funds. If excess funds are available in Tier 1, reallocated funds are made available to the highest-scoring grantees that filed a new project. A public notice of the Appeals process is provided within 24 hours of the initial notice of allocations. Minor adjustments in allocation or scoring that do not impact rank order are noticed to the individual applicant.
DV Bonus

Instructions
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1F-1 DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing:

Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

<table>
<thead>
<tr>
<th>1. PH-RRH</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Joint TH/RRH</td>
<td>X</td>
</tr>
<tr>
<td>3. SSO Coordinated Entry</td>
<td>X</td>
</tr>
</tbody>
</table>

*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

Applicants must report the number of DV survivors in the CoC’s geographic area that:

<table>
<thead>
<tr>
<th>Need Housing or Services</th>
<th>1,815.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>the CoC is Currently Serving</td>
<td>4,834.00</td>
</tr>
</tbody>
</table>
1F-2a. Local Need for DV Projects.

Applicants must describe:
1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).
(limit 500 characters)

Need is 743 clients who replied "Yes" for "Domestic Violence Victim/Survivor" currently being served by all project types except Permanent Housing and clients who replied "Yes" and exited from any project in the last 45 days and were in contact with the provider in the last 90 days; with 3630 hotline service requests at an average length of stay at 199 days, approximately 1815 units are needed.

1F-3. SSO-CE Project–CoC including an SSO-CE project for DV Bonus funding in their CoC Priority Listing must provide information in the chart below about the project applicant and respond to Question 1F-3a.

<table>
<thead>
<tr>
<th>DUNS Number</th>
<th>927230565</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name</td>
<td>Regional Task Force on the Homeless</td>
</tr>
</tbody>
</table>

1F-3a. Addressing Coordinated Entry Inadequacy.

Applicants must describe how:
1. the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, or stalking; and
2. the proposed project addresses inadequacies identified in 1. above.
(limit 2,000 characters)

1) The current CES for DV is inadequate because intake, assessment, and transfer are completed through multiple points and there is no central CES system for survivors, and there is no one dedicated staff to help with the DV-CES process. The efficient response to immediate need is hampered and we must address that barrier within CES. Also, non-automated coordination among the components results in placement of the household in the first available space as opposed to what might be a more optimal location. A distinct centralized Coordinated Entry System is essential to improve efficiencies and this project addresses challenges when implementing CES for DV. During the development of the CoC’s VAWA Emergency Transfer Plan, the need for a shift in how prioritization and immediate service needs were analyzed. Efficiency and confidentiality are integral parts of any system where the wellbeing and safety of those fleeing domestic violence are at stake and a centralized Coordinated Entry System for survivors of violence (domestic violence, stalking, human trafficking) is a prime example of where efficiency, strong policy, and vigilance are required of the system’s and survivors’ success.

2) The DV-CES project will address inadequacies: 1) Enhance the CoC’s Coordinated Entry capacity for data collection for victims of DV, stalking, date rape, and human trafficking. 2) Provide a secure data server capacity and
appropriate software for sensitive information 3) Coordinate with other systems impacting housing placement such as landlord-tenant advocacy, child welfare services, emergency assistance resources 4) Provide training and support services to ensure data quality and proper use of the secure system 5) Produce and publish advanced system level data analytics that will assist the CoC make data-informed decisions 6) Ensure DV designated and highly trained, efficient staff will process consumers through the most seamless process as designed.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing—using the list feature below.

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>DUNS Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Start,Inc</td>
<td>158661678</td>
</tr>
<tr>
<td>San Diego Youth S...</td>
<td>113867105</td>
</tr>
<tr>
<td>Crisis House, Inc</td>
<td>602840407</td>
</tr>
<tr>
<td>Urban League of S...</td>
<td>073561235</td>
</tr>
</tbody>
</table>
1F-4. PH-RRH and Joint TH and PH-RRH Project

**Applicant Capacity**

<table>
<thead>
<tr>
<th>DUNS Number:</th>
<th>158661678</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td>Home Start, Inc</td>
</tr>
<tr>
<td>Rate of Housing Placement of DV Survivors–Percentage:</td>
<td>98.00%</td>
</tr>
<tr>
<td>Rate of Housing Retention of DV Survivors–Percentage:</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

1F-4a. Rate of Housing Placement and Housing Retention.

**Applicants must describe:**
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1. Home Start’s performance on a non-CoC funded project is DV project shows 98% success with full retention.
2. Data the non-CoC funded DV Project data comes from a State-OES project report; data for PSH came from the HMIS both sets of data were extracted since June, 2019.

1F-4b. DV Survivor Housing.

**Applicants must describe** how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

At program entry survivors are educated on housing options and able to choose transitional housing (TH) or rapid re-housing (RRH) assistance. An individualized Housing Stability Plan is developed for delivery of housing and services that are survivor-driven and trauma-informed. This plan is reviewed monthly and adjusted as needed. If RRH is selected, staff immediately work to identify safe and appropriate housing with the goal of securing permanent housing within 45 days. “Ready to rent” coaching is provided for the survivor as well as education for the potential landlord. Double deposits are used when needed. A titrated model of assistance is provided and the frequency and intensity of services gradually decrease as survivors incrementally develop self-sufficiency skills and increase income. If transitional housing is chosen, the survivor is able to immediately move into Home Start’s master leased property. Transitional housing can also be used as a short-term bridge housing solution for clients in RRH who have no safe location to stay. Staff work with survivors to help identify their goals relating to employment, education, and increasing income and determine resources and steps needed to achieve these goals and maintain housing.

1F-4c. DV Survivor Safety.
Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
   (limit 2,000 characters)

Home Start domestic violence direct service staff, interns, and volunteers receive 40-hour DV Counselor training pursuant to Evidence Code §1037.1(a)(1). Training is supervised by a DV Counselor with at least one year experience and includes: History of DV; Safety planning, Civil and criminal law as it relates to DV, the DV victim-counselor privilege, and other laws that protect the confidentiality of victim records and information; Societal attitudes towards DV, peer counseling techniques; Housing, public assistance and other financial resources available to meet the financial needs of DV victims. Home Start also provides extensive cultural competency training and recruits staff and volunteers with lived experience to help survivors feel less alone and better understood.

At entry, survivors are assessed to better understand their strengths and needs. This assists in planning and delivering services that are survivor driven and trauma informed. The assessment also determines if the survivor is in imminent danger of violence. Home Start staff provide tailored services and safety planning support to meet the needs of victims of DV and quickly resolve any immediate crisis.

Home Start’s ability to provide mobile advocacy allows us to meet clients where they are at while ensuring safety and privacy. Staff will meet clients at the times and locations that are the most convenient for them. This lowers barriers for survivors and allows them to access support services where they live, work, or feel safe.

Home Start uses a county-wide approach that considers safety planning and participant choice. Housing is in an area of the county that has been determined safe for the survivor. All housing locations remain confidential and Home Start utilizes the secured section of the HMIS database. If at any time the safety of the survivor is believed to be at risk, Home Start follows the Regional Task Force on the Homeless’ approved Emergency Transfer Plan (ETP) procedures.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
(a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.

Home Start has been providing services to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors (DV survivors) since the organization’s inception in 1972. We continue to provide these services through the support of federal funders. Our Communities in Action Program, established in 1994, provides assessment, case management, and linkages to resources to 10,000+ San Diegans a year. Community Services for Families established in 2004, provides in-home parenting services to 800+ families annually including children who have been victims of child abuse. First Steps, established in 2013 and expanded in 2018, provides parent education and case management services for 200 mothers per year, including those who are survivors of DV. Our Behavioral Health Services offer Trauma Focused Cognitive Behavioral Therapy and Parent-Child Interaction Therapy to more than 250 individuals and children a year, including children who have witnessed DV, and/or are victims of child abuse or neglect.

In 2009 Home Start expanded to include housing services. We have been the recipient of HUD funding since 2012. In this time, Home Start has secured funding from federal, state, and local sources to establish 14 housing and supportive services programs which combine to serve more than 452 households and 904 individuals annually. In 2014 Home Start received a FYSB HTR3 Capacity Building Grant. We partnered with organizations with advanced expertise providing services to human trafficking survivors and received ongoing technical assistance and training.

Home Start’s housing services for DV survivors include: survivor-focused advocacy; therapy; financial assistance; peer support; parenting support; life skills classes; linkage to childcare; employment services (workforce education, resume development, job search assistance, interview preparation, and referrals to workforce development); and aftercare services. Home Start staff are trained to understand and educate survivors and landlords about the Federal Violence Against Women Act and the Fair Housing Act. DV staff also receive 40-hour DV Counselor training.
Home Start’s DV Housing First Joint Project will create new housing options for domestic violence survivors through rapid re-housing (RRH) and transitional housing (TH). This will increase the long-term housing options for survivors as an extension of our existing Domestic Violence Housing First program which currently provides flexible financial assistance and mobile advocacy for survivors. The project will serve a minimum of 29 families and 85 individuals annually, while meeting the need for programs and services that can accommodate larger families by providing larger TH and RRH units. Housing services that can accommodate large families fleeing DV is currently a gap in our CoC. Under the direction of our Domestic Violence Advocate, a full time Housing Specialist (HS) will oversee all activities that relate to identification and provision of housing as well as provide “ready to rent” coaching to ensure that survivors are aware of their rights and responsibilities with respect to housing. Each survivor will have the option of participating in both transitional housing and rapid re-housing services, and can utilize one or both service components. Rental assistance and case management support will be available for up to 24 months. All interventions and activities are focused on helping each survivor develop the human, economic, and social capital needed to obtain and maintain stable housing and overall health and wellness. Home Start via the HS, will integrate program services as part of the regional coordinated community approach to homelessness, given that survivors of domestic violence have increased risk and unique needs.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

The Housing Specialists work with survivors to identify potential barriers to housing access and stability, and to determine how to best overcome the barriers through a combination of education, coaching, and linkage to services and supports. Staff are trained in best-practice techniques such as Trauma-Informed Care, Motivational Interviewing, and Positive Youth Development.

