

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 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.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	Yes	No
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	No	No
10.	Law Enforcement	Yes	Yes	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	No	No	No
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Yes	Yes	Yes
24.	State Sexual Assault Coalition	Yes	Yes	Yes
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Private Foundations	Yes	Yes	Yes
35.	Business	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1B-2.1. Official invitation to join the general membership occurs annually in the first quarter but continues throughout the year. Open, CoC monthly Membership Meetings are announced to the public via website postings, email distribution and announcements at various stakeholder meetings. RTFH participation in homeless service provider meetings create regional awareness via the Alliance for Regional Solutions, East County Task Force, HEAL, Youth Action Board, Center for Justice and Reconciliation, Youth Consortium. Social and print media (Homelessness News; Voice of San Diego) inform diverse constituents about CoC activities. Ad hoc committee members, many with lived experience, are encouraged to join membership, and present on their work. RTFH CEO encourages membership at all speaking engagements, panels, community sessions and presentations.

Regional connections are made during participation in service provider meetings, public forums, and media events. RTFH's 2 full-time outreach staff lead groups at regionally planned outreach events and ensure that other outreach workers and people being served are aware of CoC membership. Leaders participate in HEAL Network and Voices of our City events, comprised of people with lived experience, giving them a chance to educate others on the value of CoC membership.

1B-2.2. Web post formats (PDF, WordDocX, Large Print) and virtual meetings accommodate disabilities; and a resource list ensures accessibility. The CoC website is compliant with screen reader technologies and tabbing.

1.B.3 CoC Ad-Hoc work addresses specific communities: A Committee on Addressing Homelessness Among Black San Diegans (CHBSD); a Committee on Health and Homelessness; a Committee on Aging and Homelessness; and connections between American Indian Health and the CoC. Committees are led by advisory board members who extend invitations to others. CoC connects to the LGBTQ Center, All of Us or None, Black Workers' Center, Able-Disabled, and Urban League. The CHBSD membership intentionally includes geographic, cultural, and grassroots organization representation. Recently received state funding supports culturally-specific grassroots organizations, development and funding of peer-to-peer supports, financial support for BIPOC organizations, and to develop BIPOC leaders. These efforts focus on groups over-represented in homelessness and the justice system.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. CoC uses multiple forms of communications to solicit and consider opinions. Information sharing and soliciting opinions through the CoC List serve, CoC email list, website, social media open public to comments, and public comment via the RTFH website and surveys. Significant community input on the regional plan in public meetings in each region with leaders, PLE, providers and advocates is an example of the efforts engaging all stakeholders. CoC held multiple town hall meetings, including one with national experts Iain DeJong on outreach and unsheltered homelessness and Darlene Matthews and Michele S. Williams and DEI meetings with persons with lived experience, outreach teams across the region, and local town hall attended by elected officials with new USICH director.

2. RTFH CEO and leadership team members participate almost every week in public meetings, panels, business groups, civic groups, meeting with electeds and staff on strategies to address homelessness, reducing mis-information and stigma, sharing data and critical practices such as housing first, and using active listening to bring feedback and concerns back to the CoC. We also use technology tools: client feedback kiosks from Pulse for Good are located at multiple service providers and Lived Experience Advisors (LEA) use mobile tablets to collect feedback at community events for the homeless population. The committee on Addressing Homelessness Among Black San Diegans did significant work within both the unsheltered and sheltered homeless population and Consultants Matthews and Williams collected the experiences of Black San Diegans in the crisis response system. The data formed the foundation of a report and recommended actions adopted by the CoC. The recommendations are incorporated in the Regional Plan (Plan).

3. Ideas gathered about serving people experiencing unsheltered homelessness are presented to local jurisdictions through the Intergovernmental Liaison, and intensive planning work with PHAs, the County of San Diego, PLE, and YAB. Feedback and public comments are incorporated into the Plan and action reports.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:

1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
2.	about how project applicants must submit their project applications—the process;
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,500 characters)

1 B-4.1. A notice of the local process and a call for applications was posted to the CoC website NOFO sections, sent through social media (Facebook, Twitter), announced at the CoC membership meetings open to the public, and public board and committee meetings. Each message invited new applicants. Notices advised the community of the technical assistance available to support applicants during the process. Highlighted in the Call for applications was a note that new project applications can be funded through two special Bonus Project funding opportunities as well as reallocation of annual renewal demand (ARD) funds. The Call gave information specific to agencies that are new to the process, how to have a DropBox set up for their agency, and a recommendation to visit the RTFHSD.org website for details.

1B-4.2. Overviews of FY2022 for the CoC NOFO and Unsheltered NOFO, and General information specific instructions on how to apply, as well as forms, were posted to the CoC website's NOFO page. The steps for applying, timelines, and requirements were clearly spelled out, and a webinar and workshop were provided. Documents and video presentations, and links to HUD and other resources offering detailed instructions were also provided.

1B-4.3. The public was advised that the CoC uses a Rating and Ranking Group to review, score, establish funding allocations, and rank order project applications for submission under each CoC Competition. The process is data-driven and an organization's prior project performance and fiscal and administrative capacity, specific criteria and benchmarks are established for the annual competition for each project type. Elements considered during the process include assessment of project design and need, project type, and benefit to the CoC. R&R Ranking Protocols, Reallocation Policies, Performance Improvement Plans., and Scoring Tools for each project type with criteria, benchmarks and points are website posted in advance of local project due dates.

1.B.4.4 Web posting formats use PDF, WordDocX and Large Print; Virtual meeting rooms that accommodate disabilities with amenities such as captions; and a posted resource list ensure accessibility. All information available on the CoC website is compliant with screen reader technologies and tabbing. Special support services and accommodations, such as sign language translators are arranged as needed.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	
	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Nonexistent
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 characters)

1. RTFH leadership participate in the creation of ESG RFP's for allocation, setting priorities and needs of populations along with the review and ranking of applications and providing insight and data on service provider alignment and performance across the homeless crisis response system. Collaborating on ESG allocation also provides for leveraging coordination of state and other funding sources. A RTFH Government Liaison meets regularly with the 7 local ESG and Program representatives meet semi-monthly as CoC Advisory Board members. ESG areas align practices and policies with CoC written standards and a new RTFH regional plan.

The SD Con plan says, "Consultations with the RTFH help allocate ESG funds by assisting the City and the Housing Commission to coordinate the prioritization and use of resources. It allows the Commission to design programs that distribute funds in an efficient manner and in accordance with HUD and local guidelines. The RTFH assists in setting standards for outcomes homeless programs should accomplish during their contract period.

Consultations with the RTFH allow for an open dialog to discuss how to establish performance measures that benefit the broader goals of the region."

2. RTFH leaders assist in ESG review as a strategic planning activity. RTFH HMIS team provides the ESG data reporting along with HUD SPM to assist in the evaluation and performance of ESG. The RTFH website dashboards provide system-level performance data that can be filtered by city, and provides data quality monitoring of ESG programs annually during the federal reporting period. The RTFH assists in setting standards for what outcomes homeless programs should accomplish during their contract period. Consultations with the RTFH allow for an open dialog to discuss how to establish performance measures that benefit the broader goals of the region. Jurisdictions consult with the RTFH to develop cooperative plans and strategies that leverage resources to provide emergency shelter and rapid re-housing options. Partnerships ensure that ESG area efforts to address homelessness using HUD entitlement funds or other resources align with the region's priorities to respond to the most critical need.

3. The HMIS team provides unmet needs, trends in homelessness and HIC, PIT, and LSA and SPM annual reports and CAPER data. Key staff provides any data requested for writing action plans, or data can be accessed on website dashboards.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

LEAs: The CoC formally partners with SDCOE, a CoC member, and partner in the YHDP projects. The agreement was included in the YHDP application and subsequently renewed with annual renewals. SDCOE provides navigation services for youth enrolled in school who need housing and supportive services to stay in school and with homeless youth enrolled in YHDP programs who are not enrolled in school and seeking to return to school or get a GED. The ERL provides the navigation expertise that might not be available within each provider organization. The partnership includes agreements with 4 school districts.

SEAs: RTFH maintains a formal partnership with the SD County Office of Education (SDCOE), that maintains partnerships with the SEA. California's three-level system of public education: the California State DOE, county offices of education (COE), and local school districts. Regulations, funding, and policy decisions are made at the state level, and the daily operations fall to over 1,000 districts in the state. COE, the intermediate level in system, provides infrastructure for local schools and districts and fulfills state mandates such as developing countywide programs to serve students with special needs. School liaisons link youth to services and join CoC agencies to identify and respond to special needs of homeless children. CoC Members engage in SEA and LEA events. The COE Special Needs Division creates a report listing grades, school, and number of homeless children for each school which the CoC uses to assess needs. CoC enjoys National Center for Homeless Education Technical support for EHCY programs.

CoC-DOE commitment to cross-sector and cross-system work is shown in YHDP CCP collaboration. A Youth Consortium works with schools to build awareness of available CoC services and supports. Joint work informs us about the size, scope and nature of housing insecurity in youth and young adults, and who are undocumented or unaccompanied. Youth often interface with education, probation, and child welfare. Workgroups aim to address the needs holistically. CCP goal 8 strives to have routine, consistent process for screening and identifying youth at-risk of homelessness; and using early warning signs that a youth is falling behind and may fail to graduate. We began with CCP. We now ensure efforts are sustainable structures in the region.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section VII.B.1.d.	
	Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.	

(limit 2,500 characters)

CoC-funded projects serving families abide by the local Educational Assurances Policy (EAP). CoC Membership meetings and annual reviews remind agencies of the EAP policy requiring several actions, including advising families of their educational rights. This long-standing CoC policy, established in 2013, requires all projects to have formal protocols to ensure children are enrolled in school or preschool, and families are provided guidance and support to do so.

Compliance review is part of program monitoring with corrective actions established if the policy is not enforced. The EAP requirements feature: 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; that an EAP is on file and posted by every CoC project serving households with children; empowering family choice for selecting housing near child's school; assisting DV families to enroll children in a public school of their choice and procedures to ensure safety; offering families a letter verifying eligibility for services; ensuring transportation is secured until transportation is offered under the Mc Kinney-Vento provisions from the school; reviewing rights with parents and staff; compliance with Family Educational Rights Privacy Act; advocacy when educational rights are violated; and exit plans to include education; and SEA and LEA contact when warranted.

YHDP providers have formal agreements to screen all clients for education and job opportunities with a standard of a 90% successful outcome for linking youth to appropriate resources. Providers help inform youth of an array of potential supports in both traditional and non-traditional education settings. YHDP projects offer tangible support and advocacy for TAY seeking to extend their options for education and training beyond GED or high school. YHDP projects also alert youth of their rights to education and how to succeed when enrolled in education and training.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	Yes
4.	Early Head Start	Yes	Yes
5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	Yes	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	Yes	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:	
1.	update CoC-wide policies; and	
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.	

(limit 2,500 characters)

1. Ongoing, robust partnerships with victim service providers, the DV emergency response network, the SD Domestic Violence Council and communication law enforcement, and public and private health providers help the CoC create policies for effective, safe, and empowering responses to violence, assault and human trafficking. Participation with the State Office Emergency Services in pilot research and meetings of the Southern California CoC Alliance that bring together leaders from more than 13 CoC with state representatives, connect the CoC to larger policy discussions. State policies offer protection beyond VAWA which CoC must know. The CoC sits in the nexus between DV households, local service providers (both HUD-funded and non-HUD funded), advocates, and policy-makers. Rebecca Nussbaum, from CRC, a lead CoC provider serves as the Southern Regional State Representative on The California Partnership to End Domestic Violence - which is California's recognized domestic violence and sexual assault coalition. Rebecca and RTFH CEO meet regularly on statewide issues. At the local service level coordination with homeless service organizations, VSP, groups coalesced around ending human trafficking including innovative faith-based and education responses, and champions in the legal system (like the Office of the Public Defender) provide data, information, and best-practice strategies for consideration and create enduring relationships. A CoC DV working group helped form CoC protocols for integrating DV into the CES system while securing privileged information.

2. Providers certified by the State provide a 40-hour training to CoC agency staff; CoC sponsored trainings on trauma-informed care, motivational engagement, temporary restraining orders, working with landlords to educate them about tenant rights and special provisions for lease agreements for DV households, ongoing CES protocols and DV database training and trust network obligations are just part of the resources to support appropriate, empowering responses for DV households through all phases - periods of crisis, stabilization, and eventual independence.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	

1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,500 characters)

1C5a 1. Optimal DV response rests on a capacity to provide immediate care by personnel with a working knowledge of local emergency shelter and housing, the needs of DV survivors and laws applicable to protecting vulnerable victims. DV projects evidence appropriate knowledge of the existing safety-first network of providers of victim services, lethality assessment, and best practices. DV agency staff complete a 40-hour State DV Certified training. Emergency Response qualified trainers or consultants offer practical training at the CoC's request. CoC annual training provides information about the nature of the complexity of needs, services available to DV survivors; guides for trauma-informed, strengths-based care; risk assessment, client choice and self-determination.

