



COUNTY OF SAN LUIS OBISPO  
DEPARTMENT OF SOCIAL SERVICES

FY 2023 HUD CoC Program –  
Supplemental Application (Renewals, Renewal/  
Expansions, New Bonus Projects)

On July 5, 2023, the U.S. Department of Housing and Urban Development (HUD) released the Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition.

The County of San Luis Obispo is requesting proposals for the FY 2023 Continuum of Care Program competition administered by HUD, and will be accepting applications for renewal projects, as well as new bonus funding projects.

**All FY23 Continuum of Care Program applicants will need to submit a supplemental application in addition to the HUD application submitted in e-snaps.**

**Please note there may be additional questions once HUD releases the e-snaps application. These will be released on the County’s Homeless Services Funding Availability page:**  
<https://www.slocounty.ca.gov/Departments/Social-Services/Homeless-Services-Division/Funding-Availability.aspx>

**Please submit Supplemental Applications by email to [SS.HomelessServices@co.slo.ca.us](mailto:SS.HomelessServices@co.slo.ca.us) or deliver to Erica Jaramillo at the County of San Luis Obispo Department of Social Services, P.O. Box 8119, CA 93403. Both the e-snaps and Supplemental Application must be received no later than **Wednesday, August 16, 2023, at 5pm.****

**Additionally, additional documents described on page 13 of this RFP must be submitted by email or in person no later than August 16, 2023.**

## I. PRIMARY APPLICANT INFORMATION

<b>Organization Name</b>	Peoples' Self-Help Housing Corporation
<b>UEI Number</b>	NHC6G8NUGY17
<b>Contact Person/Title</b>	Forrest Eastham, Grants Manager
<b>Phone Number</b>	(805) 548-2345
<b>Email</b>	grants@pshhc.org
<b>Address</b>	1060 Kendall Street
<b>City, State, Zip</b>	San Luis Obispo, CA 93401

**II. PROJECT**

<b>Project Name</b>	
<b>Application Type</b>	<input type="radio"/> Renewal <input type="radio"/> Renewal Expansion <input checked="" type="radio"/> New Bonus Project (Non DV Bonus Project)
<p><b>If you are applying to consolidate this project with one or more other projects, please enter the grant number(s) for the other project(s):</b></p> <p><i>You will need to complete an e-snaps application and supplemental application for all projects being consolidated.</i></p>	

**III. EXPERIENCE**

<p><b>1. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.</b></p>
<p>People's Self-Help Housing (PSHH) has been operating for 53 years, with a significant portion of its work dedicated to serving individuals transitioning out of homelessness. In the county, PSHH provides housing for a total of 1,600 residents, 263 of whom were homeless before moving into a PSHH unit. This represents 16% of our resident population, demonstrating our commitment and effectiveness in serving this population.</p> <p>The Supportive Housing Program (SHP) has been in operation for 18 years, providing services to (continued)</p>
<p><b>2. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.</b></p>
<p>People's Self-Help Housing (PSHH) has a substantial history of effectively utilizing federal funds and performing the activities proposed in applications. Over the past five years, PSHH has managed and implemented various federally funded projects, demonstrating financial capacity, feasibility, and sustainability.</p> <p>PSHH has received and effectively utilized Community Development Block Grant (CDBG) funding from both the County of Ventura and the City of Ventura for over five years. These funds have been used to provide the same Supportive Housing Program (SHP) services that will be provided to HMIS clients.</p> <p>In addition, PSHH has received multi-year CDBG funding from various County of San Luis Obispo jurisdictions for SHP services. This funding has been instrumental in expanding the reach of PSHH's services and enhancing support for homeless individuals and those at risk of homelessness. Last year, PSHH also received an award of \$200,000 in ARPA funds for SHP services provided in San Luis Obispo County. (continued)</p>

**3. What is the date of the organization’s most recent audit?** *(Attachment requirement)*

*Please submit a copy of the organization’s most recent audit by email (SS\_HomelessServices@co.slo.ca.us) or by mail to Erica Jaramillo at DSS no later than August 16, 2023.*

The time period for the most recent audit was for the fiscal year 2021-22, which spanned from July 1, 2021 through June 30, 2022. The audit was signed by the third party auditor on September 30, 2022.

**4. Housing First and/or Lower Barrier Implementation** *(Attachment requirement)*

**Describe experience with utilizing a Housing First approach. Include:**

- 1) eligibility criteria;**
- 2) process for accepting new clients;**
- 3) process and criteria for exiting clients.**

**Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance use, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression.**

**Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.**

*Existing projects should submit a copy of the project’s relevant policies and procedures by email (SS\_HomelessServices@co.slo.ca.us) or by mail to Erica Jaramillo at DSS no later than August 16, 2023.*

1) Eligibility Criteria: PSHH’s eligibility criteria align with the Housing First model. We do not impose preconditions to entry. Our primary criteria are that the individual is experiencing homelessness and is in need of support to transition into stable, permanent housing. We accept individuals regardless of their current or past substance use, income, criminal records (except for restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, or self-disclosed or perceived sexual orientation, gender identity, or gender expression. We also offer clear opportunities for people with disabilities to request reasonable accommodations within applications and screening processes, and during tenancy.