Staff help establish linkages including those relating to wellness such as substance abuse treatment and behavioral health services. Home Start has partnerships with Family Health Centers, the McAlister Institute, and the YMCA
Child Resource Services to accept client referrals in these areas. Staff will work with the survivor in an advocacy capacity helping them navigate systems including child welfare, child support, and the justice system. Staff help survivors establish and strengthen their support network of peers, family, and community members as well as self-help groups. Survivors are connected to benefit programs such as CalWorks, CalFresh and WIC. Survivors are assisted with navigating child support and when appropriate Home Start will utilize the SSI/SSDI Outreach, Access, and Recovery (SOAR) program to connect survivors with benefits or assist with the unemployment process. Staff will assist qualified survivors with completing paperwork for the California Victim Compensation Program.

To assist with employment and training and support increased income, Home Start has a MOU with the San Diego Workforce Partnership, the local Workforce Development Board designated by the City and County of San Diego. This allows for priority access to workforce development opportunities and warm hand offs between Home Start and the publicly funded employment development agency to support survivor employment placement and training. Survivors also have priority access to Home Start's internal employment training opportunities including our CDBG-funded job readiness and placement program.

1F-4. PH-RRH and Joint TH and PH-RRH Project

### Applicant Capacity

| DUNS Number: | 113867105 |
| Applicant Name: | San Diego Youth Services |
| Rate of Housing Placement of DV Survivors–Percentage: | 100.00% |
| Rate of Housing Retention of DV Survivors–Percentage: | 99.00% |

#### 1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:

1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1. The STARS DV-CSEC program provides housing, employment, and crisis and services though the Office of Victims of Crime and State Office of Emergency Services funds. A total of 89 youth ages 15-24 were all housed. I-CARE program serves CSEC youth with mental health needs. I-CARE outcomes show 99% of successful retention for CSEC youth outside the hospital setting.
2 Administrative report data for SDYS for OVC, OES, and I-Care performance

#### 1F-4b. DV Survivor Housing.
Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.

(limit 2,000 characters)

SDYS will utilize the resources of the CES, using the CoC’s progressive engagement approach, which prioritizes client choice. SDYS will facilitate the broadest possible outreach utilizing its existing outreach, service and partner programs; and prioritize the YEH level of crisis and safety through the CES triage system and CAT. As a designated Access Point provider, SDYS will utilize its Mobile Teams, street outreach, drop-in-center hub points, emergency shelter, Transition Age Youth (TAY) Academy, STARS and I CARE to connect targeted YEH to Forward. To facilitate the broadest possible outreach, SDYS will also engage law enforcement (juvenile justice and adult corrections), the network for runaway and homeless youth, health care, the Child Welfare System (CWS), CSEC and the Lynch Foundation in the referral process. Housing resources are identified based on the outcomes of the triage assessment and consistent with youth choice. Housing priorities are dictated by an individual’s unique circumstances which include level of safety and protection required; an environment that provides natural supports; stage of self-sufficiency; and choice of stable/permanent housing options. Housing status is reassessed monthly, and assistance is provided on an “as needed” basis. Equitable access and safety of the youth is a priority in addressing Housing First options. While Housing First is the primary goal, SDYS recognizes that housing availability may require a brief stay in transitional housing. First level of referral will be a property operated by SYDYS and then through SDYS’ network of housing partner locations.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

Over SDYS’ history serving youth who are victims of human trafficking and sexual exploitation, organizational guidelines have been developed to ensure the high levels of protection and safety. These include the following:
• Participation by staff and SDYS partners in CSEC orientation and on-going training; engagement in training sponsored by CSEC partners; and specialized training conducted by CSEC experts.
• Compliance by staff in maintaining confidentiality re transitional and permanent housing and service delivery locations.
* Judicious use of signage and outreach resources for victim safety.
  • Ensure the highest levels of protection, confidentiality and security in service delivery.
  • Provide dedicated, confidential space for individual and small group meetings.
  • Ensure that living conditions meet the highest levels of security, e.g., ample lighting, secure entrances and windows, etc.; and that security devices and emergency communication linkages are available for those living in scattered site housing.
  • Include self-help safety priorities in the Life Plans to include risk assessments and training.
  • Use “Live” role models to facilitate a transition to stable housing and economic security.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
   (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
   (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
   (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
   (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
   (g) offering support for parenting, e.g., parenting classes, childcare.

SDYS offers a level of intervention and services based on a collaboratively developed Life Plan through a Positive youth development (PYD) framework that utilizes Motivational Interviewing (MI) and Trauma-Informed Care (TIC) to promote client choice and movement to stabilization and self-sufficiency. All staff are trained in PYD, MI & TIC. SDYS follows a progressive engagement model offering a level of intervention and services tailored to meet each individual’s unique situation, strengths, and support youth problem solving and voluntary participation. MI is a goal-directed, client-centered counseling style that is designed to elicit behavioral change. Youth are encouraged to make informed choices consistent with assessment outcomes and stages of readiness. This results in a uniquely, tailored dynamic Life Plan reflecting strengths and resilience factors, life’s experiences, degree of trauma, and cultural needs. Safety is a priority. Non-discriminatory access to all resources
and a welcoming, inclusive environment characterize SDYS’ approach to services. On-going cultural competence and sensitivity training is required of all staff and volunteers.

Services are available using a “no wrong door” approach. TIC offers a framework for providing services to traumatized individuals that addresses the impact of trauma and creates a setting that is supportive and endeavors “to do no harm” in part by avoiding re-traumatization. TIC is characterized by non-judgmental staff-youth interactions that reinforce youth’s strengths and willingness to consider options. This allows youth to accept help on their terms. TIC is integral to SDYS’ case management philosophy and is incorporated into all contacts.

Youth are further supported to overcome trauma through a peer mentoring component. CSE youth is matched with a “lived” survivor who has successfully overcome barriers created by HT/CSEC exposure. Mentors are recruited from existing SYDS HT/CSE programs, e.g., STARS and I CARE and CSE partners. Volunteer mentors participate in a culturally-responsive, validated training program; and are supported informally and formally by the CCs. Five to seven mentors are paired with two to three youth. Activities that promote relationship building are facilitated through face-to-face sessions, as well as frequent check-ins. Outcomes are helping CSEs overcome the effects of HT/CSE and develop a level of trust that promotes positive social interaction and community adjustment.

Wrap-around services integrate therapeutic approaches with daily living activities, such as life skills, managing a household, education, job training and employment, community involvement, parenting, etc. SDYS has developed and promotes three E’s (Employment, Education and Entrepreneurship) as a basis for promoting self-sufficiency and community stabilization. This program helps youth overcome barriers created by a lack of education and mainstream work experiences. Central to this model is involvement by youth in SDYS-sponsored social enterprises, e.g., From the Grounds Up. This is an on-site social enterprise coffee shop staffed entirely by SDYS youth, which provides a supportive work environment, offering marketable skills and individual support that encourages youth to obtain sustained permanent employment. Forward youth will be involved in business expansion activities, as well as alternative social enterprise opportunities, e.g., the Young Entrepreneur Academy (YEA) and Call Service & Training Center (CSTC), which provides transitional employment. The “lived” experiences peer mentoring and social enterprises promote successful adjustment. This model creates a natural support system that endures beyond project participation and promotes social/emotional development, resulting in self-sufficiency and community integration.

Aftercare services are available for one year after program exit with formal check-ins at 1, 3, 6, and 12-month intervals.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
Forward is supported by SDYS’ housing and supportive service partners using the CoC’s Coordinated Entry System (CES). A wide variety of in-house programs are offered as the first source of services. Other partners are part of the coordinated services plan, 40 of which have formal MOUs with SDYS.

1. Sexual Assault & Human Trafficking/Sexual Exploitation:
   - Surviving Together Achieving and Reaching for Success – STARS (SDYS) include crisis intervention and safety planning; detention outreach and court advocacy; intensive case management; group counseling and ILS; clinical services; stipends to participate in leadership opportunities; peer mentoring; and aftercare support groups.
   - I CARE (SDYS) -- operates from TAY Academy and provides client-driven supportive services and on-site clinical services to meet social, emotional, health, and behavioral needs through psycho-educational and skill-building groups; peer mentoring; care coordination and referrals; caregiver/family support; positive recreational opportunities; and leadership development.
   - Lynch Foundation for Children provides paid internships, technical training, employer networking, seed money for business start-up, and career mentorships; as well as crisis intervention and short term support services, i.e., assessment of safety and other needs, lodging, food, clothing, transportation, medical, legal, rent, utilities, application fees, etc.; and permanent subsidized housing.
   - SD Commercial Sexual Exploited Children Response Team (CSEC) Rapid Response Team (RRT) provides crisis intervention, case management, and linkages to long term care for 12 to 21-year old youth; and to provide staff training and capacity building for organizations within the SD area.

SDYS makes extensive use of housing resources to promote rapid permanent housing and access to services to promote stability and self-sufficiency, including Legal Aid, SD Workforce, Community College, SD System of Care, YMCA Childcare, among others.

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

| DUNS Number: | 602840407 |
| Applicant Name: | Crisis House, Inc |
| Rate of Housing Placement of DV Survivors–Percentage: | 97.00% |
| Rate of Housing Retention of DV Survivors–Percentage: | 100.00% |
1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1. Crisis House's APR for its existing RRH for DV placed 100% of 138 persons who exited after being in the project 90+ days and 87% (32 of 37) persons who exited prior to 90 days; aggregate is 170/175 or 97%. Retention: Within 21 days, half moved into PH; Median LOS is 220 days. Zero% returned to streets. 2. Data came from the Comparable Database maintained by the CoC and was extracted by the HMIS Lead in July 2019.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

The project engages survivors experiencing homelessness who have fled an abusive situation and connect to the DV shelter network, including the Crisis House Journey-On Specialized Housing funded by the Governors Offices of Emergency Services with Victim of Crime Act (VOCA) funds. This program offers ready access to low-barrier, safe housing. To help survivors through the initial crisis, trauma-informed care and best-practice supportive services are provided. The project emphasizes client choice and offers help in securing permanent housing. Crisis House has an extensive history of success with landlords and property managers in the community to access available permanent housing units. The process quickly identifies the survivor’s challenges to housing in conjunction with relevant safety factors. Together staff and the survivor initiate a housing search plan to identify viable areas, dwelling size, and affordability to ensure long-term sustainability. Staff provide landlord introductions, assist with review and negotiation of leases as needed and with transportation as required. More importantly, staff also assist with mediation when needed should tenant/landlord issues arise.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

1. All staff, graduate interns, and volunteers, working with survivors and their children, complete 40-hours of training to meet the requirements of a “Domestic Violence Counselor” pursuant to Evidence Code § 1037.1(a)(1). Together, staff and the survivor complete a psychosocial and lethality assessment to determine the level of danger and risk to the victim. The survivor and staff develop their personalized “safety plan” which emphasizes the critical importance of the confidential non-disclosure of their housing location and the threat posed by social media sources.