A DV Council provides information and DV agencies meet for peer learning sessions at least annually. Training offers best practices, cultural competency, dually-impacted groups (LGBTQ, elderly, and minority) protecting confidentiality, preserving human rights and dignity, and mechanisms (TRO, safe harbors) that boost safety for clients choosing to live outside the safety network. Public and private funding supports Human Trafficking training using the kNOw More network that employs survivors as actors in a theatre of the oppressed

production in school settings. This victim-centered design honors survivors while capturing the interest of the audience. CoC alerts agencies to outside training and resources to all providers in monthly membership meetings.

1C5a.2 Training includes direct service providers, outreach workers, CoC, CES staff,

volunteers, staff of ESG programs, and others. Protection of personal information in record-keeping (HMIS, CES) is an on-line training throughout the year. CoC Policies require background checks for CES staff to enhance safety. CES/HMIS and DV-CES Workgroup launched address permanent housing opportunities. Training is offered each time new CES personnel are added to the system, and through monthly meetings. A recording and PowerPoint are available on the CoC website to be viewed anytime, offering daily training if needed.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

5b.1 A dedicated DV database follows HMIS standards, verifies system parameters, and creates protocols to effectively generate de-identified data for aggregate reports. HMIS policies protect confidentiality. A state-wide HDIS system provides statewide and neighboring CoC data, allowing for analysis of the DV characteristics compared with other CoCs. VSP agencies participate in a ETO software database offers more data. A CES-DV project supports the functionality and system capacity to inform the CoC about the assessment of needs, housing preferences, placement rates, and ETP requests of survivor households throughout the CoC. Data from the HIC and sheltered Point-In-Time count provide data about the level, distribution, an occupancy rate of housing resources. HMIS offers data for DV victims not housed by VSPs. Law enforcement records, Office of Emergency Assistance reports augment and amplify the needs of survivors.

5b.2. Periodic comparisons of HMIS-DV data and the comparable data bases cited in question 1, help identify trends and differences in DV groups so that customized response or pre-emptive action can be taken. RTFH and VSPs developed protocols for for creation of custom system reports. The DV database has capacity to generate project-level reports without PII protected data. The reports identify differences in key areas of project performance (permanent housing placement, retention, populations served, and level of vulnerability of clients). APRs from the DV database evidence the outcomes from local interventions. For example, data pointed to the need for survivors to gain better participation in mainstream housing resources by applying for assistance early in their CoC processes. Review of the HIC and PIT data helps identify need for system changes, De-identified data from the DV-HMIS is used in local review, rating, and ranking processes to assess needs at both the system and client levels; analyze demographic profiles and flow through the CoC response systems.

Data reports guide CoC planning and identify DV survivor needs. Aggregate reports help design systems to meet the special DV needs in safe, confidential, and expeditious ways. Actions to improve efficiency include: a DV CES composite score offline tool, a fillable VI-SPDAT expedites assessment, streamlined referrals, and training for VSP providers on CES use. DV scoring data show: project strengths or weaknesses, geographic need, and ways to improve CES, or emergency response.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. the emergency transfer plan policies and procedures; and	
	2. the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

1C-5c1. Communication of the ETP: Standards, website, DV provider meetings, general meeting, funded projects have a notice/poster to advise participants, outreach workers. 2-1-1 and Intake Screening explore immediate safety needs and initial lethality. Case managers help identify and alert victims of housing and safety options. A series of workgroups with providers serving individuals and families fleeing domestic violence, implemented throughout the region and integrates the anonymous score resulting from the Triage Tool into the overall Community Queue. This flags high risk and allows equitable access to the CE process for people accessing DV programs.

1C-5c2. In accordance with VAWA, housing providers within the CoC allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request emergency transfer of assistance between housing units when there is imminent risk of harm. This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by HUD. Requests for emergency transfer are available regardless of sex, gender identity, or sexual orientation. Staff integrate the anonymous scores into the community queue/by name pool, staff the case conferencing sessions, which are conducted in each of the county's four regions, and send referrals through the system with only relevant and necessary data on an ongoing basis. This process ensures that individuals and families fleeing domestic violence, stalking and human trafficking have access to the mainstream resources included within the Coordinated Entry System while maintaining their safety, anonymity and honoring their choice for housing that meets their housing and safety needs, as well as respects the trauma they have endured.

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

Over the past several years, substantive revision to data collection and CES have developed systems that allows equitable access to all CoC housing and service options, and participation in the CES system that protects client confidentiality, ensures safety, and promotes empowerment through client choice. Data collection and CES protocols support operationalization of key critical approaches, protection of personal information, rapid intervention as warranted by early safety and lethality assessment or Emergency Transfer needs. CoC policies – fidelity to a low barrier, housing first model; adherence to the Equal Access Rule and VAWA guidelines; educational assurance policies; policies furthering equity; regular training in trauma-informed care, motivational engagement and empowerment; and use of positive intervention scaffolding all help ensure fair access for DV-impacted households. Housing First specifically prohibits programs from denying access to persons fleeing violence or with a DV history. Low barrier access helps overcome issues with income or documentation; Equal Access ensures the client's right to define the 'family'; VAWA ensure rapid response to immediate danger; and educational assurance help remedy school concerns for children and help navigate participation in multiple systems for families involved in Child protection or justice and corrections. CoC training teaches all providers the about standard and best-practice approaches expected for service provision and how to implement them. This combination affords all households equal access, yet allows for supports designed to meet the unique needs of each household while recognizing the common needs and for specific subpopulations – such as DV, BIPOC, veterans, seniors and youth – while implementing consistent, uniform protocols for access to housing services.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

The DV-CES project and Victim Service Providers (VSP) and the DV Response Network worked to develop a system to integrate victims fleeing DV into the CES, while ensuring that safety, anonymity, and client choice are upheld. Through a series of workgroups with providers serving individuals and families fleeing domestic violence, created the revised system that integrates the anonymous score the Triage Tool into the overall Community Queue. To keep the client information confidential, a referral submission form was developed that asks non-personal identifiable information about the clients who are referred to the CES from DV service providers. The data collection form also asks for final assessment score for CES prioritization and other non-personal identifiable data points for eligibility determination. When a client is matched to housing resource, the CES will connect the service provider and the housing provider to work through a data sharing agreement to exchange information about the clients for the purpose of record keeping requirement of the housing provider. This flags high risk to stimulate action and allows equitable access to all the resources. Staff integrate the anonymous scores into the community queue/by name pool, proved case conferencing conducted in each of the county's four regions, and send referrals through the system with only relevant and necessary data on an ongoing basis. This process ensures that individuals and families fleeing domestic violence, stalking and human trafficking have access to the mainstream resources included within the Coordinated Entry System while maintaining their safety, anonymity and honoring their choice for housing that meets their housing and safety needs, as well as respects the trauma they have endured. Concerns for safety continue throughout the client's tenure in CoC services. In accord with VAWA, housing providers within the CoC allow tenants who are victims of violence, sexual assault, or stalking to request emergency transfer of assistance between housing units when there is imminent risk of harm. This plan identifies tenants eligible for emergency transfer, documentation needed for a request, confidentiality protections, how an emergency transfer occurs, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by HUD. Emergency transfers requests are available regardless of sex or gender identity, sexual orientation or household type.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

Describe in the field below:

1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1.c.6a.1 Stakeholder feedback specific to the Anti-discrimination Act and Equal Access Rule was solicited during annual training. This method empowers community members to voice concerns, ask questions, and make suggestions. In turn, the presenters are able to explore the suggestions in light of these regulations as well as HUD advisories and CPD notices. The subject matter experts are poised to recommend policy adjustments to the body authorized under the CoC Governance Charter. Feedback is also received through stakeholders/ CoC meetings, and groups like the Youth Advisory Board, Ad Hoc committee Addressing Homelessness among Black San Diegans. Feedback from persons with lived experience helped to tailor policies to ensure inclusion.

1.c.6a.2 In addition to training, the CoC offers resources to assist in engaging providers with federal and the more extensive State regulations, and CoC Standards such as a Self-Assessment Tool, an equal-access decision-making tree authored by HUD CPD, access to sample documents, recommendations for public posting of policies, case examples of staff, worker and contractor empowering vs discriminatory actions, and practical tips for designing and implementing environments that are non-discriminatory. Response to issues such as gender identity, prohibitions on family separation, the rights and responsibilities of all HUD-funded projects, and clear policies protecting the right to equal access to safe housing that do not further isolate or place burden on persons in protected classes is emphasized. Suggestions are offered for each phase of the process- from outreach through housing placement and follow-up.

1.c.6a.3 Compliance with CoC policies, is checked during program monitoring: documents informing the public of rights and agency policies; sampling of CES referrals vs. acceptance rates for persons in protected classes; client feedback and consumer surveys. A checklist to review program features/agency policies is used and is provided in advance to the recipient/subrecipient providers. Providers are asked to report any formal complaints received from project participants and document the actions taken to resolve issues raised.

1.c.6a.4 Agencies found to be non-compliant with CoC policies are advised of the rules and findings, are required to offer a corrective action plan with specific remedies, are referred to advocacy and education resources, and are subject to legal action if warranted.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
San Diego Housing Commission	7%	Yes-Both	Yes
Housing Authority of County of San Diego	25%	Yes-Both	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference--if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1C-7a. 1. The San Diego Housing Commission (CA063) and Housing Authority of the County (CA108) are the largest PHAs in the CoC with portfolios of 16,661 and 9,924 units respectively. Written policies for each include homeless preferences. InRTH staff (Executive Director, Governmental liaison, and CoC Lead) partner with the staff of all 6 PHAs in the CoC. Working relationships are evidenced in PHA executives' participation on CoC Board, adhoc committees, joint work on the development of strategic plans and mechanisms to prevent, reduce, and rapidly respond to homelessness and to effectively use PHA and CoC combined resources are ongoing. Additionally, the CoC and the four PHAs receiving Emergency Housing Vouchers and COVID-related resources formed MOUs and policies to prioritize use of these additional key resources in response to the pandemic. The CoC worked with has worked with the Carlsbad Housing and Homeless Services, PHA#077, to develop a general preference and to designate 10 of their 530 HCV units to homeless. The FY 2022 application includes a new project to add 10 RRH units dedicated to homeless persons and the PHA has requested funds from the Special NOFO for units for unsheltered persons with severe service needs. The County PHA reports that if EHV is included new 42% of new entries were homeless. The CoC and PHA work cooperatively to define policy, establish preferences, provide data, and assess outcomes and continuing need. Although the HACSD does not have a current formal Moving-On policy, Housing and Community Development Services has used the PH resources to relocate and/or provide step-down services to clients needing to or ready to exit PSH projects. PHA units dedicated to homeless households are identified in the HIC and as resources in CES housing profiles. Referrals to PHA programs and units not dedicated are used for households assessed as needing prevention, or diversion, or who are specifically eligible for non-CoC-funded programs such as VASH, senior, or other permanent housing. State-funded units are included in the CES housing inventory. CoC-funded PHA projects formally commit to, and actively participate in the CES system. PHA-supported Project-Based affordable housing facilities that include units designated for use by homeless providers are part of the portfolio. PHAs and CoC have MOUs for American Rescue Plan vouchers, are partners in developing and implementing written strategic plans and homelessness response strategies

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored-For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	Community Housing - Affordable Housing Developers (CHDO)	Yes

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section VII.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	
		Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Family Unification Program and 50 Foster Youth to Independence Competitive Vouchers

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section VII.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.

PHA
San Diego Housing...
Housing Authority...
City of Oceanside...
CDC of National C...

1C-7e.1. List of PHAs with MOUs

Name of PHA: San Diego Housing Commission CA063 - 480 Vouchers

1C-7e.1. List of PHAs with MOUs

Name of PHA: Housing Authority of the County of San Diego CA108 - 2644 vouchers

1C-7e.1. List of PHAs with MOUs

Name of PHA: City of Oceanside Community Development Commission CA132 - 43 vouchers

1C-7e.1. List of PHAs with MOUs

Name of PHA: CDC of National City CA116- 32 vouchers

1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your 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.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	47
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	47
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1D.2a.1. Fidelity to Housing First is a CoC Standard. After verifying Application sections for project declarations, the Rating and Ranking Group uses a standardized tool to review Applicant policies and documents given to clients to ensure the agency is clear about what HF means and is informing them of their specific HF provisions; assesses adequacy on ## provisions, awards points toward ranking, and identifies items needing improvement. Performance Improvement Plans include HF when warranted.

