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 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 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 2021 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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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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.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
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 of 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.	**CoC-Funded Victim Service Providers**	Yes	Yes	Yes
5.	**CoC-Funded Youth Homeless Organizations**	Yes	Yes	Yes
6.	**Disability Advocates**	Yes	Yes	No
7.	**Disability Service Organizations**	Yes	Yes	Yes
8.	**Domestic Violence Advocates**	Yes	Yes	Yes
9.	**EMS/Crisis Response Team(s)**	Yes	No	No
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	Yes	Yes	Yes
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Yes	No	No
13.	**Law Enforcement**	Yes	No	No
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	Yes
15.	**LGBT Service Organizations**	Yes	Yes	Yes
16.	**Local Government Staff/Officials**	Yes	No	No
17.	**Local Jail(s)**	Yes	No	No
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	Yes	No
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	Yes	Yes	Yes
24.	**Organizations led by and serving people with disabilities**	Yes	Yes	Yes
25.	**Other homeless subpopulation advocates**	Yes	No	No
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	No	Yes
28.	**Street Outreach Team(s)**	Yes	No	Yes
29.	**Substance Abuse Advocates**	Yes	No	No
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	No
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

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

	Describe in the field below how your CoC:
1.	**communicated the invitation process annually to solicit new members to join the CoC;**
2.	**ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
3.	**conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and**
4.	**invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).**

(limit 2,000 characters)

1.Official invitation to general membership occurs annually in the first quarter. The RTFH holds monthly General Membership Meetings that are announced to the public via website postings, email distribution and announcements at various stakeholder meetings. Regionally, connections are made during RTFH participation in homeless service provider meetings. Regional meetings include, the Alliance for Regional Solutions, East County Task Force, HEAL, the Youth Action Board, the Center for Justice and Reconciliation, as well as, social and print media (Homelessness News; Voice of San Diego) offer information about the CoC activities. All CoC ad hoc committee members, many with lived experience are encouraged to join membership and present on the work they are doing. 2. Web postings formats (PDF, WordDocX. Large Print); Virtual meeting rooms that accommodate disabilities; and a posted resource list ensure accessibility. All information available on the CoC website t is compliant with screen reader technologies and tabbing.3. RTFH has 2 full-time outreach staff that lead teams of outreach groups at regionally planned outreach events and

ensure that other outreach workers and people being serviced are aware of CoC membership. The Leadership from the CoC participate in HEAL Network and Voices of our City events as requested, the members of these organizations have lived experience, giving them the opportunity to educate on the value of being a member of the CoC. 4. The RTFH has several Ad Hoc committees that serve specific communities and each committee is facilitated and led by a CoC advisory board member. Ad Hoc Committee on Black San Diegans Experiencing Homelessness, Ad Hoc Committee on Health and Homelessness, Ad Hoc Committee on Aging and Homelessness, and connections between American Indian Health and the CoC. These committees are engaged with the general membership and report back quarterly on their work in the community.

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 2,000 characters)

1.The CoC Advisory Board has members from an array of stakeholders. Including, homeless service provider, health and human services, behavioral health, youth service providers, law enforcement, and elected officials. RTFH Leadership participates in regional meetings of homeless service providers, assisting different cities in the jurisdiction with their homeless service plans and coordination, and committees of those experiencing homelessness. Monthly general membership meetings provide a time slot for open comments and updates from members. 2.RTFH held a 2 day Community Engagement Forum where over 100 stakeholders participated in at least one of the Downtown San Diego Community Forum meetings, including persons with lived expertise; members of the business community; behavioral health providers; outreach and engagement partners; leaders, frontline and peer staff from provider organizations; and faith-based organizations. These meetings provided a platform for an open dialogue with stakeholders regarding the current environment in Downtown San Diego, with robust conversation taking place in breakout sessions focused around five core discussion topics. 3. Ideas for solutions on serving the people experiencing unsheltered homelessness from a 2-day Community Engagement Forum will be presented to the Mayor of San Diego, the County of San Diego and PHAs to strengthen the city's Community Action Plan on Homelessness and inform the Regional Plan to End Homelessness in San Diego County.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	**that your CoC's local competition was open and accepting project applications;**
2.	**that your CoC will consider project applications from organizations that have not previously received CoC Program funding;**
3.	**about how project applicants must submit their project applications;**
4.	**about how your CoC would determine which project applications it would submit to HUD for funding; and**
5.	**how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.**

(limit 2,000 characters)

1.A notice and call for applications and the local process was sent out through the CoC email, messaged through Facebook and Twitter, posted to the CoC website under the NOFO and Updates sections and messaged at the CoC general membership, board and committee meetings.2.Highlighted in the call for applications was a note: New project applications can be funded through two special Bonus Project funding opportunities as well as reallocation of annual renewal demand (ARD) funds. The total available in bonus funds for new projects is estimated at $4,527,808 however, the exact total of funding for new projects is unknown until the local review process is complete. Bonus funds focus on assistance to domestic violence survivors, or to projects that integrate housing and health services. Please visit the RTFHSD.org website for details. 3. General information and instructions on how to apply for the 2021 CoC NOFO were posted to the CoC website's 2021 NOFO page.4.Notified on CoC website that San Diego's CoC utilizes a Rating and ranking Subcommittee to review, score, establish funding allocations, and rank order project applications for submittal under the CoC Competition. Elements considered during the process include assessment of project design and need, agency prior project performance and fiscal and administrative capacity, and specific criteria and benchmarks established for the annual competition for each program type.5.Web postings formats (PDF, WordDocX. Large Print); Virtual meeting rooms that accommodate disabilities; and a posted resource list ensure accessibility. All information available on the CoC website is compliant with screen reader technologies and tabbing.
•Call for Intent to Submit Form FY 2021
•FY2021 NOFO Call for Applications and Local Process Notice
•FY 2021 NOFO Eligible Application Categories

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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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 Planning or Operations of Projects
1.	**Funding Collaboratives**	Yes
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 LGBT 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.		Nonexistent

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 2,000 characters)

1. RTFH has a Government Liaison that meets regularly with the 4 local ESG areas, ESG Program representatives also meet semi-monthly as CoC Advisory Board members. ESG recipients are working with Focus Strategies helping to create the regional plan to end homelessness. RTFH provides data on the unmet need and trends in homelessness with the HIC, PIT, and AHAR reports provided annually for HUD. 2. The HMIS team provides the data for the CAPER, on the RTFH website there are dashboards that provide system-level performance that can be filtered by city, and provides data quality monitoring of ESG programs annually and during the federal reporting period. 3. Data From the PIT and HIC is compiled into a 2-page fact sheet for each jurisdiction and is emailed to them, the data is presented directly to jurisdictions upon request and is stored on the CoC website. 4.The HMIS team and PIT coordinator provide any data requested when jurisdictions are writing their plans and data can be pulled from the dashboard found on the RTFH website.

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 gender:

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)**	
	CES Written Policies and Procedures include Equal Access and prohibition on separation.	Yes

1C-4.	**CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.**	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	**how your CoC collaborates with youth education providers;**
2.	**your CoC's formal partnerships with youth education providers;**
3.	**how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);**
4.	**your CoC's formal partnerships with SEAs and LEAs;**
5.	**how your CoC collaborates with school districts; and**
6.	**your CoC's formal partnerships with school districts.**

(limit 2,000 characters)

1. The CoC collaborates with dozens of education stakeholders: public offices of education; high school districts; local universities and community colleges; early child care/education providers, HeadStart and State-funded preschools; Mc Kinney- Vento Homeless Liaisons; private schools, and others such as the Promise Zone. Stakeholder groups: 1) work to identify challenges, barriers, and best practices regarding homelessness, employment, and education for YHDP; 2) Early Care and Education address how to best serve homeless families waiting for access to subsidized childcare and barriers to homeless prioritization; 3) a University Homeless Coalition of 9 institutions uses private funds to conduct research on youth, students, project outcomes in education and employment; 4) survey higher education regarding needs, extending into the post-high school years for TAY. These forums foster partnership and understanding of and youth experiencing homelessness and education systems.
2. Formal partnerships: SDCOE, SD Continuing Education to fill a dedicated Board seat, RHY providers, 9 Universities, SISU private school, SDCE (dedicated Board seat); 4 High School districts and 18 service provider contracts.
3. Efforts link children and youth to services; identify and respond to special needs of CEH; provide developmental screening; host special events; gather resources; create annual reports; review laws and funding.
4. The SDCOE, a LEA and SEA partner, contracts for YHDP services, partners for a job training and placement contract, coordinates activities, offers navigation. Education Resource Liaisons co-locate in schools; agreements include space, material, technology, referrals. CoC Alliance sessions include State DOE. Agreement with National Center for Homeless Education gives Technical Aid for DOE Education Homeless Children and Youth.
5. See 1 above: communication, direct services, identification of barriers and resources.
6. Partnerships with 4 large HS districts: Escondido, Grossmont, Vista, San Diego.

1C-4a.	**CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.**	
	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 2,000 characters)

CoC-funded projects serving families abide by the local Educational Assurances Policy (EAP). This long-standing CoC policy 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 action set 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; Family choice for selecting housing near child's school; DV family assistance to enroll children in a public school of their choice and procedures to ensure safety; Offering families a letter verifying eligibility for services; Ensuring transportation; Reviewing rights with parents and staff; Advocacy when educational rights are violated; 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 mentor them on how to succeed when enrolled in education and training.

1C-4b.	**CoC Collaboration Related to Children and Youth–Educational Services–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**	No	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**	No	Yes
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–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

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. County HHSA funds 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.
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 this year on permanent housing opportunities. A recording and PowerPoint are available on the CoC website to be viewed anytime.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

The Housing Inventory County and the Shelter Point In Time Count have been used to look into the occupancy rate of programs. Using the occupancy rate, a

need for CE system for these populations was identified. After we have received the grant from HUD, we have developed a process for these populations to participate in the mainstream housing resources. De-indentified 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.

1C-5b.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	**prioritize safety;**
2.	**use emergency transfer plan; and**
3.	**ensure confidentiality.**

(limit 2,000 characters)

1.A DV-CES bonus project awarded in the 2019 HUD NOFA provides funds to support the development of 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, the project was implemented throughout the region and integrates the anonymous score resulting from the Triage Tool into the overall Community Queue. This allows equitable access to the CE process for people accessing DV programs. 2. 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. 3. Staff must 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-6.	**Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–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 LGBT individuals and families**	Yes

	receive supportive services, shelter, and housing free from discrimination?	
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 to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?**	Yes

1C-7.	**Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf 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 2020 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 for the County of San Diego, Housing and Community Development Services	33%	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 2,000 characters)

1. The San Diego Housing Commission (CA063) and Housing Authority of the County (CA108) are the largest PHAs in the CoC with portfolios of 16,000+ and 10,063 units respectively. Written policies for each include homeless preferences. RTFH 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.
2. Not applicable 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.

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 Tax Credit (LIHTC) developments**	Yes
4.	**Local low-income housing programs**	Yes
	Other (limit 150 characters)	
5.	State-funded Homeless Housing and Assistance programs	Yes

1C-7c.	**Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

1C-7c.1.	**Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:
1.	**how your CoC includes the units in its Coordinated Entry process; and**
2.	**whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.**

(limit 2,000 characters)

1. 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. 2. PHAs and CoC have MOUs for use of American Rescue Plan vouchers, are partners in developing and implementing written strategic plans and homelessness response strategies.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes

1C-7d.1.	**CoC and PHA Joint Application–Experience–Benefits.**	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	**the type of joint project applied for;**
2.	**whether the application was approved; and**
3.	**how your CoC and families experiencing homelessness benefited from the coordination.**

(limit 2,000 characters)

1. * The CoC currently partners with PHAs in applications that serve homeless households with PSH, RRH, TH, and in infrastructure projects like HMIS and CES. These projects include combining grant and matching resources of the CoC and PHAs to benefit homeless San Diegans. In response to COVID the partners combined efforts to standup new emergency response systems funded by State resources. * A new project, developed for a Built for Zero initiative includes three PHAs, VASH vouchers, and Community Solutions and Kaiser Permanente funding in a joint effort for asset mapping and rapid movement to housing and services.
2. Applications for current projects have been approved through 2022. The new initiative joined the national efforts in March 2021 with Kaiser funding approved early in the project.
3. PHA-CoC funded projects include over $5.6 million and at least 254 housing units, successfully serving a minimum 674 persons in calendar year 2020. State funds support emergency housing; quarantine locations for COVID response; and flexible funds, creating 10 new housing projects. The new initiative will benefit Veterans throughout the CoC served by the three largest PHAs in the region.

1C-7e.	**Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.**	
	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

1C-7e.1.	**Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.**	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
San Diego Housing...
Housing Authority...
Housing Authority...
City of Oceanside...

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

Name of PHA: San Diego Housing Commission

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

Name of PHA: Housing Authority of the City of National City

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

Name of PHA: Housing Authority for the County of San Diego, Housing and Community Development Services

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

Name of PHA: City of Oceanside Housing DIvision

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	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

1C-9.	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 2021 CoC Program Competition.	48
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 2021 CoC Program Competition that have adopted the Housing First approach.	48
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

CoC projects are monitored annually by the CoC and part of the monitoring process is ensuring that Housing First is implemented and followed in their programs. The programs are asked how they train staff on Housing First model and to upload documentation of the trainings. RTFH worked with HUD TA and

the CoC programs to create the CoC's RRH Operating Standards of Practice was published March 2021. It clearly states programs operating RRH programs are expected to employ Housing First, Low Barrier, Harm Reduction, Trauma Informed and Client-centered approach. The Housing First philosophy is based on the premise that stable housing is a critical determinant of health, education, employment, and other positive outcomes related to well-being. Housing First is an approach to connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. In line with this philosophy, all agencies providing RRH shall operate their programs using the Housing First model, contributing to the regional goals of ensuring instances of homelessness are rare, brief, and non-recurring. Specifically, RRH programs shall not require any preconditions for admittance to the RRH program (other than explicitly defined per program funding contracts). Nor shall programs exit a participant from their RRH program solely due to factors such as a lack of sobriety or income, or based on the presence of mental health issues, or disabilities. For the CoC competition new and renewal applicants are required to submit copies of their project intake/admissions forms reflecting a Housing First approach to meet the threshold requirements of their application.

1C-9b.	**Housing First–Veterans.**	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No

1C-10.	**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 2,000 characters)

1.The CoC consulted with OrgCode Inc. and developed regional wide outreach standards. RTFH provides a system coordinator for all outreach activities for the San Diego CoC. The RTFH works with the County of San Diego to identify a regional coordinator for North, East and South parts of the San Diego CoC. The City of San Diego will provide a regional coordinator for the central part of the San Diego CoC. In areas served by multiple street outreach, teams shall reasonably coordinate to provide outreach coverage each day and across multiple days of the week including weekends. If overlap or lack of coordination occur, the supervisor of the outreach staff will report these challenges to the

regional coordinator so that the funders can coordinate to address and resolve challenges. 2. The CoC covers all of San Diego County and there are outreach teams in all regions but areas that are unincorporated and expansive do not have full outreach coverage. 3.Outreach is conducted daily and includes dedicated teams of outreach in our Central, Southern, East and North Regions. Outreach staff shall ensure their service area receives outreach in its entirety at least once every two weeks. When more than one street outreach team serves overlapping geographic areas, those teams shall coordinate to reduce duplication of service and share information and/or case conference as necessary. The majority of time for street outreach staff within the geographic area will be spent engaging with unsheltered persons outdoors, with outreach to known locations, meal sites, and camps.4.In the event an unsheltered person does not wish to engage with outreach staff, this will be respected during the encounter. Outreach workers make repeated offers of service to that same person who previously declined service offers. The outreach provider shall not employ any punitive measures to individuals who either refuse offers of services or decide at a later date that they would like to receive services.

1C-11.	**Criminalization of Homelessness.**	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	**Engaged/educated local policymakers**	Yes
2.	**Engaged/educated law enforcement**	Yes
3.	**Engaged/educated local business leaders**	Yes
4.	**Implemented communitywide plans**	Yes
5.	**Other:(limit 500 characters)**	
	Connected with SD Re-Entry Roundtable; Invited public comment at Board meetings; engaged media	Yes

1C-12.	**Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).**	
	NOFO Section VII.B.1.l.	

	2020	**2021**
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."	1,846	2,116

1C-13.	**Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.**	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	**Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)**	Yes	Yes
2.	**Private Insurers**	Yes	Yes
3.	**Nonprofit, Philanthropic**	Yes	Yes
4.	**Other (limit 150 characters)**		

1C-13a.	**Mainstream Benefits and Other Assistance–Information and Training.**	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	**systemically providing 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.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**
4.	**providing assistance with the effective use of Medicaid and other benefits.**

(limit 2,000 characters)

1.The CoC Advisory Board has dedicated seats that include staff of County Heath and Human Services Agency (HHSA) and Housing and Community Development Services, 211 Info Hotline, Scripps Mercy Hospital, The Hospital Association of San Diego and Imperial Counties, Sharp Healthcare Foundation, VA, Family Health Centers and Mental Health Systems. These members use the CoC board meeting to update our homeless service providers on training, policy changes and resources. CoC Leadership attends monthly Whole Person Wellness (WPW), a program of the HHSA. 2. The CoC sends out an email blast to over 1500 emails twice a week, uses Facebook, Twitter and the CoC newsletter to provide any update or training available to the community. The CoC website under the 'Get Help' tab includes links to mainstream resources. 3.The City of San Diego Homelessness Response Center (HRC) provides services to help individuals and families experiencing homelessness on their path to permanent or longer-term housing. Onsite services at the HRC include; Enrollment in CalWORKS, Cal Fresh, and Medi-Cal, General Relief programs, Family services programs, Local benefits, and clothing and food resources. The County (HHSA) administers WPW, a long-term care coordination program for Medi-Cal recipients who are high utilizers of hospitals and emergency departments who are homeless and have other high needs such as a serious mental illness, substance use or chronic physical health conditions. 4. Whole Person Care (WPC) is a pilot program within Medi-Cal 2020, it 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. The pilot, called Live Well San Diego, serves Medi-Cal patients who are high-cost, frequent users of emergency departments and/or inpatient hospital services.

1C-14.	**Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	**covers 100 percent of your CoC's geographic area;**
2.	**reaches people who are least likely to apply for homeless assistance in the absence of special outreach;**
3.	**prioritizes people most in need of assistance; and**
4.	**ensures people most in need of assistance receive assistance in a timely manner.**

(limit 2,000 characters)

1.The CoC uses multiple Access Points to provide full coverage to the geographic region. CES services are embedded in the work direct service providers offer at the Access Points throughout the CoC. This can include homeless dedicated sites offering emergency shelter, meals, laundry services, day centers, or support. Given the large geographic area that is being covered, there are multiple ways to use the Access Points: Walk-in, Phone Based and Street Outreach. All CES Access Point locations are accessible by phone and callers can complete an assessment without having to physically be present at the site.
2. Individuals and families experiencing a housing crisis can contact 2-1-1 which is a free, confidential, phone service and searchable on-line database, that provides information on emergency assistance and community resources location and hours. Access Point agencies and trained staff assist households experiencing homelessness and in need of Homeless prevention or permanent housing resources. Access via outreach teams, ESG sites, and known locations help reach isolated people.
3. On completion of the CES triage and workflow, households enrolled in CES are prioritized based on numerous vulnerability factors. CES prioritizes households by weighing the length of time homeless; living situation; vulnerable subpopulation (DV, justice and welfare involved, gender, etc); most need; and combining the VISPDAT and Triage tools. When scored, priority rests on:
A. The longest history of experiencing homelessness and most needs; B. The longest history of experiencing homelessness; C. The most needs: mental health, disability, substance disorder; chronic; D. Non-Chronically homeless individuals, youth and families.
4. CE policy has a 72 hour/ 3 business-day standard for response/fulfilling referral requests. Prioritization protocols help ensure that limited resources are reaching households with the greatest vulnerability in a timely and consistent manner.

1C-15.	**Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	No
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

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.	No
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.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	

NOFO Section VII.B.1.o.