Intake and interview space is separated from other areas by a code-secured door and in staff offices that provide a safe and private environment. When needed, another secured intake and interview space with a children’s playroom located on the second floor is used. Multiple spaces accommodate separate intakes when needed. Moreover, staff has the ability to meet survivors remotely in a mutually agreed upon private location. The project does not utilize congregate living spaces. Rapid re-housing units are inspected and meet housing quality standards prior to leasing and occupancy. Crisis House follows the Housing First best practices and housing and service goals are highly client-driven with special consideration for survivor safety. Finding, navigating, and securing housing is client-focused and supported by staff specializing in DV. Crisis House liaisons with landlords and housing locations that are proven they are safe.

Confidentiality is paramount. Non-disclosure of location is emphasized with staff, clients and support providers, physical locations are protected. Staff are members of the Shelter Supportive Services Committee who can expedite a “safety transfer” when a survivor perceives themself at risk.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
   (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
   (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
   (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
   (f) delivering opportunities for connection for program participants, e.g.,
groups, mentorships, peer-to-peer, spiritual needs; and (g) offering support for parenting, e.g., parenting classes, childcare. (limit 4,000 characters)

Crisis House, throughout its programming, has adopted trauma-informed philosophy with victim-centered practices that are driven by the needs, strengths, interests and voice of the person(s) impacted. Family and client-centered best practices provide services that are specific, culturally appropriate, and physically accessible. The intervention strategy is grounded in an understanding of and responsiveness to the impact of trauma that emphasizes physical, psychological, and emotional safety. The process is collaborative, led by the victim and supported by trained staff that has the mobility to meet survivors in the community. The modality utilizes motivational interviewing with a victim-centered approach to identify needs. Our trauma-informed domestic violence services and victim-driven advocacy include; 1) providing victims with information about the traumatic effects of abuse; (2) adapting programs and services to meet a victim’s trauma and mental health-related needs; (3) creating opportunities for victims to discuss their responses to trauma; (4) offering resources and referrals to victims; (5) being mobile and able to meet the victim where they are, and (6) re-evaluating and improving on our own programs’ practices.

The objective of our program in addition to safe permanent housing and the physical, psychological, and emotional well being of the family is helping survivor families be self-sufficient. To achieve this, a Self-Sufficiency Standard developed by Dr. Diane Pearce; a research professor at the University of Washington is used to identify and benchmark the level of need in the following areas:

- Shelter, food & nutrition
- Health & safety
- Income & employment
- Legal & immigration

The benchmarks range from in-crisis, at-risk or vulnerable, stable, safe or self-sufficient, or thriving. When completed, the Matrix provides the survivor and staff with a visual of where they are today and prioritizes area(s) of greatest need(s). Survivor progress or regress is easily tracked over time through reassessment. The research behind Crisis House’s service model and its twenty plus years of experience has led to reliable results that are successful for the victim, their children, the community, the agency and the funder. Key personnel are Spanish/English and Arabic/English bilingual/bicultural competent. The agency’s brochures are in English, Spanish and Arabic with voice messaging in all three languages for those with Limited English Proficiency. Crisis House has the capacity to meet the needs of survivors with visual and or hearing impairments. The agency holds a monthly peer support group open to all Crisis House DV survivors.

### 1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:
Crisis House’s longstanding presence in the community allowed the organization to develop relationships with property managers and landlords in the area. Its original domestic violence transitional housing program maintained a ninety-nine percent (99%) placement in permanent housing from 2012 through 2018. Its subsequent DV rapid rehousing programs have furthered landlord relationships.

Crisis House has a partnership with Leap to Success, and the East County Career Center to support staff and survivor efforts to increase employment. These supportive services emphasize engagement and provide additional resources to clients. Leap to Success provides the Leap to Confidence program designed for women who are recovering and rebuilding their lives from domestic violence, homelessness, and other major life challenges. Leap to Confidence has a track record of success. Graduates show measurable improvement in their self-confidence, self-esteem, and communication skills, which lead them to employment, promotion, or enrolling in school to upgrade skills. The other partnership is with the East County Career Center. The Career Center is an effort of the San Diego Workforce Partnership. The Career Center can offer any Journey Forward participant a place to search for jobs and access to career development resources. The Center is located within a Grossmont Unified High School District facility that offers GED, ESL and computer training to further the survivor’s educational development and improved employability. Crisis House has an on-site food pantry with diapers and the capacity to provide an emergency hot meal, the agency can also provide DMV documentation for free identification cards and a mail service to receive survivor mail thus further protecting their place of residence. Staff can directly assist or refer clients for assistance with utility discounts, physical mental healthcare, drug and alcohol treatment, childcare, legal services including child custody.

1F-4. PH-RRH and Joint TH and PH-RRH Project

 applicant: San Diego City and County CoC

 Applicant Capacity

<table>
<thead>
<tr>
<th>DUNS Number:</th>
<th>073561235</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td>Urban League of San Diego</td>
</tr>
<tr>
<td>Rate of Housing Placement of DV Survivors–Percentage:</td>
<td>99.00%</td>
</tr>
<tr>
<td>Rate of Housing Retention of DV Survivors–Percentage:</td>
<td>95.00%</td>
</tr>
</tbody>
</table>
1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1. Urban League's Sheriff Women's Re-entry Stabilization Program (121 clients, 99% placement) and Cultural Brokers Child Welfare Program (455 clients, 94% children retained). Although different programs, data illustrates success. Weighted average is 95% (455@94% = 427.7 + 121@99% is 119.79; total 547 of 576 = 95%.
2. Agency program administrative data.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

The Urban League of San Diego County (Urban League), as the project applicant, ensures DV survivors experiencing homelessness, are assisted to quickly move into permanent housing by first assessing each client individually; developing a safety plan; using integrated case management serves and a “Housing First” framework. The project emphasizes a rapid return to permanent housing or, in select cases, helps survivors stay in their current housing if it is safe. Priority placement is prompted when DV is identified during the integrated intake process. The process begins by working with survivors to identify existing barriers to obtaining safe housing, then advocating for housing on survivors' behalf. When housing is located, the UL subsidizes survivors' monthly rent, utilities, and similar expenses on a “step-down” basis over 12 months. Using the Integrative Case Management model, the Urban League offers counseling, financial education, support groups, services for children, job advocacy, and help retaining safe, permanent housing. The focus is to improve a family’s life for the long-term, not just provide a temporary fix. When the program is contacted for transitional services, staff will assess whether the participant is eligible and appropriate for those services. Program staff will determine eligibility, for example, participants who must be victims of domestic violence. Two key factors to consider on an individual basis are whether or not the person is actively experiencing a crisis and a participant’s level of safety. These two factors may determine if a participant is appropriate for an independent living setting, or if intermediate housing or services will be offered. Staff will work with the participant to assess if transitional services are the primary need, or if there are other issues that need to be addressed first to ensure safety and housing stability. Long-term stability is also fostered by securing employment, a specialty of the Urban league.

1F-4c. DV Survivor Safety.
Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
   (limit 2,000 characters)

The Urban League will ensure the safety of DV survivors experiencing homelessness by using safety measures described below. The initial training should be given as a comprehensive orientation to job duties/responsibilities, agency policy, and procedures, as well as general domestic violence information. The following is a general list of training topics to be addressed during orientation: Confidentiality; Safety planning; Domestic violence cycle; Crisis intervention; Stress management; Diversity and Cultural Issues Suicide/mental health issues; Child Abuse; First aid; and CPR. Trauma-informed care and client empowerment are foundations in DV training.

Staff will conduct separate interviews in private spaces during the intake with each member of a couple. Once a person is accepted, case management staff will gather more information from the individual and orient the participant to the program. Staff will complete initial paperwork and document conditions that are required by funding, licensure or agency policy. The intake information gathered will be recorded a secured individual file and the client management system. Participants should be provided with an explanation about what case management is, what their options are, and what to expect from the program. Program information so participants can review and reference it later, after the initial often traumatic flee for safety. At the end of the intake process, the participant should have a good idea of what she needs and have a plan to move forward. During intake, the case manager will ask about her perception and definition of safe living facilities. Apartments will be assessed for security and safety, including proper lighting in the hallways and grounds. Confidentiality of the physical location, victim information, and all personal information is essential to client safety and well-being and are emphasized in training and agency policies.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures
Program participant staff interactions are based on equality and minimize power differentials;
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.

Urban League provides culturally responsive, consumer and community oriented, supportive services to the underserved population and families involved with the Child Welfare Services system. Programs maintain and enrich our clients’ ability to provide a safe, healthy environment to maintain safety within their home and community. Programs and activities are oriented towards consumers’ and target communities’ needs and aspirations. Urban League recognizes that these needs and aspirations can be physical, emotional, intellectual, recreational, cultural, linguistic, and/or spiritual. Since 2011, the Urban League has provided services under a County of San Diego Cultural Broker Contract. Through this contract, the organization successfully educated more than 500 underserved families involved in the child welfare system on system processes, communication, early intervention strategies that enhance child safety, domestic violence counseling. Urban League also educated Child Welfare Services (CWS) staff/social workers to enhance cultural competencies. In this capacity, the organization used its experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors. The Urban League conducted group and individual education on trauma-informed care, parenting, and childcare. In addition, the organization ensured Cultural Brokers participated in a minimum of ninety percent (90%) of Family-Centered meetings each month. During Family-Centered meetings, Cultural Brokers assisted Central Region CWS workers to ensure: [1] Services provided to children and families are respectful of and compatible with the family’s cultural strengths and needs; and [2] A consistent integration of culturally relevant information when helping the family to develop and achieve a meaningful plan. Assessments are undertaken with the following tools: [1] Family Assessment [2] Adult Health Survey [3] Parenting Inventory [4] Consumer Consent Form. The current process allows consumers and their extended families to be informed about the assessment process. They are advised of its purpose and possible outcomes. Assessments are conducted in the consumer’s preferred language, and by an individual of the same culture, wherever possible. All assessments are consumer/family centered, where a consumer’s preferences and perspectives are valued and respected. All consumers undergoing assessment are informed about other relevant services, both within and outside of our organization, and referred to these services if the case plan requires or the consumer wishes. Before seeking a consumer’s/family consent to collect the information required for assessment consumers are informed about: [1] The kinds of information to be collected and the purposes for collecting such information. [2] Their rights to privacy and confidentiality. [3]
Their right to refuse to give personal information, and the consequences of such a refusal. [4] Their right to access their personal information. [5] Their right to complain if they think their information has been collected, used, or stored inappropriately.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