1D.2a.2 Standardized review: * Ensure that Specific Conditions at Entry do not exclude persons due to level of income, substance use, criminal activity, history of victimization; *Conditions related to Termination do not require additional steps (eg. Required to stay a certain period, complete services, a period of sobriety); do not terminate for failure to participate in services, or failure to make progress on a service plan or income-related conditions, do not include activities in the lease agreement that are not typical, do not terminate for activities not included in lease; * Allows participants to determine what assistance they want (ie. participation in supportive services is not required).

1D.2a.3. CoC Monitoring assesses HF documents and agency annual performance reports to assess if services are provided to a full array of eligible clients. CES is able to track referrals and rejections. Periodic collection of client feedback adds to HF fidelity review. CoC agencies are encouraged to complete the HUD HF- tool and provide a copy during monitoring.

1D-3.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1) The CoC offers regular consistent outreach using 300+ outreach workers, rapid response teams, mobile crisis response, PERT, FQHC mobile medical and HOT teams in rural areas. In central areas walking teams engage people, working a named list focused on housing. Workers quickly identify newly unsheltered and build rapport to engage them. Outreach reaches those in vehicles and encampments. All persons engaged are added to HMIS, assessed, and if appropriate, entered in the CES. Clients are informed of potential housing and supportive services. Regionally, outreach and frontline staff from 20+ CoC programs hold events 3 days weekly with an advertised base of operations where resources can be accessed.

2) 100% coverage by 300+ workers and specialized teams

3) The number of unsheltered individuals identified in specific areas determines if outreach occurs weekly or daily, with unincorporated areas served at least weekly by at least one agency. Expanded outreach offers teams in some areas 24/7. Late night hospital discharge is addressed by partners conducting specific outreach for this purpose. Street outreach responds to citizen's reports of unsheltered persons. While citizens report new encampments in areas that were serviced the prior day, outreach teams still follow up within 24 hours. The CoC annual engaged PIT teams of 1700+ volunteers are led by Outreach Workers and cover each mile in the CoC, offering a survey to each person.

4) Constant presence, personal communication builds trust with those least likely to seek assistance (MI, CTI). Mobile crisis response teams and multi-disciplinary teams of Psychologists, Nurse practitioner and Clinical Outreach assist people needing professional support. Customized questions assess needs when anyone is ready to engage. Contact at public libraries reach some less likely to engage elsewhere. Aging, mobility and health issues, hearing and vision, pets or concerns for partners or family members can impact willingness to engage and workers help breakdown these barriers. Joint meetings discuss options for self-resolving, and outreach teams can connect for mutual support. Information is shared using large print, sign language, Braille or other formats. Team resources offer housing assessment, SUD screenings, street medicine, behavioral health, crisis intervention, health education, vaccinations, IDs, VA, disability benefit, transportation, access to nursing facilities, safe parking, family reunification, and MediCal.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		

Convened a discussion that included a robust conversation regarding the criminalization of homelessness throughout San Diego. Participated in the local Community Corrections Partnership process; a representative of law enforcement services is on the CoC Advisory Board; invited to speak at City Council and Board of Supervisor meetings, member of Steering Committee of statewide collaborative to meet the needs of people involved in the justice system through "Words to Deeds"	Yes	No
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1D-5.	Rapid Rehousing-RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	2,116	2,527

1D-6.	Mainstream Benefits—CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI—Supplemental Security Income	Yes
3.	TANF—Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	
	SOAR Program; Public Health Assistance - Emergency Response, Mental Health Services Act assistance.	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1.Dedicated Advisory Board seat include staff of: County Health and Human Services Agency (HHSA), Housing and Community Development Services, 211 InfoLine, Scripps Mercy Hospital, Hospital Association of San Diego and Imperial Counties, Sharp Healthcare Foundation, VA, Family Health Centers, and Mental Health Systems. Members use Board meetings to update homeless service providers on training, policy changes and resources. CoC Leadership are active with HHSA's Whole Person Wellness program. RTFH-hosted monthly CoC general membership meetings with attendance of 120-150 offers training and up-to-date information on mainstream resources provided by County or state agencies. Membership meetings invite Q&A.

2.CoC blasts to over 1500 emails twice weekly, uses Facebook, Twitter and a CoC newsletter to offer updates or note available training. A website 'Get Help' tab links to mainstream resources. The City of San Diego Homelessness Response Center (HRC) helps individuals and families experiencing homelessness on their path to permanent or longer-term housing through onsite services including; CalWORKS enrollment, Cal Fresh, and MediCal, General Relief programs, Family services programs, Local benefits, and clothing and food resources. HHSA's Whole Person Care is longterm care coordination for homeless Medi-Cal recipients who are high utilizers of hospitals and emergency departments or have other high needs such as a serious mental illness, substance use or chronic physical health conditions. WPC is designed to improve the health of high-risk, high-utilizing patients through the coordinated delivery of physical health, behavioral health, housing support, food stability, and other critical community services. CoC is working with Managed Care plans on the state of CA, CalAIM expansion and direction to serve more homeless with housing focused resources: housing navigation, transportation, street-based medicine, transportation, etc. The CoC and County Public Health ensure monthly public health updates at general membership meetings/board meetings on infectious disease and other public health issue and information.

3.RTFH as CoC lead, funds SOAR certified anchor agencies in subregions with state funds to provide critical SOAR support to our system of care. SOAR information and training is offered at Membership meetings and by anchor agencies. The benefits of SOAR: quick approval, reduced denial rate, and appeals support motivate agencies to engage SOAR for client

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	
Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.		

(limit 2,500 characters)

The CoC preference for access to non-congregate settings is evidenced in HIC data, only 15% of all beds are facility-based beds. While traumatic, COVID response helped expand non-congregate shelter options through funding hotel/motel/SRO units for single household occupancy; and for quarantine and recovery in sites throughout the CoC; and changing physical attributes to fit client needs. As examples: PIT data helped locate unsheltered seniors aged 55+ and those with pre-existing medical conditions and move them to non-congregate sites. Vulnerable populations at greater risk of exposure to infectious disease were placed in hotel and motel rooms for temporary lodging until PSH was ready. Using State and other resources, the CoC retained part of the capacity developed during COVID by purchasing the properties when no longer needed for crisis response. Non-congregate, particularly scattered-site options optimize flexibility in access to physical locations, housing design and amenities, and community supports that can be customized to meet the unique needs and preferences of persons seeking housing. Development and strategic use of independent, scattered sites units was key. The CoC partners with County HHS in designing and creating housing that accommodates individual households in separate units – a strategy that embraces multiple goals: protection against the spread of communicable disease; empowerment of clients in choosing housing types and neighborhoods sensitive to their cultural needs or preferences; safe, stable housing that mirrors other broader members of the community which reduces stigma and isolation, and enhances integration and potentially family reunification. Individual units offer privacy for addressing health, mental health and behavioral health needs without the challenges that are inherently linked to congregate shelters. The CoC invests its federal, state and local resources in developing creative housing options like host homes, a flexible funding pool, or recuperative care to help meet the needs of youth, seniors, persons with disability, households fleeing violence during the initial stage of exiting life on the street, or fleeing a life of terror. Temporary housing and permanent units are added through PHA partnerships, EHV, State HHAP, Project RoomKey.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

.Robust collaboration between the CoC and state and local public health established system-wide prevention and response protocols for infectious disease. In 2020, RTFH convened an emergency meeting with the County's Public Health Department, the San Diego's Mayor's office, and agencies to build a multi-pronged response to COVID for people experiencing homelessness (PEH). Strategies had to: address prevention, detection, respond to people with or without symptom; succeed in congregate settings or create non-congregate shelter option; work on the street or in encampments or vehicles. Details for social distancing, overcoming service- reluctance, behavioral health needs, socialization challenges, and lack of basic hygiene resources were areas of concern. ESG, CARES, CDBG, PHA, State and CoC resources were leveraged to mitigate COVID and future outbreaks. Safety briefings, giving PPE and on-site vaccinations, consumer/public information campaigns, and Public Health updates to the CoC, reached a wide audience. Expanded outreach, mobile healthcare options, and non-congregate shelter enhanced response capacity. Teleconferences, health education, vaccine clinics, data-sharing protocols and partnerships formed during COVID are used for Monkey Pox response. A MOU with Public Health allow an alert in HMIS client records for track and tracing when needed. HMIS and public health cross reference of client records are initiated when alerts are needed to signal agencies staff to advise clients to contact public health for follow up or services.

2. Symptom recognition, early detection, and rapid action are keys to combat the spread of infectious disease. CoC and public health partners distributed thermometers, hygiene kits, sanitary supplies, PPE, and information through outreach and agencies. Handwashing stations in multiple high-traffic locations, portable restrooms in unincorporated areas and encampments. Symptomatic persons warranting isolation were placed in individual temporary lodging units, the Epidemiology Unit of Public Health Services contacts individuals with positive COVID-19 tests to begin contact tracing and also contacts shelters if someone in the shelter has tested positive. Access to tangible needs: meals, showers, bathrooms, laundry, and case management and housing navigation are routine. County mental and behavioral health services, healthcare and daily health screenings, and sharing of CDC guidance on physical arrangements aim to lower risk.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1D-8a 1. The Public Health Officer for the County of San Diego provides the most up to date guidance on infectious diseases such as COVID, Monkey Pox and Shigella to providers at the CoC's monthly General Membership meeting and at the bi-monthly CoC Advisory Board meeting. The guidance included for people experiencing homelessness are the number of infectious cases, hospitalizations, deaths, and demographics. Direction is given on when and where to get vaccinations, how to quarantine if you are infected and if you are a shelter provider how recognize onset of illness and safety protocols. Any immediate updates are sent out to the over 1500 contacts of the CoC listserv. Agencies are informed at general membership meetings of the coordination with County Public Health and the MOA on how to use the alerts that may be added to client records within HMIS for expose and track and tracing if need for infectious diseases. Working closely with HMIS administrators and public health cross references of client records can be accomplished when needed and alerts can signal agencies staff to connect clients with public health for follow up or other actions.

2. Within the CoC regions there are several street health programs that provide consistent medical services directly to people living on the streets and within shelters. This includes providing vaccinations for infectious diseases, hygiene kits, and transportation to non-congregate shelter or hospitalization if necessary. The COVID Pandemic inspired more frequent, regular communication between Public Health agencies and CoC service providers which now occurs at least monthly. Street outreach workers use HMIS to update clients records and are also have access to alerts when they are added to client records they are working with in the field. Any agency can see the alerts that work with a client. Alerts may be added by HMIS coordination with Public Health or by Public Health nurse or staff who have access to HMIS.

1D-9.	Centralized or Coordinated Entry System—Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1D-9.1 The CoC's Coordinated Entry system covers 100% of the CoC geographic area through centralized assessment and referral, call-in assistance through 2-1-1 and CoC contacts, intake and access points in each subregion, and outreach teams who area assigned to various areas and have access to CES.

1D.9.2 The CES uses a locally developed standardized assessment tool and process that allow for prioritization in both a common and population-focused manner when each is appropriate. The assessment or triage is a combination of VI-SPDAT v.3 now making up on 10% of the prioritization tool and other additional assessment questions and sources outlined in the CES protocols. Clients who have the need of long-term housing solution will be assessed to be considered for available resources in the CoC. Once clients are assessed, they will be prioritized for housing opportunities for resources available through the coordinated entry system. The prioritization tool, which is developed by the coordinated entry working group appointed by the board of directors, produce a score based on clients' characteristics like chronic status, length of time homeless, current or prior living situation, population type and disability status. ID-9. 3 The coordinated entry system process including the assessment tool and prioritization tool reviewed regularly by a CES working group that gathers feedback from the service providers conducting outreach, intake, and assessment to best meet the community need. Participating households and persons with lived experience contribute feedback to the CoC through service provider agencies and community forums. Annual CES assessments review data and contribute information that is used to adjust and improve the system and its services.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

1.D.9a 1. CES scoring processes and Standards prioritize those with the longest history of homelessness and those with severe service needs. Points on a multi-factor scoring tool help identify persons least likely to reach access services. A composite-based prioritization tool and targeted outreach teams, provide flexibility and a broad capacity to examine special needs. Subregional outreach teams engage persons who have lingered on the streets, or encampments, or are known to law enforcement and advocates.

1D.9a 2. The CES tool involves scoring factors for chronic status, time homeless, living situation, DV, sub-population, needs, and assessment points. A VISPDAT is only one measure. CES's tool is comprehensive, matching the highest need to intensive intervention. Client experience and history augment the score. CES in many agencies in multiple sites across the CoC ensures timely and easy access.