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

Since the 2019 CoC disparity study, new analysis shows racial inequity in the SD area. Current Board actions: 1) creation of the Ad Hoc Committee on Addressing Homelessness Among Black San Diegans (AHABSD) to explore the factors contributing to disparities among Black persons experiencing homelessness, listen and engage in extensive public dialogue with community stakeholders, and to develop a series of recommendations that the CoC can take to better identify and address the impacts of systemic racism; 2) formed a Community Engagement committee to lead and design community participation and collaboration processes in order to listen to critical voices in San Diego including the Mayor's Chief Racial Equity Officer and designated racial equity staff the County, PHAs, and persons with lived experience; 3) prioritized the over-represented groups in EHV and CoC Ranking; 4) supported private foundation research efforts to pinpoint disparities and analyzed 2020 HMIS data to reveal patterns in movement in housing and services by local universities ; 5) committed Board retreat time specific to inequity; 6) suggested a consumer-guidance anonymous feedback line to identify issues and barriers; 7) help craft public messaging campaign with private funders; 8) explored racial-ethnic language awareness to reduce the barrier of unintentional micro-aggressions; 9) reinforced Fair Housing training; 10) mentoring of persons with lived experience representatives on committees and the Youth Action Board.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

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.	53	53
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	23	23
3.	Participate on CoC committees, subcommittees, or workgroups.	21	21
4.	Included in the decisionmaking processes related to addressing homelessness.	4	4
5.	Included in the development or revision of your CoC's local competition rating factors.	4	4

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	**The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.**	Yes
2.	**The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).**	Yes
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	Yes
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	Yes
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1. Using the Point-in-Time (PIT) data collected using a mobile app with GIS, the CoC worked with HHSA to pinpoint areas of high concentration of unsheltered and to install 257 handwashing stations throughout the region. PIT data helped locate people age 55 or over with pre-existing medical conditions and experiencing homelessness to quickly provide a non-congregate shelter option. Coordinated outreach teams engaged with people living outdoors to offer them shelter appropriate to their condition. TelecareHealth services supported the outreach efforts. 2. In March 2020 the RTFH convened an emergency meeting with community partners, the County's Public Health Department, the City of San Diego's Mayor's office, and others to begin coordinating response to establish a system-wide design to help sheltered and unsheltered persons remain healthy during the global pandemic. A multi-pronged approach created safe shelter options, including shelters that could accommodate physical distancing, the SD Convention Center, "Operation Shelter to Home", hotels/motels, and a "Temporary Lodging Program". Operation Shelter to Home accommodated up to 1,600 sheltered and unsheltered single men and women who were not symptomatic and able to succeed in a congregate setting. Regular safety briefings, provision of PPE and on-site vaccinations, consumer/public information campaigns, and Public Health updates on COVID and homeless at monthly CoC, reached a wide audience. ESG, CARES, State and CoC resources joined in mitigating COVID. This work sets a foundation for future emergency response. 3. People in a congregate TH living situation who warranted quarantined were provided a motel room to isolate. ES and TH settings followed special hygiene and safety actions by suggested by Public Health.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

Emergency community meeting with community partners were established and held daily at the beginning of the pandemic to create a space were all decision makers could quickly adjust to the emerging and changing guidance from CDC and the needs of those experiencing homelessness. The RTFH partnered with the County of San Diego, and supported the County's program to provide non-congregate hotels to be used as shelters as part of the state's Project Roomkey initiative and used FEMA funding through the County. The RTFH also began having conversations with both the City and the County on purchasing hotels to be converted into hundreds of permanent units. None of the efforts around the COVID-19 response could have been completed without the collaboration of critical partners such as the City and County of San Diego, the San Diego Convention Center, the San Diego Housing Commission, non-profit homeless services providers, private funders, as well as local elected leaders and lastly support from the State of California. County of San Diego Health and Humans Services has an agreement with the CoC that they will provide a County Public Health report at all CoC Advisory Board Meetings and General Membership Meetings moving forward.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

1. Public health nurses deployed to shelters across the region including: San Diego Convention Center, Golden Hall, Haven House, La Posada, Operation Hope North County, Rachel's Women's Shelter, San Diego Rescue Mission and Veterans Village of San Diego. Public Health nurses were assigned to Homeless Outreach Teams to educate individuals living on the streets, in the canyons and in the riverbed about COVID-19.2. Procurement of hotel and motel rooms by the County to temporarily isolate individuals who may have symptoms.3. The City of San Diego and San Diego County ran their rental and utility assistance programs starting April 2020 through September 2021. The San Diego Housing Commission, which runs the city program, has issued payments totaling $103,579,950 to 11,816 qualifying households so far and the county has paid out almost $107 million to 13,696 households4. Public health

nurses distributed thermometers, there was a regional distribution of hygiene kits to outreach and facial masks for outreach.5. If a handwashing station was needed at a particular location, the County had a webpage where you could contact your City's homeless manager. The County installed portable restrooms in unincorporated areas and cities upon request where there are encampments with more than 10 people.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1. Any individual exhibiting symptoms that is identified for isolation or part of a vulnerable population who was at greater risk of exposure, were placed in various hotel and motel rooms for temporary lodging per San Diego County's guidance. The Epidemiology Unit of Public Health Services contacted every individual who tests positive with COVID-19 to conduct contact tracing. The staff from this unit contacted the shelter if someone has tested positive for purposes of contact tracing. Golden Hall and the Convention Center offered services similar to other shelters, including 24-hour security, meals, showers, bathrooms, laundry services, case managers and housing navigation. The County of San Diego provided mental and behavioral health services, healthcare and daily health screenings. 2. Based on CDC guidance, CDC recommended spacing all beds/mats at least 6 feet apart and arranging them in a head-to-toe manner. The more distance between people the lower the risk of spreading COVID-19 to others. For agencies with multiple sites, recommend using one location for people who are sick with respiratory illness or with COVID-19 and another location for people who do not have symptoms and continue to separate all beds/mats by 6 feet. For Encampments, public health worked with outreach to ensure nearby restroom facilities had functional water taps, were stocked with hand hygiene materials and educated about best practices on maintain 12' of space between tents.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

1. San Diego County held weekly a Homeless Sector Telebriefing on COVID-19 where providers could hear the latest updates on COVID-19 in San Diego County and were encouraged to submit their questions 24 hours before the

telebriefing here so that they can be answered on the call. Participants will also had the opportunity to ask questions during the call through the online chat feature. In addition, the Regional Task Force on the Homeless website contained helpful information for service providers. The City, County and the CoC published all CDC guidance on their websites and HHAS updated the community at all CoC board, membership and committee meetings. 2-1-1 was used as a hotline resource. 2. Email blasts were sent twice a week to over 1500 emails from the CoC listserv, the CoC website's landing page was updated as new information was available. Facebook and Twitter were used as new safety measures were determined.3. The County updated the community at CoC board, general membership and committee meetings on where/how to get the vaccinations and had a planning page on their website with the schedule of eligibility for people experiencing homelessness.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

Through a coordinated effort with the County of San Diego Health and Human Services Agency (HHSA), County nurses have been working with Homeless Outreach Teams throughout the County, riding along with police officers to offer the vaccination to people living on the street, in canyons and other places without shelter. Two dozen pop-up clinics provided vaccinations in areas of high concentration of those experiencing homelessness and Homeless Outreach Teams gave rides to the pop-up tents to those further away. As of 10/19/21, 11,246 people experiencing homelessness have been vaccinated in San Diego County.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

The CoC worked closely with 2-1-1, a member of their staff sits on the CoC Advisory Board, to provide a trauma-informed response to emergency calls. The CES staff worked with the DV providers to quickly and confidentially re-house people. DV providers worked to ensure people received any unemployment benefits and COVID stimulus checks. Outreach staff were informed on how to best access DV resources when they encountered someone fleeing DV on the streets.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

Congregate and unsheltered people were moved to the San Diego Convention Center and the CES formed the Shelter to Home with SDHC and Convention Center partners that included daily meetings tapered to weekly meetings with SDHC from May 2020 to the close of convention center operations on March 31st, 2021. For the Shelter in Place hotel referrals, CES worked closely with Downtown Partnership, ICS and Alpha Project and Father Joe's to ensure that households served within the County's shelter in place COVID emergency hotel rooms were quickly matched to available resources in time for the September 2020 intervention closeout. Conducted case conferencing and program check-in meetings weekly with COVID emergency response providers in an effort to connect households experiencing homelessness to available resources as quickly as possible. Such providers included Alpha, Father Joes, VA, Catholic Charities, St. Vincent dePaul, VVSD, Salvation Army, HomeStart, SDHC, PACE, Townspeople. Played an integral role in the coordination of 1300+ households exiting Shelter to Home operations into permanent housing.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	**Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.a. and 2.g.	

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	09/16/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	09/16/2021

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.**	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

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.	**Used data from a comparable database to score projects submitted by victim service providers.**	Yes
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	**the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and**
2.	**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 2,000 characters)

1. Criterion for vulnerabilty and severity of need are clear components in the scoring system. The Rating tools and scoring matrixes for each Renewal Project type: PSH, RRH, RRH-DV; Joint, Joint-DV, and TH uniformly contain 5 sections and criterion, maximum 115 points. The titles, number of criteria, and point values are: Threshold Review 6 items, 0 points; Project Effectiveness – Client Outcomes 6 items, 40 points; Project Effectiveness – System Performance 7 items, 47 points; Priority Populations (vulnerability) 6 items, 18 points; and NOFO Priorities 3 items, 10 points. Data sources are listed for each of the 21 item carrying points with 15 of these tied to APR for CY2020; 3 tied to independent audits, monitoring reports, and E-LOCCS records; 3 based on written commitments and evidentiary documents. Scored items include: exits to permanent housing/ housing retention; length of stay; new or increased income; housing first and low barrier implementation; financial stability; project and fiscal management; use of funds, spending/drawdown rates, recaptured funds; cost per successful housing outcome; return to homelessness; healthcare enrollment; serving vulnerable persons (zero income, literal homelessness, two or more disabilities; domestic violence; chronic homeless, seniors, underrepresented groups (Black); integrating health; and leveraging housing resources.
Benchmarks for performance are set per project-type based on data-generated for all projects in HMIS or comparable DV database. Points for progress toward benchmarks are clear. The raw data for each factor for each project and the resulting points awarded are in an easy-to-read scorecard shows the data and scores.
2. To accommodate the impact on performance, benchmarks were set for each housing type and points awarded based on the portion of hardest to serve as identified in 6 specific criteria. Ranking protocols also give priority to PSH (disability) in case of tied scores and in new project selection.

1E-3.	**Promoting Racial Equity in the Local Review and Ranking Process.**	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	**obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;**
2.	**included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;**
3.	**rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).**

(limit 2,000 characters)

1.Input was solicited the CoC Board, CoC members, and the Adhoc Committee

on Black San Diegans. A presentation to the full membership provided insight based on data related to addressing racial equity.
2. The Rating and Ranking group included persons of different races, including over-represented groups, as reviewers and scorers.
3. Scoring criteria awarded points for the percentage of persons in over-represented in homelessness served by the project.

1E-4.	**Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	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;**
4.	**why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and**
5.	**how your CoC communicated the reallocation process to project applicants.**

(limit 2,000 characters)

1. Ranking protocols and reallocation process are included in the Review Tool and attached advisory. From 2016-2021 over 25% was reallocated. Reallocation steps: call for voluntary reallocation/reduction; objective rating and ranking with heavy reliance on performance and cost-effectiveness; evaluation of fit with CoC priorities and geographic need; system impact and highest benefit to the CoC. Rank order list created including new project requests, lowest-performing applications are reduced or reallocated to conform to funding available.
2. No renewal projects were involuntarily reallocated during the FY2021 competition.
4. Based on HMIS-APR data used for rating and ranking, two projects earned low performance and overall scores. Further review revealed the core issue as missing data. Additionally, 7 YHDP projects and one project that operated less than a full year were 'held harmless' from reallocation.
5. Ranking strategies and reallocation protocols were embedded in project rating and ranking tools, and responses to questions were included in weekly published FAQs.

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments**	

	Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	10/18/2021

1E-5a.	**Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

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.	10/18/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Enter the name of the HMIS Vendor your CoC is currently using.	Bitfocus, Inc.

2A-2.	**HMIS Implementation Coverage Area.**	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

1. The HMIS lead agency, Regional Task Force on the Homeless (RTFH), established a database dedicated to domestic violence projects. The DV reviewed the 2020 HMIS standards, verified the system parameters, and created protocols workflows to effectively use de-identified data for aggregate reporting purposes. HMIS policies ensure the protection of private information in the DV database. A CES-DV project and supports the functionality of the CES-HMIS system.
2. RTFH working with DV providers developed processes for submitting data for to the system. reports. The Dv database has capacity to generate project-level reports without personally protected data.

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

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	3,878	82	3,775	99.45%
2. Safe Haven (SH) beds	35	0	35	100.00%
3. Transitional Housing (TH) beds	1,622	198	1,317	92.49%
4. Rapid Re-Housing (RRH) beds	2,116	190	1,891	98.18%
5. Permanent Supportive Housing	6,319	0	6,319	100.00%
6. Other Permanent Housing (OPH)	1,027	0	927	90.26%

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 2,000 characters)

Not applicable.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	92.34%

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

Not applicable.

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 January 15, 2021, 8 p.m. EST?	Yes

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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2B-1.	**Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	**Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	**how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;**
2.	**how your CoC addresses 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 or to end homelessness for individuals and families.**

(limit 2,000 characters)

1.The RTFH continues to develop and train all CoC outreach staff on the practice of Diversion and how to help a person identify the strengths and supports they already have in place that can help them from becoming homeless. For the Point-in-Time count RTFH does an engaged count where each person encountered during the count is given the opportunity to completed a survey that incudes demographic, health and household information and answer if this is the first time they have been homeless. The data from this survey is used to identify first time homeless and predictors of risk of homelessness. 2. The RTFH and PHA funded a Family Reunification Program that has assisted many individuals and families in returning home to friends and family. The program targets people at the downtown train and bus stations as people come to San Diego. Leadership from the CoC regularly attend meetings and workshops of the San Diego Promise Zone, this federal initiative works in areas of high unemployment and poverty with local organizations to develop programs to increase education, income and access to healthcare. A Veteran's Consortium and a Youth Action Board contribute to the ongoing planning and assessment for subpopulations. By-name-lists help focus efforts, screening by 2-1-1 and access centers, and a Courage to Call line for veterans help divert persons to alternate/ prevention and tangible needs services. Youth specific targeted outreach help to identify unique risk indicators for the youth sub-population. 3. Ad hoc committees of the CoC Advisory Board that include Health and Homelessness, Aging and Homelessness and Addressing Homelessness Among Black San Diegans, HUD TA, consulting firms and the RTFH CEO are directly responsible for the development of a strategic plan to end general homelessness. The RTFH as the CoC operating body and Collaborative Applicant is responsible for ensuring effective implementation of

and strategies adopted by the Board.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

	Describe in the field below:
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	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 2,000 characters)

1.The CoC has been moving forward with several strategies to reduce the length of time homeless. The CoC has data dashboards that highlight the CoC's system performance measures including length of time homeless (LOTH). They are used annually to produce a performance report for the CoC. In April 2021 an annual report was presented to 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. SysPM Measures 1.1 and 1.2 show reductions in LOTH. The RTFH is responsible for oversite of this system performance measure and the primary staff analyzing this measure is the RTFH Chief Data Officer and Chief Policy Officer. 2.The CoC has also revised its CES assessment tool which uses length of time homeless as the primary prioritization factor. The CES assessment tool uses a composite score incorporating multiple factors. Length of time homeless is 15% of the overall score and chronic homeless status is 10% which incorporates length of time indicators. By comparison, the VI-SPDAT is only 10% of the CES score. Additionally the CoC has recently 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. Discussions are already underway within the BFZ Veteran Improvement Team to focus on Veterans with the longest histories of homelessness. 3.Lastly,the CoC is providing training in diversion practices to support those with a safe housing option to exit homelessness quickly. The CoC has been providing training in diversion to homelessness services providers for several years using nationally recognized diversion consultant, Ed Boyte

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1.The CoC has been placing more emphasis on using a housing focused orientation to promote rapid placement in permanent housing and updated the CoC Community Standards to set these expectations. Specific strategies the CoC are using to increase permanent housing rates include incorporating diversion and housing problem solving across the system, working with rapid re-housing programs through a local learning collaborative, the creation and expansion of a Flexible Housing Pool and other landlord engagement strategies, and promoting the use of shared housing. 2.The CoC has brought on national experts to provide training and facilitate local learning collaboratives on diversion RRH. In 2020, the CoC launched the Flexible Housing Pool (FHP) with operator Brilliant Corners. The purpose of the FHP is for a single entity to solely focus on cultivating private rental units in the community and make them available for RRH and PSH partners. The FHP uses innovative tools to secure units thus creating a “pool” of real-time available units. Currently the FHP is helping lease up HUD VASH vouchers, SSVF RRH, RRH programs for youth, and individuals and families existing non-congregate hotels. The goal is to scale and incorporate more CoC RRH and scattered site PSH partners. The CoC has also been promoting the use of shared housing. The RTFH hosted a shared housing forum in 2020 with over 150 participants to hear from national experts and other communities, created a shared housing white paper to educate the community, created local tools for programs to engage individuals and landlords using shared housing, and invested in training with the Shared Housing Institute for over 40 RRH staff across various organizations. Lastly, the CoC dashboards display individual program performance including housing placement rates. This allows programs to review their housing placements in relation to their peers.

2C-4.	**Returns to Homelessness–CoC’s Strategy to Reduce Rate.**	
	NOFO Section VII.B.5.e.	

	Describe in the field below:
1.	**how your CoC identifies individuals and families who return to homelessness;**
2.	**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 2,000 characters)

1.The CoC uses dashboards and Stella to analyze returns and is working to better understand return data. This is an outlined strategy in the draft regional plan. The RTFH, specifically the Chief Data Officer and Chief Policy Officer, are responsible for oversite of this system performance measure. 2.In addition to data analysis, the CoC is using other strategies and placing a strong emphasis on pairing services with housing to prevent returns. The CoC has been offering training for RRH programs and discussions include a focus on stability. In 2020 the City of San Diego took advantage of state funding for Project Homekey and purchased two hotels for PSH conversion. With funding from the County of San Diego, the projects were able to provide wrap-around supportive services. 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%. 3.The CoC is also engaging in planning to

take advantage of the forthcoming California Advancing and Innovating Medi-Cal (CalAIM) initiative. CalAIM will provide 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.

2C-5.	**Increasing Employment Cash Income-Strategy.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	**your CoC's strategy to increase employment income;**
2.	**how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
3.	**provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.**

(limit 2,000 characters)

1.Many CoC agencies including DV providers have employment programs and job searching training for their clients. DV clients receive an individualized Housing Stability Plan that includes help identifying their goals related to employment, education and increasing income. RTFH has partnered with Live Well San Diego to collaborate with their other recognized partners that include the Center for Employment Opportunities who are dedicated to helping those with criminal records get jobs. The CoC encourages providers to increase their strategy to increase income by attaching point to it in the local NOFO process and provides a stipend for anyone with lived experience that works to inform and guide committees or boards. 2. The CoC sends email blasts to over 1500 addresses twice a week messaging job fairs and employment opportunities from the providers. In partnership with the San Diego Promise Zone, the CoC ensures job training and employment resources work together to support families in need. The RTFH and the Local Initiative Support Corporation (LISC) partnership offers employment training. The Council for Supplier Diversity has partnered with the CoC since the implementation of our YHDP. They use the disciplines of Supplier Diversity (CSD) initiatives as an engine for economic development in underrepresented communities and are dedicated to expanding business opportunities for women, minority, and service-disabled veteran business enterprises. Their Youth Entrepreneur Academy is designed to teach young men and women from underserved communities how to identify, plan and start their own business.3. The CoC Lead, Chief Impact Officer and Chief Policy Officer.

2C-5a.	**Increasing Employment Cash Income–Workforce Development–Education–Training.**	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	**promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**
2.	**is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.**

(limit 2,000 characters)

1. List serve notices of job openings and job fairs are sent twice a week to over 1500 emails. Annually the CoC partners with the Veterans community at Stand Down and North County Stand Down that includes job counseling and referral specifically for Veterans and at the Project Homeless Connect event that has onsite 100 service providers such as Amazon Workforce Staffing. These events were put on hold due to COVID-19 and will resume when deemed safe for the community. 2. 1) CoC Project applicants, including PSH projects hold nearly 20 written agreements with employers, job training programs and economic development. The agreements include private businesses, public entities, staffing and training agencies, and vocational programs. Youth provider SDYS, has developed and promotes three E's (Employment, Education and Entrepreneurship) as a basis for promoting self-sufficiency and community stabilization. This program helps youth overcome barriers created by a lack of education and mainstream work experiences.

2C-5b.	**Increasing Non-employment Cash Income.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	**your CoC's strategy to increase non-employment cash income;**
2.	**your CoC's strategy to increase access to non-employment cash sources; and**
3.	**provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.**

(limit 2,000 characters)

1. The CoC programs 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. 2. 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. 3.The CoC Lead, Chief Impact Officer and Chief Policy Officer.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) 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

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	**Private organizations**	Yes
2.	**State or local government**	Yes
3.	**Public Housing Agencies, including use of a set aside or limited preference**	Yes
4.	**Faith-based organizations**	No
5.	**Federal programs other than the CoC or ESG Programs**	No

3A-2.	**New PSH/RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

3A-2a.	**Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.b.	