Urban League delivers participant services through an integrated service model: housing, employment, education and training, and health service system. The goal is to permanently improve their lives in measurable documented ways such as stable housing, employment, health, and education by helping clients to navigate access to public and privately available programs and services. At initial intake, we offer immediate employment placement and training, followed by career coaching for stable employment, as needed; we will also continue with financial coaching along with our of basic money management options, credit counseling, and wealth-building guidance. Clients are assessed by a case manager at intake, using an Urban League approved universal integrated intake form, across multiple life factors such as [2] child custody through our Cultural Broker contract with the County; [2] legal services such as expungement, special education, and custody advocacy with our re-entry, child welfare, and education programs; [3] individual development college-career planning with our education program for every child and adult client; [4] job training assessment, counseling, and placement with our workforce department programs; [5] physical, behavioral health, and substance abuse program with our County contracts such as Cultural Brokers and EMASS. An individual improvement plan is developed, covering a duration of 12-24 months, in coordination with the client, based on their immediate priorities and long term personal goals. The plan is comprehensive, covering the full range of integrates services and defines which services will be provided in coordination with outside service-provider partners. Clients are typically monitored at 30 to 60-day intervals. For the proposed client population, the housing staff will coordinate services to address the objective of housing first, with the emphasis on permanent housing attainment.
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

2A-1. HMIS Vendor Identification.
Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Number of Beds in 2019 HIC</th>
<th>Total Beds Dedicated for DV in 2019 HIC</th>
<th>Total Number of 2019 HIC Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) beds</td>
<td>1,986</td>
<td>55</td>
<td>1,927</td>
<td>99.79%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>71</td>
<td>0</td>
<td>71</td>
<td>100.00%</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>1,873</td>
<td>325</td>
<td>1,279</td>
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<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>1,525</td>
<td>178</td>
<td>1,305</td>
<td>96.88%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>4,177</td>
<td>0</td>
<td>4,177</td>
<td>100.00%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>842</td>
<td>0</td>
<td>842</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2, applicants must describe:
1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

1. TH beds - A major factor in the marginal TH coverage (82% vs 85%) is that one non-HUD funded provider with 261 TH beds is not participating fully in HMIS. The agency provides some data, but not all of the UDEs. The Collaborative Applicant will outreach to the agency administration and arrange to gather the full UDEs moving forward and jointly identify incentives for full participation. Over 300 TH beds on the HIC are dedicated to domestic violence and are not maintained in the central HMIS. The RTFH has worked to develop a comparable database for DV and if the DV Bonus application for the CES for DV safety is successful, resources will support full coverage of those beds.

2. The 2019 HDX reports reveal that the CoC achieves a 96.82% HMIS bed coverage rate overall. This results from several years of outreach, relationship building and collaboration to identify and reduce barriers to full HMIS participation. HMIS Staff and CoC Lead will hold primary responsibility for employing similar actions in this case. Steps include: (1) initial contact with between RTFH and agency administrative/executive staff to build awareness of the importance of and benefit of HMIS participation, and to identify key barriers to full HMIS participation; (2) outreach by the CoC Lead to foster ongoing collaboration; (3) training and, if necessary, data-entry support by HMIS staff to complete full UDE input for current clients; (4) development of an action plan to support ongoing participation.


Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0. Yes

*2A-4. HIC HDX Submission Date.

Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 04/30/2019
2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

2B-1. PIT Count Date. 01/25/2019
Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/30/2019
Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

Applicants must describe:
1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's sheltered PIT count results; or
3. state “Not Applicable” if there were no changes.
(limit 2,000 characters)
Not Applicable

*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.
Applicants must select whether the CoC added or removed emergency shelter, No
transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC’s 2019 sheltered PIT count.

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC’s unsheltered PIT count results; or
3. state “Not Applicable” if there were no changes.
(limit 2,000 characters)

1) The 2019 PIT was an “engaged count” focused on engaging as many people as possible with a new shorter PITC survey. Several months were dedicated to preparation and planning for the changes in the count. Technical Assistance and community coordination, as well as, training for volunteers, helped prepare for an engaged count. Public messaging about the changes were offered at our general meetings with all stakeholders, and through governance board meetings and newsletters. In addition, the COC did a pilot with an area of downtown to test how the engaged count would be impacted this year. Additionally, the PITC did not use a multiplier when counting structures or vehicles as in previous years. The people counted were directly engaged with or were visually seen sleeping in structures and vehicles. The changes in the 2019 Survey Instrument included focusing on surveying homeless consumers where they were found, using more advance quantitative tools such as drones to do heat mapping analysis, and refining our approach to include engagement on vehicles and RVs, abandoned buildings and hand-built structures. To improve engagement we trained outreach workers how to lead teams of volunteers to survey homeless consumers where we found them the night of the count.

2) With the change in methodology of counting actual people and not using a multiplier for structures or vehicles, the number of people actually counted this year was reduced from last year, representing better accuracy as we are no longer using a multiplier. The engaged count reflected a reduced overall number compared to previous years.

*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.

Applicants must:
Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.

Yes

2B-6a. PIT Count–Involving Youth in Implementation.
Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:
1. plan the 2019 PIT count;
2. select locations where youth experiencing homelessness are most likely to be identified; and
3. involve youth in counting during the 2019 PIT count.

(limit 2,000 characters)

1) Youth and Homeless Youth Service Providers partner with the CoC to plan the week long youth count. Several coordination meetings are held in advance of the count to ensure that youth are captured from all parts of the county, from the highly populated areas, as well as, rural areas and everything in between. The methodology for the youth count is different than the general count because this is a difficult to locate population of youth experiencing homelessness. It is a week long effort instead of a three day effort and includes outreach, as well as, event based approaches to reach as many youth as possible.

2) Location are selected by current/formerly homeless youth and youth providers, to ensure that we are able to locate youth where they may be found. This year the Youth Action Board participated and rode public transportation and stopped at the trolley stops where homeless youth are known to frequent. Similarly dedicated outreach workers lead teams to canvas the county. The difference is the outreach workers are led by homeless or formally homeless youth who have a personal knowledge of where to find ‘hidden’ youth.

3) Youth are an integral part of the Youth Count as they are the ones that know best where the hidden population of youth can be located. The teams for the youth count are made of youth and staff of the different homeless youth providers in the community. Additionally, the providers and outreach teams survey youth who are both unsheltered and homeless and unstably housed. The Youth Action Board volunteered to participate this year to ensure we had as many youth as possible leading the effort to locate homeless youth.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC’s actions implemented in its 2019 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)

1) The CoC did an engaged count using trained expert outreach workers as PITC leads. The benefit is that outreach workers are more familiar with people experiencing chronic homelessness in our region so they could locate them and due to their relationship, in addition, individuals were responsive to being surveyed by the outreach workers they see weekly. We attempted to engage and survey as many people as possible, the result gave us a much more robust data set and we were able to speak to more people living in vehicles and structures then in previous years. We had law enforcement fly drones over riverbeds and hard to reach locations to target people living in more desolate
areas that have been experiencing homelessness for a longer period of time. Once the drones identified individuals or encampments in the area, we then sent the expert outreach workers to go and provide the PITC survey to the population that is more difficult to reach. This new process ensured that we are providing a better, more specific targeted count of individuals experiencing homelessness.

2) San Diego currently has four safe parking lots and homeless families with children live in their vehicles in these lots. As part of the count we counted and surveyed in the four lots to be sure to gather as much information about families with children experiencing homelessness. Additionally, our South County region, for the first time opened an RV parking the night of the count so that people could freely park there, have a meal and be surveyed. We also believe our more engaged count helps us to identify families.

3) Several of the Veteran homeless service providers volunteered to be outreach leads to do the more engaged count. With their assistance and knowledge about where to find Veterans experiencing homelessness a more robust data set was collected about Veterans. Additionally, when they came across a Veteran during the count they were able to offer Veteran related services immediately.
3A. Continuum of Care (CoC) System Performance

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX. 8,653


Applicants must:
1. describe the process the CoC developed to identify 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.

1. The RTFH marshaled targeted efforts to identify and engage persons at risk. In 2019, new diversion and prevention screening protocols were implemented at CoC assessment sites. Use of a by-name-lists helps identify those falling into homelessness. Systems analysis tools mine data on both region-wide and project level for entry, exit, outcomes and transition between system components. Analysis of reports helps to identify key points of entry, successful interventions, and patterns of system weaknesses which allows the CoC to plan for system improvement.
2. Metric 5.2 of the 2019 Competition report shows 8,653 first-time homeless persons. This represents a decrease of 315 persons vs. 2017. Strategies like
CES triage and tracking, creation of recuperative health care beds, an in-custody PITC survey, and targeted youth outreach help identify and deter persons at risk. By-name-lists help focus efforts, screening by 2-1-1 and access centers, and a Courage to Call line for veterans help divert persons to alternate/prevention and tangible needs services. A Veteran’s Consortium and a Youth Action Board contribute to the ongoing planning and assessment for subpopulations. Actions focused on housing discrimination and increased awareness of racial inequity help deter homelessness. A city ordinance adopted in the central region prohibits landlords from refusing to rent based on a public source of income.

3. A Board-appointed committee and two consulting firms hired by the PHA and CoC, and the RTFH CEO are directly responsible for the development of a strategic plan to end general homelessness. The RTFH as the CoC operating body and Collaborative Applicant is responsible for ensuring effective implementation of and strategies adopted by the Board.

*3A-2. Length of Time Homeless as Reported in HDX.

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.


Applicants must:
1. describe the CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3. 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)

1. Despite an increase in the number of homeless persons included in the metric, HDX Measure 1.a reports a one week decrease in the length of time homeless (LOTH) for those not in permanent housing. The average and median LOTH adjusted for Standard 3.917 are 663 and 401 nights respectively. This data reflects the challenges in access to permanent affordable and permanent supportive housing in the CoC region. Data reveal variances in LOTH at ‘critical times’ and pathways. State HEAP funds enhance outreach efforts and alternate, immediate housing resources. Demonstration project funds expand TH-RRH and host homes for youth. New customized resources for DV households using best practice interventions and flexible funds from state HEAP will enrich services.