1D-9a.3 Public websites, street outreach, VSP personnel, notices at emergency sites, law enforcement, hospitals, and health clinics are augmented by information issued by the DV Council, 2-1-1 helpline, Family Resource Centers, courts, public settings like schools, community colleges, food security organizations, and non-profit and housing organizations ensuring accessibility. Regional Homeless Outreach Meetings address best practices, build initiatives for high-demand areas, and develop targeted outreach. Encampment maps support focused, specialized outreach regionwide. A GEO mapping function in HMIS targets outreach to people difficult to locate, vulnerable, those who are least likely to seek out services, or those who only occasionally "touch" the system. Recent CES refinement ensures community partners have clear access and support. A central hub supports requests from providers importantly giving the community real-time assistance and support for CES/HMIS inquiries, outreach collaboration/education, training, and eligibility verification. Revised tools strengthen the community's understanding, adherence to key actions, and offer current information to proactively and efficiently shift focus and support or respond to community changes.

1D 9.a.4 To reduce client burden, phased assessment and processes allow for what is most comfortable for clients. Victims of violence, assault, and human trafficking survivors learn about immediate intervention and emergency transfer services via multiple public and private communications.

1D-10.	Promoting Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	07/28/2022

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

10.a1. The work to discover and respond to racial disparities included: Studies in 2018 and 2019 using the American census data, the Racial Equity Analysis Tool, followed by formal research funded by a private foundation using the information in CoC data sources (HMIS, CES records, HIC, PITC, project APRs) and public records. The Ad Hoc Committee on Homelessness Among Black San Diegans (CHBSD) conducted quantitative and qualitative research through systematic data collection and analysis, policy review, participant surveys, and extensive community engagement. The CHBSD reported its findings and recommendations to the Board in June. A CoC Action Plan published in September 2022, offers a concise but comprehensive summary of CHB work. The CHBSD formed a Community Engagement Subcommittee Committee (CEC) and a Data group to champion key aspects of the work. Collaboration with The Center for Budget and Policy Priorities (CBPP) and Equity in Action enriched the process. In 2021-22 the CoC also reviewed the State HDIS data system demographic and racial comparison reports for the SD CoC area.

10.a 2. Each report found that BIPOC comprise a higher percent of people in homelessness (30% unsheltered, 21% sheltered) compared with the portion of the general population. (5.5%). The CHBSD fulfilled actions planned from prior reports, and enhanced community engagement. The 2022 study reports on racial disparities, systemic and personal factors tied to homelessness, important themes revealed in community forums not otherwise available, insights from persons with lived experience (PLE), geographic distribution, and policies. The CHBS reports "staggering and sobering truths that are difficult to absorb": Black people are 6 times more likely to experience homelessness; 5 times more likely to experience unsheltered homelessness; 7 times more likely to experience sheltered homelessness; prior policies and restrictions were effectively government-sponsored segregation; disparate financial practices result in twice the number of denials for mortgage lending; housing locations are not equally distributed; shelter DNR lists create imbalance; being Black impacts access to crisis response, mainstream resources are not designed or administered effectively for Black People; and opportunities in positions of influence or leadership are limited.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes

5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
Other:(limit 500 characters)		
12.	Partnered with Center for Budget Policy Priorities; Adopted a multi-phased 2-year Action Plan	Yes

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

Eleven community sessions in unsheltered settings, a virtual meeting, a survey distributed by service agencies, and anonymous feedback via 9 kiosks located across the CoC gathered input from a diverse group of participants who identified areas for action: educating consumers about how to access housing; unequal treatment by mainstream services; lack of access to crisis response in Black neighborhoods; need for cultural and linguistic competence in service agencies; limited opportunity for leadership by BIPOC persons with lived experience; stereo-typing of Blacks by case managers; limited understanding of the particular health and hygiene needs of POC; failure to abide by anti-discrimination and equal access rules; discrimination by law enforcement and justice systems; general lack of concern/interest in listening to BIPOC consumers in program design.

The concerns of consumers are being addressed by: Engaging Equity in Action experts and All of Us or None to provide guidance in provision of direct services; Gaining commitments from each HUD-funded provider to Furthering Equality through 5 actions: 1) staff training, 2) review of program policies, protocols and update them to ensure inclusion and cultural competent 3) identifying barriers to service for under-served groups within the agency, 4) training all staff on specific diversity, equity and inclusion topics: implicit bias, creating an equitable culture, understanding the effects of racial trauma, racism, oppression, or disability, 5) ensure staff are trained and implement anti-discrimination and equal access rules; Promoting a person-centric approach that insists on listening and responding to client experiences and needs as valid concerns; center program adjustments on the voices of persons with lived experience (PLE); Address false narratives by active dialog with BIPOC, creating agency consumer advisory boards; including a diversity of PLE in hiring and program operations; offering stipends or other supports (childcare, food, transportation) to reduce barriers to consumer participation; empower clients and Black-led organizations through mentorship; ensure agencies fully inform all clients of their rights to access to housing, services, education and employment, and how to appeal decisions denying services or benefits. Because this is a critically important issue, knowing it will not yield points, the CoC Action Plan with consumer advice and actions is a Priority Listing attachment.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

Much of the data collected to describe, evaluate, and drive decision-making is quantifiable, easily lending itself to trend analysis. Existing tools: RTFH Data Dashboards, annual reports (HIC, PIT, systems performance); CES client-tracking, aggregate reports offer ongoing, interactive analysis at both and project levels. These resources can be used to assess the composition of people living in homelessness (PLH), the housing and services provided, the effectiveness of different types of intervention; patterns of assistance; CES utilization and outcomes; or data evidencing substantive differences and potential barriers; and progress on established goals. Expanding regular review and reporting on other data such as denial rates, do not return lists, consumer complaints, and the locations where housing and services can be accessed must become routine. The CoC data, however, cannot stand alone in tracking progress on preventing and eliminating inequities that are influenced by broader systems. Meaningful cross-system data sharing with mainstream resources and other institutions is crucial to understanding and addressing disparities. Partnering with justice systems, health and behavioral health, foster care, law enforcement, and non-HUD funded providers such as those offering crisis response to periodically assess system effectiveness and progress may be challenging but is essential to success.

External, publicly available data, like that offered through State HDIS, employment development, or population characteristics offer baselines and context for CoC tracking and analysis. Data can be filtered by multiple parameters to create custom reports readily accessible for ongoing comparison. Annual completion of the Racial Disparities Tool, Equal Access Self-Assessment, and progress on actions in the Commitment to Further equity help gauge progress.

And we must not forget the critical component of actively listening to the voices of BIPOC including those who are dually impacted as members of other marginalized groups (LGBTQ, disability, chronic, senior or youth status or ongoing health conditions), especially those with lived experience. Regular mechanisms for anonymous feedback protected from potential reprisal, such as the existing consumer Kiosks, must include opportunities to address system or agency weaknesses.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section VII.B.1.r.	
	Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.	

(limit 2,500 characters)

The integration of people with lived experience (PLE) is a cornerstone of the CoC's development of plans, policies, and processes. The CEO routinely meets with PLE or people living unsheltered and who may be uncomfortable formal settings, to solicit input. RTFH's development of the Regional Community Action Plan convened regional collaboratives, PLE and sessions co-hosted with lived experience board member John Brady. RTFH was honored to ask Jeff Olivet, Executive Director of USICH to listening sessions co-hosted by RTFH and lived experience groups: LEA, HEAL network, LivedX and Voices of Our City Choir. All four groups are comprised of people experiencing homelessness representing difference ages, race, types of homelessness and experiences within the crisis response system. Over 30 people currently or recent PLE experiencing homelessness, joined the listening session to offer input on the system. The group meet with CoC consultant and national expert on unsheltered homelessness Iain Dejong as well. Both meetings helped collect insight and actively listen to create better plans to address unsheltered homelessness. Kiosks in service agencies gather real-time feedback from PLE. Kiosk surveys were developed in partnership with 3 people with lived experience. In month one, 425 people completed kiosk surveys. Information from the surveys are a valuable tool in CoC system planning. CoC's Governance Charter requires a minimum of 2 PLE Board seats. Currently 5 members offer lived experience and provide diversity in Board discussions and actions. PLE play a critical role on committees, especially the rank and rating, health and homeless committee, and aging homeless committees. The Ad Hoc Committee to Address Homelessness Among Black San Diegans focus groups throughout the region engaged 64 people who were unsheltered or recently homeless, in a dialogue regarding systemic barriers. This led to adoption of an action plan to address racial inequities throughout the region. RTFH is active in Built for Zero (BFZ), a framework to reach functional zero for a homeless sub-population. A Youth BFZ Improvement Team with 2 youth who have lived experience, reviews data, solicits input from youth and providers, identifies housing barriers removes them to quickly house youth.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	114	519
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	83	64
3.	Participate on CoC committees, subcommittees, or workgroups.	26	26
4.	Included in the decisionmaking processes related to addressing homelessness.	5	5
5.	Included in the development or revision of your CoC's local competition rating factors.	1	1

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

CoC opportunities for professional development include: designated seats in decision-making roles and providing coaching and support to enhance skills when fulfilling the role; mentorship; skills training; private foundation funding for 10 employment training and placement projects; classes on job seeking, resume writing help PLE focus on their strengths; OJT with stipends; a PLE support project sponsored by a funding collaborative; education and training for effectively building skills through volunteerism and internship and offering support such as child care to enable participation; developing connection with 'friendly employers' especially in demand industries who commit to helping PLE gain work or training, partnerships with educational settings, labor organizations, Able-Disabled, Black Worker Center, and All of Us or None, Veteran's Standdown, as well as direct hiring of persons with lived experience in key roles in the agencies funded by the CoC and state homeless programs. Specific attention is given to the recruitment of PLE from over-represented and vulnerable groups (BIPOC, LGBTQ, DV, youth, and persons with disabilities). YHDP subrecipients hire Youth System Navigators with lived experience to support youth in YHDP programs. Several providers have advisory boards of people with lived experience that inform decisions. Two youth with lived experience serve on the Built for Zero Improvement Team to drive reductions in youth homelessness. These youth bring insight to conversations and are tapped for planning youth feedback sessions and identifying priorities. They work alongside RTFH executive staff and are provided stipends for their participation. Youth enrolled in YHDP and other CoC youth programs are connected to job training and employment through the Workforce Partnership Excel Program for former foster youth and Connect 2 Careers program. They are referred to career centers, job fairs, supported in making a resume, provided interview clothing and transportation to interviews. Some providers manage social enterprises and provide training and paid positions at their coffee shops, Chef training and placements, and thrift boutiques. Agencies that provide street outreach look to hire those with lived experience and build on peer-to-peer opportunities to engage potential hires. Youth are also referred to educational, entrepreneurial and leadership training through formal partnerships identified previously.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:

1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
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2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness
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(limit 2,500 characters)

1. Structures and opportunities for routine ongoing feedback from persons with lived experience (PLE) are incorporated in the CoC's Governance Charter and ongoing practices. A minimum of two Board seats are reserved for PLE, as well as seats on the Youth Advisory Board (all), the Rating and Ranking Group (1), and Governance Subcommittee (1). Careful attention is given to ensure PLE, especially those with recent history of living unsheltered or are from underserved groups, are included in Ad Hoc subcommittees, planning and development sessions, other work groups, community listening sessions and forums, and open public comment periods. Currently, 4 PLE serve on the Advisory Board and offer diverse perspectives and creative actions for consideration. A Board representative from All of Us or None offers insight from PLE who were also formerly justice-involved. This year, many PLE actively engaged in Ad Hoc Committee and group work: Committee to Address Homelessness Among Black San Diegans; Health and Homelessness Subcommittee; Governance and policy advisory; Funding Workgroup; Rating and Ranking; Community Planning; Built For Zero, Youth Built for Zero Improvement Team, and YAB. Anonymous, safe feedback is gathered with "pulse for good" kiosks at multiple agencies locations across the region and with LEA team members at events. Kiosks ask feedback questions in the Q and also offer space for a narrative. Automatic Data reports action the feedback and spurn responses to improve client experiences and help funders understand client satisfaction.

Feedback is gathered from the broader community of PLE through periodic activities: input and listening sessions; focus groups; surveys; and consultant interviews. Kiosks information and consumer feedback through service exit surveys offer ongoing anonymous feedback. Together efforts provided nearly three-dozen events targeted to PLE feedback, and involved over 500 persons. The fully-engaged PITC surveys yield input from hundreds more.

2. PLE voices impact CoC actions: Policies adopted by the Board regarding actions to reduce racial inequity; the changes in Kiosk questions and design; changes in the Furthering Equity Policy; inclusion of Equal Access Rules activities in R&R; changes in project scoring; and culturally sensitive language in distributed materials; amendments to verification forms and processes, YHDP project implementation, Youth PITC activities are just some examples.