1.	**Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?**	Yes
2.	**Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?**	Yes

3A-3.	**Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.**	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
Hope Through Housing	PSH	49	Both
17th Street Affor...	PSH	50	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Hope Through Housing

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 49

4. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? 17th Street Affordable Housing

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 50

4. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

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 2,000 characters)

Not Applicable

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	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 2,000 characters)

Not applicable

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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.	

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 2021 Priority Listing.

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

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	**Number of Domestic Violence Survivors in Your CoC's Geographic Area.**	
	NOFO Section II.B.11.	

1.	**Enter the number of survivors that need housing or services:**	21,277
2.	**Enter the number of survivors your CoC is currently serving:**	741
3.	**Unmet Need:**	20,536

4A-2a.	**Calculating Local Need for New DV Projects.**	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, 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 2,000 characters)

1.The demand was measured by law enforcement and DV incident reports (18,187); the number of DV survivors in the aggregate records of the DV-HMIS and HMIS being served during the same period as the demand reports (6,473) and removed the number being served in PH projects, leaving only the non-PH number (2,405) to reach a need of 21,277 DV persons needing housing. The current capacity of DV inventory 460 beds, 128 units (HIC data) with virtually no vacant units, serving 741 persons during the year (HMIS records). Calculation: 18872+2405= 21,277-741= 20,536 persons needing housing.
2.The San Diego Association of Governments points to 18,872 DV incidents annually (8,936 at mid-year 2021) a 6% increase in the past four years. Two cities in East County, the primary focus of DV Bonus projects, show 39% and 17% increases in 2020-21 alone. Law enforcement crime statistics show a 3% increase during the 4-year period and CJ Research Institute 17,306 cases in SD. CoC-funded dedicated DV agencies provided safe housing for 2,083. State data show 46 new cases per day (16,790 annually) The SD Domestic Violence Hotline and 2-1-1 fielded #### calls over a one-year period. The need grew between 2017 and 2021. Conservatively, CoC- DV housing needs are estimated at (18,872 plus the numbered safely sheltered during the SANDAG report period, yielding 20,536 persons in need annually. PITC unsheltered data for 2020 found #### DV victims. The unmet DV housing needs are estimated at 20,000 (combining LEA, SANDAG, State data). This data does not include the homeless found in the human trafficking and CSEC, reported as at 2,287 in 2019). CSEC is a focus of the DV Bonus 3rd project.
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; increase in violence and assault during COVID; stigma and fear of perpetrators following victims raises NIMBYism; highly vulnerable victims reluctance to report.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

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
Crisis House
HomeStart
San Diego Youth S...

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

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

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 2021 Priority Listing:

1.	**Applicant Name**	Crisis House
2.	**Rate of Housing Placement of DV Survivors–Percentage**	99.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	96.00%

4A-4a.	**Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).**

(limit 1,000 characters)

1.Since 2012, CH has helped transition 99% of their DV participant households from transitional to permanent housing and embraced a 96% retention rate. This calculation includes clients in non-CoC-funded projects, such as Office of Emergency services, SSVF, and CDBG. Evaluation of 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 projects serving DV. 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. Providers also calculated rates for non-CoC funded projects for comparison. Performance benchmarks were generated for DV projects by program type.
2. The comparable database for DV programs was used (as evidenced in DV-specific scoring tools)and perfromance data from reports to other funding sources were used for cross-validation.

4A-4b.	**Providing Housing to DV Survivor–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	**ensured DV survivors experiencing homelessness were assisted to quickly move 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.	**connected survivors to supportive services; and**
4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 characters)

1. Crisis House (CH) offers emergency vouchers, transitional housing and rapid rehousing to survivors of domestic violence. Households are assessed and can enter emergency shelter immediately if actively fleeing. DV Survivors and a Case Manager explore their unique situation and a Housing Specialist works to determine whether they need or prefer transitional or rapid rehousing. The CH Housing Specialist nirtures relationships with landlords and helps find housing meeting client's needs, budget and choices.
2.Staff conduct an evaluation with the survivor at first contact, including types of support the person desires. At intake, persons fleeing domestic violence with children, present a police report, a restraining order or sign a self-certification and can immediately enter hotel/motel emergency shelter while searching stable housing. CH participates in Coordinated Entry System and will join the new CES-DV system. RRH transfers outside CH occur when a tenant needs to move from one housing intervention type to another or when a family needs to move further away from their abuser.
3. Case Managers utilize the Family Self-Sufficiency Matrix plan to identify immediate, short term and long term needs of the survivor and family. Case Managers make the referrals to supportive service agencies and follows up with clients to ensure the connection has been successful. At each step of this process, Case Managers defer to participant preference to ensure they are meeting the Survivor's needs.
4. Client Housing Stability Plans identify barriers to stability after financial support ends. Specifically, the plan helps clients work through issues such as income, credit, landlord relationships. Case Managers support participants with resources that aim to increase housing stability after subsidy ends. During the transition from rental assistance, CH offers continued case management for all interested participants up to six months post-rental assistance.

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

1. All Case Managers complete a 40-hour DV training which includes safety

planning. Clients planning to flee complete a safety plan at intake with the case manager. A detailed plan is created, including actions like which documents to obtain from their current home (driver's license, birth certificates, green cards, medical information), how to notify friends and family; and if held hostage or in danger, special codes or words to use to identify the threat. The Counselor conducts a lethality assessment with survivors to help gain an understanding of their situation and actively address safety concerns.
2. CH has several rooms and offices used specifically for case management, intakes and counseling sessions. To ensure privacy, staff conducts phone screenings in a private office. Staff hold in-person meetings in a private room. Confidentiality is maintained throughout client interactions.
3. CH does not serve abusive partners in the same projects as survivors. Privacy is offered to all clients who are invited into a safe setting offering confidentiality.
4. Rapid-Rehousing (RRH) clients self-select their own units while working with the Housing Locator. Safety planning is discussed throughout the process, allowing the client to make decisions about their own safety needs. If desired, CH's Transitional Housing (TH) has 13 leased units located in two different housing developments which are not scattered site. Topics of discussion with the participant include client safety in relation to location and individual preference. In all cases, CH ensures clients are aware of the locations of the complexes so they can participate in a safety planning discussion, prior to move in.
5. CH does not operate congregate living facilities. CH central offices are well-lit, secure and are located in a safe neighborhood.
6. Program staff inform applicants of state Penal Code 273.3 penalties for disclosure of a location where domestic violence survivors live. Verbal and written precautions advise clients that program services can end if the tenant discloses a confidential location. Critical attention is to location confidentiality in order to protect the ongoing safety of current and future clients.

4A-4c.1.	**Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

Crisis House administers the Client Feedback Questionnaire to every participant exiting the program. The goal is to ensure participants have a voice in helping create a Trauma Informed environment. Participants are asked such questions as: was a safety plan created? What other recommendations do you have to ensure your safety? Staff debrief monthly to discuss responses to ensure the program meets the families' safety needs.
Another activity that helps ensure the safety of participants in the lethality assessment. The Counselor engages the participant in a discussion regarding the lethality of the abuser so appropriate safety measures can be implemented.

4A-4d.	**Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
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 trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. CH, a recipient of state Office of Emergency Services and CoC DV funding, has decades of providing Diversion, ES, TH, Joint projects. Multi-year APRs for DV-RRH has 100% of persons after 90+ days; and 90% after 30 days. For the past 3 years 0% returned to streets. Success in Joint projects like New Journey is fully described in the Expansion Project Application. Participant choice is primary in client interactions. Case Managers present options and participants are encouraged to pick the option that works best for them, or in some cases, suggest alternative options unique to their situation and preference. In RRH, clients pick their own place to live. Case Managers offer services and resources but clients are not required to participate in services to receive rapid rehousing assistance. Personal choice and empowerment are valued throughout the process in all CH programs. At entry survivors are educated on housing options and able to choose transitional housing (TH) or rapid re-housing (RRH) assistance. A custom Housing Stability Plan is created for housing and services that are survivor-driven and trauma-informed. This plan is reviewed and adjusted as needed. If RRH is selected, staff work to quickly identify safe and appropriate housing and secure housing 45 days.
2. DV staff are trained in trauma-informed approach, meeting clients where they are. They understand that their role is to ensure clients feel heard and validated. Using motivational interviewing techniques, Case Managers ascertain client preferences, acknowledge feelings, and employ client-centered practices offering services compatible with and that augment client choices. CH offers support to CH staff who experience Vicarious Trauma, by providing them with a platform to discuss their experiences during the DV weekly meetings. CH embraces Equal Access Guidelines for all clients, honoring their preferences and building partnership. Coaching and a caring demeanor are ongoing parts of the support process.
3.CH's NEW EMPLOYEE TRAINING curriculum includes training on trauma and Trauma-Informed Approaches. This includes educating clients about trauma and providing referrals as is appropriate. Trauma education is emphasized in each case management session. In-service training reinforces the practice of providing current trauma information to clients.
4.CH utilizes strength-based counseling and intervention model when engaging survivor participants. During case-management sessions, survivor's resiliency and resourcefulness is acknowledged and celebrated. A formal strengths

assessment is part of the goal planning process. The focus of the assessments conducted are capitalizing on the client's strengths, rather than past negative characteristics. Client's meetings with the counselor or case-manager are to ensure the constraints limiting individual growth are defined, then reduced or eliminated.
CH offers the children of survivors a unique opportunity to participate in activities couched in the "science of hope", which provides them with focused activities and opportunities to find the self confidence they need to gain hope and move beyond the self destructive cycle they find themselves experiencing. Children are often overlooked in the DV cycle due to the urgency to meet the parent's immediate needs to gain stability. However, unless the children's needs are met with a trauma-informed focus, the children are apt to play out the violence they've witnessed in a variety of self destructive ways.
5. 70% of staff employed at Crisis House are bi-cultural and 25% bi-lingual. The agency has identified and established resources with which we collaborate in addressing the needs of the Middle Eastern families, Spanish- speaking Immigrants and the LGBTQ community. Currently, the agency's counselor completed training on the "Third Option Training" that focuses on honoring the humanity in each other. The training provides an arena to explore the impact of discrimination and bias on others. Crisis House staff attend in-service cultural competency training provided annually.
6. Prior to Covid-19, CH counselor conducted a monthly support group at two different locations, convenient to clients. We will return to offering those support groups in the near future. This allows the clients to get peer-to-peer connection. Our mentorship program, sponsored by the Soroptimist Club provides each TH participant with at least one community based mentor, if the participant a desire to participate in that program.
7. We partner with Leap to Success Program, is designed to help overcome major life challenges. It focuses on: parenting, building resilience, developing self–compassion, and calming anxiety. All survivors are offered a scholarship to this program. Each client who qualifies for Cash Aid is enrolled into the Welfare to Work aid and is automatically eligible for free child-care. Clients identify child-care choices via Child Development Association listings in the area.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

During funding year, Crisis House provided the following supportive services to DV survivors:
Housing Search and Counseling- Crisis House employed a Housing Locator to work directly with each program participant, to support their housing search efforts. The Housing Locator assisted clients in finding open rentals, lease preparation, negotiation and other property owner /tenant issues. Additionally, the Housing Locator conducted quarterly Housing Search Workshops for clients. The topics varied from understanding the housing market, preparing for

a lease up interview, the FMR's , a credit repair, shared housing opportunities and marketing one's self in the rental market.
Child Custody support is generally a very anxiety inducing process with our families. CH Case Managers support the participant by attending the court hearing, if the participant desires that support. During the COVID pandemic, the number of hearings offered by the Court were limited and held via ZOOM. These hearings were also supported by CH case managers with the permission of the client. The Family Justice Center is our referring partner in obtaining restraining orders, custodial orders, child support, and victim's compensation. The District Attorney's office provides CH with family relocation efforts when high- risk victimizations occur and the lethality for the survivors is high.
Bad Credit History: As a partner of the City's San Diego Domestic Violence Council, CH has access to participating non- profits that offer support and training in the area of debt relief, credit repair and financial literacy. These supporting agencies provide invaluable information to families who previously had no knowledge of their credit score and its impact on their housing search. Given the diversity and families with limited English capability we serve at CH, referrals are made to specific agencies that cater to Spanish speakers, Native Americans, Middle Eastern Immigrants and the Haitian community.
Education Services: In our Joint TH/RRH program approximately 55% of the clients attend occupational/vocational training. Based on their feedback clients acknowledge their desire to return to educational institutions for certification programs, e.g., dental, medical assistance, real estate, and phlebotomy. This was particularly true during the pandemic because clients had increased tax credits and unemployment benefits, and other funding incentives to enable their enrollment in these programs as well as the time at home. CH is adding an Employment Specialist with the grant extension to build upon the clients' desire to prepare for job opportunities.
Counseling- CH employs a counselor to provide short term crisis counseling for the participants. Referrals to community clinics are offered as an option to those who request further mental health services. 100% of the clients are offered this service. About 50% self select to utilize CH individual counseling services. About 20% of our clients are undocumented immigrants due to our location close to the international border and their participation in the U-VISA process requires them to attend counseling.

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain 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 trauma;**
4.	**place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**

7.	**offer support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1.Participant choice is the driving tenant of all client interactions at CH. Case Managers present options, and continue to do so while participants are encouraged to pick the option that works best for them. TH housing choices are leased units in El Cajon or Poway. In RRH, clients select a place to live based on family choice. Services and resources are always offered but clients are not required to participate in them. Our experience shows that DV clients are eager to receive information, referrals, and services offered. CH endorses the Housing First approach in all housing programs; prioritizing rapid placement and stabilization in permanent housing without requiring case management or counseling. CH employs a Housing Specialist who will assist clients find housing and work with local landlords to lease up quickly.
2.CH incorporates harm reduction, a best practice public health framework that seeks to minimize the harm of a behavior, when an individual is not willing to abstain. Staff are trained to maintain a person-centered, non-judgmental approach that is compassionate and respectful of the individual. Case managers use motivational interviewing techniques to help clients make their own decisions. Operating from a client centeredness stance reduces the power differential, allows staff to encourage choice and elicit client preferences.
3. COmpetent, trained staff provide Trauma-Informed Care and are cognizant of the impact of trauma on our clients. CH regularly evaluates our policies, practices and program procedures to ensure we are not re-traumatizing individuals. The Counselor provides insight into the dynamic of trauma with families, including their children. Staff provide trauma education to participants in formal and informal sessions throughout the case management process. Staff attend quarterly in-service trainings, to ensure high level of competency in trauma and trauma-informed services. The DV Program Manager is a Trauma Informed trainer. CH also includes programs for the children with Camp HOPE American summer and monthly programming to help them process their trauma and find inner strength to make positive life choices.
4. CH operates from a strength-based counseling and case management model in working with survivors. During case-management sessions, client's resiliency and resourcefulness is highlighted and celebrated. Case management events also focus on the assessment or participant strengths and incorporate these in goal-planning sessions. As noted above, children are not left out. Camp HOPE summer camping activities and mentoring,help children draw upon their own internal strengths, sometimes finding strengths they didn't know they had. Camp HOPE is evidence-based. Campers complete pre and post-tests which are submitted annually to University to measure and compile outcomes to national objectives including showing that hope is measurable.
5. CH addresses cultural responsiveness and inclusivity in all areas of the agency. Review the program environment ensures it is culturally inclusive. For examples, celebrating a cross section of holidays, ensuring that we have bilingual forms, and access to translation services. CH has regular training and enrichment experiences for all staff on racial equality and inclusion. Finally, Crisis House has a diversified staff to ensure personnel reflects the participants and communities we serve. A CH Counselor is being trained in a new diversity program which will be presented to staff in late 2021.
6. Throughout the year, CH provides multiple opportunities for participants to connect. We have formal and informal events that give participants choice to the level of connection that works for them. Examples of the informal events are holiday parties, family outings and invitations to join community events. Our

support groups provide a more formal or structured experience which allows peer-to-peer support and encouragement. We will continue with our community mentor program, which connects trained mentors with participants who request the support of a mentor. Currently each participant has at least one mentor and we have enough trained mentors to support additional participants.
7. Resources for parenting classes and child- care are offered in a variety of ways. CH has established partnerships with the San Diego School District, The First Five Program, the Leap to Success Program and the local Head Start Programs. As necessary, a referral is made to no cost childcare through the Welfare to Work program, offered through the County Social Service Department. On a consistent basis staff update families on these services during case management sessions, counseling sessions and at support groups. Again, as mentioned above, children are not left out. Camp HOPE summer camp activities and monthly activities related to progress gained at camp ensure the children retain the self agency and confidence they experienced during their camping activities.

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

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

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 2021 Priority Listing:

1.	**Applicant Name**	HomeStart
2.	**Rate of Housing Placement of DV Survivors–Percentage**	97.90%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	99.00%

4A-4a.	**Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).**

(limit 1,000 characters)

1.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, and an average calculated, 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.
2. 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-4b.	**Providing Housing to DV Survivor–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	**ensured DV survivors experiencing homelessness were assisted to quickly move 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.	**connected survivors to supportive services; and**
4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 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-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

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

2.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.

3. 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.

4. Home Start keeps all housing locations strictly confidential and does not advertise the locations on our website or within any databases. We also ask that survivors do not disclose any locations to 3rd parties.

4A-4c.1.	**Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 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-4d.	**Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	**prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
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 trauma;**
4.	**emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offering support for parenting, e.g., parenting classes, childcare.**

(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-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(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-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain 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 trauma;**

4.	**place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offer support for parenting, e.g., parenting classes, childcare.**

(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

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

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

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 2021 Priority Listing:

1.	**Applicant Name**	San Diego Youth Services
2.	**Rate of Housing Placement of DV Survivors–Percentage**	85.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	70.00%

4A-4a.	**Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).**

(limit 1,000 characters)

1. Number of clients served vs housing outcomes in APR.
2. APR and HMIS data

4A-4b.	**Providing Housing to DV Survivor–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were assisted to quickly move 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.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,000 characters)

SDYS uses CES, using the CoC's progressive engagement approach, which prioritizes client choice. SDYS facilitates a broadest outreach using its existing outreach, service and partner programs; and prioritize the YEH level of crisis and safety through the CES triage system and CAT. As a designated Access Point provider, SDYS will utilize its Mobile Teams, street outreach, drop-in-center hub points, emergency shelter, Transition Age Youth (TAY) Academy, STARS, Safe Family Services (SFS), and I CARE to connect targeted YEH to Forward. To facilitate the broadest possible outreach, SDYS will also engage law enforcement (juvenile justice and adult corrections), the network for runaway and homeless youth, health care, the Child Welfare System (CWS), CSEC and the Lynch Foundation in the referral process.
Housing resources are identified based on the outcomes of the triage assessment and consistent with youth choice. Housing priorities are dictated by an individual's unique circumstances which include level of safety and protection required; an environment that provides natural supports; stage of self-sufficiency; and choice of stable/permanent housing options. Housing status is reassessed monthly, and assistance is provided on an "as needed" basis. Equitable access and safety of the youth is a priority in addressing Housing First options. While Housing First is the primary goal, SDYS recognizes that housing availability may require a brief stay in a transitional housing. First level of referral will be a property operated by SYDYS and then through SDYS' network of housing partner locations. SDYS partners with Brilliant Corners, the Landlord Engagement and Assistance Program to connect to scattered sites. SDYS program SFS; assists youth through our resiliency funds by providing rental assistance when youth are exiting their current housing placement. SFS advocates for youth in landlord engagement, navigating housing assessments, and connection to long-term supportive housing resources.