2. By-Name-Lists and CES case conferencing identify those with long term homelessness or 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 and STELLA reports can identify and track population trends; 6) Ongoing landlord outreach, education, and special incentives from PHAs and a help-line to reduce barriers and eviction.

3.Funded Outreach teams implement the strategy, CoC Evaluation committee tracks progress, RTFH has final responsibility.

**3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.**

Applicants must:

1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.  
   - Percentage: 44%

2. Report 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 as reported in HDX.  
   - Percentage: 94%

### 3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

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;  
2. provide the organization name or position title responsible for overseeing 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;  
3. 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; and  
4. provide the organization name or position title responsible for overseeing 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)

1. The Competition Report, Metric 7b2 shows a 94% successful exit and retention rate, evidencing 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 mainstream comprehensive full-service partnerships (FSP). Housing search, navigation, and landlord incentives increase access to client-preferred units. A permanent supportive housing learning collaborative examines factors impacting placement and retention, points 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. "Step down" units were offered to PSH tenants who had stabilized and whose service needs had decreased. The County Project One For All (POFA) prioritized homeless for housing choice vouchers (HCV) and FSP-supported units for moving persons directly from the street. Nearly 80% of the County HCV & VASH vouchers for new enrollees went to homeless persons.

2. The RTFH CEO, the Board and PHA administration collaborate on use of resources. An Evaluation committee tracks success, and the CoC monitors performance.

3. PSH retention is marked by low turnover rates (2-4% annually). Exits from PSH is client-driven. When a tenant desires a change or a change is necessitated by VAWA policies, the CES and DV systems facilitate the process. Periodic in-reach and access to case managers, housing navigators, counselors, and tangible services support housing stability, retention or successful transition.

4. RTFH connects with a PSH collaborative, oversees the plans for effective use of PH, and monitors 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:

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
</tr>
<tr>
<td>18%</td>
</tr>
</tbody>
</table>

1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.

2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:

1. describe the strategy the CoC has implemented to identify 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 return to homelessness.

1. The HDX competition report Metric 2, shows returns from all programs types (Street Outreach, Emergency Shelter, Transitional, Safe Haven and Permanent Housing) during 0-6 months at 12% and returns in 6-12 months at 6%. The central HMIS information shared across programs in an "open system" is foundational to monitoring returns to homelessness (RTH). CES case conferencing and By Name Lists 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 of key factors; 2) consulting with HUD TA and the
S0 Cal. CoC Alliance leaders to explore best practices; 3) Subregional assessment of housing capacity vs. need 4) Findings from item 1-3 considered during funding allocation and requests for 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.

3. RTFH Board oversees policies. The CoC Lead, HMIS-CES staff, and the Evaluation Committee help develop strategies and recommend resources to accomplish this measure.

*3A-5. Cash Income Changes as Reported in HDX.

Applicants must:

| 1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX. | 8% |
| 2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX. | 41% |


Applicants must:
1. describe the CoC’s strategy to increase employment income;
2. describe the CoC's strategy to increase access to employment;
3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
4. provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase jobs and income from employment.

(limit 2,000 characters)

1. In 2018, the CoC and San Diego Workforce Partnership (WFP) joined to launch a Rapid Rehousing & Employment (RRH-E) pilot. This amazing project increases access to job opportunities and employment income for homeless persons. Designed to serve 300 households over 2 years, the pilot linked 100 people with 180 referrals after only 9 months. Average wages at $13.30/hr and solid employee retention increase earned income for clients. RRH-E fosters a best practice by directly engaging clients with major employers. "Businesses for Good" link clients to jobs and another venture encourages youth providers to hire youth as employees. RTFH hired two homeless youth and to date, 8 new jobs for homeless youth were created.

2. CoC Grantees hold dozens of MOUs with employers and employment services. The CoC offers information and support for new/recurring funding to support job services. The collective action of participating agencies, businesses, employers on the Board and the federally-funded WFP offers formal MOUs and region-wide strategic initiatives. Consideration is given to overall productivity of youth participating in either work or school. Education and jobs impact ongoing income. Jobs that offer safety are promoted for DV survivors.
3.HDX shows increases in earned and non-employment income in 2018 with a 21% increase overall. CoC agencies proactively link clients to mainstream resources and work to identify methods to improve employment outcomes and access to mainstream benefits (MB). Strategies include job support staff; partnerships with WIA-funded workforce development providers; tangible support for job/training; skills development classes; SOAR training; phone enrollment in MB; low/no-cost IDs; call-in centers to resolve eligibility issues or benefits denial; clinics to access VA benefits.

4. A coordinator and a project specialist manage RRH-E activities; RTFH oversees system-wide productivity and monitors project-level performance.


Applicants must:
1. describe the CoC's strategy to increase non-employment cash income;
2. describe the CoC’s strategy to increase access to non-employment cash sources;
3. provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase non-employment cash income.

1. Strategy for CoC projects: generate the system-wide rate, disaggregate by project type and identify projects with positive outcomes. Analyze cash benefits, SSI, SSDI, VA, GA to find patterns of use or possibly underutilized benefits. Build grantee awareness and develop actions customized to each group. Education about best practices and innovation and ongoing communication about changes in mainstream programs and policies will help foster client awareness and access to benefits. Using APR data, initial implementation of the strategy shows: System-wide rate for stayers is 41% and 14% for leavers. For PSH, the overall rate is 56.7%. RRH rates are 10.4% for non-DV programs; 1.3% for DV programs; and 9.8% for the RRH component of PH- TH+RRH projects. TH rates are 20.32% for non-DV; and 18.75% for DV. The data inspires a question of possible impact of LOS on increased income. Source differ by program type: PSH has SSI, SSDI and GA; RRH shows SSI, TANF, and SSDI; with RRH-DV TANF, SSI, Child Support. Another system-level action comes with RTFH ongoing project monitoring. Review of progress against CoC benchmarks, the quality of data entry, and setting action plans and points in project scoring can focus attention on increased income as a key measure, and motivate agency action.

2. Access to non-employment cash sources will benefit from State-funded HEAP projects and discussion about system protocols and other benefits. A CoC sponsored income-focused peer-learning session and SOAR training on how to improve access, including eligibility specialists from mainstream resources could help. Legal aid services for child support or alimony claims; explore potential of self-employment and educational programs that could result in future income.

3. The RTFH CoC Lead and managers of CoC projects work jointly to implement.


Applicants must describe how the CoC:
1. promoted partnerships and access to employment opportunities with
private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and

2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.

(limit 2,000 characters)

1. The CoC and the San Diego Workforce Partnership work closely to increase employment opportunities for people battling homelessness. A newly created Rapid Rehousing Employment Pilot (RRH-E) directly links housing and employment for homeless persons. Job-I-Thon and Connect 2 Careers prepare and connect clients to employment. The Re-Entry Roundtable advertises openings and holds a job fair. EDD and job programs join in Project Homeless Connect events. The CoC joined a Creating Jobs workgroup and partners with the City of San Diego Economic Development Department, Promise Zone and The Council for Supplier Diversity (CSD). The relationships with these economic development organizations increase opportunities for economic sustainability for people experiencing homelessness. The CSD is an economic development program comprised of women, minority and service-disabled owned business. The CSD provides entrepreneurial training for youth in the CoC to learn about occupations in an innovative way.

2. Examples of actions are: 1) CoC Project applicants, including PSH projects hold nearly 20 written agreements with employers, job training programs and economic development. The agreements include private businesses, public entities, staffing and training agencies, and vocational programs. 2) County HHSA is completing year one of a project similar to a sheltered workshop which includes formerly homeless, mentally-ill; 3) Urban League and SDYS specialized job training for DV, reentry, and special needs, 4) The RTFH and the Local Initiative Support Corporation (LISC) partnership offers employment training. The RTFH led the way by creating employment opportunities for AmeriCorps and LISC, and hired a trainee with lived experience as full-time staff.


Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC’s geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities. [ ]

2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery). [ ]

3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities. [ ]

4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness. [ ]

5. The CoC works with organizations to create volunteer opportunities for program participants. [ ]

6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials). [ ]

7. Provider organizations within the CoC have incentives for employment. [ ]
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.

3A-6. System Performance Measures 05/29/2019
Data–HDX Submission Date

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

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3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

<table>
<thead>
<tr>
<th>Factor</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td></td>
</tr>
<tr>
<td>2. Number of previous homeless episodes</td>
<td>X</td>
</tr>
<tr>
<td>3. Unsheltered homelessness</td>
<td>X</td>
</tr>
<tr>
<td>4. Criminal History</td>
<td>X</td>
</tr>
<tr>
<td>5. Bad credit or rental history</td>
<td></td>
</tr>
<tr>
<td>6. Head of Household with Mental/Physical Disability</td>
<td>X</td>
</tr>
</tbody>
</table>

3B-1a. Rapid Rehousing of Families with Children.

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

1. Families are served by specialized emergency services, assessment and placement through the CES system. Joint Housing enhances the response through TH or RRH resources for high-need families and youth. Low-barrier designs give quick access to permanent housing and supports. CoC-funded and non-funded projects create a network of nearly 80 projects serving families and youth, offering an array of housing and tangible supports throughout the CoC. State HEAP funds and mainstream resources are used to quickly move households off the street into flexible housing options and then to prevent returns to homelessness. Ongoing assessment and customized service plans address the unique circumstances of each family. Collaboration with Mc Kinney Vento school liaisons, Headstart programs, the DV network, VA – Supportive Services for Veteran Families, employment, health clinics, legal services, and others rally support to meet each household’s need. YHDP funds services for TAY families.
2. System-level coordination assists families and youth to obtain and maintain housing. Cooperative efforts with County Health and Human Services, Public Housing Authorities, VA, Workforce Development, a partnership with the San Diego Promise Zone ensures funding and resources work together to support families in need. The Council for Supplier Diversity is dedicated to reducing poverty by integrating underserved individuals with opportunities in the marketplace. From first touch on the street to aftercare, agency case managers help with access to mainstream resources, employment, education, health care, childcare, landlord-tenant navigation, and provide crisis intervention, tangible needs and other services needed to retain housing stability. The YHDP CCP plan prioritizes pregnant and parenting TAY for support.
3. RTFH is responsible: CES assesses need; the CoC Rating and Ranking reinforces positive outcomes and retention in project scoring. The CoC Lead Staff coordinates the efforts.