1D-12.	Increasing Affordable Housing Supply.	
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	NOFO Section VII.B.1.t.	
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	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:
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1.	reforming zoning and land use policies to permit more housing development; and
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2.	reducing regulatory barriers to housing development.
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(limit 2,500 characters)

The CoC took many actions to increase the affordable housing supply. The Collaborative Applicant, RTFH submitted letters of support for several pieces of State legislation, including Senate Bill 1105 which would have created a State Agency to increase the supply of affordable homes for working and middle-class families. RTFH also wrote a letter of support for AB 2817, which passed the legislature, and creates a one-time \$5 billion investment to be spent over the next five years. Those funds could provide housing for an estimated 50,000 people experiencing homelessness. Another state bill we supported was AB 1961, which requires the California Department of Housing and Community Development (HCD) to create and implement a statewide database of affordable housing listings. Members of our leadership team were in direct conversation with Housing California through the year to discuss potential collaboration opportunities.

At a local level, letters of support and public comment were provided at City Council meetings and County Board of Supervisor meetings on homeless and housing-related issues, including land use and reducing barriers. RTFH provided public comment in support of the County's framework to prevent and end homelessness and met individually with City Councilmembers and County Supervisors throughout the year. In 2022, RTFH deepened its relationship with local pro-housing groups like the YIMBY Democrats of San Diego County, Circulate San Diego and the San Diego Housing Federation, groups working to identify and reduce NIMBYism and regulatory barriers. In July, Jeff Olivet, Executive Director of USICH, visited San Diego and joined a lunchtime conversation with high level stakeholders around housing and homelessness. Attendees included an elected official, the head of the local Building Trades Council, executives from the Chamber of Commerce, Housing Commission and local service providers as well as local housing advocates to discuss the direct relationship between housing and homelessness. We are also bringing in "Homelessness is a Housing Problem" author Gregg Colburn to our upcoming RTFH Conference to accentuate that tie for elected officials and other stakeholders in attendance.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/05/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	120
2.	How many renewal projects did your CoC submit?	43
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section VII.B.2.d.	

Describe in the field below:

1.	how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1.CoC review process (R&R) rests heavily on objective data: HMIS, annual performance reports, monitoring results, independent audits, CES records. The ultimate aim of the CoC is quickly move people to, and retain them in, safe, affordable permanent housing. Measuring housing success considers differences in program types and typical client characteristics. CoC aggregates outcomes by project type, uses the average or median of the data by type and sets benchmarks for achievement for each type. Using APR data for a calendar year (not operating years which differ) ensures parity in evaluation. PSH success includes retention and housing outcome at exit and longer terms, whereas RRH, TH and Joint projects should move people quickly to housing, shorter terms with permanent stability. Project HMIS and APR data for permanent housing outcomes, and length of time homeless, housing retention and returns to homelessness are compared to the benchmark and points are awarded based on the data. Cost effectiveness is based on % of successful exits. Evaluation of DV-dedicated projects uses the DV database. This approach is used for nearly all performance criteria. Scoring rewards actions that increase client capacity by gaining earned income, mainstream benefits, and health insurance. See #4 for client scores

2.A similar data-driven comparative process looks at LOTH by project type and includes review of trends in performance. The LOTH from 'first touch' to permanent housing seeks limited time in non-PSH. Standards for time from initial contact to referral and placement are set by housing type as well.

3.The vulnerabilities and severe needs of people are incorporated in review of both new and renewal projects with specific measures. New project points are aligned with severe service needs and over-represented groups (BIPOC, LGBTQ, disability).

4.Service to clients with higher need influences scoring. Criteria include client challenges and vulnerabilities: lack of income at entry; multiple disabilities; mental health and substance disorders; chronic, DV, senior or youth status; efforts to further for over-represented or underserved persons, are considered. Benefit to the CoC, fitting plans and goals, filling system gaps is considered for both new and renewal projects with points assigned in ranking.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	
	Describe in the field below:	
	1. how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
	2. how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
	3. how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
	4. how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

1.The CoC encourages regular, ongoing input from diverse perspectives (BIPOC, LGBTQ, Persons living with disability, senior, veterans, and youth) in many ways and ensured consumer voice by specific policies and mechanisms, such as designated seats on the Board and committees, ongoing methods for anonymous feedback (Kiosks, surveys), and open public comment periods.

2. Inclusion of persons with lived experience is a strength in the San Diego CoC, overall efforts heard from more than 500 PLE and marginalized groups in community engagement sessions. Leader of the Ad Hoc Committee to Address Homelessness Among Black San Diegans are able to contribute through personal experience and connections with others in the community.

3.PLE from over-represented groups serve on the formal Rating and Ranking Group (R&R), participate in the development of scoring criteria; and in addition to actual scoring and ranking of applications; helped to massage language and frame of population descriptions and communications to applicants; fostered development of the new Performance Improvement Plan; and helped make adjustments the policy for Furthering Equity at the agency level. Members with prior R&R experience help recruit and mentor new participants and help 'translate' regulatory and technical language into understandable terms. PLE on R&R watch and listen carefully and advocate or challenge approaches or recommended actions to ensure that the consumer voice is heard. In 2022 this input fostered more inclusive language; and corrections to scoring detail that improved parity between the review of differing project types and data and use of standardized formats for review of external documents.

4.The R&R process and scoring tools include points tied criteria clearly linked to 5 actions for Furthering Equity; tools for critical review of low barrier and housing first implementation; effective CES participation; and requires completion of a Performance Improvement Plan (PIP) with measurable actions and timelines and progress reports responding to the program weaknesses identified. The CoC provides Tools for self-assessment project compliance with the Equal Access Rule, training and educational supports decision-making at each step in the helping process, and material for remedying issues identified.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	
	Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any projects through this process during your local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1E.4 1. Performance evaluation has both developmental activities and final or culminating actions. CoC reallocation process embraces both ongoing activities and communication with agencies as well as annual actions to ensure effective use of funds, through rating, ranking, and reallocation. Actions prior to competition: Performance Review& Monitoring. An ongoing practice of agency and project monitoring, starts with agency self-evaluation, CoC monitoring, then sharing findings and corrective actions, with potential remedies or best-practices, resources such as standard form for ensuring compliance. Projects not benefiting the CoC are evaluated for redesign. Agency Advisory. Agencies monitoring or audit findings are advised to review their project operations and outcomes and to make changes to improve performance. The CoC supports agencies by offering insights, training, and other materials. Actions during competition: Formal reallocation includes agency voluntary actions and move to involuntary reallocation when it is determined to be in the best interest of the community. Self- Reallocation. Review of APRs, budget expenditures, monitoring reports, and audits, may identify ongoing challenges to the effective performance and use of funds for a renewal project. The agency can elect to voluntarily reallocate part of all of the project CoC funding, engaging the Collaborative Applicant in this process. Intent to Submit Review. The Application Intent to Submit forms are reviewed for eligibility by the NOFO Team who are authorized to offer technical assistance. Threshold Review. Next a Threshold review ensures that the projects meet HUD and local threshold criteria. The Applicant is notified of any issues and if the problem is a correctible deficiency, or renders the application ineligible. Rating and Ranking (R&R). Using the published protocols (see separate document) R&R reviews, scores, ranks and recommends project acceptance or rejection. Performance Improvement Plan. Projects failing to meet full performance benchmark submit a Performance Improvement Plan (PIP) of specific actions prior Application submittal to HUD. Progress on the PIP is required for continued funding. Involuntary Reallocation. Agencies failing threshold, or a project failing to meet threshold review, or a project failing their PIP, are subject to Involuntary Reallocation and rejection of the project for inclusion. Notice of reallocation reasons is issued.

1E 4.2. Yes

1E 4.3 Yes

1E 4.4

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/12/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/14/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/27/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	09/28/2022
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	BitFocus, Inc.
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	05/05/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD's comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.	

(limit 2,500 characters)

2.A.4.1 Review of the dedicated DV database ensures it follows HMIS standards, verifies system parameters, and creates protocols to effectively generate de-identified data for aggregate reports. HMIS privacy and use policies protecting confidentiality and guarding against a security breach are signed by each user. The CoC works together with Victim Services Providers to support the appropriate use of comparable databases and has to act as a liaison with software vendors for obtaining appropriate comparable databases. The CoC and HMIS lead provide a helpdesk available to all agencies in the CoC for technical assistance which is utilized by agencies using a comparable database. The helpdesk staff assist agencies with reporting and data collection review. CoC Monitoring reviews project and performance data, APRs provide information on data quality which is used during rating and review.

2A.-4.2 The CoC is compliant with the 2022 HMIS Data Standards in meeting the security and privacy requirements of HUD, VAWA, and other federal, state and local laws; data collection of all required data elements (universal data elements and project descriptive data elements); and producing the required HUD standard other reports like HUD's Annual Performance Report (APR), Consolidated Annual Performance Evaluation Report (CAPER), Data Quality Framework and HUD comma-separated values text export file; and also meets deadlines for updating HMIS data standard.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	4,250	120	3,808	92.20%
2. Safe Haven (SH) beds	59	0	59	100.00%
3. Transitional Housing (TH) beds	1,661	218	1,342	93.00%
4. Rapid Re-Housing (RRH) beds	2,572	140	2,362	97.12%
5. Permanent Supportive Housing	6,531	0	6,531	100.00%
6. Other Permanent Housing (OPH)	2,402	0	2,608	108.58%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your 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 your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

Not applicable. All project types exceed the 85% bed coverage rate.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	02/23/2022
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	05/05/2022
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2B-3.	PIT Count—Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:
1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

2B-3.1. San Diego has conducted a dedicated week long youth count since 2015. While youth under the age of 25 are included in the general count as well, traditional outreach strategies tend to undercount unsheltered homeless youth. Dedicated teams of youth service providers and trained volunteers assist with concentrated survey outreach to unaccompanied children and transitional age youth residing on the street. The CoC does the week-long Youth PIT count annually. With the guidance of the CoC PIT lead, youth service providers from all 5 regions of the CoC connive to plan the count.

2B-3.2. Part of the planning is the review of the Youth Survey. With the assistance of youth with lived experience, the survey is reviewed and edited so that it is trauma informed and that the language used is youth appropriate. Those with lived experience are also compensated for their time to plan the count and to lead teams during the week of the count to areas where youth are living unsheltered as this population can be especially difficult to identify in the PIT count. While youth under the age of 25 are included in the general count as well, traditional outreach strategies tend to undercount unsheltered homeless youth.

2B-3.3. Youth service providers conduct both event-based and street outreach shifts that are based on information from roundtables that include currently and formerly homeless youth. The even-based count takes place at youth drop-in centers, community resource centers, LGBTQ resource centers and parks. Working with youth with lived experience, outreach for the count takes place at Universities, city colleges, parks and libraries. Trained service providers, outreach workers and youth conducted surveys.

2B-4.	PIT Count—Methodology Change—CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
3.	describe how the changes affected your CoC's PIT count results; or	
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

Not applicable. Based on an approved HUD Waiver, there was no unsheltered PIT count in 2021.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless--Risk Factors Your CoC Uses.	
	NOFO Section VII.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC's strategies 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 your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1. In 2019, our regional 211/Community Information exchange (CIE) produced a policy brief based on system-level analysis of CIE data including HMIS shared with client consent. The study determines risk factors for becoming homeless. For housing assistance, 48% identified an unstable living situation, the majority (90%) whom owned or rented a home or lived in a mobile home, subsidized housing, or supportive housing. The rest lived in substandard housing (6%) or in an institutional setting (4%). 72% were women and 85% past due on utilities. Matching CIE/HMIS data show 1 in 4 unstably housed became homeless within 4 months. During COVID, CIE was a primary front door for eviction prevention funding and identification of clients in need. The PIT engaged count asks everyone to complete a survey including demographic, health and household information. Survey data helps identify first time homeless and predictors of risk of homelessness. Comparing 2019 and 2021 SPM for families shows a 59% increased and a 42% increase for youth households. We must focus on these populations.

2. Building on the CIE unique client connections, prevention and diversion assistance will be targeted to those with the predictive risk factors listed in the study and data collected during COVID response. State funding and TANF resources will be directed to serve those with these risk factors. The CoC identified a rise in homeless seniors ages 55+ with over 50% being homeless for the first time. Prevention strategies involve community partners providing meals, day centers, and services to seniors. Both the city and County of San Diego are implementing shallow subsidies for seniors and high-risk families as a homelessness prevention measure. The region plan sets goals for families, youth, and seniors and targets prevention and rapid housing as resolutions. The RTFH develops and trains CoC programs and outreach staff on Diversion practices and how to identify the strengths and supports people have to help them avoid homelessness.