4A-4c.	Ensuring DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and

6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

SDYS in past several years has been operating support, crisis and intervention services for young people involved in CSEC and DV. 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 survivor supports that: Ensure that the program has a financial sustainability plan 14.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.
15.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-4c.1.	**Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

1.Over SDYS' history serving youth who are victims of human trafficking and sexual exploitation, organizational guidelines have been developed to ensure the high levels of protection and safety. These include the following:
1.SDYS facilitates an annual Safety training available to staff that addresses trauma, assessing for safety in various settings, populations/demographics, assessment tools, and interventions.
2.Forward staff will be required to attend the 66-hour Domestic Violence and Sexual Assault training
3.Forward program staff will be trained in the assessment of the Campbell Danger Assessment, Trauma Informed Care Principals and Practices 101, Motivational Interviewing and Seeking Safety.
4.Participation by staff and SDYS partners in CSEC orientation and on-going training; engagement in training sponsored by CSEC partners; and specialized training conducted by CSEC experts.
5.Compliance by staff in maintaining confidentiality regarding transitional and permanent housing and service delivery locations.
6.Judicious use of signage and outreach resources for victim safety.
7.Ensure the highest levels of protection, confidentiality and security in service delivery.
8.Provide dedicated, confidential space for individual and small group meetings.
9.Ensure that living conditions meet the highest levels of security, e.g., ample

lighting, secure entrances and windows, etc.; and that security devices and emergency communication linkages are available for those living in scattered site housing.
10.Include self-help safety priorities in the Life Plans to include risk assessments and training.
11.Use “Live” role models to facilitate transition to stable housing and economic security.
12.San Diego Youth Foundation owns a 15 unit, 2-bedroom apartment building. SDYS operates this building and can ensure units are dedicated to survivors

4A-4d.	**Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	**prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;**
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 trauma;**
4.	**emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offering support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

SDYS offers a level of intervention and services based on a collaboratively developed Life Plan through a Positive youth development (PYD) framework that utilizes Motivational Interviewing (MI) and Trauma-Informed Care (TIC) to promote client choice and movement to stabilization and self-sufficiency. All staff are trained in PYD, MI & TIC. SDYS follows a progressive engagement model offering a level of intervention and services tailored to meet each individual’s unique situation, strengths, and support youth problem solving and voluntary participation. MI is a goal-directed, client-centered counseling style that is designed to elicit behavioral change. Youth are encouraged to make informed choices consistent with assessment outcomes and stages of readiness. This results in a uniquely, tailored dynamic Life Plan reflecting strengths and resilience factors, life’s experiences, degree of trauma, and cultural needs. Safety is a priority. Non-discriminatory access to all resources and a welcoming, inclusive environment characterize SDYS’ approach to services. On-going cultural competence and sensitivity training is required of all staff and volunteers.
Services are available using a “no wrong door” approach. TIC offers a framework for providing services to traumatized individuals that addresses the impact of trauma and creates a setting that is supportive and endeavors “to do no harm” in part by avoiding re-traumatization. TIC is characterized by non-judgmental staff-youth interactions that reinforce youth’s strengths and

willingness to consider options. This allows youth to accept help on their terms. TIC is integral to SDYS' case management philosophy and is incorporated into all contacts.

Youth are further supported to overcome trauma through a peer mentoring component. CSE youth is matched with a "lived" survivor who has successfully overcome barriers created by HT/CSEC exposure. Mentors are recruited from existing SYDS HT/CSE programs, e.g., STARS and I CARE, Safe Family Services, and CSE partners. Volunteer mentors participate in a culturally-responsive, validated training program; and are supported informally and formally by the CCs. Five to seven mentors are paired with two to three youth. Activities that promote relationship building are facilitated through face-to-face sessions, as well as frequent check-ins. Outcomes are helping CSEs overcome the effects of HT/CSE and develop a level of trust that promotes positive social interaction and community adjustment.
Wrap-around services integrate therapeutic approaches with daily living activities, such as life skills, managing a household, education, job training and employment, community involvement, parenting, etc. SDYS has developed and promotes three E's (Employment, Education and Entrepreneurship) as a basis for promoting self-sufficiency and community stabilization. This program helps youth overcome barriers created by a lack of education and mainstream work experiences. Central to this model is involvement by youth in SDYS-sponsored social enterprises, e.g., From the Grounds Up. This is an on-site social enterprise coffee shop staffed entirely by SDYS youth, which provides a supportive work environment, offering marketable skills and individual support that encourages youth to obtain sustained permanent employment. Forward youth will be involved in business expansion activities, as well as alternative social enterprise opportunities, e.g., the Young Entrepreneur Academy (YEA) and Call Service & Training Center (CSTC), which provides transitional employment. The "lived" experiences peer mentoring and social enterprises promote successful adjustment. This model creates a natural support system that endures beyond project participation and promotes social/emotional development, resulting in self-sufficiency and community integration.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

Forward is supported by SDYS' housing and supportive service partners utilizing the CoC's Coordinated Entry System (CES). A wide variety of in-house programs are offered as the first source of services. Other partners are part of the coordinated plan of services, 40 of which have formal MOUs with SDYS.
Sexual Assault & Human Trafficking/Sexual Exploitation:
•Surviving Together Achieving and Reaching for Success – STARS (SDYS) include crisis intervention and safety planning; detention outreach and court advocacy; intensive case management; group counseling and ILS; clinical

services; stipends to participate in leadership opportunities; peer mentoring; and aftercare support groups.
•I CARE (SDYS) -- operates from TAY Academy and provides client-driven supportive services and on-site clinical services to meet social, emotional, health, and behavioral needs through psycho-educational and skill building groups; peer mentoring; care coordination and referrals; caregiver/family support; positive recreational opportunities; and leadership development.
•Lynch Foundation for Children provides paid internships, technical training, employer networking, seed money for business start-up, and career mentorships; as well as crisis intervention and short term support services, i.e., assessment of safety and other needs, lodging, food, clothing, transportation, medical, legal, rent, utilities, application fees, etc.; and permanent subsidized housing.
•SD Commercial Sexual Exploited Children Response Team (CSEC) Rapid Response Team (RRT) provides crisis intervention, case management, and linkages to long term care for 12 to 21 year old youth; and to provide staff training and capacity building for organizations within the SD area.
•Safe Family Services: Safe Family Services XD Grant offers supportive services to TAY (18-24 years old) who are at-risk, currently in an SDYS program and have historically or are currently experiencing domestic violence. Services include individual and group therapy, case management to benefit youth in need of enhanced services related to domestic violence, housing support, and resiliency funds which are flexible and based upon need. Safe Family Services' AT Grant offers supportive, trauma - informed services to SDYS parents and youth who have experienced trauma and abuse that has resulted in CWS involvement. The AT Grant focuses on supporting SDYS parents and youth by effectively intervening, through comprehensive evidence – based psychotherapy and case navigation, before concerns over child abuse and neglect escalate to substantiated cases that require removal from the home.
SDYS makes extensive use of housing resources to promote rapid permanent housing and access to services to promote stability and self-sufficiency, including Legal Aid, SD Workforce, Community College, SD System of Care, YMCA Childcare, among others.

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain 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 trauma;**
4.	**place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**

7.	**offer support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

Forward program staff will be trained in the assessment of the Campbell Danger Assessment, Trauma Informed Care Principals and Practices 101, Motivational Interviewing and Seeking Safety. SDYS facilitates an annual Safety training available to staff that addresses trauma, assessing for safety in various settings, populations/demographics, assessment tools, and interventions.
Forward staff will be required to attend the 66 hour Domestic Violence and Sexual Assault training

Youth voice and choice are at the heart of our Forward program, which is why Positive Youth Development (PYD), Trauma-Informed Care, strengths-based, culturally inclusive, and developmentally appropriate services will be at the center of programming. Survivors of domestic violence will have a choice of housing options that better serves them and is a trauma-informed, survivor-centered approach. DV survivors are experts in their own situations and will be offered a choice of housing.
Forward staff will utilize the evidence-based practice of Motivational Interviewing, which is a technique that supports youth in determining their motivation for changes they want to make in their lives and enhancing their internal motivation. Forward staff will assess youth's preferences, comfort level, and safety needs when determining the type and location of housing they will be connected to. San Diego Youth Foundation owns a 15 unit, two bedroom complex in which SDYS plans to utilize as a housing option.

The Forward program will operate a program that is strengths based, trauma-informed, and culturally and linguistically inclusive. PYD is a comprehensive developmental
framework that recognizes youth as resources and experts in their own situations
that helps meet youth where they're at and provide scaled and responsive resources, positive relationships with peers and adults, and brings youth voice to
the center of all our activities. The Forward program will not use punitive interventions, and we will ensure staff interactions are based on equality and support. Case Managers will be hired based on their experience working with survivors.

DV survivors will receive individual integrated case management duration and intensity of services reflecting the needs of the DV survivor and cultural considerations until crisis stabilization. Recognizing the impact of trauma on healthy development our program will include clinical evidence-based interventions. Participation in supportive services is voluntary and encouraged through Positive Youth Development and Motivational Interviewing. Effective linkages to myriad of services will be completed through effective case management, warm-handoff referrals, transportation to appointments or providing transportation vouchers or gas cards, assistance for MediCAL and DV survivors will be connected to community resources, such as Family Health Centers to ensure basic health needs are met. Transition planning and long-term stabilization will begin with initial enrollment and continue throughout program participation. This will start with a thorough needs assessment, including clinical assessment, Campbell Danger Assessment, safety planning, and individual goal setting to inform an individualized housing and stabilization

plan that will evolve over the duration of program participation to help the DV survivor move from crisis to stabilization. Long-term stabilization planning will include service partner developed plans that incorporate individual goals and essential stabilization supports, such as work skills, education, and income. Aftercare services are available for one-year after program exit with formal check-ins at 1, 3, 6, and 12-month intervals.

At an organizational level, SDYS is fully committed to culturally competent service delivery. SDYS' programs are a SAFE ZONE and are non-discriminatory based on
ethnicity, race, gender, gender identity, or sexual orientation.

Forward will encompass multiple supportive programs throughout SDYS. Safe Family Services employs clinicians with expertise in abuse situations that address parent/child attachment relationship, child behavior problems, and parenting skills. Services are culturally and developmentally appropriate, relevant and accessible, such as in home or via telehealth. SFS encompasses the entire familial unit, parent/caregiver, child, siblings, and extended family, if living within the home. Services include EB parenting supports and education, teaching skills and strategies for management of conflict and child behavioral problems and non-punitive discipline, including social reinforcers of positive behavior.
SFS facilitates parenting groups using Triple P or social skills groups. These groups and supportive services will be available to Forward participants upon referral and meeting eligibility criteria.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.

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).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/07/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/07/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/06/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	10/30/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/03/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting - ...	11/03/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting - ...	11/03/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	11/09/2021
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/09/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting - Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting - Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description: Housing Leveraging 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	09/21/2021
1B. Inclusive Structure	11/03/2021
1C. Coordination	11/11/2021
1C. Coordination continued	11/11/2021
1D. Addressing COVID-19	11/08/2021
1E. Project Review/Ranking	11/08/2021
2A. HMIS Implementation	10/25/2021
2B. Point-in-Time (PIT) Count	10/19/2021
2C. System Performance	11/06/2021
3A. Housing/Healthcare Bonus Points	11/10/2021
3B. Rehabilitation/New Construction Costs	10/19/2021

3C. Serving Homeless Under Other Federal Statutes	10/19/2021
4A. DV Bonus Application	11/12/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

CES Prioritization Tool

Priority	% of Composit Score	Factors	% of Priority
Chronic Homeless Status	10%	Chronically homeless based on Bitfocus logic	100%
Length of Time Homeless	15%	Length of time homeless based on Bitfocus logic	100%
			75%
			50%
			25%
			10%
Living Situation/Actively Fleeing	25%	Actively Fleeing DV/Human Trafficking	100%
		OR	
		Place not meant for human habitation	100%
		Emergency shelter	95%
		Safe haven	80%
		Other/Institutionalization	50%
		Transitional Housing	10%
Sub-Population	20%	TAY / Senior Age	35.00%
		Families with children under 4 years old	35.00%
		Families with children over 4 years old	30.00%
Most Needs	30%	Mental health	15.00%
		Developmental health	15.00%
		Substance use	15.00%
		Physical Disability	15.00%
		Chronic Health Condition	15.00%
		HIV/AIDS	15.00%
		Medical Needs	10.00%
Common Assessment Tool	10%	PSH Range	100.00%
		RRH Range	50.00%
		No Housing Intervention Range	0%
Prioritization and Advocacy Case Conferencing	0	Case Conferencing Score	100%

SAN DIEGO
Regional Task Force on the Homeless

Coordinated Entry System (CES)

The Coordinated Entry System (CES) is an efficient network of care, helping individuals and families resolve their housing crises by accessing valuable resources in an equitable, person-centered, and transparent manner.

VI-SPDAT Hard Copy

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1. Complete the appropriate CES Triage Tool with your client.

2. Once all of the data has been collected; it is you and your agency's **RESPONSIBILITY** to enter the data into Clarity in a timely manner.

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Family Triage Tool Start Date	**Date:**
Assessment Location	☐ Place not meant for habitation (ed-a vehicle, an abandoned building, bus/train/subway station/ airport, or anywhere outside ☐ Day Center/Drop-in Center ☐ Safe Parking Lot ☐ Emergency Shelter ☐ Telephonic Assessment (i.e. 211, Courage to Call, etc.) ☐ Case Management Location not otherwise associated with an Emergency Shelter, Day Center or Drop-in Center ☐ Medical Facility ☐ Mental Health Facility
Assessment Type	☐ Phone ☐ Virtual ☐ In person
Assessment Level	☐ Crisis Needs Assessment ☐ Housing Needs Assessment
Are you currently part of a household that includes minor children or if you were to be housed will minor children under 18 be joining your household?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Preferred Language	Language:
Have you been continuously homeless for the last 12 months or more?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
In the last three years, how many times have you and your family been homeless?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused

DEMOGRAPHICS & PRIORITIZATION	
Sexual Orientation	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Questioning/Unsure ☐ Queer ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Is there a secondary Head of Household (HoH)?	☐ No ☐ Yes
Second HoH Full Name	Name:
Second HoH Gender	Gender:
Second HoH Date of Birth	DOB:
CHILDREN	
Total number of children under age 18 that are currently with you, or that you have reason to believe will be joining you when you get housed?	☐ 1 Child ☐ 2 Children ☐ 3 Children ☐ 4 Children ☐ 5 Children ☐ 6 Children ☐ 7 Children ☐ 8 Children ☐ 9 Children ☐ 10 Children
Child 1: Full Name	Name: _____ DOB:_____
Child 2: Full Name	Name: _____ DOB:_____
Child 3: Full Name	Name: _____ DOB:_____
Child 4: Full Name	Name: _____ DOB:_____

Child 5: Full Name	Name: _____ DOB:_____
Child 6: Full Name	Name: _____ DOB:_____
IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you have a medical condition that requires 3 medical appointments per month and/or medical equipment?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you have a physical disability that would require ADA or other special accommodations?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you think you might have a Chronic Substance Use Issue?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you think you might have a Serious Mental Illness (SMI)?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever lived outside of your home? By outside of your home, I mean a foster home, group home, or home of a relative that you were placed by the court?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Do you or did you have a social worker/case manager, probation officer, or both?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you seeking services today because you are concerned about your immediate safety?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
WHAT TYPES OF PROGRAMS OR RESOURCES ARE YOU CURRENTLY USING? (MARK ALL THAT APPLY)	
☐ Day Centers ☐ Mail services ☐ Basic Needs (food pantry, hot meals, showers, storage, etc)	☐ Employment Services ☐ Other Program or Resource being accessed not listed above
If Other, identify what other programs or resources are being accessed?	Other resources:
DIVERSION QUESTIONS	
Would you be interested in eviction resolution services?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Would you like resources for case management/mental health case management programs?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Is anyone, such as friends, family, or other supportive people in San Diego helping you in your current living situation?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you part of any faith-based communities that can assist you with your current living situation?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Are you part of any support groups that can help you with your current living situation?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you feel like a substance abuse program would be helpful for you?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
WOULD YOU LIKE RESOURCES ON ANY OF THE FOLLOWING TYPES OF INCOME ASSISTANCE?	
☐ Welfare Benefits (CalFRESH, CalWORKS, GR, etc.) ☐ Employment Programs ☐ Temp Agencies	☐ Disability Advocacy/Application Assistance ☐ Child Support Adjustment Assistance ☐ Other Income Resource Information
Date Diversion Initiated	**Date:**
Have potential diversion interventions been identified for this client?	☐ Yes ☐ No
Explain why this client is not a good candidate for exploring diversion options:	

PLEASE CONTINUE EXPLORING ALL HOUSING OPTIONS WITH YOUR CLIENT

SPECIAL ELIGIBILITY CONSIDERATIONS

Where do you experience homelessness?

☐ Carlsbad	☐ La Mesa
☐ Chula Vista	☐ Lemon Grove
☐ City of San Diego	☐ National City
☐ Coronado	☐ Oceanside
☐ Unincorporated Area of San Diego	☐ Poway
☐ Del Mar	☐ San Marcos
☐ El Cajon	☐ Santee
☐ Encinitas	☐ Solana Beach
☐ Escondido	☐ Vista
☐ Imperial Beach	☐ Client doesn't know
	☐ Client refused
	☐ Data not collected

Have you ever been convicted of manufacturing or producing methamphetamine?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been convicted of arson?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you a convicted sex offender?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been diagnosed with a mental health condition?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If you have been diagnosed with a mental health condition, what is your diagnosis?	☐ Anxiety ☐ Bipolar Disorder ☐ Depression ☐ Schizophrenia ☐ Other ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If "other" mental health diagnosis, record answer here:	
Have you ever been hospitalized for a psychiatric problem?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you ever see or hear things that other people don't see or hear?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Have you been admitted to a psychiatric hospital in the past 2 years?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been treated in an outpatient mental health program?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you been seen by a psychiatrist in the last 2 years?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If you have been seen by a psychiatrist in the past 2 years, how long ago were you seen?	☐ Within the last 2 weeks ☐ Within the last 6 months ☐ Within the last year ☐ Within the last 2 years ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been prescribed medications for a mental health condition?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If you have been prescribed medications for a mental health condition, what were they prescribed for?	☐ For anxiety ☐ For being depressed ☐ For hearing voices or for paranoia ☐ Other ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Narrative:	
Single Adult VI-SPDAT Date:	**Date:**
A. HISTORY OF HOUSING & HOMELESSNESS	

Where do you and your family sleep most frequently? ☐ Shelters ☐ Transitional Housing ☐ Safe Haven ☐ Outdoors	☐ Couch Surfing ☐ Car ☐ Other ☐ Client doesn't know ☐ Client refused
How long has it been since you and your family lived in permanent stable housing? ☐ Less than a week ☐ 1 week to 3 months ☐ 3-6 months	☐ 6 months -1 year ☐ 1-2 years ☐ 2 years or more ☐ Client doesn't know ☐ Client refused
B. RISKS	
In the past six months, how many times have you or anyone in your family received health care at an emergency department/room?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
In the past six months, how many times have you or anyone in your family taken an ambulance to the hospital?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
In the past six months, how many times have you or anyone in your family been hospitalized as an inpatient?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
In the past six months, how many times have you or anyone in your family used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused

In the past six months, how many times have you or anyone in your family talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
In the past six months, how many times have you or anyone in your family stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused ☐
Have you or anyone in your family been attacked or beaten up since they've become homeless?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Have you or any family member threatened to or tried to harm themself or anyone else in the last year?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines or that make it more difficult to rent a place to live?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you or any member of the family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Does anybody force or trick you or anyone in your family to do things that you do not want to do?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

C. SOCIALIZATION	
Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
D. WELLNESS	
Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

When someone in your family is sick or not feeling well, does your family avoid getting medical help?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
HAVE YOU EVER HAD TROUBLE MAINTAINING YOUR HOUSING, OR BEEN KICKED OUT OF AN APARTMENT, SHELTER PROGRAM OR OTHER PLACE YOU WERE STAYING, BECAUSE OF:	
A mental health issue or concern?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
A past head injury?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
A learning disability, developmental disability, or other impairment?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ N/A
Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
E. FAMILY UNIT	
Are there any children that have been removed from the family by a child protection service within the last 180 days?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Has any child in the family experienced abuse or trauma in the last 180 days?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
AFTER SCHOOL, OR ON WEEKENDS OR DAYS WHEN THERE ISN'T SCHOOL, IS THE TOTAL TIME CHILDREN SPEND EACH DAY WHERE THERE IS NO INTERACTION WITH YOU OR ANOTHER RESPONSIBLE ADULT...	
3 or more hours per day for children aged 13 or older?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
2 or more hours per day for children aged 12 or younger?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Date Full Triage Tool Completed?	**DATE:**
REMINDER: VI-SPDAT ASSESSMENT SCORE DOES NOT GUARANTEE A SPECIFIC HOUSING INTERVENTION OR PRIORITZATION	

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1. Complete the appropriate CES Triage Tool with your client.

2. Once all of the data has been collected; it is you and your agency's **RESPONSIBILITY** to enter the data into Clarity in a timely manner.