2) Process for Accepting New Clients: Our process for accepting new clients is designed to be as low-barrier as possible. When a vacancy arises, we work closely with local coordinated entry systems, homeless service providers, and outreach teams to identify potential residents. We then conduct an assessment to understand the individual’s needs and how we can best support them. If the individual is deemed a good fit for our program, we proceed with the necessary paperwork and support them in moving into their new home. If we cannot serve someone, we work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.

3) Process and Criteria for Exiting Clients: At PSHH, we believe in the principle of maintaining housing stability for our residents. We understand that our residents may face challenges and difficulties, and we are committed to working with them to resolve issues rather than resorting to eviction. Even in cases of lease violations, our approach is to engage with the resident, understand the root cause of the issue, and work collaboratively to find a solution. This could involve connecting the resident with supportive services, providing education about lease obligations, or mediating disputes between residents. Eviction is considered a last resort, only used in the most severe cases where all other options have been exhausted and the safety or well-being of other residents or staff is at risk. This approach aligns with our commitment to the Housing First model and our mission to provide stable, long-term housing for our residents.

In all our operations, we emphasize client-centered and driven goals and plans. Our supportive services emphasize engagement and problem-solving over therapeutic goals. Participation in services or compliance with service plans are not conditions of tenancy but are reviewed with clients and regularly offered as a resource to clients. We recognize that drug and alcohol use and addiction are a part of some clients’ lives and our services are informed by a harm-reduction philosophy. Substance use in and of itself, without other lease violations, is not considered a reason for eviction. Clients are given reasonable flexibility in paying their share of rent on time and offered payment options.

In conclusion, PSHH’s approach to housing is rooted in the principles of Housing First. We believe that everyone deserves a safe and stable place to live, and we are committed to making this a reality for as many people as possible.

**5. Describe how Housing First protocols will be incorporated into the proposed project and what will you do to ensure that people can succeed in programs that cannot have service participation requirements or prerequisites.** *Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold). Transitional housing and supportive service only projects are considered using a Housing First model for the purposes of this application if they operate with low barriers, work to quickly move people into permanent housing, do not require participation in supportive services, and, for transitional housing projects, do not require preconditions for moving into the transitional housing (e.g., sobriety or minimum income threshold) but do provide or assist with access to such supportive services if needed and requested by program participants.*

Our eligibility criteria are designed to be as inclusive as possible. Access to our programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions. We do not reject individuals or families on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of "housing readiness."

We recognize the importance of accommodating individuals with disabilities. We offer clear opportunities for people with disabilities to request reasonable accommodations within applications and screening processes, and during tenancy. Our building and apartment units include special physical features that accommodate disabilities.

In cases where we cannot serve someone, we work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere. This is a key part of our commitment to ensuring that everyone has access to the support they need.

Our housing and service goals and plans are highly client-centered and driven. We understand that each individual's needs are unique, and we strive to provide personalized support that meets these needs. Our supportive services emphasize engagement and problem-solving over therapeutic goals.  
(continued)

#### IV. Design of Housing & Supportive Services

**6. Describe the needs of the clients to be served.**

New PSHH residents who are transitioning out of homelessness experience a range of needs, and PSHH works through the SHP program to ensure residents have access to the resources necessary to meet individual needs. The logistics of moving into housing can be overwhelming as new residents navigate complex paperwork, understand the terms of their lease, and setting up utilities. Recognizing this, both our Property Management and SHP teams are in place to help new residents overcome these hurdles and ensure a smooth transition.

Many individuals are grappling with complex health issues after long periods of not receiving needed medical care. Needs can include physical health conditions, mental health issues, and substance use disorders. Recognizing the need for professional support, we have a team of Associate or Licensed Clinical Social Workers or Marriage and Family Therapists on hand to provide clinical case management.

After building a case management plan with their clinical SHP social worker, many of our residents need assistance connecting with other social service providers to whom they receive referrals. (continued)

**7. (PSH, RRH & Joint TH-RRH Projects) Describe the type and scale of all the supportive services that will be offered to program participants to ensure successful retention in or help to obtain permanent housing, regardless of funding source, meets the needs of clients to be served.**

The Supportive Housing Program (SHP) at PSHH is a comprehensive, culturally competent program designed to meet the diverse needs of individuals transitioning from homelessness into permanent, affordable, supportive housing. The program is scalable and adaptable, ensuring that we can meet the needs of all our residents, regardless of their individual circumstances or language needs. Over the past 12 months, SHP provided services to over 60% of PSHH's 1,893 households.