3. RTFH Staff are responsible: Chief Data Officer and Chief Policy Officer for analysis, and the CEO for oversight. A CoC Evaluation committee advises on strategies aligned with the Regional Plan. The CoC provides training in diversion practices to support quick exit to safe housing options. The CoC and CIE mark predictive strategies, coordinate state and local funding, provide diversion training to service providers.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your 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 your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

1. The CoC is advancing several strategies to reduce the length of time homeless. The new Regional Plan to Address Homelessness (Plan) has population goals for veterans, youth, and seniors; groups who are not seeing decreases in LOTH. The revised CES assessment tool uses length of time homeless as the primary prioritization factor. With the Plan focused on these populations, we will target LOTH in prioritizing for housing. Recent data from the AdHoc Committee to Address Homelessness Among Black San Diegans found higher LOTH for the BIPOC populations. Determining and targeting efforts to improve outcomes for the BIPOC will contribute to overall reductions.

2. CoC data dashboards highlight the system's performance measures including length of time homeless (LOTH) are used annually to produce performance reports for the CoC. In September an annual report was published and shared with the CoC Board and various CoC committees for awareness and to inform system improvement. The report included data on the LOTH at a system level and the average number of days people are remaining in homeless projects with yearly comparisons as well as LOTH by race to help target effort on BIPOC outcomes. The CoC revised CES assessment tool which uses length of time homeless as the primary prioritization factor. The CES assessment tool composite scoring incorporates multiple factors. LOTH is 15% of the overall score and chronic homeless status is 10% which also includes LOTH indicators. By comparison, the VI-SPDAT is only 10% of the CES score. The CoC signed on to the national Built for Zero (BFZ) initiative with Community Solutions and focused on ending Veteran and youth homelessness. The CoC has created a By Name List (BNL) for all Veterans experiencing homelessness in real time (Youth BNL in development) and length of time homeless is included in the BNL. The BFZ Veteran Improvement Team is focus on Veterans with the longest histories of homelessness. These targeted approaches should result in reductions in LOTH.

3. RTFH is responsible for this SPM. The primary staff analyzing the measure are the Chief Data Officer and the Chief Policy Officer. RTFH CEO is responsible for oversight. An evaluation committee advises on additional strategies. CoC training in diversion practices support quick exit to safe housing options. The CoC diversion actions are informed by nationally recognized diversion consultant, Ed Boyte.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section VII.B.5.d.	
	In the field below:	
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1.As evident in our PIT, we have seen an increase in unsheltered homelessness across the CoC region. Overall, we saw increasing numbers annually in outreach and shelter programs. Engaging jurisdiction in solutions to reduce unsheltered we have a number of new homeless shelters coming online to increase sheltered and decrease unsheltered. Oceanside, Chula Vista, Vista, El Cajon, San Diego, La Mesa, Escondido are all increasing sheltering models. Targeted shelters for harm reduction, aging, gender specific, youth and family specific shelters have been added along with congregate and non-congregate configurations, safe parking lots and safe sleeping cabins. Continued focus on all shelters being low barrier and housing focused along with connections to housing document collection and retention is critical to housing outcomes. In coordination with the county a new SH is being added to our system to support the harm reduction shelter and pathways to housing for this population. The CoC has joint TH/RRH that are effective in moving from safe shelter/TH to permanent housing for youth and we are adding more options for families. Working with veterans with SSVF to VASH and with PHA to fully utilize all Emergency Housing Vouchers (EHV). RTFH FHP and Brilliant Corners work with CES and providers to engage landlords and secure units to increase housing placements in a high cost low (1.5%) vacancy market. Using housing fairs and outreach events focused on housing and documents needed for housing are effective in increasing permanent housing exits. Increasing the levels of housing stability support in all permanent housing program and tenant supports for the FHP will increase retention and positive exits to permanent housing. For target subpopulations increased connections to benefits, income and community supports reduce isolation and connect to other programs, strengthen retention. Utilizing 211/CIE to identify those housed that might be at risk and connecting to prevention resources increase retention especially in RRH programs. Shallow subsidies and direct financial assistant are being piloted to increase housing exits.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your 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 your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1. The CoC is using data dashboards and Stella to analyze and better understand return data. This strategy is outlined in the Regional plan.

2. Along with data analysis, the CoC employs other strategies and places a strong emphasis on pairing services with housing to prevent returns. Utilizing 211/CIE to identify those housed that might be at risk and connecting to prevention resources to decrease returns to homelessness. The CoC has been offering training for RRH programs and discussions include a focus on stability. Increasing our focus with PSH providers to use peer supports from those with lived experience to reduce isolation and hesitancy to participate wrap-around supportive services and prevention resources. Similarly, with the roll out the Emergency Housing Voucher (EHV) process, the CoC adopted policy guidelines to ensure that EHV households were provided supportive services. And while the FHP helps secure units for lease up, the model also incorporates housing tenancy supports to ensure anyone placed has support with any housing-related challenge in addition to supportive services. To date, the retention rate is 100%. The CoC is working to take advantage of the California Advancing and Innovating Medi-Cal (CalAIM) initiative many of which have been rolled out and more to come. CalAIM will provide health support opportunities for Medi-Cal recipients who are experiencing homelessness to receive additional housing transition and housing tenancy services. This enhanced Medi-Cal service package will leverage current housing supports to promote stability. Lastly the CoC is implementing and looking to scale the use of shallow subsidies. San Diego is participating in a pilot with the VA to use shallow subsidies within the SSVF program. The CoC is incorporating the use of shallow subsidies into a regional plan and there has been a recommendation to use shallow subsidies for seniors. San Diego city and the county are both implementing shallow subsidies piloting programs for seniors, high risk families and youth.

3. The RTFH is responsible for this system performance measure and the primary staff analyzing this measure is the RTFH Chief Data Officer and Chief Policy Officer. The RTFH CEO is responsible. Evaluation committee reviews and advises on other strategies aligned with the Regional Plan. CoC will retain partnerships with PHA, VA, the county, managed care, local cities, community-based and culturally diverse organizations in these efforts.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section VII.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

2C-5.1. The CoC multi-action strategy supports agencies including PSH, SH, And DV providers in employment programs and job searching training for their clients. Clients create individualized Housing Stability Plans to identify their goals related to employment, education and increased income. The CoC encourages providers to use strategies to increase income through: a series of points in NOFO scoring; stipends Persons with Lived Experience who work to inform and guide committees or boards; and promoting jobs in service agencies positions. A local foundation funded employment and training, and research on employment, income, and housing outcomes for persons in the CoC system, with over 200 persons acquiring jobs in the first year from the 8 funded projects. 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. Youth provider SDYS, developed and promotes three E's (Employment, Education and Entrepreneurship) as a means for promoting self-sufficiency and stabilization. Youth in the program overcome barriers created by limited education and work experience. New pilot efforts include shallow subsidies and direct cash support for related activities.

2C-5.2. The CoC sends weekly email blasts to over 1500 addresses messaging job fairs and employment opportunities from providers., the CoC ensures job training and employment resources work together to support families in need by partnering with Workforce Partnership, San Diego Promise Zone, and Local Initiative Support Corporation that offer employment training. RTFH partners with Live Well San Diego to collaborate with the Center for Employment Opportunities and All of Us or None dedicated to securing jobs for people who have criminal records or are justice-involved. The Council for Supplier Diversity (CSD) also partnered with the CoC for implementation of YHDP, using the disciplines of CSD initiatives as an engine for economic development in underrepresented communities; to expand business opportunities for women, minority and service-disabled veteran business enterprises. The Youth Entrepreneur Academy is designed to teach young men and women from underserved communities how to identify, plan and start their own business.

2C-5.3. The CoC Lead, Chief Impact Officer and Chief Policy Officer.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access non-employment cash income; and	
2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

2C-5a.1 For non-employment cash income, the CoC encourages programs to utilize the SSI/SSDI Outreach Access, and Recovery (SOAR) program to connect clients with benefits or assist with the unemployment process. Free legal aid services for child support or alimony claims is available for all sub-populations. Presentations about mainstream resources and how to access them, provided by County HHSA staff, and information on the CoC website offer detail the resources available through local public and private or state resources. Local homeless service providers have programs that assist people with accessing their COVID-19 stimulus checks, advance child tax credit and providing assistance on tax returns.

2C5a-2. The RTFH (as the Collaborative Applicant) staff oversee these efforts: CoC Program Director ensures region-wide training and distribution of information, the Chief Impact Officer monitors progress, and Chief Policy Officer reviews and recommends policies to implement effective strategies.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.

Project Name	Project Type	Rank Number	Leverage Type
Carlsbad RRH	PH-RRH	47	Both

3A-3. List of Projects.

1. What is the name of the new project? Carlsbad RRH

2. Enter the Unique Entity Identifier (UEI): LR6NGYMWXXJ5

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 47

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

3B2.1. Not applicable

3B2.2 Not applicable.

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

3C2.1 Not applicable

3C2.2 Not applicable

4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.e.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2022 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	17,780
2.	Enter the number of survivors your CoC is currently serving:	7,513
3.	Unmet Need:	10,267

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	
	Describe in the field below:	
	1. how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
	2. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
	3. if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1. The demand for DV housing and services was measured by the number of DV survivors in the aggregate records of the DV-HMIS and HMIS for one year (7,513), by reviewing DV households actively fleeing who entered during the year (3,042) and PIT and HIC data collected in the same period. This data proves a minimum demand level of over 7,500 for DV persons served by CoC resources. Compared with CoC DV-dedicated HIC inventory (478 beds, 139 units) with virtually no vacant units at the PITC, shows a need for 7,035 beds in an estimated 2,507 units needed for DV-dedicated inventory. PITC, and unsheltered system data evidences an unmet DV housing needs estimated at more than 170 units on any given night. This measure only includes those who received CoC housing/services, not the number who requested or reporting needing DV services.

The CoC data is compared with demand reports from law enforcement, VSP project reports, the Stats HDIS for San Diego, SD Domestic Violence Hotline data, and 2-1-1 DV calls over a one-year period. The State HDIS for the San Diego CoC reports that 19% (3,417) of the homeless population served in 2021 reported DV, up from the 11% reported by the CoC in FY2019-20. The San Diego Association of Governments (SANDAG) collects and reports local DV incidents and annual trends. Central and East County, the primary locations of the DV Bonus projects, show increases of 4%-11% since 2020, likely related to COVID-conditions. This data does not include the homeless found in the human trafficking and or children in CSEC data. These external data sources indicate that nearly 18,000 persons seek DV assistance during a year, making the annual unmet need over 10,000 persons, an estimated 4,500 households.

2. DV data sources include the CoC DV- Database, central HMIS, APRs from VSP projects, HIC, and PIT reports. External sources: The State HDIS and Office of Emergency Assistance, law enforcement and SANDAG incidence reports, DV Council and Hotline offer data reports for comparison and estimating unmet need.

3. Some barriers to meeting DV needs are: Inadequate levels of emergency or bridge shelter and affordable housing; unequal distribution of resources in CoC subregions; housing that is safe, affordable and located near needed services and schools; an increase in violence and assault during COVID; stigma and fear of perpetrators following victims raises NIMBYism; and highly vulnerable victims reluctance to report.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
San Diego Youth S...
HomeStart

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:

1.	Applicant Name	San Diego Youth Services
2.	Project Name	Forward
3.	Project Rank on the Priority Listing	49
4.	Unique Entity Identifier (UEI)	EHMQAFXLJB7
5.	Amount Requested	\$574,552
6.	Rate of Housing Placement of DV Survivors-Percentage	76%
7.	Rate of Housing Retention of DV Survivors-Percentage	87%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1. The housing placement success rates are calculated by aggregating the HUD-fund YHDP project data and data for non-HUD funded programs serving TAY and Commercially and Sexually Exploited Children (CSEC) for which non-CoC funded data and the APR-generated success rate in Q23a for YHDP were reviewed for an overall rate. Retention looked at data for participants who left to permanent destinations plus those retained in permanent settings for more than six months. These are compared with performance benchmarks generated for DV projects by program type.

2. The calculation addresses only successful placements and adjustment for any returns to family that may place the participant at risk.