CES Triage Tool for Single Adults

SAN DIEGO Regional Task Force on the Homeless

Assessment Location	☐ Place not meant for habitation (ed-a vehicle, an abandoned building, bus/train/subway station/ airport, or anywhere outside ☐ Day Center/Drop-in Center ☐ Safe Parking Lot ☐ Emergency Shelter ☐ Telephonic Assessment (i.e. 211, Courage to Call, etc.) ☐ Case Management Location not otherwise associated with an Emergency Shelter, Day Center or Drop-in Center ☐ Medical Facility ☐ Mental Health Facility
Assessment Type	☐ Phone ☐ Virtual ☐ In person
Assessment Level	☐ Crisis Needs Assessment ☐ Housing Needs Assessment
Triage Tool for Single Adults Start Date	**Date:**
Are you currently part of a household that includes minor children or if you were to be housed will minor children under 18 be joining your household?	☐ No ☐ Yes If **YES** - stop here: your client is part of a household with children under 18 - please click "cancel" below and complete a family triage tool
PRE-ASSESSMENT	
Preferred Language	Language:
Have you been continuously homeless for the last 12 months or more?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

In the last three years, how many times have you been homeless?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
VETERAN QUESTIONS	
Was your active duty status before 1980?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you eligible for VA Healthcare?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
DEMOGRAPHICS & PRIORITIZATION	
Sexual Orientation	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Questioning/Unsure ☐ Queer ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you currently pregnant?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Do you have a medical condition that requires 3 medical appointments per month and/or medical equipment?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you have a physical disability that would require ADA or other special accommodations?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you think you might have a Chronic Substance Use Issue?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you think you might have a Serious Mental Illness (SMI)?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
WHAT TYPES OF PROGRAMS OR RESOURCES ARE YOU CURRENTLY USING? (MARK ALL THAT APPLY)	
☐ Mail services ☐ Basic Needs (food pantry, hot meals, showers, storage, etc)	☐ Employment Services ☐ Other Program or Resource being accessed not listed above
If Other, identify what other programs or resources are being accessed?	Other resources:
DIVERSION QUESTIONS	
Would you be interested in eviction resolution services?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Would you like resources for case management/mental health case management programs?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Is anyone, such as friends, family, or other supportive people in San Diego helping you in your current living situation?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Would you be interested in family reunification services?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you part of any faith-based communities that can assist you with your current living situation?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you part of any support groups that can help you with your current living situation?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you feel like a substance abuse program would be helpful for you?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
WOULD YOU LIKE RESOURCES ON ANY OF THE FOLLOWING TYPES OF INCOME ASSISTANCE?	
☐ Welfare Benefits (CalFRESH, CalWORKS, GR, etc.) ☐ Employment Programs ☐ Temp Agencies	☐ Disability Advocacy/Application Assistance ☐ Child Support Adjustment Assistance ☐ Other Income Resource Information

SAN DIEGO Regional Task Force on the Homeless

Date Diversion Initiated	**Date:**
Have potential diversion interventions been identified for this client?	☐ Yes ☐ No
Explain why this client is not a good candidate for exploring diversion options:	
PLEASE CONTINUE EXPLORING ALL HOUSING OPTIONS WITH YOUR CLIENT	
SPECIAL ELIGIBILITY CONSIDERATIONS	
Where do you experience homelessness? ☐ Carlsbad ☐ Chula Vista ☐ City of San Diego ☐ Coronado ☐ Unincorporated Area of San Diego ☐ Del Mar ☐ El Cajon ☐ Encinitas ☐ Escondido ☐ Imperial Beach	☐ La Mesa ☐ Lemon Grove ☐ National City ☐ Oceanside ☐ Poway ☐ San Marcos ☐ Santee ☐ Solana Beach ☐ Vista ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been convicted of manufacturing or producing methamphetamine?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been convicted of arson?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you a convicted sex offender?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Have you ever been diagnosed with a mental health condition?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If you have been diagnosed with a mental health condition, what is your diagnosis?	☐ Anxiety ☐ Bipolar Disorder ☐ Depression ☐ Schizophrenia ☐ Other ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been hospitalized for a psychiatric problem?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you ever see or hear things that other people don't see or hear?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you been admitted to a psychiatric hospital in the past 2 years?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been treated in an outpatient mental health program?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you been seen by a psychiatrist in the last 2 years?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Have you ever been prescribed medications for a mental health condition?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If you have been prescribed medications for a mental health condition, what were they prescribed for?	☐ For anxiety ☐ For being depressed ☐ For hearing voices or for paranoia ☐ Other ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Narrative:	
Single Adult VI-SPDAT Date:	**Date:**
A. HISTORY OF HOUSING & HOMELESSNESS	
Where do you sleep most frequently? ☐ Shelters ☐ Transitional Housing ☐ Safe Haven ☐ Outdoors	☐ Couch Surfing ☐ Car ☐ Other ☐ Client doesn't know ☐ Client refused
How long has it been since you lived in permanent stable housing? ☐ Less than a week ☐ 1 week to 3 months ☐ 3-6 months	☐ 6 months -1 year ☐ 1-2 years ☐ 2 years or more ☐ Client doesn't know ☐ Client refused
B. RISKS	
In the past six months, received health care at an emergency department/room?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused

In the past six months, how many times have you taken an ambulance to the hospital?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
In the past six months, how many times have you been hospitalized as an in-patient?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
In the past six months, how many times have you used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
In the past six months, how many times have you talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
In the past six months, how many times have you stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
Have you been attacked or beaten up since you've become homeless?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

Have you threatened to or tried to harm yourself or anyone else in the last year?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines or that make it more difficult to rent a place to live?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Does anybody force or trick you to do things that you do not want to do?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
C. SOCIALIZATION	
Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

D. WELLNESS	
Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you have any chronic health issues with your liver, kidneys, stomach lungs or heart?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
When you are sick or not feeling well, do you avoid getting help?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
HAVE YOU EVER HAD TROUBLE MAINTAINING YOUR HOUSING, OR BEEN KICKED OUT OF AN APARTMENT, SHELTER PROGRAM OR OTHER PLACE YOU WERE STAYING, BECAUSE OF:	
A mental health issue or concern?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

A past head injury?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
A learning disability, developmental disability, or other impairment?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ N/A
Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Date Completed?	**DATE:**

SAN DIEGO
Regional Task Force
on the Homeless

Coordinated Entry System (CES)

The Coordinated Entry System (CES) is an efficient network of care, helping individuals and families resolve their housing crises by accessing valuable resources in an equitable, person-centered, and transparent manner.

VI-SPDAT Hard Copy

This hard copy of the VI-SPDAT has been created in the efforts to complete one of the data standards in the CES Workflow required by HUD outside of Clarity.

1. Complete the appropriate CES Triage Tool with your client.

2. Once all of the data has been collected; it is you and your agency's **RESPONSIBILITY** to enter the data into Clarity in a timely manner.

CES Triage Tool for Transitional Age Youth

SAN DIEGO Regional Task Force on the Homeless

TAY Triage Tool Start Date	**Date:**
Assessment Location	☐ Place not meant for habitation (ed-a vehicle, an abandoned building, bus/train/subway station/ airport, or anywhere outside ☐ Day Center/Drop-in Center ☐ Safe Parking Lot ☐ Emergency Shelter ☐ Telephonic Assessment (i.e. 211, Courage to Call, etc.) ☐ Case Management Location not otherwise associated with an Emergency Shelter, Day Center or Drop-in Center ☐ Medical Facility ☐ Mental Health Facility
Assessment Type	☐ Phone ☐ Virtual ☐ In person
Assessment Level	☐ Crisis Needs Assessment ☐ Housing Needs Assessment
PLEASE ANSWER THE FOLLOWING QUESTION TO DETERMINE WHICH TRIAGE TOOL TO USE	
Are you currently part of a household that includes minor children or if you were to be housed will minor children under 18 be joining your household?	☐ No ☐ Yes If **YES** - stop here: your client is part of a household with children under 18 - please click "cancel" below and complete a family triage tool
Preferred Language	Language:
Have you been continuously homeless for the last 12 months or more?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

In the last three years, how many times have you been homeless?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
DEMOGRAPHICS & PRIORITIZATION	
Sexual Orientation	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Questioning/Unsure ☐ Queer ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you have a medical condition that requires 3 medical appointments per month and/or medical equipment?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you have a physical disability that would require ADA or other special accommodations?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you think you might have a Chronic Substance Use Issue?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you think you might have a Serious Mental Illness (SMI)?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

WHAT TYPES OF PROGRAMS OR RESOURCES ARE YOU CURRENTLY USING? (MARK ALL THAT APPLY)	☐ Day Centers ☐ Mail services ☐ Basic Needs (food pantry, hot meals, showers, storage, etc) ☐ Employment Services ☐ Other Program or Resource being accessed not listed above
If Other, identify what other programs or resources are being accessed	Other resources:
DIVERSION QUESTIONS	
Would you be interested in eviction resolution services?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Would you like resources for case management/mental health case management programs?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Is anyone, such as friends, family, or other supportive people in San Diego helping you in your current living situation?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Would you be interested in family reunification services?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Are you part of any faith-based communities that can assist you with your current living situation?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you part of any support groups that can help you with your current living situation?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you feel like a substance abuse program would be helpful for you?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Date Diversion Initiated	**Date:**
WOULD YOU LIKE RESOURCES ON ANY OF THE FOLLOWING TYPES OF INCOME ASSISTANCE?	☐ Welfare Benefits (CalFRESH, CalWORKS, GR, etc.) ☐ Employment Programs ☐ Temp Agencies ☐ Disability Advocacy/Application Assistance ☐ Child Support Adjustment Assistance ☐ Other Income Resource Information
Have potential diversion interventions been identified for this client?	☐ Yes ☐ No
Explain why this client is not a good candidate for exploring diversion options:	
PLEASE CONTINUE EXPLORING ALL HOUSING OPTIONS WITH YOUR CLIENT	
YOUTH-SPECIFIC INFORMATION	
Have you ever been involved with the justice system? This could include Juvenile Justice, Probation, Parole, Prison, Adult Corrections, time in Jail, etc.	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Were you ever involved in foster care, child welfare, or extended foster care?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you interested in Youth System Navigation services?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you have a preference on an agency that you would like to work with for Youth System Navigation services?	☐ No preference ☐ Home Start, Inc. ☐ San Diego Youth Services (SDYS) ☐ SBCS ☐ The San Diego LGBT Community Center (The Center) ☐ YMCA Of San Diego County
If a resource such as transitional housing or rapid re-housing became available to you, would you have a preference on which agency you would like to work with?	☐ No preference ☐ Home Start, Inc. ☐ San Diego Youth Services (SDYS) ☐ SBCS ☐ Urban Street Angels ☐ YMCA Of San Diego County
Last Grade Completed ☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8 ☐ Grades 9-11 ☐ Grade 12 ☐ School program does not have grade level ☐ GED	☐ Some College ☐ Associates Degree ☐ Bachelor's Degree ☐ Graduate Degree ☐ Vocational Certificate ☐ Client doesn't know ☐ Client refused ☐ Data not collected
HAVE YOU LIVED OR ATTENDED SCHOOL IN ANY OF THE FOLLOWING AREAS?	☐ Barrio Logan ☐ East Village ☐ Encanto ☐ Logan Heights ☐ Southeast San Diego ☐ Zip Code 92101 ☐ Zip Code 92102 ☐ Zip Code 92113 ☐ Zip Code 92114

Have you ever received anything in exchange for sex? (e.g. money, food, drugs, shelter)	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
SPECIAL ELIGIBILITY CONSIDERATIONS	
Where do you experience homelessness? ☐ Carlsbad ☐ Chula Vista ☐ City of San Diego ☐ Coronado ☐ Unincorporated Area of San Diego ☐ Del Mar ☐ El Cajon ☐ Encinitas ☐ Escondido ☐ Imperial Beach	☐ La Mesa ☐ Lemon Grove ☐ National City ☐ Oceanside ☐ Poway ☐ San Marcos ☐ Santee ☐ Solana Beach ☐ Vista ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been convicted of manufacturing or producing methamphetamine?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been convicted of arson?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you a convicted sex offender?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Have you ever been diagnosed with a mental health condition?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If you have been diagnosed with a mental health condition, what is your diagnosis?	☐ Anxiety ☐ Bipolar Disorder ☐ Depression ☐ Schizophrenia ☐ Other ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been hospitalized for a psychiatric problem?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you ever see or hear things that other people don't see or hear?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you been admitted to a psychiatric hospital in the past 2 years?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been treated in an outpatient mental health program?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you been seen by a psychiatrist in the last 2 years?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been prescribed medications for a mental health condition?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

If you have been prescribed medications for a mental health condition, what were they prescribed for?	☐ For anxiety ☐ For being depressed ☐ For hearing voices or for paranoia ☐ Other ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Narrative:	
TAY VI-SPDAT Date:	**Date:**
A. HISTORY OF HOUSING & HOMELESSNESS	
Where do you sleep most frequently? ☐ Shelters ☐ Transitional Housing ☐ Safe Haven ☐ Outdoors	☐ Couch Surfing ☐ Car ☐ Other ☐ Client doesn't know ☐ Client refused
How long has it been since you lived in permanent stable housing? ☐ Less than a week ☐ 1 week to 3 months ☐ 3-6 months	☐ 6 months -1 year ☐ 1-2 years ☐ 2 years or more ☐ Client doesn't know ☐ Client refused
B. RISKS	
In the past six months, how many times have you talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused

In the past six months, received health care at an emergency department/room?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
In the past six months, how many times have you taken an ambulance to the hospital?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
In the past six months, how many times have you been hospitalized as an in-patient?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
In the past six months, how many times have you used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
In the past six months, how many times have you stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?	☐ 0 Times ☐ 1 Times ☐ 2 Times ☐ 3 Times ☐ 4 Times ☐ 5 Times or more ☐ Client doesn't know ☐ Client refused
Have you been attacked or beaten up since you've become homeless?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

Have you threatened to or tried to harm yourself or anyone else in the last year?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines or that make it more difficult to rent a place to live?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Were you ever incarcerated when younger than age 18?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Does anybody force or trick you to do things that you do not want to do?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
C. SOCIALIZATION	
Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
IS YOUR CURRENT LACK OF STABLE HOUSING...	
Because you ran away from your family home, a group home or a foster home?	☐ No ☐ Yes

	☐ Client doesn't know ☐ Client refused
Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Because your family or friends caused you to become homeless?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Because of conflicts around gender identity or sexual orientation?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Because of violence at home between family members?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Because of an unhealthy or abusive relationship, either at home or elsewhere?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
D. WELLNESS	
Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you have any chronic health issues with your liver, kidneys, stomach lungs or heart?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

When you are sick or not feeling well, do you avoid getting help?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
If you've ever used marijuana, did you ever try it at age 12 or younger?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
HAVE YOU EVER HAD TROUBLE MAINTAINING YOUR HOUSING, OR BEEN KICKED OUT OF AN APARTMENT, SHELTER PROGRAM OR OTHER PLACE YOU WERE STAYING, BECAUSE OF:	
A mental health issue or concern?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
A past head injury?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
A learning disability, developmental disability, or other impairment?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ N/A
Date Completed?	**DATE:**
REMINDER: VI-SPDAT ASSESSMENT SCORE DOES NOT GUARANTEE A SPECIFIC HOUSING INTERVENTION OR PRIORITZATION	

Length of Time Homeless		Length of time homeless based on Bitfocus logic
Living Situation	0%	Place not meant for human habitation
		Emergency Shelter
		Transitioal/Bridge Housing
Sub-Population/Most Nees	100%	No HSD/GED
		Veterans
		Justice involved
		Child Welfare Services
		Disconnected Youth
		Actively Fleeing DV/Human Trafficking
		Promise Zone
		Gender Identity/Sexual Orientation
		Mental health
		Place not meant for human habitation
		Pregnant and or parenting
		Developmental Disabililty
		Substance use

		Physical Disability
		Chronic Health Condition
Common Assessment Tool	0%	PSH Range
		RRH Range
		No Housing Intervention Range

100%	0
100%	0
100%	0
7.00%	7.00
2.00%	2.00
10.00%	10.00
3.00%	3.00
2.00%	2.00
8.00%	8.00
8.00%	8.00
10.00%	10.00
10.00%	10.00
8.00%	8.00
7.00%	7.00
5.00%	5.00
10.00%	10.00

5.00%	5.00
5.00%	5.00
0%	0.00
0%	0.00
0%	0.00

Category eliminated from scoring tool. Include current living situation on list.	
Based on Client's response in Triage Tool ?	
Based on Client's response in Triage Tool	possibly add question to adult and family triage tools
UDE Client profile Based on Client's response in Triage Tool - If client answered no to: Is anyone, such as friends, family, or other supportive people in San Diego, helping you in your current living situation? If the client answered the "Domestic Violence Victim/Survivor (HUD UDE)" question as "Yes" AND If the client answered the "Are you currently fleeing" question as "Yes"	will only come from the youth triage tool, is there enough data to support this category
Based on Client's response in Triage Tool	is this based on zip code of last address or a question to be built out? Maybe add to adult and family triage tools
Based on Client's response in Triage Tool - If client answered yes to: "Is your housing instability the result of the conflicts around gender indentity and sexual orientation?"	this is based on a specific question listed on the TAY triage
Reduced from 12	should come from all triage tools
If client answered the "Current Living Situation (CES entry)" question as "Place not meant for human habitation"	UDE
Based on Client's response in Triage Tool	triage tool-need to determine how TAY households completing family triage tool get these points on the youth scoring tool, maybe add to family triage tool
If the client answered the "Developmental Disability (HUD UDE)" question as "Yes" If the client answered the "Substance Abuse Problem (HUD UDE)" question as one of the following: - Alcohol Abuse - Drug Abuse - Both Alcohol and Drug Abuse	

If the client answered the "Physical Disability (HUD UDE)" question as "Yes"

If the client answered the "Chronic Health Condition (HUD UDE)" question as "Yes"

Include assessment score with list but do not include in community score

order of data pull from triage tool

1) family tool

2) TAY tool

3) adult tool

Priority	% of Composit Score
Chronic Homeless Status	
Length of Time Homeless	
Living Situation	40%
Sub-Population	35%
Most Needs	15%

Common Assessment Tool	10%
Prioritization and Advocacy Case Conferencing	

Factors	% of Priority	Score
Chronically homeless based on Bitfocus logic		
Length of time homeless based on Bitfocus logic		
Place not meant for human habitation	100%	40.00
Emergency shelter	95%	38.00
Safe haven	80%	32.00
Other/Institutionalization	50%	20.00
Transitional Housing	50%	20.00
No HSD/GED	15.00%	5.25
Promise Zone	5.00%	1.75
Justice involved	15.00%	5.25
Child Welfare Services	15.00%	5.25
Unacompanied	5.00%	1.75
Pregnant and or parenting	15.00%	5.25
Actively Fleeing DV	10.00%	3.50
Human Trafficking	15.00%	5.25
Gender Identity/Sexual Orientation	5.00%	1.75
Mental health	20.00%	3.00
Developmental Disability	15.00%	2.25
Substance use	15.00%	2.25
Physical Disability	15.00%	2.25
Chronic Health Condition	15.00%	2.25
HIV/AIDS	10.00%	1.50

Medical Needs	10.00%	1.50
PSH Range	100.00%	10.00
RRH Range	50.00%	5.00
No Housing Intervention Range	0%	0.00
Case Conferencing Score		

Data Elements

Chronic Homelessness built in function from Bitfocus
If the Homelessness Occurences (Beta) Length of Time Homeless (Beta) is 10 years or over
If the Homelessness Occurences (Beta) Length of Time Homeless (Beta) is 5 - 10 years
If the Homelessness Occurences (Beta) Length of Time Homeless (Beta) is 3 - 5 years
If the Homelessness Occurences (Beta) Length of Time Homeless (Beta) is 1 - 2 years
If the Homelessness Occurences (Beta) Length of Time Homeless (Beta) is Under 1 year
If client answered the "Current Living Situation (CES entry)" question as "Place not meant for human habitation"
If client is actively enrolled into an ES project
If client is actively enrolled into a SH project
If the client answered the "Current living situation (CES entry)" question as one of the following: - Hospital - Jail/Prison - Long term Care Facility - Nursing Home - Psychiatric Hospital - Substance Abuse - Foster Care -Couch surfing AND They have been there less than 90 days AND Where literally homeless right before entering
If the client is actively enrolled into a TH project
Based on Client's response in Triage Tool
Based on Client's response in Triage Tool
Based on Client's response in Triage Tool
Based on Client's response in Triage Tool
Based on Client's response in Triage Tool
Based on Client's response in Triage Tool
If the client answered the "Domestic Violence Victim/Survivor (HUD UDE)" question as "Yes" AND If the client answered the "Are you currently fleeing" question as "Yes" If the client answered the "Does anybody force or trick you to do things that you don't want to do? If the client answered: "Is your housing instability the result of the conflicts around gender indentity and sexual orientation?"
If the client answered the "Mental Health Problem (HUD UDE)" question as "Yes" If the client answered the "Developmental Disability (HUD UDE)" question as "Yes" If the client answered the "Substance Abuse Problem (HUD UDE)" question as one of the following: - Alcohol Abuse - Drug Abuse - Both Alcohol and Drug Abuse If the client answered the "Physical Disability (HUD UDE)" question as "Yes" If the client answered the "Chronic Health Condition (HUD UDE)" question as "Yes" If the client answered the "HIV - AIDS (HUD UDE)" question as "Yes"

If the client answered the "Do you have a medical condition that requires 3 medical appointments per month and/or medical equipment? (Assessment)" question as "Yes"
All questions in the VI-SPDAT
All questions in the VI-SPDAT
All questions in the VI-SPDAT
No data element for this

Notes

Create CC assessment tool

SAN DIEGO HOUSING COMMISSION

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

Approved June 15, 2018

San Diego Ho using Commission
Rental Assistance Division
1122 Broad way, Suite 300
San Die g o , CA 92101
www.sd hc.o rg

THE FOLLOWING PAGES CONTAIN EXCERPTS RELEVANT TO HOMELESS AND MOVING ON STRATEGIES FROM THE SAN DIEGO HOUSING COMMISSION ADMINISTRATIVE PLAN

The full document and the HOMELESS ACTION PLAN are also available for review.