3B-1b. 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 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 any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.</td>
<td></td>
</tr>
<tr>
<td>2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.</td>
<td>X</td>
</tr>
<tr>
<td>3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.</td>
<td></td>
</tr>
</tbody>
</table>
4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unsheltered homelessness</td>
<td></td>
</tr>
<tr>
<td>2. Human trafficking and other forms of exploitation</td>
<td></td>
</tr>
<tr>
<td>3. LGBT youth homelessness</td>
<td></td>
</tr>
<tr>
<td>4. Exits from foster care into homelessness</td>
<td></td>
</tr>
<tr>
<td>5. Family reunification and community engagement</td>
<td></td>
</tr>
<tr>
<td>6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs</td>
<td></td>
</tr>
</tbody>
</table>

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

<table>
<thead>
<tr>
<th>Requirement</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>2. Number of Previous Homeless Episodes</td>
<td>X</td>
</tr>
<tr>
<td>3. Unsheltered Homelessness</td>
<td>X</td>
</tr>
<tr>
<td>4. Criminal History</td>
<td>X</td>
</tr>
<tr>
<td>5. Bad Credit or Rental History</td>
<td></td>
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</tbody>
</table>

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:

1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.

(limit 3,000 characters)
1) The CoC has done a tremendous amount of work on the area of youth homelessness since awarded the HUD Youth Homeless Demonstration Grant (YHDP) in 2018. YHDP brings 20 new projects, and 1 planning grant to serve 1,000 youth in San Diego. The San Diego Coordinated Community Plan to End Youth Homelessness (CCP), created in partnership with the Youth Action Board, youth homeless service providers, other youth and the community at large, was approved by HUD March, 2019. The CCP addresses special populations including: victims of violence & human trafficking, justice involved, LGBTQ, pregnant and parenting, child welfare-foster care involved, unaccompanied minors, and youth veterans. FY2019 funded CoC youth-focused projects bring targeted Joint, PSH, and RRH housing, Host Homes, job training, and custom services for high-need youth.

2) Unsheltered youth are prioritized by HUD categories in this order: 1, 4, 2, 3. To be more inclusive, the CoC is the first YHDP site in the nation to ask for a waiver to use Category 3 for YHDP justice involved youth. Priorities are: youth residing in the HUD San Diego Promise Zones, justice -involved, pregnant and parenting, unaccompanied minors, foster youth or child welfare involvement, and youth with no high school diploma/GED. This prioritization was developed through local processes including feedback from the Youth Action Board and youth homeless service providers. The youth homeless services providers were collectively awarded funds from the State of California Office of Emergency Services and The County of San Diego Behavioral Health Service to address DV/human trafficking among homeless youth. Those grant funds have served 630 youth since F/Y 2018-19, with housing supports, emergency shelter, mental health care and supportive services.

The CoC in partnership with The County of San Diego Health & Human Services, Child Welfare Services (CWS) created a Child Welfare Workgroup (CWW) comprised of 7 CWS supervisors and managers, and two staff from RTFH. This group will align both respective systems to address barriers. Working together to examine the process for unaccompanied youth that don’t meet child welfare criteria, and create access to broader youth support systems. Written process, inclusive of all access sites, will be given to all CWS workers, to connect homeless youth to sites where they can access housing services. In addition, the homeless youth with previous foster care involvement now have a designated CWS supervisor to answer questions about eligibility for CWS. The CWW met with the Youth Action Board (YAB)to discuss issues and challenges for homeless youth outside of the CWS system and discharging the foster care system. The partnership with CWS; having a HHSA designated staff person from CWS; a supervising policy analyst that has been on the YHDP Operations Team are invaluable. Having the work for youth led by youth and YAB members ensures-youth-centric and sensitive services.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:
1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. 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 both strategies in question 3B-1d.; and
3. describe why the CoC believes the measure it uses is an appropriate
way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)

1) The CoC uses the CCP Action Steps which guide the work for youth and measures the following goals through a matrix of objectives, including responsible parties and completion dates. Goal 1: Center youth in the design and oversight of all activities; Goal 2: Facilitate cross-system and cross-agency collaboration; Goal 3: Improve data quality and use data to inform decision making; Goal 4: Ensure streamlined access to services for youth that are equitably resourced in all parts of the county; Goal 5: Provide safe and stable housing; Goal 6: Open doors to self-sufficiency and success through education, employment, and entrepreneurialism; Goal 7: Support social-emotional well-being and permanent connections; Goal 8: Prevent youth from becoming homeless or chronically homeless.

2) The YHDP Operations Team and Performance Measures Work Group is cohesively working with the Youth Action Board, youth service providers, Youth Homeless Consortium and RTFH to ensure that HMIS measures are realistic and obtainable. Collectively they are reviewing all HMIS data points, and the CCP to ensure that the local priorities and performance measures are captured. The performance measures will be placed in CoC-YHDP contracts and measured through rating and ranking when the projects reach the renewable stage. Ongoing training and technical assistance will be provided to the youth homeless service providers to ensure consistency with the CCP action steps, HMIS and CES compliance.

3) All projects are monitored for HUD compliance, as required by the CoC Monitoring Policy. RTFH is committed to improving cross-system collaboration and strengthening partnerships with organizations, such as schools, higher education, probation, and child welfare. We deepened these efforts by establishing targeted workgroups to address the gaps between our system. To support this goal, RTFH, the youth provider community, and YAB embarked on a multi-fold design process. We catalogued all existing youth specific housing resources, reviewed eligibility criteria, and established community prioritization criteria so that youth are correctly matched to appropriate housing options. The CES workgroup, YHDP Operations Team & RTFH will: Review housing program data entry and reporting requirements; Review the youth assessment process; Update HMIS data fields as needed; Develop a roll out plan to ensure that all providers understand best practices and are prepared to use the new system; Provide ongoing training for the youth providers. Our global commitment to Continuous Quality Improvement (CQI), includes monitoring and refining CES and HMIS processes. RTFH centers data in all decision making for effectiveness, we have improved our data to expand the information we are collecting. We monitor data carefully and use the principles of CQI to analyze services to ensure that it meets the needs of young people, as the most appropriate way to solve youth homelessness.

3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:
   a. youth education providers;
b. McKinney-Vento LEA or SEA; and
c. school districts; and

2. how the CoC collaborates with:
   a. youth education providers;
   b. McKinney-Vento Local LEA or SEA; and
c. school districts.

(limit 2,000 characters)

1) The CoC embarked on a very meaningful relationship with The San Diego County Office of Education in 2017 to help end youth homelessness for the region. The McKinney Vento Homeless Liaison Appointee for the 42 school districts in San Diego works seamlessly with RTFH. Accolades include joining the RTFH Board, serving on the YHDP Operations Team, and Leading the Education Stakeholder Work Group.

2) The CoC collaborates with 23 higher education stakeholders: Local Universities and Community Colleges; 5 San Diego County High School Districts; and 10 early child care/education providers, HeadStart and State Preschools. The Education Stakeholders Workgroups(2), meet quarterly to identify challenges, barriers, and best practices regarding youth homelessness and education. The Education Work Groups have met four times, including hosting the first YHDP Early Care and Ed meeting in the nation. Several challenges in the education system were discussed, such as confidentiality and sharing information between schools and the homeless system. In addition, Early Care and Ed discussed how to prioritize homeless families on the waitlist for access to early childcare programs, and the barriers associated with homeless prioritization. Strategic planning for the Education Stakeholders include surveying higher education regarding needs, RRH funding from the State of California and how to collaborate for funds, emergency resources to prevent homelessness among college students, and a “mixer” between education stakeholders and youth homeless service providers. A Community Asset Mapping Project is in progress to identify all homelessness resources on college campuses. These strategic engagements are intended to continue to build the collaboration and partnerships between the education system(s) and youth homelessness system. The CoC reserves a seat on the Governance Board dedicated for an Education provider.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.

(limit 2,000 characters)

1. CoC-funded projects serving families must abide by the local Educational Assurances Policy (EAP). EAP requires identification of the staff whose job is to ensure children are enrolled in school consistent with HUD policy and the Elementary and Secondary Education Act. Local policy features: formal adoption of an EAP
   • Requirement that an EAP is on file and posted by every CoC project serving households with children
   • Family choice for selecting housing near child’s school
   • DV families assistance 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 • 
Advocacy when educational rights are violated • Exit plan to include education • 
Technical assistance on request • SEA and LEA contact when warranted. 
School liaisons link youth to services and join CoC agencies in efforts to help 
identify and respond to special needs of homeless children. CoC Members 
engage in SEA and LEA events. The Special Needs Division of the Office of 
Education creates an annual summary report listing the grades, school, and 
number of homeless children.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood 
Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types 
of agreements with listed providers of early childhood services and 
supports and may add other providers not listed.

<table>
<thead>
<tr>
<th>Early Childhood Providers</th>
<th>MOU/MOA</th>
<th>Other Formal Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Child Care and Development Fund</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Federal Home Visiting Program</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Healthy Start</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Birth to 3 years</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Tribal Home Visiting Program</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC-Educational Stakeholder Work Group</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>San Diego County Office of Ed. Mckinney Vento LEA</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC uses an active list or by-name list to identify 
all veterans experiencing homelessness in the CoC.

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC is actively working with the U.S. Department of 
Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and 
criteria for ending veteran homelessness.

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC has sufficient resources to ensure each 
veteran experiencing homelessness is
assisted to quickly move into permanent housing using a Housing First approach.