3. The HMIS- DV comparable database for DV programs was used (as evidenced in DV-specific scoring tools), HMIS performance data from reports to other funding sources were used for cross-validation, and outcome reports for non-HUD funded projects.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;	
3.	determined which supportive services survivors needed;	
4.	connected survivors to supportive services; and	
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

1. All DV projects and YSP in the CoC commit to low-barrier, housing first principles and client choice aimed to achieve rapid movement to a secure, affordable housing unit as soon as possible without jeopardizing their safety. Partnership with the DV emergency response network of providers enables us to respond to DV housing crises within 24 hours and at the same time conduct critical activities such as risk assessment, seeking needed protections like TRO or police involvement, and securing a safety plan.
2. SDYS participates the CES system which has specific capacity for recording and processing requests for intervention by victim households, including CSEC youth. this system integrates a Triage Tool, system alerts, and protocols for advancing DV requests for placement or for Emergency Transfer and access to all available housing that meets the needs of the household, helping to ensure rapid response. The CoC CES has prioritization protocols that support the DV process.
3. One of the first steps in client engagement in the assessment of household needs and housing and service preferences. This trauma-informed, client-centric process explores the many areas where support may be needed and desired: housing; health, mental health and behavioral health; tangible needs - food, clothing, transportation, identification; child care, education and income, child schooling; legal and psychological support are just part of the assessment. A NAECHY guide to intervention and the SDYS "3-E" protocol guide the process to explore services customized to the client.
4. SDYS extensive partnerships and peer-service providers keep a central focus on the client while vigilantly working together to connect survivors to needed and desired services. As part of a YHDP- CCP formal collaborative, an array of service agreements are already in place to assist CSEC and DV youth and young adults who may be dually impacted as LGBTQ, BIPOC, or unaccompanied, undocumented, or persons with ongoing health challenges or disability.
5. Budget and income planning (3"Es") and early action to ID housing and to recruit landlords assists in ensuring successful transition.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1.Intakes are conducted in a private location or in a private office space in SDYS secured offices. CSEC youth are rarely couples, but separate meetings ensure the confidentiality and independence of each person.

2.All CoC DV utilize an assessment process that allows survivors to identify what is safe for them, and offer multiple options to ensure the client's choice is respected. Service and Housing happens in properties with safety features: camera systems, appropriate locks, alarms. or security services. Before placement in a scattered site unit, there is a safety inspection prior to move-in and ensure survivors have the equipment and tools in place to feel safe.

3.In accord with State law all housing locations strictly confidential and does not advertise the locations on our website or within any databases. Survivors are advised of the critical importance of protecting DV housing and service locations, and agree to not disclose any locations to 3rd parties. SDYS offers an administrative contact address when needed.

4. Orientation sessions teach direct service staff, interns, and volunteers SDYS protocols for Safety planning, Civil and criminal law as it relates to DV and other laws that protect the confidentiality of information; Societal attitudes towards DV, peer counseling techniques; Housing, public assistance, and other financial resources available to meet the financial needs of DV victims. Cultural competency is fostered by recruits-ing and training staff and volunteers with lived experience to help survivors feel less alone and better understood.

4A3d.5. Protection of housing units is supported by several actions: Providing an administrative address as a mailing /contact address for client use on public forms applications; providing information on emergency and on-line resources to intervene in situations when the client feels unsafe; selecting units that offer quick exit; and providing security alarms and support devices, providing training and tips on how to stay safe, and ensuring clients have essential paperwork and survival items readily available.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.	

(limit 2,500 characters)

SDYS has many years of providing support, crisis and intervention services for young people involved in CSEC and DV, especially LGBTQ youth and youth head of households. SDYS has a robust Quality Management approach with all its programs that build a continuous quality improvement process that simultaneously evaluates program effectiveness. Specifically, for our DV and CSEC population programs, SDYS ensures it has a system of survivor supports that:

Ensure that the program have a financial sustainability plan

Client service plans include comprehensive paid family and medical leave and paid sick leave; childcare; and unemployment insurance if a survivor needs to leave a job for an extended period or loses a job.

A robust support plan infrastructure to ensure a survivor's safety, health, and economic security. Interventions needed to create supports must center the experiences of survivors throughout the healing process.

Support infrastructure must feature interventions that adopt strong prevention measures to disrupt violence in its earliest forms;

- minimize economic barriers to services and overall economic costs on survivors.

- create strong support systems focused on health and safety.

- tackle the root causes of violence; and build a network of trained professionals to assist survivors along the way and stop illegal and toxic behavior.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	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;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. SDYS experience includes management and operation of multiple successful projects offering a variety of housing and service programs for youth, including Federal Youth Service Bureau projects for Transitional Living, Basic Center, Street Outreach, Rural Host Homes, Housing and Urban Development for Supportive Housing and Youth Homeless Demonstration Programs, the Office of Juvenile Justice and Delinquency Prevention for the Mentoring Initiative for Foster Care Youth, and from the Department of Justice, Office for Victims of Crime for services to children and families as well as multiple awards from the State Office of Emergency Services.

All SDYS programs are based on positive youth development, investing millions of public and private resources to ensure all youth are supported through services that are delivered utilizing Motivational Interviewing and Trauma-Informed Cares techniques to promote client choice and movement to stabilization and self-sufficiency. Housing resources are identified based on the outcomes of the triage assessment and consistent with youth choice.

2. Case Managers are trained to employ Motivational Interviewing (MI) and Trauma-Informed Care (TIC) techniques. These interventions are integral to SDYS' case management philosophy; and support youth's motivation for change and growth. These approaches promote non-judgmental staff-youth interactions that reinforce youth's strengths and willingness to consider options. This allows youth to accept help on their terms. Staff and youth are partners in the intervention and recovery process. Respect for each person, recognition of the strength it takes to flee violence or "leave the life" of CSEC. Small gestures symbolize the respect and balance embedded in the relationship - such as asking and using preferred gender pronouns preferred - building plans together, exploring options preferred by the youth when plans go awry. Youth are not criticized or blamed for 'failure' which is reframed as learning moments and opportunities to try another option. A whole-person approach supports the young in multiple life domains. Being supported in many areas conveys cared and sends the message that who they are as a person is more important than what they do or have done in the past.

4. A strengths perspective, positive coaching, and peer-to peer support inform program design and materials, ensuring that images and language are culturally competent and engender a positive image for youth partners. Youth identify their aspirations and their service partners and support staff help them find resources to achieve them.

5. SDYS orientation and ongoing training for staff, volunteers, and interns teach service partners about SDYS philosophies and the importance of cultural responsiveness and inclusion. As a CoC member SDYS receive training, tools, information about best practices and practical examples.

SDYS Understands trauma, vicarious trauma, and the unintended re-traumatization that comes from YEH being asked to tell and re-tell 'their story'. SDYS trains staff, volunteers, and interns to recognize residual behaviors associated with trauma and to offer support rather than 'correction'. Education, personal counseling, and peer-to peer-supports help YEH do the same.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.		
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(limit 5,000 characters)

SDYS support services and interventions center on helping move youth by empowering decision-making and choice in services and housing goals, creating short and long-term individual action plans, and supporting achievement through case management and peer-to-peer supports. Identifying participants needs begins with an assessment completed in partnership with the youth to support creation of an individual plan.

Given the acuity and complexity of needs of the CSEC/DV impacted youth, There is need for support across many areas: housing; healthcare including behavioral health, sexual health, dental and medical care; self-sufficiency and social needs, basic needs for food and clothing, education and employment; leadership and positive youth development support including healthy relationships, life skills, self-care and recreation; parenting and family strengthening; and engagement needs.

Assessment results, combined with input from the service partner, treatment team, and, when appropriate, the family, are used to develop a plan that includes outcome goals and objectives and specific steps and linkages to supplemental, supportive, remedial, and wraparound services that support achievement of their goals. Plans are developed with the young person, not for them, and include goals, steps, and timeframes.

Youth are encouraged to make informed choices consistent with assessment outcomes and stages of readiness, resulting in a uniquely, tailored dynamic Life Plan reflecting life's experiences, degree of trauma, and cultural needs. Safety is a priority. 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. An important strategy through which stabilization is facilitated include participation in Three E's (Employment, Education and Entrepreneurship), emphasizing entrepreneurship. Three Es programming promotes self-sufficiency and community stabilization by helping youth to overcome barriers and obtain gainful employment.

Case Managers are trained to employ Motivational Interviewing (MI) and Trauma-Informed Care (TIC) techniques are integral to SDYS' case management philosophy; and support youth's motivation for change and growth. These approaches promote non-judgmental staff-youth interactions, reinforce youth's strengths and willingness to consider options. This whole person approach supports the client in setting and achieving goals in multiple life domains.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

Provide examples in the field below of how the new project will:

1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish 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;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;

5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

All interactions with Youth experiencing homelessness (YEH), are completed in partnership. This is particularly important for YEH who are victims of violence or are CSEC survivors. Fleeing violence or exiting 'the life' of a CSEC survivor, (experiences where they were controlled, diminished, and de-valued) means having to regain a sense of self-worth, practicing choice, being empowered to give voice to their wants and needs, and to be respected and cared for. Choosing to leave the CSEC 'life' behind takes courage, and YEH are honored for their willingness to try to build new and healthy relationships. Small gestures early in the relationship, such as being asked about preferred gender pronouns or when or where they prefer to meet with staff partners, help convey their value as a person and as partner, rather than a subordinate.

SDYS Case Managers are trained to employ Motivational Interviewing (MI) and Trauma-Informed Care (TIC) techniques. These interventions are integral to SDYS' case management philosophy; and support youth's motivation for change and growth. These approaches promote non-judgmental staff-youth interactions that reinforce youth's strengths and willingness to consider options. Positive engagement empowers their voice and allows youth to accept or reject help on their terms.

YEH and service partners work together to explore the individuals' needs across a number of areas of life: housing; healthcare including behavioral health, sexual health, dental and medical care; self-sufficiency and socio-economic needs including immediate basic needs for food and clothing as well as needs relating to education and employment; leadership and positive youth development support including healthy relationships, life skills, self-care and recreation; parenting and family strengthening; and social engagement. A plan to meet those needs is created. Times when the plan goes awry are reframed as learning moments and an opportunity to try other options. Knowing that prior 'failure' may have been met with harsh punishment, the SDYS staff do not 'blame' or diminish youth. A strengths perspective is employed at all times. Youth are encouraged to make informed choices consistent with assessment outcomes and stages of readiness, resulting in a uniquely, tailored dynamic Life Plan reflecting life's experiences, degree of trauma, and cultural needs. Safety is a priority. 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. An important strategy through which stabilization is facilitated include participation in Three E's (Employment, Education and Entrepreneurship), emphasizing entrepreneurship. Three Es programming promotes self-sufficiency and community stabilization by helping youth to overcome barriers and obtain gainful employment. SDYS Understands trauma, vicarious trauma, and the unintended re-traumatization that comes from YEH being asked to tell and re-tell 'their story'. SDYS trains staff, volunteers, and interns to recognize residual behaviors associated with trauma and to offer support rather than 'correction'. Education, personal counseling, and peer-to-peer-supports help YEH do the same. The CoC offers information, training, tools, and practical examples for implementing equal access, antidiscrimination, fair housing and educational rights, self-assessment guides, motivational engagement, accessing mainstream services, and other resources to all members. SDYS is a known leader in youth /CSEC interventions SDYS' STARS (Surviving Together, Achieving and Reaching for Success), I Care Mental Health Clinic and Drop-in Center, Safe Family Services, the CSEC Response Team support a progressive engagement approach that prioritizes client choice. SDYS assists

others in the community to understand and appropriately respond to the needs of CSEC/ YEH.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

As a founder and leader in YAB, SDYS prizes the participation of PLE youth and current recipients in policy and program development. Youth voice that renders action and real change are hallmarks of SDYS. SDYS' multiple mechanisms for youth to contribute insight for program and policy development is not restricted to SDYS. SDYS champions meaningful involvement of youth within the agency as well as fostering opportunities through 40+partner agencies.

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:

1.	Applicant Name	HomeStart
2.	Project Name	DV First Expansion
3.	Project Rank on the Priority Listing	50
4.	Unique Entity Identifier (UEI)	L229NPAE8YE3
5.	Amount Requested	\$319,272
6.	Rate of Housing Placement of DV Survivors-Percentage	98%
7.	Rate of Housing Retention of DV Survivors-Percentage	99%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

4A-3b.1 -HMIS for DV-VSPs and agency administrative data for the agency's existing DV projects were used because the new project application is an expansion project. The housing placement success rate within the CoC compared the number participants in APR Q5 with the housing outcomes in APR Q23 for the applicant's existing RRH and PSH projects serving DV with a calculated average, the APR-generated success rate in Q23a was reviewed. Retention looked at data for participants who left to permanent destinations plus those retained in permanent settings for more than six months. Performance benchmarks were generated for DV projects by program type.

4A-3b.2 The calculation addresses only the PH placements in the APR with adjustment for any returns to family or friends that may place the participant at risk.

4A. 3.b. 3 The HMIS- DV comparable database for DV programs was used (as evidenced in DV-specific scoring tools) and performance data from reports to other funding sources were used for cross-validation.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1. 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 at least 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.
2. Survivors are prioritized using Coordinated Entry and the CoC's emergency transfer plan, as well as by working with community partners including local law enforcement, service providers, and the Family Justice Center.
3. Staff work closely 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 as part of the supportive services process.
4. RRH clients take over their units independently and TH clients move into their own housing as soon as they are able to sustain these living situations. They are provided with aftercare services for up to a year to ensure they have access to the resources and supports needed to maintain their housing

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

4a-3d1.. All intakes are conducted in a private location of the survivor's choosing under a mobile advocacy model, or in a private office space located within Home Start's existing offices. If meeting with couples, they are always met with separately to ensure the confidentiality and independence of each person.