A. INTRODUCTION

Administration of the Section 8 Program and the functions and responsibilities of SDHC staff shall comply with SDHC's Personnel Policy and the Department of Housing and Urban Development's (HUD) Section 8 regulations as well as all federal, state and local Fair Housing laws and regulations.

1. Jurisdiction : The jurisdiction of the SDHC is the City of San Diego, California.

section.

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

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

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

The Opt Out Conversions are examples of such special admissions.

B. RANKING LOCAL PREFERENCES

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

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

2. Other applicants who live and/or work in the City of San Diego.

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

4. Other applicants who do not live and/or work in the City San Diego.

C. SELECTION FROM WAITING LIST [24 CFR 982.204]

When funding is available, families will be selected from the waiting list in their preference-determined sequence, regardless of family size.

D. INCOME LIMITATIONS/INCOME TARGETING [24 CFR 982.201(b), 982.353]

Seventy five percent (75%) of new admissions shall not exceed 30% of the Area Median Income (AMI) as established by HUD. The remaining 25% may be between 31-80% of the AMI.

E. FAMILY COMPOSITION [24 CFR 982.201]

The applicant must qualify as a Family. A Family may be a single person or a group of persons.

A Family includes:

A family with a child or children.

Two or more persons living together that include a dependent, or one or more elderly or disabled persons living with a live-in aide.

SDHC determines if any other group of persons qualifies as a family.

A single-person family may be:

An elderly person.

A homeless person with a disability.

A veteran or active U.S. Serviceperson...

A. VERIFICATION OF PREFERENCES [24 CFR 5.410-5.430]

All preferences must be verified.

1. Live in or Work in the City of San Diego

Copy of Lease Agreement and three most recent rent receipts, canceled checks or money order receipts.

A California driver's license or California ID in conjunction with copies of recent bills sent to the address.

Copy of paycheck stubs that indicate the location of the place of employment or third-party verification that indicates the place of employment.

2. Verification of "Homeless" in the City of San Diego:

1) Moving from an emergency shelter; or

2) Moving from transitional housing; or

3) Currently Homeless which means:

a) An individual who lacks a fixed, regular, and adequate nighttime residence; or

b) An individual who has a primary nighttime residence that is:

i) A supervised publicly or a privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and Transitional Housing for the mentally ill); or

ii) An institution that provides temporary residence for individuals intended to be institutionalized; or

iii) A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.

3. Veteran

DD214 discharge document.

Letter from the Veteran's Administration verifying the branch of service, date and place of discharge and type of discharge.

4. Family of a Veteran

One of the above forms of verification must be provided for the veteran and familial status verified as follows:

Marriage certificate or license. If veteran is deceased and the spouse has not remarried, a copy of the marriage certificate/license and a copy of the veteran's death certificate.

5. Active Military

A. MINIMUM RENT

1. Elderly/Disabled Families

The minimum rent for elderly/disabled families is zero dollars. If a family is paying a premium because the contract rent plus the utility allowance exceeds the payment standard, the premium will be added to the minimum rent.

Hardship Request for an Exception to Minimum Rent

SDHC recognizes that in some circumstances the minimum rent may create a financial hardship for families. Criteria for hardships may include but not be limited to:

Family's shelter burden is greater than the acceptable level as calculated by SDHC, 40% for elderly/disabled families and 45% for work-able families.

The family must consist of a single adult head of household with one or more dependents.

HARDSHIP RENT TABLE	
Annual Income	**Hardship Rent**
$0 - $2,499	$0
$2,500 - $4,999	$55
$5,000 - $7,499	$150
$7,500 - $9,999	$245

B. MINIMUM INCOME

There is no minimum income requirement.

PATH TO SUCCESS RENT CALCULATION

1. Elderly/Disabled Families

The family's rent portion for elderly/disabled families will be calculated at 28.5% of the adjusted monthly income.

A. EXCEPTIONS TO SUBSIDY STANDARDS [24 CFR 982.402(a) & (b)]

SDHC may grant exceptions to the subsidy standards, upon request, in order to accommodate a legally recognizable disability. Exceptions to the subsidy standards shall be made in accordance with state and federal law. When an exception is granted as a reasonable accommodation for a disabled family member of an applicant or participant household, the remaining household members will be assigned one bedroom for each two household members regardless of sex, age or relationship.

The disability must meet the HUD definition of disability that requires a reasonable accommodation.

B. ENCOURAGING PARTICIPATION IN HIGHER OPPORTUNITY AREAS

At the briefing, families will be provided with information about neighborhood features in high opportunity areas through its Mobility Counseling Program. SDHC has information about employment services, schools, and transportation for various communities.

SDHC will investigate and analyze when Voucher holders are experiencing difficulties locating or obtaining housing units outside areas of concentration.

The assistance provided to such families includes:

Direct contact with landlords.

Counseling with the family.

Providing information about services in various low poverty areas.

Meeting with neighborhood groups to promote understanding.

Formal or informal discussions with landlord groups.

Formal or informal discussions with social service agencies.

Meeting with rental referral companies or agencies.

Meeting with fair housing groups or agencies.

C. ASSISTANCE TO VOUCHER HOLDERS

Voucher holders will be notified at the briefing session on how they may obtain a listing of available units in the community and will be referred to the Mobility Counseling Program if they are interested in moving to an Enterprise or Choice Community.

K. VOUCHER ISSUANCE FOR SPLIT HOUSEHOLDS [24 CFR 982.315]

In the absence of a court decision or mutual agreement by the family members, SDHC will have the final authority to determine which family members would be best served by continued assistance of housing benefits. SDHC will consider the following factors to determine which of the family members will continue to be assisted:

Which of the two new family units has custody of the dependent child(ren).

Which family member was the head of household when the voucher was initially issued.

The composition of the two new family units, and whether they include elderly or disabled members.

Whether domestic violence was involved.

Recommendations of reliable, knowledgeable third-party professionals.

A. MINIMUM RENT [24 CFR 5.630]

The Minimum rent is $50. Minimum rent refers to the Total Tenant Payment (TTP) and includes the combined amount a family pays towards rent and/or utilities when it is applied.

1. Hardship Requests for an Exception to Minimum Rent

SDHC recognizes that in some circumstances even the minimum rent may create a financial hardship for families. In order for a family to qualify for a hardship exception, the family's circumstances must fall under one of the following HUD hardship criteria:

The family has lost eligibility or is awaiting an eligibility determination for federal, state, or local assistance.

The family would be evicted because of the imposition of the minimum rent requirement.

The income of the family has decreased because of changed circumstances, such as loss of employment.

Death in the family, which eliminates a prior source of income.

Other circumstances as determined by SDHC or HUD.

Temporary hardship is defined as lasting three months or less.

Long-term hardship is defined as lasting four months or more.

E. HOUSING COMMISSION POLICY FOR CONSIDERATION OF CIRCUMSTANCES [24 CFR 982.552]

1. Violence Against Women

SDHC will comply with the Violence Against Women Act (VAWA) as signed in to law on January 5, 2006 that provides protections for those who receive Housing Choice Voucher Rental Assistance if they become victims of domestic violence, dating violence, sexual assault, and/or stalking.

Denial of Assistance:

VAWA provides that applicants cannot be denied assistance or admission because they are a victim of domestic violence, sexual assault, dating violence or stalking provided the applicants are otherwise qualified for assistance or admission to rental assistance programs.

Emergency Transfer Plan

Victims of sexual assault may qualify for an emergency transfer if they either reasonably believe there is a threat of imminent harm from further violence if they remain in their dwelling unit, or the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

Housing Choice Voucher participants requesting emergency transfer will be issued a move voucher allowing the victim to search for another unit in its jurisdiction, or begin the portability process if the victim wishes to move outside of the PHA's jurisdiction and does not owe monies to SDHC.

Under the Project Base Voucher program, the assistance is tied to the unit as opposed, in the case of tenant-based assistance, to the family. Therefore, PBV families cannot move with their PBV assistance. However, if the victim seeks to move from the assisted unit, has been living in the PBV unit for more than one year, and has given the landlord advance written notice of intent to vacate (with a copy to the PHA) in accordance with the lease, the PHA must give the victim priority to receive the next available opportunity for continued tenant-based rental assistance. If the PBV family has lived in the unit for less than one year and a safe unit is not available, the family will be placed on a confidential waiting list and referred to applicable resources the SDHC has available, such as the Family Justice Center, YWCA, and Rachel's Women Center.

An elderly person or a person with a disability may reside in a state-approved group home. If approved by SDHC, a live-in aide may reside with a person with a disability.

E. SHARED HOUSING [24 CFR 982.615, 982.616, 982.617, 982.618]

1. Occupancy

In shared housing, an assisted family may share a unit with another resident or residents of a unit. The unit may be a house or an apartment. Persons who are assisted or not assisted under the tenant-based program may reside in a shared housing unit. The owner of a shared housing unit may reside in the unit.

SECTION 2: MOVING FORWARD - PROJECT BASED UNITS

A. INTRODUCTION

Utilizing the flexibility the Moving to Work (MTW) program provides, SDHC intends to establish a Project-Based Voucher (PBV) Program that will serve the needs of San Diego's low-income residents, with a focus on the homeless population, who are in need of housing while also serving the needs of the community.

SDHC uses the following MTW flexibilities and strategies to increase housing choice in San Diego:

1. Collaborate with local developers and non-profit housing providers by creating long-term subsidies by means of project-based vouchers, in exchange for the creation of affordable housing for designated low-income populations. The provision of supportive services may be required in the PBV development.

2. Increase the range of options available to low-income households living in high-poverty areas by allowing SDHC to approve an exception payment standard for PBV developments without requiring HUD approval. Since SDHC's jurisdiction contains pockets of neighborhoods with high Fair Market Rents (FMRs), approving exception payment standards exceeding 110% of the FMR without requiring HUD approval increases viable low-income housing options in affluent sectors of the City.

[24 CFR Part 982, Subpart B]

SDHC will determine exception areas based on the average percent below the poverty line in contagious census tracts. The average percent below the poverty line must be less than 30% of the published AMI in no less than two contiguous census tracts. The maximum contract rent per unit will adhere to rent reasonableness requirements and apply only in project-based developments to ensure cost effectiveness. Application of the policy will be closely monitored for financial considerations. SDHC will determine rent reasonableness for SDHC-owned units as authorized through a Fiscal Year 2010 MTW activity.

3. Designate greater than 20% of SDHC's voucher allocation as PBV with a maximum allotment of five 5%of total vouchers authorized as PBV per year.

4. Expand the use of project-based vouchers by increasing the permissible percentage of subsidized units in a single development from 25% to 100%. The number of designated PBV units in a contract may increase outside of the initial term of the contract.

5. In conjunction with programs such as the Neighborhood Stabilization Program, SDHC may apply creative measures utilizing project-based vouchers to increase housing opportunities in vacant and foreclosed properties in the community.

6. Allow for project-specific waiting lists maintained by the owners or non-profit providers in compliance with agency standards.

A non-profit or for-profit corporation with a mission to provide housing and/or services to low-income and/or homeless families and individuals; or

A division of city or county government mandated to provide direct service to very low-income and/or homeless families and individuals.

Note: *The competitive/non-competitive voucher award process will specify the population to be served within the development where project-based vouchers are awarded.*

Whether the project provides one or more of the following supportive services aimed at assisting homeless participants re-establish permanent independent living and those services are appropriate for the target population:

Childcare

Job training/placement

Case management
Health care, mental health care or psychiatric care

Transportation

Employment assistance

Education

Vocational opportunities

Life skills training

Counseling, including housing counseling

Substance abuse treatment

Parenting skills

Budgeting

Housing information referrals

Target Population. In the event the number of PBV applications exceeds the number of available vouchers, projects will be prioritized as follows unless otherwise outlined in the RFP:

Existing housing projects will be favored over new construction or rehabilitation projects.

Project provides comprehensive supportive services.

Project serves homeless families with children (2+ bedroom units).

Project serves homeless persons with disabilities.

Project serves homeless elderly persons.

Project serves homeless individuals.

Project serves non-homeless persons with disabilities.

Project serves non-homeless elderly persons.

A review panel will determine the minimum score threshold an application must receive during the evaluation process, in order to receive an allocation of Project-based vouchers.

Designated Service Provider Waiting List

Non-profit and for-profit owners, who are designated by the SDHC as a service provider, may be allowed to establish their own Project-Based waiting list. The waiting list would be subject to requirements specified in the Housing Assistance Payment Contract and/or applicable agency/owner agreements. To qualify as a designated SDHC service provider, the non-profit or for-profit owner must provide housing and supportive services to a specified population that could not be easily identified using the established SDHC waiting list. Such populations may include, but are not limited to; Homeless persons with AIDS or HIV, Victims of Domestic Violence, former Foster Care youth and/or recovering drug addicts with more than one additional disability.

Coordinated Entry System (CES) System Participation. The CES system is required in PBV developments serving homeless populations.

Owner will participate in the Coordinated Entry System (CES) System as established by the San Diego Regional Continuum of Care (CoC). Owner will adhere to the following criteria:

Homeless eligibility is based on HUD's Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH)Act homeless definition and obtaining homeless verification through a third party.

Project utilizes the CES standardized vulnerability assessment tool in the program's screening, referral and admissions processes for all participants.

Project admissions will be prioritized based upon local standards, level of acuity and overall vulnerability determined via the common assessment tool.

Project staff will actively participate in Housing Navigation, Case Conferencing and /or other integral components of CES.

Owners will participate in Commission sponsored Provider Roundtables on a regular basis.

Additional resources and information pertaining to performance, Homeless Management Information System (HMIS), Continuum of Care and other topics relevant to Continuum of Care programs is available at www.hudexchange.info.

Homeless Management Information System (HMIS) Participation

Owner shall enter and maintain homeless client level data in approved Homeless Management Information System (HMIS) as directed by the Regional Continuum of Care. Owner must obtain and report required programmatic information and data on a monthly basis. Data quality errors must be less than 10% of all program elements, listed on question 7 of the 0625 HUD Annual Progress Report (APR) available in Service Point.

In alignment with HUD, all homeless programming will adhere to Housing First principles as noted below:

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.

Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Source: United Stated Interagency Council on Homelessness, https://www.usich.gov/tools-for-action/housing-first-checklist.

Non-Designated Service Providers/ Non-Service Providers

Non-profit and for-profit owners, who do not request or are not selected as a designated service provider, must use the established Project Based waiting list maintained by the SDHC.

SECTION 3: VETERANS AFFAIRS SUPPORTIVE HOUSING (VASH)

The HUD-VASH program combines HUD HCV rental assistance for homeless veterans with case

[24 CFR Part 982, Subpart B]

management and clinical services provided by the Veterans Affairs at its medical centers and in the community.

Generally, the HUD-VASH HCV program will be administered in accordance with regular HCV program requirements (24 CFR Section 982). However, the Act allows HUD to waive or specify alternative requirements for any provision of any statute or regulation that HUD administers in connection with this program in order to effectively deliver and administer HUD-VASH voucher assistance. In 2010 SDHC received a HUD waiver to administer the HUD-VASH vouchers similarly to MTW vouchers. The HUD-approved MTW fiscal year 2013 Annual Plan included the following policies designed specifically for the HUD-VASH vouchers:

> Any adults the VASH applicant/participant requests to add to his or her household will have a modified initial requirement for criminal history: no violent or drug-related criminal activity in the two years preceding application.
>
> Minimum rent may be set at zero for the first 12 months of program participation. After the first 12 months, minimum rent shall be set at $50.
>
> Income garnishments that VASH participants experience may not be counted as income for the first 12 months of program participation.
>
> To coincide with SDHC's rental assistance program administration, utility reimbursements will not be a part of the SDHC VASH program.
>
> To coincide with SDHC's rental assistance program administration, VASH participants will be eligible for the biennial inspection cycle. The same criteria by which the general rental assistance program participants gain admission to the cycle must also be met.

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

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

If VASH are Project Based, guidelines as contained in federal register publication FR-5976-N-03 "Housing Opportunity Through Modernization Act of 2016: Implementation of Various section 8 Voucher Provisions" will be adhered to.

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

SDHC provides subsidies to house homeless persons while sponsor organizations provide the necessary services. A typical sponsor is an organization providing supportive services to disabled individuals and/or individuals with substance abuse issues and requires additional housing resources to serve more clients.

Sponsors may be both non-profit and for-profit agencies. Developers may also qualify as a sponsor if a service provider is contracted to render appropriate supportive services.

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

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

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

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

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

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

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

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

Sponsors shall enter and maintain homeless client level data in approved Homeless Management Information System (HMIS) as directed by the Regional Continuum of Care. Owner must obtain and report required programmatic information and data on a monthly basis. Data quality errors must be less than 10% of all program elements, listed on question 7 of the 0625 HUD Annual Progress Report (APR) available in Service Point.

The sponsor utilizes HMIS to manage the clients' case management. Each sponsor is required to submit annual written reports detailing the progression of their program as well as pertinent client data required to issue the appropriate subsidy amounts. A report template will be provided by SDHC to the

sponsoring agencies.
[24 CFR Part 982, Subpart B]

SECTION 7: TRANSITIONAL PROJECT BASED SUBSIDIES FOR THE HOMELESS

The Transitional Project Based Subsidies for the Homeless program will be a short-term, transitional housing program using flat-subsidy project-based subsidy paired with supportive services, offered by the selected provider agency.

Waiting Lists: The service-providing agency will utilize the CAHP *(CES)* system, a referral system, or create and maintain a site-based waiting list, which will comply with Fair Housing Laws. It is expected that the program participants will be sought out from the neighborhood streets and once the program is at capacity a waiting list will ensue. SDHC will audit this list to ensure compliance. Program participants will be encouraged to apply for and remain on SDHC tenant-based waiting list in order to transfer to the tenant based voucher program. The Coordinated Assessment Housing Placement may be required in lieu of a waitlist.

SECTION 8: FLAT SUBSIDIES FOR YOUTH AGING OUT OF THE FOSTER CARE SYSTEM

SDHC provides flat housing subsidies to a partnering agency delivering supportive services such as job placement, education, training, and case management. The housing subsidy program funds individual beds based on the unit size, number of participants, and rent reasonableness determinations. The housing subsidies and continued support offered through the partnering agency enable youth currently aging out of the foster care program to build on previous achievements, create new opportunities for successes, and experience positive outcomes.

The anticipated duration of the program is three years per participant, but will not exceed a total of five years per participant. The additional two years serves as a safeguard in the event the participant has not achieved stability as defined by the partnering agency. For this reason, a hardship policy is unnecessary. Participants are eligible for a tenant-based voucher upon termination of the time-limited program participation.

Partner Selection: SDHC will publish a Request for Qualifications/Proposals to select partnering agencies. If the process does not solicit an adequate response, SDHC will select partners based on a non-competitive process.

Waiting Lists: The partnering agency creates and maintain a site-based waiting list, which will be in compliance with Fair Housing Laws.

SDHC will audit the waiting list to ensure program compliance. The Coordinated Assessment Housing Placement methodology may be required in lieu of a waitlist.

Inspections: The units are required to pass HQS inspection at initial occupancy and on an annual basis.