Applicants must:
1. select all that apply to indicate the findings from the CoC’s Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People of different races or ethnicities are more likely to receive homeless assistance.</td>
<td></td>
</tr>
<tr>
<td>2. People of different races or ethnicities are less likely to receive homeless assistance.</td>
<td></td>
</tr>
<tr>
<td>3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.</td>
<td></td>
</tr>
<tr>
<td>4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.</td>
<td></td>
</tr>
<tr>
<td>5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.</td>
<td></td>
</tr>
<tr>
<td>6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.</td>
<td>X</td>
</tr>
<tr>
<td>7. The CoC did not conduct a racial disparity assessment.</td>
<td></td>
</tr>
</tbody>
</table>

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC’s strategy to address any racial disparities identified in its Racial Disparities Assessment:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.</td>
<td></td>
</tr>
<tr>
<td>2. The CoC has identified the cause(s) of racial disparities in their homeless system.</td>
<td></td>
</tr>
<tr>
<td>3. The CoC has identified strategies to reduce disparities in their homeless system.</td>
<td>X</td>
</tr>
<tr>
<td>4. The CoC has implemented strategies to reduce disparities in their homeless system.</td>
<td>X</td>
</tr>
<tr>
<td>5. The CoC has identified resources available to reduce disparities in their homeless system.</td>
<td>X</td>
</tr>
<tr>
<td>6. The CoC did not conduct a racial disparity assessment.</td>
<td></td>
</tr>
</tbody>
</table>
4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare–Enrollment/Effective Utilization
Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

<table>
<thead>
<tr>
<th>Type of Health Care</th>
<th>Assist with Enrollment</th>
<th>Assist with Utilization of Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Care Benefits</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>(State or Federal benefits, Medicaid, Indian Health Services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Insurers:</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Profit, Philanthropic:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicants must:
1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in
health insurance;
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. 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)

1. The Board has designated seats for mainstream providers (County Department of Health and Human Services, VA, and behavioral health). Hospital Association, healthcare, and mainstream program representatives filling Board seats provide updates on services, community-training, and changes in policies. The CoC conveys the notices and highlights of system or policy changes impacting homeless persons to agencies to ensure current knowledge of benefits and resources.
2. Monthly Membership and Board meetings, newsletter releases, updates from 2-1-1, the RTFH website, and CoC email blasts alert the community about new information about mainstream benefits for homeless and at-risk persons. Most grantees receive direct notification from public listservs as well.
3. CoC helps monitor agency performance in tracking the provision of assistance. Periodic special training is offered through full membership meetings. 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 SOAR (SD HOPE) trained. CoC agencies and outreach teams also use the 2-1-1 phone line to assist people in accessing current information and applying for mainstream resources.
4. Providers conduct follow-up with participants during the first year to ensure that mainstream benefits are renewed. Staff in a major hospital and community clinic were cross-trained for CES referral. Agencies contracted to provide public education and screening for State or Federal health programs advertise services to, or outstation in CoC agencies. Interagency MOUs support this work.
5. The Board and RTFH CEO foster system coordination; CoC Staff coordinate training; an Evaluation committee explores impacts. CoC Projects are rated annually for performance on APR item Q21, health insurance enrollment.

4A-2. Lowering Barriers to Entry Data:

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 has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition. | 51 |

| 2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing. | 51 |

Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing. 100%

Applicants must:
1. describe the CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
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)

1. The CoC outreach network includes teams from the County Health & Human Services Agency, law enforcement, VA, non-profits, emergency response teams, faith-based groups, businesses. Providers focus on specific populations (Veterans, Severely Mentally Ill, Youth, Domestic Violence) and tailor outreach to the areas where they may be found. Outreach teams implement Trauma-Informed Care, Motivational Interviewing and Critical-Time Intervention among their evidence-based practices. CES systems allow outreach workers to help a homeless person navigate from first touch all the way to a housing front door. When necessary, ‘warm hand-off’ from outreach to other parts of the system help the most vulnerable feel safe. Ongoing support helps develop trust between outreach, providers, and unsheltered individuals. Outreach teams, regardless of who they work for, can greet unsheltered individuals, focus on rapport-building, gather data in HMIS or comparable DV base and remain to the point of engagement. The trusted network of identified street-based outreach teams each have an outreach program in HMIS. Outreach staff have been trained on HMIS and importance of capturing the data from the first contact. CoC-funded outreach services are encouraged to enter a client contact and location each time they meet an individual in literal homelessness. This type of engagement ensures that outreach is tailored to help those least likely to request assistance, while documenting assessment and service encounter. The CoC is testing a mobile outreach app to better collect data.
2. The annual PITC offers 100% coverage. Sixty teams offer regular broad regional coverage.
3. Dozens of teams outreach daily.
4. Intensive planning is underway with CoC leaders, outreach staff, behavioral health and health care experts, law enforcement, agencies and consultants to re-design and implement a multi-faceted outreach system with standard practices to effectively identify and serve anyone unsheltered.

4A-4. RRH Beds as Reported in 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 2018 and 2019.

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH beds available to serve all populations in the HIC</td>
<td>1,372</td>
<td>1,525</td>
<td>153</td>
</tr>
</tbody>
</table>

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting $200,000 or more in funding for housing rehabilitation or new construction.


Applicants must indicate whether the CoC is 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](https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2019 CoC Competition Report (HDX Report)</td>
<td>Yes</td>
<td>FY 2019 CoC Compe...</td>
<td>08/16/2019</td>
</tr>
<tr>
<td>1C-4. PHA Administration Plan—Moving On Multifamily Assisted Housing Owners’ Preference.</td>
<td>No</td>
<td>Moving On MultiFa...</td>
<td>08/19/2019</td>
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<tr>
<td>1C-4. PHA Administrative Plan Homeless Preference.</td>
<td>No</td>
<td>PHA Administrativ...</td>
<td>08/16/2019</td>
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<tr>
<td>1C-7. Centralized or Coordinated Assessment System.</td>
<td>Yes</td>
<td>CES Assessment Tool</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.</td>
<td>Yes</td>
<td>Projects Accepted...</td>
<td>09/25/2019</td>
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<tr>
<td>1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.</td>
<td>Yes</td>
<td>Projects Rejected...</td>
<td>09/25/2019</td>
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<tr>
<td>1E-1. Public Posting–30-Day Local Competition Deadline.</td>
<td>Yes</td>
<td>Local Competition...</td>
<td>08/19/2019</td>
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<tr>
<td>1E-1. Public Posting–Local Competition Announcement.</td>
<td>Yes</td>
<td>Local Competition...</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>1E-4. Public Posting–CoC-Approved Consolidated Application</td>
<td>Yes</td>
<td>Consolidated Appl...</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>3A. Written Agreement with Local Education or Training Organization.</td>
<td>No</td>
<td>Local Education o...</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>3A. Written Agreement with State or Local Workforce Development Board.</td>
<td>No</td>
<td>State or Local Wo...</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>3B-3. Summary of Racial Disparity Assessment.</td>
<td>Yes</td>
<td>Racial Disparity ...</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>4A-7a. Project List-Homeless under Other Federal Statutes.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
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<td>Other</td>
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<td></td>
<td></td>
</tr>
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<td>Other</td>
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</tbody>
</table>
Attachment Details

Document Description: FY 2019 CoC Competition Report

Attachment Details

Document Description: Moving On MultiFamily Preference

Attachment Details

Document Description: PHA Administrative Plan Preference

Attachment Details

Document Description: CES Assessment Tool

Attachment Details

Document Description: Projects Accepted Notifications

Attachment Details

Document Description: Projects Rejected / Reduced Notification
Attachment Details

Document Description:  Local Competition Deadline

Attachment Details

Document Description:  Local Competition Public Announcement

Attachment Details

Document Description:  Consolidated Application

Attachment Details

Document Description:  Local Education or Training Agreements

Attachment Details

Document Description:  State or Local Workforce Agreement
Document Description: Racial Disparity Update 2019

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.

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Identification</td>
<td>09/13/2019</td>
</tr>
<tr>
<td>1B. Engagement</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>1C. Coordination</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>1D. Discharge Planning</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1E. Local CoC Competition</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>1F. DV Bonus</td>
<td>09/24/2019</td>
</tr>
<tr>
<td>2A. HMIS Implementation</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>2B. PIT Count</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>3A. System Performance</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>3B. Performance and Strategic Planning</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>4A. Mainstream Benefits and Additional Policies</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>4B. Attachments</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>Submission Summary</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>
### Total Population PIT Count Data

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count</td>
<td>8,669</td>
<td>9,160</td>
<td>8,576</td>
<td>8,102</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>1,250</td>
<td>1,572</td>
<td>1,948</td>
<td>2,004</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>52</td>
<td>42</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>2,427</td>
<td>1,925</td>
<td>1,574</td>
<td>1,558</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>3,729</td>
<td>3,539</td>
<td>3,586</td>
<td>3,626</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>4,940</td>
<td>5,621</td>
<td>4,990</td>
<td>4,476</td>
</tr>
</tbody>
</table>

### Chronically Homeless PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of Chronically Homeless Persons</td>
<td>1,417</td>
<td>2,176</td>
<td>2,171</td>
<td>1,712</td>
</tr>
<tr>
<td>Sheltered Count of Chronically Homeless Persons</td>
<td>309</td>
<td>389</td>
<td>771</td>
<td>747</td>
</tr>
<tr>
<td>Unsheltered Count of Chronically Homeless Persons</td>
<td>1,108</td>
<td>1,787</td>
<td>1,400</td>
<td>965</td>
</tr>
</tbody>
</table>
### Homeless Households with Children PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children</td>
<td>545</td>
<td>514</td>
<td>483</td>
<td>461</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Households with Children</td>
<td>469</td>
<td>423</td>
<td>381</td>
<td>375</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Households with Children</td>
<td>76</td>
<td>91</td>
<td>102</td>
<td>86</td>
</tr>
</tbody>
</table>

### Homeless Veteran PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Veterans</td>
<td>1649</td>
<td>1156</td>
<td>1067</td>
<td>1312</td>
<td>1068</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Veterans</td>
<td>756</td>
<td>584</td>
<td>613</td>
<td>653</td>
<td>644</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Veterans</td>
<td>893</td>
<td>572</td>
<td>454</td>
<td>659</td>
<td>424</td>
</tr>
</tbody>
</table>
### HMIS Bed Coverage Rate

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2019 HIC</th>
<th>Total Beds in 2019 HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) Beds</td>
<td>1986</td>
<td>55</td>
<td>1927</td>
<td>99.79%</td>
</tr>
<tr>
<td>Safe Haven (SH) Beds</td>
<td>71</td>
<td>0</td>
<td>71</td>
<td>100.00%</td>
</tr>
<tr>
<td>Transitional Housing (TH) Beds</td>
<td>1873</td>
<td>325</td>
<td>1279</td>
<td>82.62%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) Beds</td>
<td>1525</td>
<td>178</td>
<td>1305</td>
<td>96.88%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) Beds</td>
<td>4177</td>
<td>0</td>
<td>4177</td>
<td>100.00%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) Beds</td>
<td>842</td>
<td>0</td>
<td>842</td>
<td>100.00%</td>
</tr>
<tr>
<td>Total Beds</td>
<td>10,474</td>
<td>558</td>
<td>9601</td>
<td>96.82%</td>
</tr>
</tbody>
</table>
### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

<table>
<thead>
<tr>
<th>Chronically Homeless Bed Counts</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC</td>
<td>592</td>
<td>661</td>
<td>743</td>
<td>597</td>
</tr>
</tbody>
</table>

### Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

<table>
<thead>
<tr>
<th>Households with Children</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH units available to serve families on the HIC</td>
<td>70</td>
<td>136</td>
<td>223</td>
<td>306</td>
</tr>
</tbody>
</table>

### Rapid Rehousing Beds Dedicated to All Persons

<table>
<thead>
<tr>
<th>All Household Types</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH beds available to serve all populations on the HIC</td>
<td>579</td>
<td>706</td>
<td>1372</td>
<td>1525</td>
</tr>
</tbody>
</table>
Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October 1, 2012.

**Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.**

**Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.**

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submitted FY 2017</td>
<td>FY 2018</td>
<td>Submitted FY 2017</td>
</tr>
<tr>
<td>1.1</td>
<td>Persons in ES and SH</td>
<td>6707</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7806</td>
<td>42</td>
</tr>
<tr>
<td>1.2</td>
<td>Persons in ES, SH, and TH</td>
<td>9075</td>
<td>146</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9350</td>
<td>79</td>
</tr>
</tbody>
</table>

b. This measure is based on data element 3.17.

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

The construction of this measure changed, per HUD’s specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.
# FY2018 - Performance Measurement Module (Sys PM)

<table>
<thead>
<tr>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitted FY 2017</td>
<td>FY 2018</td>
<td>Submitted FY 2017</td>
</tr>
<tr>
<td>FY 2018</td>
<td>FY 2018</td>
<td>FY 2018</td>
</tr>
<tr>
<td>Difference</td>
<td></td>
<td>Difference</td>
</tr>
<tr>
<td>1.1 Persons in ES, SH, and PH (prior to &quot;housing move in&quot;)</td>
<td>6686</td>
<td>9791</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, TH, and PH (prior to &quot;housing move in&quot;)</td>
<td>9715</td>
<td>11269</td>
</tr>
</tbody>
</table>
Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

<table>
<thead>
<tr>
<th>Exit was from</th>
<th>Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)</th>
<th>Returns to Homelessness in Less than 6 Months</th>
<th>Returns to Homelessness from 6 to 12 Months</th>
<th>Returns to Homelessness from 13 to 24 Months</th>
<th>Number of Returns in 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY 2018</td>
<td>% of Returns</td>
<td>FY 2018</td>
<td>% of Returns</td>
<td>FY 2018</td>
</tr>
<tr>
<td>Exit was from SO</td>
<td>39</td>
<td>11%</td>
<td>28%</td>
<td>6</td>
<td>15%</td>
</tr>
<tr>
<td>Exit was from ES</td>
<td>1324</td>
<td>15%</td>
<td>195</td>
<td>80</td>
<td>6%</td>
</tr>
<tr>
<td>Exit was from TH</td>
<td>579</td>
<td>11%</td>
<td>66</td>
<td>39</td>
<td>7%</td>
</tr>
<tr>
<td>Exit was from SH</td>
<td>17</td>
<td>5%</td>
<td>29%</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Exit was from PH</td>
<td>1200</td>
<td>9%</td>
<td>104</td>
<td>59</td>
<td>5%</td>
</tr>
<tr>
<td>TOTAL Returns to Homelessness</td>
<td>3159</td>
<td>12%</td>
<td>381</td>
<td>185</td>
<td>6%</td>
</tr>
</tbody>
</table>

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts
This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

<table>
<thead>
<tr>
<th></th>
<th>January 2017 PIT Count</th>
<th>January 2018 PIT Count</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>9160</td>
<td>8576</td>
<td>-584</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>1572</td>
<td>1948</td>
<td>376</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>42</td>
<td>64</td>
<td>22</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>1925</td>
<td>1574</td>
<td>-351</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>3539</td>
<td>3586</td>
<td>47</td>
</tr>
<tr>
<td>Unsheltered Count</td>
<td>5621</td>
<td>4990</td>
<td>-631</td>
</tr>
</tbody>
</table>

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>9823</td>
<td>9559</td>
<td>-264</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>6669</td>
<td>7896</td>
<td>1227</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>84</td>
<td>174</td>
<td>90</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>4370</td>
<td>2249</td>
<td>-2121</td>
</tr>
</tbody>
</table>
2019 HDX Competition Report
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Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>677</td>
<td>719</td>
<td>42</td>
</tr>
<tr>
<td>Number of adults with increased earned income</td>
<td>41</td>
<td>59</td>
<td>18</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>6%</td>
<td>8%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>677</td>
<td>719</td>
<td>42</td>
</tr>
<tr>
<td>Number of adults with increased non-employment cash income</td>
<td>149</td>
<td>298</td>
<td>149</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>22%</td>
<td>41%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Metric 4.3 – Change in total income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>677</td>
<td>719</td>
<td>42</td>
</tr>
<tr>
<td>Number of adults with increased total income</td>
<td>175</td>
<td>341</td>
<td>166</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>26%</td>
<td>47%</td>
<td>21%</td>
</tr>
</tbody>
</table>
Metric 4.4 – Change in earned income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>1139</td>
<td>663</td>
<td>-476</td>
</tr>
<tr>
<td>Number of adults who exited with increased earned income</td>
<td>275</td>
<td>99</td>
<td>-176</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>24%</td>
<td>15%</td>
<td>-9%</td>
</tr>
</tbody>
</table>

Metric 4.5 – Change in non-employment cash income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>1139</td>
<td>663</td>
<td>-476</td>
</tr>
<tr>
<td>Number of adults who exited with increased non-employment cash income</td>
<td>165</td>
<td>90</td>
<td>-75</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>14%</td>
<td>14%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Metric 4.6 – Change in total income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>1139</td>
<td>663</td>
<td>-476</td>
</tr>
<tr>
<td>Number of adults who exited with increased total income</td>
<td>403</td>
<td>175</td>
<td>-228</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>35%</td>
<td>26%</td>
<td>-9%</td>
</tr>
</tbody>
</table>
Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH or TH during the reporting period.</td>
<td>8127</td>
<td>8265</td>
<td>138</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>2571</td>
<td>2046</td>
<td>-525</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)</td>
<td>5556</td>
<td>6219</td>
<td>663</td>
</tr>
</tbody>
</table>

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH, TH or PH during the reporting period.</td>
<td>12881</td>
<td>11421</td>
<td>-1460</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>3913</td>
<td>2768</td>
<td>-1145</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)</td>
<td>8968</td>
<td>8653</td>
<td>-315</td>
</tr>
</tbody>
</table>
Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2018 (Oct 1, 2017 - Sept 30, 2018) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons who exit Street Outreach</td>
<td>1150</td>
<td>2065</td>
<td>915</td>
</tr>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td>239</td>
<td>255</td>
<td>16</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>110</td>
<td>100</td>
<td>-10</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>30%</td>
<td>17%</td>
<td>-13%</td>
</tr>
</tbody>
</table>

Metric 7b.1 – Change in exits to permanent housing destinations
## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Universe:</strong> Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing</td>
<td>9704</td>
<td>7647</td>
<td>-2057</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>4218</td>
<td>3347</td>
<td>-871</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>43%</td>
<td>44%</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Metric 7b.2 – Change in exit to or retention of permanent housing**

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Universe:</strong> Persons in all PH projects except PH-RRH</td>
<td>4411</td>
<td>4130</td>
<td>-281</td>
</tr>
<tr>
<td>Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations</td>
<td>4171</td>
<td>3891</td>
<td>-280</td>
</tr>
<tr>
<td>% Successful exits/retention</td>
<td>95%</td>
<td>94%</td>
<td>-1%</td>
</tr>
</tbody>
</table>
This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.
# 2019 HDX Competition Report
## FY2018 - SysPM Data Quality

<table>
<thead>
<tr>
<th></th>
<th>All ES, SH</th>
<th>All TH</th>
<th>All PSH, OPH</th>
<th>All RRH</th>
<th>All Street Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of non-DV Beds on HIC</td>
<td>666</td>
<td>1211</td>
<td>1230</td>
<td>2092</td>
<td>3400</td>
</tr>
<tr>
<td>2. Number of HMIS Beds</td>
<td>615</td>
<td>1211</td>
<td>1230</td>
<td>2092</td>
<td>3160</td>
</tr>
<tr>
<td>3. HMIS Participation Rate from HIC (%)</td>
<td>92.34</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>92.94</td>
</tr>
<tr>
<td>4. Unduplicated Persons Served (HMIS)</td>
<td>7105</td>
<td>7024</td>
<td>7007</td>
<td>8022</td>
<td>7899</td>
</tr>
<tr>
<td>5. Total Leavers (HMIS)</td>
<td>6143</td>
<td>5805</td>
<td>5847</td>
<td>6132</td>
<td>5910</td>
</tr>
<tr>
<td>6. Destination of Don't Know, Refused, or Missing (HMIS)</td>
<td>1710</td>
<td>1297</td>
<td>1254</td>
<td>618</td>
<td>528</td>
</tr>
<tr>
<td>7. Destination Error Rate (%)</td>
<td>27.84</td>
<td>22.34</td>
<td>21.45</td>
<td>10.08</td>
<td>8.93</td>
</tr>
</tbody>
</table>

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2019 HDX Competition Report
Submission and Count Dates for CA-601 - San Diego City and County CoC

Date of PIT Count

<table>
<thead>
<tr>
<th>Date CoC Conducted 2019 PIT Count</th>
<th>1/25/2019</th>
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Report Submission Date in HDX

<table>
<thead>
<tr>
<th>Submitted On</th>
<th>Met Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 PIT Count Submittal Date</td>
<td>4/30/2019</td>
</tr>
<tr>
<td>2019 HIC Count Submittal Date</td>
<td>4/30/2019</td>
</tr>
<tr>
<td>2018 System PM Submittal Date</td>
<td>5/29/2019</td>
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</tbody>
</table>