4A> 3d.2 Home Start utilizes an assessment process that allows survivors to identify what is safe for them, and Home Start provides multiple options to ensure the client's choice is not only respected, but possible. In Home Start owned and managed properties safety features such as camera systems, window bars, and appropriate locking mechanisms are in place. If providing rental assistance and supportive services in a community-based unit, Home Start will conduct a safety inspection prior to move-in and ensure survivors have the equipment and tools in place to feel safe.

1.4A.3d.3 Home Start keeps all housing locations strictly confidential and does not advertise the locations on our website or within any databases. Survivors are advised of state law protecting DV housing and service locations and cautioned to not disclose any locations to 3rd parties

4A3.d.4Home 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.

4A3d.5. Protection of housing units is supported by several actions: Providing an administrative address as a mailing /contact address for client use on public forms applications; providing information on emergency and on-line resources to intervene in situations when the client feels unsafe; selecting units that offer quick exit; and providing security alarms and support devices, providing training and tips on how to stay safe, and ensuring preparing a 'ready' bag to assist children in times of stress.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project. (limit 2,500 characters)	

Home Start conducts assessments of clients at intake which includes an evidence-based Domestic Violence Lethality Screening to determine the risk level of the survivor and ensure services are provided to those in the highest risk categories. Most of the survivors we work with are seeking a housing environment that offers heightened safety measures as part of their housing plan. All properties and units used for the program receive daily and weekly inspections/safety checks to ensure that they are in good repair, have appropriate lighting, working locking mechanisms, and other features that ensure the safety of survivors. In addition to intensive case management, residential supervisors are available after hours, and do several rounds to ensure safety and security.

Survivors actively participate in ongoing DV education class/support group such as those provided by the Family Justice Center. If the client's location is compromised actions may take place such as updating their safety plan, changing their phone number, or relocating from their unit and conducting an emergency transfer to a domestic violence shelter or other housing. If the resident enters a DV shelter, and completes all steps for safety planning, they will be considered for re-entry into the program.

Home Start uses a county-wide approach that considers safety planning and participant choice. For example, if the survivor has concerns about remaining in North County due to stalking, we may assist them with obtaining housing in the South County. Each survivor will work with their Housing Specialist to develop a Housing Stability Plan that identifies goals to allow them to work towards self-sufficiency while maintaining safety.

Home Start uses a continuous quality improvement process to evaluate outcomes and survivor feedback. Survivor safety is the top metric evaluated and assessed continually, and any identified improvements are implemented immediately

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	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;	
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	
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(limit 5,000 characters)

1. 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. The Housing Specialist works with survivors to identify potential barriers to housing access and stability, and to determine how to best overcome these barriers through a combination of education, coaching, and linkage to services and supports. This allows participant choice to be respected and rapid placement and stabilization to be achieved.

2. DV staff receive 40-hour DV Counselor training. This is essential in ensuring mutual respect and avoiding any perceived power differentials. Services are survivor-driven and strength-based following a housing first model, so punitive interventions are never allowed to be utilized.

3. Home Start is a trauma-informed organization. Survivors are educated about the effects of trauma and have access to Home Start's Behavioral Health Services where their household can receive Trauma-Focused Cognitive Behavioral Therapy or Parent Child Interaction Therapy. Home Start staff are also trained to understand and educate survivors and landlords about the Federal Violence Against Women Act and the Fair Housing Act.

4. Home Start utilizes a strength-based approach which includes assessment and planning tools focused on the survivor's strengths and choices. Staff are also trained in Motivational Interviewing (MI) and Positive Youth Development (PYD). The duration and intensity of case management services reflect the needs of the survivor. This may include court accompaniment to provide emotional support to survivors. A titrated model is used through for which the frequency and intensity of case management services gradually decreases as survivors develop self-sufficiency skills, with twice-monthly meetings being the minimum. Staff help the survivor implement their Housing Stability Plan which is based on their self-directed goals and aspirations. Planning for transition and long-term stabilization and self-sufficiency begins with initial enrollment and continue throughout program participation. Staff work with survivors to help them identify and achieve their goals relating to employment, education, income and determine resources and steps needed to achieve goals.

5. All Home Start staff are trained on cultural responsiveness and inclusivity. Home Start's staff are required to participate in diversity and equity training, as well as participate in ongoing training to enhance and strengthen services offered. Home Start also encourages participation in our internal Diversity and Racial Equity Committees.

6. 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 and the McAlister Institute 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 also assist qualified survivors with completing paperwork for the California Victim Compensation Program.

7.Home Start has a partnership with the YMCA Child Resource Services to provide survivors with childcare navigation and placement. Through Home Start's Community Services for Families program survivors have access to court-approved parenting education classes and support. Additionally, survivors have access to Home Start's Child Development Specialist who is Safe Care trained and able to assist with family bonding, developmental screenings, and parent education.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

1. During the prior funding year, Home Start staff provided the following supportive services to DV survivors:

2. Child Custody—Home Start assisted DV survivors in pursuing child custody through connections to the legal navigation services of Think Dignity and the Legal Aid Society. When appropriate we also assisted survivors with utilizing and attending appointments with the local Family Law Facilitator. This included assisting with appointment scheduling and transportation, as well as accompaniment for emotional support. Home Start ensured the safety of survivors during these services by maintaining strict confidentiality and having appropriate agreements in place with partner agencies. Home Start utilizes a harm reduction model within all DV programs to reduce risk and increase survivor safety.

2. Bad Credit History—Home Start utilized the case management process to understand the survivor's credit history and standing. Many times, the survivor's credit was damaged by their abuser or the nature of their situation. Home Start connected survivors with our Communities in Action Program which provided credit repair services and financial coaching. As a Home Start program, Communities in Action staff are trained in trauma-informed practices, strength-based approaches, and understand the need for safety and confidentiality. The Housing Specialist followed up with Communities in Action staff to understand the survivors needs and progress. As a result, survivors were able to understand and improve their credit.

Housing Search Assistance—Home Start employed a Housing Specialist to identify local landlords and apartments. This included networking and partnering with landlords and local housing authorities. Many survivors faced barriers to accessing housing such as limited income, poor credit, and evictions or no rental history. The Housing Specialist was able to help the survivor overcome these barriers and work with landlords and property managers to secure appropriate units. Using a team approach between the Housing Specialist and DV Advocate, survivors were able to locate available units willing to rent to them, sooner than they otherwise would have.

Legal Services—Home Start partnered with a local agency to ensure that survivors are provided the proper information for restraining orders. This partnership helped to ensure the safety of survivors before their future court dates. Home Start's DV Advocate also received and assigned daily referrals about survivors who need Home Start's housing and supportive services. Additional information about legal service assistance was identified in the Child Custody section.

Case Management—Home Start assisted DV survivors with their individual needs by providing daily or weekly case management, depending on the survivors' situation. Home Start's ability to provide mobile advocacy allowed us to meet clients where they were at while ensuring safety and privacy. Staff met with clients at the times and locations that were the most convenient for them and incorporated their identification of what is safe in the case plan. This lowered barriers for survivors and allowed them to access support services where they live, work, or feel safe. Staff worked with survivors in an advocacy capacity helping them understand and navigate through various systems

including child welfare, social services, juvenile justice. They helped survivors establish and strengthen their support network of peers, family, and community members as well as to self-help groups. Additionally, staff provided connections to resources for child custody, emergency shelters, transportation, counseling, employment, childcare, and financial assistance. Home Start ensured that the survivor's safety needs were addressed through ongoing communication with survivors. An ongoing topic discussed throughout the case management process is that of making choices that reduce risk and promote safety following the harm reduction model. Home Start also assisted qualified survivors with completing paperwork for the California Victim Compensation Program.

Education Services—Home Start partnered with San Diego Urban Corps, San Diego City College, Cuyamaca College, Grossmont College, and San Diego State University to enroll survivors in GED, community college, and undergraduate classes. The connections were important when educational services were identified as a strength-based goal in the survivor's Housing Stability Plan. Survivors also had the opportunity to utilize the San Diego Workforce Partnership workforce education services and participate in Home Start's Thrift Boutique and Bright Futures Candles Social Enterprises.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

Provide examples in the field below of how the new project will:

1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish 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;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1.Home Start ensures project implementation is strategic and coordinated. Prior to implementation, Home Start discusses program design, staffing, and goals at a kickoff meeting with the Executive Team. Home Start currently operates several programs for vulnerable populations and has created an infrastructure to streamline services and provide immediate assistance. When a participant needs services, they contact Home Start's Intake Specialist via phone or email. The Intake Specialist screens clients, assists with initial paperwork, and helps to coordinate care. In addition, Home Start has an outreach team to help connect individuals who may be experiencing homelessness or fearful of contacting our intake line to appropriate services. Due to the sensitive nature of survivors and their situations, providing immediate assistance is always prioritized. Although rapid placement is prioritized, client choice is always taken into consideration. Under the proposed program survivors will have the ability to choose TH or RRH interventions as immediate housing options.

Home Start's programs are all consistent with the Housing First model that prioritizes rapid placement and stabilization in permanent housing without service participation requirements or preconditions.

2.Home Start does not believe in terminating program participants for lack of participation in the program and punitive interventions will never be allowed. Home Start works hard to engage clients in services understanding that they have previously demonstrated barriers to housing that identifies a need for some level of financial and supportive services to obtain and maintain stable housing. Staff will be trained on appropriate engagement strategies and peer support will be utilized to ensure mutual respect and avoid power differentials. Home Start's goal for all our programs is to identify long-term housing solutions while avoiding quick fixes.

3.Home Start is a trauma-informed organization. Through the proposed program survivors will be educated about the effects of trauma as well as have access to Home Start's Behavioral Health Services where their household can receive Trauma-Focused Cognitive Behavioral Therapy or Parent Child Interaction Therapy. Home Start staff will also be trained to understand and educate survivors and landlords about the Federal Violence Against Women Act and the Fair Housing Act.

3.Client choice will always be emphasized and will guide the survivor's service plan and services offered. An individualized, strengths-based approach will emphasize the individuals' unique strengths rather than focusing on deficiencies. Each service plan will be fit to meet the needs and circumstances of the individual, and staff will never use a singular uniform approach with clients.

5.All Home Start staff are trained on cultural responsiveness and inclusivity. Home Start's staff are required to participate in diversity and equity training, as well as participate in ongoing training to enhance and strengthen services offered. Staff in the proposed joint program will also be required to complete 40-hour DV Counselor training pursuant to Evidence Code §1037.1(a)(1).

6.Home Start has Peer-Support Specialists on staff, understands the significance of engaging individuals with lived experience, and values their input in shaping program design and administration. Home Start will also offer multiple opportunities for program alumni to maintain connections with staff. The Home Start Counseling staff will facilitate a peer-led adult survivor group that will be open to survivors who are no longer receiving housing or supportive services on a drop-in basis.

7.Home Start staff provide connections to Home Start's Community Services for Families parenting classes. Home Start will also partner with the YMCA Child Resource Services to prioritize survivors to decrease the time survivors are

without childcare. Additionally, Home Start has a full-time Child Development Specialist, funded by First 5 San Diego, who will offer a range of support to participants relating to pregnancy and parenting, linkage to parenting classes, developmental screenings, and childcare.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

Homestart empowers person's with lived experience in homelessness, especially unsheltered homelessness and DV experience by:

- * inviting feedback on their experience in program processes (intake assessment, training, placement, counseling and support services);
- * including representatives in decision-making roles in the organization;
- * offering employment and job shadowing opportunities;
- * hosting focus groups;
- * and listening to and acting on suggestions offered during exit conferences,

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/27/2022
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/27/2022
1E-1. Local Competition Deadline	Yes	Local Competition...	09/24/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/12/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Forms from...	09/11/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/24/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/24/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/24/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	Housing Leverage ...	09/26/2022

3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/27/2022
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms from One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Housing Leverage Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/16/2022
1B. Inclusive Structure	09/27/2022
1C. Coordination and Engagement	09/27/2022
1D. Coordination and Engagement Cont'd	09/27/2022
1E. Project Review/Ranking	09/27/2022
2A. HMIS Implementation	09/24/2022
2B. Point-in-Time (PIT) Count	09/24/2022
2C. System Performance	09/27/2022
3A. Coordination with Housing and Healthcare	09/24/2022
3B. Rehabilitation/New Construction Costs	09/24/2022
3C. Serving Homeless Under Other Federal Statutes	09/24/2022

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4A. DV Bonus Project Applicants	09/27/2022
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required