Administration: The partnering agency is responsible for performing the administrative functions of the program including: Managing the waiting list, determining initial and ongoing eligibility, and program terminations. SDHC will work with the partnering agency's staff to create a streamlined intake process involving the collection of vital information and documents for the purposes of reviewing eligibility criteria, verifying identification, and utilizing modified criminal history requirements. Ongoing support

[24 CFR Part 982, Subpart B]

related to streamlined recertification processes and rent calculations will be available to partnering agencies. Program auditing is conducted by SDHC. The supportive service agency are required to submit frequent reports to SDHC with relevant information concerning program participation and outcomes. Program participants will not be eligible for a tenant-based voucher at the conclusion of participation on the program.

SECTION 9: GUARDIAN SCHOLARS PROGRAM

The Guardian Scholars Program at San Diego State University (SDSU) provides resources to students either exiting the foster care system, under legal guardianship, designated as wards of the court, or unaccompanied homeless youth. The Educational Opportunity Program (EOP) operated on the SDSU campus provides the Guardian Scholars with an array of resources in an effort to support the students and ensure academic success. As a component of the program, Guardian Scholars reside in campus-supported housing during and between semesters. The holistic approach removes barriers for a historically underserved population and increases the probability of completing post-secondary education. Currently, the program has a 95% graduation success rate.

The Guardian Scholars Program ensures an affordable education is accessible for the participating students. Using a Federal formula, a student's education is funded according to tiers: Financial aid and government grants are applied to the student's expenses, first funding the tuition, fees, books, meal plans, and finally the campus housing. Often, the funding resources are exhausted before the housing component is subsidized. The result is the student must rely on loans to fund the housing. The Guardian Scholars Program is in part supported through philanthropy to assist with reducing the student's reliance on loans, but a funding gap exists despite significant philanthropic support.

Housing subsidies issued by SDHC provide the financial support necessary for closing the funding gap for the student's housing expense. On an annual basis, SDHC provides $200,000 to SDSU to fund the housing component of the Guardian Scholars Program. In addition, SDHC provides a dollar for dollar match to funds raised by SDSU through philanthropy, up to a maximum of $400,000, to further assist with funding the student's housing elements. MTW funds will be applied to the housing component only after SDSU has calculated the funding gap for each student.

Administration: SDSU maintains the administrative functions for determining initial and on-going programmatic eligibility. SDHC documents a student's income levels upon admission into the program and certifies income levels biennially using a streamlined process. Full recertification of income are not conducted.

For purposes of initial eligibility, criminal history are not reviewed with the exception of sex offender status. Federal and/or state registration as a sex offender precludes individuals from participating in the program.

Participants are not eligible for a tenant-based voucher upon termination of program participation.

HQS Inspections: Inspections are conducted at program implementation and on a biennial basis.

Application process: Prospective Guardian Scholars must apply for admission into the program and are subject to an eligibility process prescribed by SDSU before securing acceptance into the program. The current application process serves as the waitlist component of the program since applications are evaluated according to a predetermined method.

SECTION 10: THE MONARCH SCHOOL PROJECT

The Monarch School Project and partner to offer affordable housing solutions to families with school-aged children attending Monarch School. SDHC provides a monthly housing subsidy while families engage in supportive services activities as a condition of program participation. Parents must engage in work-readiness services through services offered by Monarch and the Achievement Academy while contributing to the children's academic development and progress. Family contributions may include maintaining acceptable levels of attendance and continued engagement in the family's service plan.

Program Duration and Subsidy Calculation Methodology: The Monarch School Project provides rental assistance to homeless families on condition at least one minor (defined as ages 4 to 19) is attending Monarch. Families are required to continually engage in, and meet the requirements of, Achievement Academy activities and school-provided services as a condition of continued program participation. Additionally, families over 80% of the published Area Median Income for the given family size do not remain eligible for continued assistance; a six-month transition will be granted to families leaving the program if program termination is not due to failure to comply with program requirements. Subsidies are calculated at 30% of monthly income amounts and the applicable payment standards.

SDHC provides initial monetary assistance, such as security deposits, to ensure families successfully lease a unit upon program admission. The assistance is in the form of a no-interest loan with low monthly repayments.

Waitlist: Monarch families for whom the Vulnerability Index and Service Prioritization Decision Tool (VI-SPDAT) determines the Monarch School Housing Subsidy Program is the correct housing intervention will be referred for the program eligibility process via a Coordinated Entry System (CES).

SECTION 11: LOCAL NON-TRADITIONAL ACTIVITIES IMPLEMENTED UNDER MTW

In an effort to increase affordable housing opportunities, SDHC may provide funds to acquire, renovate and/or build units that are not Public Housing or Housing Choice Voucher units. SDHC may also develop Rental Subsidy Programs designed to address local needs like homeless/transitional housing programs. For local non- traditional activities, SDHC will biennially review compliance that eligible families are at or below 80% of AMI. SDHC will also monitor that the property is safe, decent, sanitary, and in good repair based on SDHC inspection protocol.

SECTION 12: THE MOVING ON PROGRAM

SDHC intends to implement the Moving On Program, a local, non-traditional program intended to serve formerly homeless persons transitioning out of permanent supportive housing who no longer require intensive supportive services to maintain housing stability. The Moving On Program initiative supports tenants who are successful in their recovery to live more independently using a Federal subsidy while accessing community based resources, as needed. Additionally, the program frees up valuable permanent supportive housing and services for vulnerable homeless individuals in need of these resources.

Program Admission Process: SDHC will partner with local non-profits and other agencies to administer the program. Collaborators in this endeavor may include local agencies such as the County of San Diego Behavioral Health Services (BHS), and other agencies providing supportive services. However, any agency utilizing the Coordinated Entry System (CES) model to provide appropriate supportive services and housing to homeless persons may provide referrals for purposes of the Moving On Program. SDHC will seek guidance from San Diego's Regional Continuum of Care Council (RCCC) during the primary stages of implementation to ensure the program aligns with the region's efforts.

The Moving On waitlist will utilize date, time, and a Moving On preference as selection criteria for program applicants. To ensure eligibility for the Moving On preference, the partnering agency must assess candidates and provide referrals to SDHC for placement onto the Moving On waitlist with the Moving On preference selected. The candidate will also be required to apply to the Housing Choice Voucher waitlist at this time.

The assessment process will require utilization of a common assessment tool by the partner to ensure viable candidates are identified for the program. As Moving On subsidies become available, applicants are selected from the Moving On waitlist according to the date and time of the referral as well as the Moving On preference. The initial eligibility process requires verification of meeting the Moving On criterion. Applicants for whom the Moving On verification cannot be obtained will be denied eligibility. SDHC encourages case managers to assist with eligibility activities to ensure compliance with the process.

Administration: The waitlist selection, initial/ongoing eligibility, and termination processes are administered similar to Housing Choice Voucher requirements. For purposes of initial eligibility, reduced criminal history requirements will be applied. MTW flexibilities will be applied to Moving On subsidies. Recertification of income and household circumstances will be verified on a biennial basis.

Subsidy Calculation and Administration: MTW flexibilities will be used in the administration of the Moving On Program to streamline processes, thus ensuring efficiency and effectiveness. Subsidies will be calculated according to the Path to the Success rent calculation, MTW activity 2012-1. Rent reasonableness regulations, SDHC subsidy standard policies, and SDHC payment standards (including Choice Communities) will be applied to the Moving On program with applicable MTW flexibilities enacted.

Since move-in costs oftentimes serve as a barrier to prospective participants of the Moving On program, SDHC may elect to elect to provide funds to assist with moving expenses such as utility deposits, security deposits, first month's rent, etc.

HQS Inspections: Inspections will be conducted at new admission, unit change, and on a biennial basis during the continued occupancy of the given unit during the pilot period.

Supportive Services: Although participants of the Moving On program have demonstrated the ability to maintain stable housing, the stresses related to a transition into the Moving On program may cause a certain degree of relapse. For this reason, SDHC will require community providers to offer an appropriate level of supportive services through the transition and ongoing, as necessary, until

stability is ensured. The service provider will remain available to the participant for the duration of the program in the event of a full or partial relapse. The service provider will also be available to provide referrals to community resources to further ensure recovery and stabilization. Moving On participants will have access to SDHC's Achievement Academy, but participation in Achievement Academy activities is not mandatory. The Achievement Academy provides an array of work-readiness services, such as job placement and counseling, to ensure motivated rental assistance participants are able to obtain employment and increase financial serf-reliance.

SECTION 13: HOMELESS DEFINITIONS

"Currently Homeless" means:

1) An individual who lacks a fixed, regular, and adequate nighttime residence; or

2) An individual who has a primary nighttime residence that is:

a) A supervised publicly or a privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and Transitional Housing for the mentally ill); or

b) An institution that provides temporary residence for individuals intended to be institutionalized; or

c) A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.

"At Risk of Homelessness" means:

1) Households with incomes at or below the greater of 20% of State Median Income (SMI) or Area Median Income (AMI) with no rental subsidy available to the household; or

2) Households with incomes above 20% but not exceeding 30% of the greater SMI or AMI who:

a) Face immediate eviction and have been unable to identify a subsequent residence; or

b) Face imminent release from an institution (i.e.; jail, hospital or foster care system) where other housing placement resources are not available; or

c) Reside in an overcrowded setting (more than two persons per living/sleeping area) in which the household does not hold a lease; or

d) Reside in substandard housing subject to a current official vacation notice; or

e) Pay more than 50% of income in housing costs

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

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

Note: At risk of homelessness served through authorized non-traditional Moving to Work Programs.

"Chronically Homeless" means:

1) A "homeless individual with a disability" as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act, who:

a) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

b) Has been homeless and living as described in paragraph (1)(a) of this definition continuously for at least 12 months or on at least four separate occasions in the last three years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least seven consecutive nights of not living as described in paragraph (1)(a). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

.gov

From: **Ramirez, Robin** <Robin.Ramirez@sdcounty.ca.gov>
Date: Fri, Oct 29, 2021 at 4:45 PM
Subject: RE: [External] 2021 CoC NOFO Application
To: Kathryn Durant <kathryn.durant@rtfhsd.org>

Good Afternoon,

1. The Housing Authority of the County of San Diego (HACSD) has two special local preferences that are specific to persons experiencing homeless. They are:

- Eligible homeless applicants who have been referred by the Regional Taskforce on the Homeless agency members who either meet the definition of homeless or who are exiting federally-assisted, locally-assisted, or state-assisted HACSD/HCDS administered housing programs with no other permanent housing placement options.
- Eligible non-elderly disabled applicants who, (a) have been referred by the County of San Diego, Health and Human Services Agency, and (b) who are homeless or who are exiting an institution or segregated setting

Special local preferences are rated higher than other ranking preferences and are capped at 1,000 vouchers.

In addition to the special local preferences, the HACSD uses equally weighted local preferences that include families with dependent children, working families, elderly families, disabled families, veterans, and persons experiencing homelessness as defined by HUD.

2. We do not have Moving On program or preference.
3. 33% of our New Admissions in FY 2020 (10/1/2020-9/30/21) were homeless at admission.

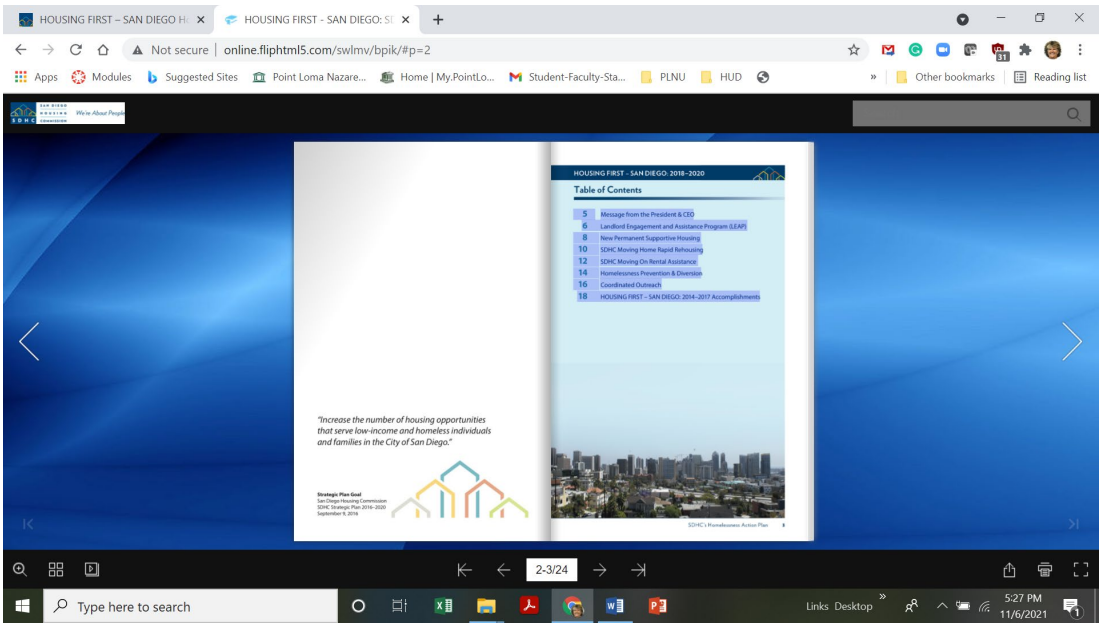
Please let me know if you need anything else.

Thank you,

Robin Ramirez, Program Manager
Housing and Community Development Services
County of San Diego Health & Human Services Agency
Office: 858-694-4810 | FAX: 858-514-6566 | M.S. 0-231

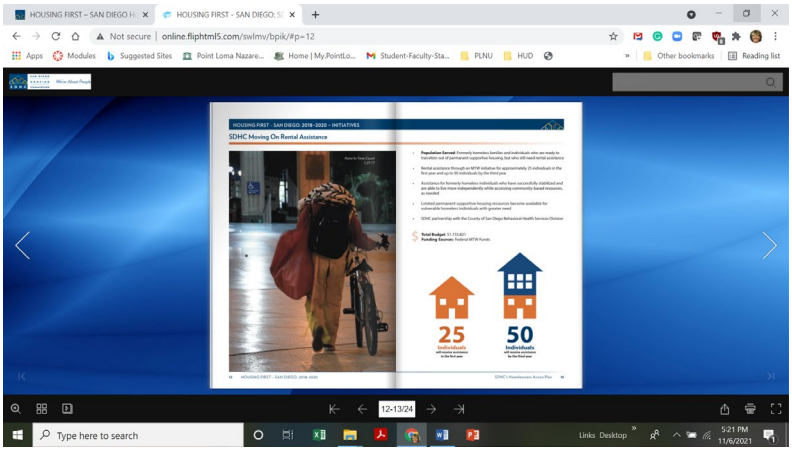
Housing First – The San Diego Housing Commission

Homelessness Action Plan

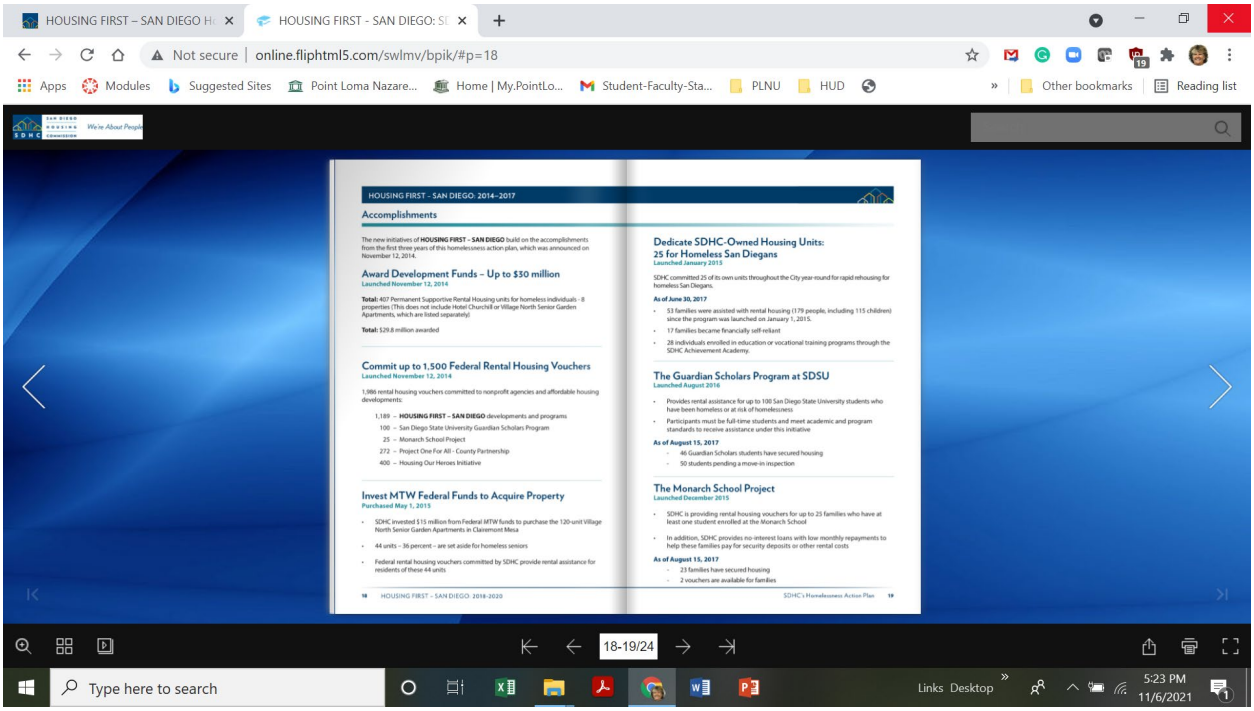


SDHC Moving On Rental Assistance Program pages 12-13

SDHC partners with the County of San Diego Behavioral Health Services Division to provide rental assistance to individuals who previously experienced homelessness who are ready to transition out of permanent supportive housing, but continue to need rental assistance.



Use of PHA Resources, pages 18-19


HOUSING FIRST – SAN DIEGO H
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Not secure | online.fliphtml5.com/swlmv/bpik/#p=18
Apps
Modules
Suggested Sites
Point Loma Nazare...
Home | My.PointLo...
Student-Faculty-Sta...
PLNU
HUD
Other bookmarks
Reading list
HOUSING FIRST - SAN DIEGO: 2014-2017
Accomplishments
The new initiatives of HOUSING FIRST – SAN DIEGO build on the accomplishments from the first three years of this homelessness action plan, which was announced on November 12, 2014.
Award Development Funds – Up to $30 million
Launched November 12, 2014
Total: 407 Permanent Supportive Rental Housing units for homeless individuals - 8 properties (This does not include Hotel Churchill or Village North Senior Garden Apartments, which are listed separately)
Total: $29.8 million awarded
Commit up to 1,500 Federal Rental Housing Vouchers
Launched November 12, 2014
1,986 rental housing vouchers committed to nonprofit agencies and affordable housing developments:
1,189 – HOUSING FIRST – SAN DIEGO developments and programs
100 – San Diego State University Guardian Scholars Program
25 – Monarch School Project
272 – Project One For All - County Partnership
400 – Housing Our Heroes Initiative
Invest MTW Federal Funds to Acquire Property
Purchased May 1, 2015
SDHC invested $15 million from Federal MTW funds to purchase the 120-unit Village North Senior Garden Apartments in Clairemont Mesa
44 units – 36 percent – are set aside for homeless seniors
Federal rental housing vouchers committed by SDHC provide rental assistance for residents of these 44 units
Dedicate SDHC-Owned Housing Units: 25 for Homeless San Diegans
Launched January 2013
SDHC committed 25 of its own units throughout the City year-round for rapid rehousing for homeless San Diegans.
As of June 30, 2017
53 families were assisted with rental housing (179 people, including 115 children) since the program was launched on January 1, 2015.
17 families became financially self-reliant
28 individuals enrolled in education or vocational training programs through the SDHC Achievement Academy.
The Guardian Scholars Program at SDSU
Launched August 2016
Provides rental assistance for up to 100 San Diego State University students who have been homeless or at risk of homelessness
Participants must be full-time students and meet academic and program standards to receive assistance under this initiative
As of August 15, 2017
46 Guardian Scholars students have secured housing
50 students pending a move-in inspection
The Monarch School Project
Launched December 2015
SDHC is providing rental housing vouchers for up to 25 families who have at least one student enrolled at the Monarch School
In addition, SDHC provides no-interest loans with low monthly repayments to help these families pay for security deposits or other rental costs
As of August 15, 2017
23 families have secured housing
2 vouchers are available for families
18 HOUSING FIRST – SAN DIEGO: 2018-2020
SDHC's Homelessness Action Plan 19
18-19/24
Type here to search
Links Desktop
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11/6/2021

3A. -1A New PSH Housing Leveraging Agreements

Project: Hope Through Housing

Housing units dedicated to the HTH – PSH project are supported by allocations of ongoing mainstream-Project Based Vouchers, POFA Vouchers plus support for development of one of the sites not listed here. The values of the vouchers as identified on the award letters, exceeds $3. Million.

San Diego Housing Commission – CORE – Nestor Site – 38 vouchers

San Diego Housing Commission - San Ysidro Site – 25 Vouchers

San Diego Housing Commission – Project One For All (POFA) -12 vouchers

SAN DIEGO HOUSING COMMISSION

Procurement & Compliance

January 8, 2021

Lesley Edwards
National Community Renaissance of California
9421 Haven Ave
Rancho Cucamonga, CA 92173
Via email: ledwards@nationalcore.org

Re: Fiscal Year 2021 (FY21) Notice of Funding Availability (NOFA) Application – Nestor Senior Village Preliminary Recommendation of Award

Dear Ms. Edwards:

I am pleased to inform you that National Community Renaissance of California's (National CORE) NOFA application (AP-0087) for Nestor Senior Village project, submitted in response to the San Diego Housing Commission (Commission) FY21 NOFA, has received a preliminary recommendation for award from the Commission's NOFA application evaluation selection committee. The evaluation selection committee has forwarded their award recommendation on to appropriate Housing Commission staff responsible for preparing a formal funding recommendation. The proposed project will be scheduled to be presented at upcoming Commission Real Estate Committee, Board of Commissioners and Housing Authority meetings for final approvals.

Final contract terms and conditions shall be negotiated between both parties at a later date and shall be subject to Commission staff review and Housing Authority Board approval. The preliminary award recommendation includes a residual receipt loan up to $3,330,000 and 73 federal project-based vouchers (PBV).

Capital Funds	Voucher Type	Total Vouchers	Population Served	Service Provider
$3,330,000.00	PSH	73	38 units for literally homeless seniors age 55+ at 30% AMI	Father Joe's Village
			25 units for literally homeless seniors age 55+ with serious mental illness (SMI) @ 25% AMI	County of San Diego Behavioral Health Services
			10 units for literally homeless seniors age 55+ with serious mental illness (SMI) @ 30% AMI	County of San Diego Behavioral Health Services

In addition, the following terms shall apply:

Service Delivery Plan:	A collaborative effort between the Commission, and National CORE. The draft Service Delivery Plan shall be submitted ninety (90) days prior to closing and at minimum, provide the same level of supportive services outlined in the NOFA application. The final Service delivery Plan incorporating Commission comments shall be approved prior to project lease up. Any future revisions of the service delivery plan must be submitted for review and approval prior to any changes being implemented. Any future revisions of the service delivery plan must be submitted for review and approval prior to any changes being implemented.
Management Plan:	The Management Plan shall be subject to initial and periodic review and approval by the Commission, in its reasonable discretion.
Prevailing Wages:	Borrower shall comply with any requirements to pay Federal and/or State Prevailing Wage Rates and shall pay the higher of the two in the event of a conflict on a trade-by-trade basis.
Environmental Requirements:	Notwithstanding any provision of this letter, the parties agree and acknowledge that this letter constitutes a conditional reservation and does not represent a final commitment of HOME funds, or commitment of project-based vouchers, or site approval under 24 CFR Part 58 of the National Environmental Policy Act (NEPA). HOME funds and project-based vouchers constitute a portion of the funding for the project. A final reservation of HOME funds and project-based vouchers shall occur only upon satisfactory completion of environmental review and receipt by the City of San Diego of a Release Of Funds from the U.S. Department of Housing and Urban Development under 24 CFR Part 58 of NEPA. The parties agree that the provision of any HOME funds to the project is conditioned on the City of San Diego's determination to proceed with, modify or cancel the project based on the results of subsequent environmental review under NEPA. By execution of this Letter, you acknowledge no legal claim to any amount of HOME funds or project-based vouchers to be used for the project or site unless and until the site has received environmental clearance under NEPA. You are also prohibited from undertaking or committing any funds to physical or choice-limiting actions, including property acquisition, demolition, movement, clearance, rehabilitation, conversion, repair or construction prior to environmental clearance under NEPA. Violation of this provision may result in denial of any HOME funds and/or project-based vouchers for this project.

Project-Based Vouchers:

The commitment of project-based vouchers compels additional HUD requirements. An Environmental Review must be completed followed by a mandatory subsidy layering review (SLR) for all 73 Project-based Vouchers committed to the project. SLR approval must be obtained by HUD (or the HUD-approved Housing Credit Agency if tax credits are utilized in the financing structure) for the project. An Agreement to Enter into a Housing Assistance Payment (AHAP) contract must be executed before construction commences. If construction commences prior to the execution of the AHAP contract, this contingent commitment of PBV becomes null and void. An SLR and Environmental Review must be completed before the AHAP is executed.

Fair Housing, Section 3, and Section 504 compliance will be tracked and measured throughout the duration of construction.

An MOU must be entered into and will describe the supportive services to be rendered at the project. This project will include 38 units for literally homeless seniors age 55+ at 30% AMI, 10 units for literally homeless seniors age 55+ with SMI at 30% AMI and 25 units for literally homeless seniors age 55+ at 25% AMI. , residing in the city of San Diego, and who are identified as most appropriate for permanent supportive housing in accordance with the region's Community Standards and the Coordinated Entry System (CES) . This project will receive supportive services from Father Joe's Village and County of San Diego Behavioral Health Services full service partner provider..

The Commission is reserving funding for 73 studio units at Nestor Senior Village at approximately $810,300 annually for 15 years. Total funding is estimated at $12,154,500 calculated on the current average HAP for PBVs. The payment standard set for the studio units are $1,080.

The commitment is contingent on continued funding from HUD. In the event of a budget rescission or retroactive budget cuts, the Commission reserves the right to rescind the commitment up to the execution of an AHAP. The Commission also reserves the right to rescind the commitment if the developer fails to secure necessary capital funding to complete the project in an expeditious manner.

Attached, please find the *Subsidy Layering Review Checklist, Form HUD-2880,* and the *Disclosure of Identity of Interest* form. The items on the list are required for submission of the SLR to the Housing Credit Agency for approval and certification. You will need to provide electronic copies of items 2 through 12 on the checklist (items 11 and 12 are attached to this letter) to SDHC upon request. Any questions regarding the SLR process can be directed to Maria Callow at mariacal@sdhc.org. Failure to submit by the deadline may result in the Commission rescinding the commitment of PBV.

If there are any changes in funding commitments and/or modifications to the budget and proforma, updated documents

must be submitted to the Commission. Failure to submit items may result in the Commission rescinding the commitment of PBV and/or HUD's rejection of the SLR.

Each element provided must be consistent with the Commission's PSH NOFA requirements and approved by the Commission. The Commission reserves the right to request additional documentation, if determined necessary, to ensure an informed decision is rendered.

The voucher award will be valid until September 30, 2022.

Other Terms:

The Commission reserves the right to impose any additional conditions in the Commission Loan Documents that may be necessary, in its reasonable discretion, to protect the interests of the Commission and fulfill the intent of this commitment. Such documentation shall be approved by the President and Chief Executive Officer, or designee, and the General Counsel of the Commission.

Notice of limitation of staff to make firm commitments unless and until approved by the appropriate governmental agencies, including, without limitation, the Commission Real Estate Committee, the Commission Board of Commissioners, Housing Authority of the City of San Diego and the City Council. Unless and until all of the required approvals have been obtained, and the time to challenge the approvals, has elapsed, there is no binding commitment to award any funding. To the extent federal funding is being provided, any final commitment is contingent upon satisfactory completion of the necessary NEPA review and processing, potentially including with the U.S. Department of Housing and Urban Development.

Further, no additional funding and/or other assistance, including without limitation, project-based vouchers, for the project, if requested in the initial response to the NOFA, in excess of that requested in the initial response to the NOFA for the project will be provided, in any instance.

Applicants that are proposing to finance their development with 4% bonds and credits shall, upon request of the Commission, in the Commission's sole discretion, submit a revised proforma with the 4% LIHTC credit rate from the recently passed COVID-19 Omnibus package. Commission in its sole discretion may reduce the loan award as a result of the increased equity generated by this change in legislation. In no case shall this adjustment result in an increase in the Commission's award.

Applicants who propose to finance their developments with 9% Low-Income Housing Tax Credits may be required to submit a revised proforma upon request of the Commission in its sole discretion and in the event applicants change their financing

strategy to 4% Bonds and Credits, which would require review and approval by Commission.

Representative from the Commission's Rental Assistance and Real Estate Divisions will be contacting you to finalize terms of the award recommendation and ensuing contract. Should you have any questions, please contact me at maurcell@sdhc.org.

Sincerely,

Maurcell Gresham
Director of Procurement
San Diego Housing Commission

cc: Debra Fischle-Faulk
Azucena Valladolid
Tracey McDermott
Colin Miller

SAN DIEGO HOUSING COMMISSION

Procurement & Compliance

March 3, 2020

Ms. Lorna Contreras
National CORE
9421 Haven Avenue
Rancho Cucamonga, CA 91730
Via email: lcontreras@nationalcore.org

Re: Notice of Funding Availability (NOFA) Application – The Iris at San Ysidro Project

Dear Ms. Contreras:

I am pleased to inform you that National CORE's NOFA application for The Iris at San Ysidro project, submitted in response to the San Diego Housing Commission (Housing Commission) Fiscal Year 2020 Notice of Funding Availability, has received a preliminary recommendation of award from the Commission's evaluation selection committee responsible for reviewing all NOFA applications. The evaluation selection committee has forwarded their award recommendation on to appropriate Housing Commission staff responsible for preparing a formal funding recommendation. The proposed project will be scheduled to be presented at upcoming Real Estate Committee, Housing Commission and Housing Authority Board meetings for final approvals.

Final contract terms and conditions shall be negotiated between both parties at a later date and shall be subject to Housing Commission staff review and approval. The preliminary award recommendation includes a residual receipts loan in the amount not to exceed Two Million Three Hundred Thousand and No/Dollars ($2,300,000.00) in Capital Funds and 25 Non-PSH federal project-based vouchers (PBV).

Capital Funds	Voucher Type	Total Vouchers	Target Population	Service Provider
$2,300,000.00	Non-PSH PBV	25	Low-income at or below 30% AMI	Hope through Housing Foundation

In addition, the following terms shall apply:

Service Delivery Plan: A collaborative effort between the Housing Commission, and National CORE. The draft Service Delivery Plan shall be submitted ninety (90) days prior to closing and at minimum, provide the same level of supportive services outlined in the NOFA application. The final Service Delivery Plan incorporating Housing Commission comments shall be approved prior to project lease up. Any future revisions of the service delivery plan must be submitted for review and approval prior to any changes being implemented.

	Any future revisions of the service delivery plan must be submitted for review and approval prior to any changes being implemented.
Management Plan:	The Management Plan shall be subject to initial and periodic review and approval by the Housing Commission, in its reasonable discretion.
Prevailing Wages:	Borrower shall comply with any requirements to pay Federal and/or State Prevailing Wage Rates and shall pay the higher of the two in the event of a conflict on a trade-by-trade basis.
Environmental Requirements:	Notwithstanding any provision of this letter, the parties agree and acknowledge that this letter constitutes a conditional reservation and does not represent a final commitment of HOME funds, or commitment of project-based vouchers, or site approval under 24 CFR Part 58 of the National Environmental Policy Act (NEPA). HOME funds and project-based vouchers constitute a portion of the funding for the project. A final reservation of HOME funds and project-based vouchers shall occur only upon satisfactory completion of environmental review and receipt by the City of San Diego of a Release Of Funds from the U.S. Department of Housing and Urban Development under 24 CFR Part 58 of NEPA. The parties agree that the provision of any HOME funds to the project is conditioned on the City of San Diego's determination to proceed with, modify or cancel the project based on the results of subsequent environmental review under NEPA. By execution of this Letter, you acknowledge no legal claim to any amount of HOME funds or project-based vouchers to be used for the project or site unless and until the site has received environmental clearance under NEPA. You are also prohibited from undertaking or committing any funds to physical or choice-limiting actions, including property acquisition, demolition, movement, clearance, rehabilitation, conversion, repair or construction prior to environmental clearance under NEPA. Violation of this provision may result in denial of any HOME funds and/or project-based vouchers for this project.
Project-Based Vouchers:	The 15 year commitment of project-based vouchers compels additional HUD requirements. An Environmental Review must be completed followed by a mandatory subsidy layering review (SLR) for all (25) Project-based Vouchers committed to the project. SLR approval must be obtained by

HUD (or the HUD-approved Housing Credit Agency if tax credits are utilized in the financing structure) for the project. An Agreement to Enter into a Housing Assistance Payment (AHAP) contract must be executed before construction commences. If construction commences prior to the execution of the AHAP contract, this contingent commitment of PBV becomes null and void. An SLR and Environmental Review must be completed before the AHAP is executed.

Fair Housing, Section 3, and Section 504 compliance will be tracked and measured throughout the duration of construction. An MOU must be entered into and will describe the supportive services to be rendered at the project. SDHC's PBV waiting list must be used to select tenants for PBV units and must meet PBV eligibility requirements. This project will serve low-income households at or below 30% AMI residing in the City of San Diego.

SDHC is reserving funding for 13 two-bedroom units and 12 three-bedroom units at approximately $242,400 annually for 15years. Total funding is estimated at $3,636,000 calculated on the current average HAP for PBVs. The payment standards set for the PBV units are $1495 for a two-bedroom unit and $2180 for a three-bedroom unit.

The commitment is contingent on continued funding from HUD. In the event of a budget rescission or retroactive budget cuts, SDHC reserves the right to rescind the commitment up to the execution of an AHAP. SDHC also reserves the right to rescind the commitment if the developer fails to secure necessary capital funding to complete the project in an expeditious manner.

Attached, please find the *Subsidy Layering Review Checklist, Form HUD-2880,* and the *Disclosure of Identity of Interest* form. The items on the list are required for submission of the SLR to the Housing Credit Agency for approval and certification. You will need to provide electronic copies of items 2 through 12 on the checklist (items 11 and 12 are attached to this letter) to SDHC upon request. Submit all information and documentation to Maria Callow at mariacal@sdhc.org. Failure to submit by the deadline may result in SDHC rescinding the commitment of PBV.

If there are any changes in funding commitments and/or modifications to the budget and proforma, updated documents must be submitted to SDHC. Failure to submit

items may result in SDHC rescinding the commitment of PBV and/or HUD's rejection of the SLR.

Each element provided must be consistent with the Housing Commission's PSH NOFA requirements and approved by the Commission. The Commission reserves the right to request additional documentation, if determined necessary, to ensure an informed decision is rendered.

The voucher award will be valid until December 31, 2021.

Other Terms:

The Housing Commission reserves the right to impose any additional conditions in the Housing Commission Loan or Voucher Documents that may be necessary, in its reasonable discretion, to protect the interests of the Housing Commission and fulfill the intent of this commitment. Such documentation shall be approved by the President and Chief Executive Officer, or designee, and the General Counsel of the Housing Commission.

Notice of limitation of staff to make firm commitments unless and until approved by the appropriate governmental agencies, including, without limitation, the San Diego Housing Commission Real Estate Committee, the San Diego Housing Commission Board of Commissioners, Housing Authority of the City of San Diego and the City Council. Unless and until all of the required approvals have been obtained, and the time to challenge the approvals, has elapsed, there is no binding commitment to award any funding. To the extent federal funding is being provided, any final commitment is contingent upon satisfactory completion of the necessary NEPA review and processing, potentially including with the U.S. Department of Housing and Urban Development. Except in exceptional circumstances, as determined by the Housing Commission, in its sole discretion, no additional funding and/or other assistance, including without limitation, project-based vouchers, for the project, if requested in the initial response to the NOFA, in excess of that requested in the initial response to the NOFA for the project will be provided, in any instance

A representative from the Housing Commission's Rental Assistance Division will be contacting you to finalize terms of the award recommendation and ensuing contract. Should you have any questions, please contact me directly at maurcell@sdhc.org.

Sincerely,

Maurcell Gresham
Director of Procurement

cc: John Seymour, Vice President - Acquisitions & Forward Planning

SAN DIEGO HOUSING COMMISSION

SDHC

Rental Assistance Department

October 8, 2018

Lesley Edwards
Vice President of Project Development
National Community Renaissance
9421 Haven Avenue
Rancho Cucamonga, CA 91730

RE: San Ysidro Senior Village
517 W. San Ysidro Boulevard
San Diego, CA 92173

Dear Ms. Edwards:

This letter is a revision to letter dated February 27, 2018, for the sole purpose of correcting the population to be served in this project in the paragraph where population is described.

We are pleased to inform you the above referenced proposal for the San Diego Housing Commission's (SDHC) project-based voucher (PBV) solicitation has been approved by SDHC and the Department of Housing and Urban Development. SDHC is committing **38 Federal Project Based Vouchers (PBV) and 12 Project One For All (POFA) PBV** to the project.

Per 24 CFR 983.153 (a-c), the PBV commitment is contingent on NEPA clearance, approval of a subsidy layering review (SLR), and the subsequent execution of an Agreement to Enter into Housing Assistance Payments (AHAP) contract. The AHAP may not be executed until completion of the SLR and environmental approval. ***Please be advised construction or rehabilitation, including demolition and site preparation activities may not begin prior to execution of the AHAP contract.*** SDHC shall not enter into the AHAP if the aforementioned activities commenced without a formally executed AHAP.

SDHC is reserving funding for 50 Studio units at San Ysidro Senior Village at approximately $565,200 annually for 15 years. Total funding is estimated at $8,478,000 calculated on the current payment standard for a Studio unit ($942).

The commitment is contingent on continued funding from HUD. In the event of a budget rescission or retroactive budget cuts, SDHC reserves the right to rescind the commitment up to the execution of an AHAP. SDHC also reserves the right to rescind the commitment if the developer fails to secure necessary capital funding to complete the project in an expeditious manner.

Please note: Fair Housing, Section 3, Labor Standards, and Section 504 compliance will be tracked and measured throughout the duration of construction. An MOU must be entered into with SDHC which describes additional requirements of the project.

This project will serve 38 homeless seniors, age 55 and over, and 12 homeless seniors, age 55 and over, with serious mental illness who reside in the city of San Diego who meet the income criteria specified in the proposal and who are identified as most appropriate for

permanent supportive housing using the Vulnerability Index Service Prioritization Decision Tool (VI-SPDAT) and the Coordinated Entry System (CES).

National CORE and its affiliate Hope through Housing Foundation will partner with Father Joe's Village, San Diego PACE, Casa Familiar, Senior IMPACT (through the County BHS Department and in consultation with Corporation Supportive Housing (CSH)) and San Ysidro Health Center to provide case management services to residents. Any changes to Supportive Service Provider and services must be reviewed and approved by SDHC.

Attached please find the Subsidy Layering Review Checklist, Form HUD-2880, and the Disclosure of Identity of Interest form. The items on the list are required for submission of the SLR to the Housing Credit Agency for approval and certification. You will need to provide electronic copies of items 2 through 12 on the checklist (items 11 and 12 are attached this letter) to SDHC by March 13, 2018. Submit all information and documents to Maria Callow at mariacal@sdhc.org. Failure to submit items by the deadline may result in SDHC rescinding the commitment of PBV.

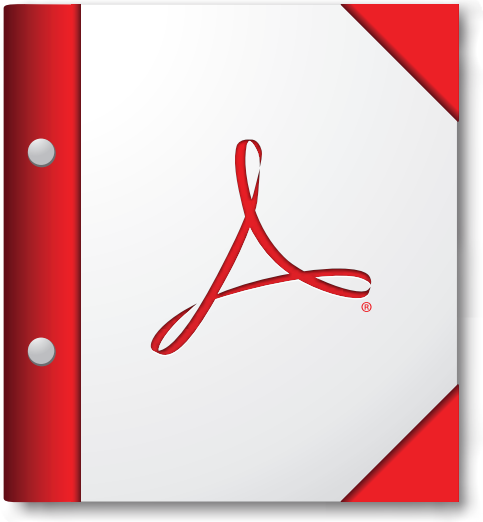
If there are changes in funding commitments and/or modifications to the budget and proforma, updated documents must be submitted to SDHC. Failure to submit items may result in SDHC rescinding the commitment of PBV and/or HUD's rejection of the SLR. The commitment of PBV will be rescinded and/or the AHAP will be terminated as a result of any regulatory breaches contained in 24 CFR 983, Subpart D.

If you have any questions, please feel free to contact me directly at azucenav@sdhc.org or (619) 578-7604.

Sincerely,

Azucena Valladolid
Sr. Vice President
Rental Assistance Division and Workforce Development
San Diego Housing Commission

Cc: Maria Callow, Special Programs Manager



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