SHP currently serves communities throughout San Luis Obispo, Santa Barbara counties, and the City of Ventura. We are consistently growing the number of affordable housing properties that we build, own, and manage on the Central Coast, with a commitment to continue providing high-level case management to any of our households who may benefit through these services. New PSHH properties, where services will also be provided, are opening soon in all three counties.

Our clinical case managers, the majority of whom are English/Spanish bilingual and bicultural, provide direct provision of clinical case management to residents. They are culturally competent, with a deep understanding of the diverse backgrounds and experiences of our residents. This is significant, as 80% of our (continued)

**8. (Coordinated Entry Projects) Describe how the proposed project will align with the County's existing Coordinated Entry System.**

The proposed project is designed to seamlessly integrate with the County's existing Coordinated Entry System (CES) and actively contribute to its effectiveness and efficiency. All vacancies at HMIS-participating units will be filled via CES referrals. New residents will be selected in adherence to Housing First principles, ensuring low-barrier, easily accessible assistance to all people, including those with no income or income history, and people with active substance abuse or mental health issues.

The project aims to bring more homeless set-aside units online with HMIS participation, increasing the scope of HMIS participation for PSHH and for the County of Santa Barbara. This will enhance the County's ability to track and manage homelessness, and ensure that resources are being allocated effectively.

Furthermore, PSHH is committed to HMIS participation as required by the County. This program will provide Supportive Services, Rental Assistance, and Permanent Housing to incoming residents referred via CES. This commitment to CES participation ensures that the project aligns with the County's existing systems and processes, and contributes to a coordinated, system-wide approach to addressing homelessness.

<b>9. For the proposed project, please estimate the expected % of households that will experience an increase in earned income from program start to program exit:</b>	5 %
<b>10. For the proposed project, please estimate the expected % of households that will experience an increase in non-employment income from program start to program exit:</b>	15 %
<b>11. For the proposed project, please estimate the expected % of households that will experience an increase in total income from program start to program exit:</b>	20 %

IV. Leveraging Housing Resources

**12. For permanent housing applications (PSH) (RRH) (TH-RRH), describe how the project will utilize housing subsidies or subsidized housing units not funded through the CoC or ESG programs. (Housing subsidies or subsidized housing units may be funded through any of the following sources: Private organizations; State or local government, including through the use of HOME funding provided through the American Rescue Plan; Public Housing Agencies, including through the use of a set aside or limited preference; Faith-based organizations; or Federal programs other than the CoC or ESG programs.)**

*Applicants must attach letters of commitment, contracts, or other formal written documents that demonstrate the number of subsidies or units being provided to support the project. For a new permanent supportive housing project, provide at least 50 percent of the units included in the project; or for a new rapid re-housing project, serve at least 50 percent of the program participants anticipated to be served by the project.*

The project will utilize Project Based Rental Assistance (PBRAs) from HUD or from the USDA for some units. The project will also use LIHTC-based limited preference utilizing sliding scale rent, and Tenant Based Rental Assistance will be utilized specific tenants. Specific units also receive VASH funding.

**13. For permanent housing applications (PSH) (RRH) (TH-RRH), describe the current strategy used to recruit landlords and show how well it works at identifying units across the entire CoC area, including areas where the CoC has historically not been able to find units.**

PSHH owns, operates and manages all properties involved in the project. No landlords will be recruited.

**14. For permanent housing applications (PSH) (RRH) (TH-RRH), identify any new practices that have been implemented to recruit landlords in the past 3 years and the lessons learned from implementing those practices.**

PSHH owns, operates and manages all properties within our sphere of influence. No landlords have been recruited.

**15. For permanent housing applications (PSH) (RRH) (TH-RRH), describe how you will use data to update your landlord recruitment strategy.**

PSHH owns, operates and manages all properties involved in the project. No landlords will be recruited.

**IV. Leveraging Healthcare Resources**

**16. For permanent housing applications (PSH, (RRH) (TH-RRH), describe how the project will utilize healthcare resources to help individuals and families experiencing homelessness. (Sources of health care resources include: Direct contributions from a public or private health insurance provider to the project (e.g., Medicaid), and Provision of health care services, including mental health services, by a private or public organization (including FQHCs and state or local health departments) tailored to the program participants of the project, direct partnerships with organizations that provide healthcare services, including mental health services to individuals and families (including FQHCs and state and local public health departments) experiencing homelessness who have HIV/AIDS). Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirements of the health care service provider).**

*Applicants must attach formal written agreements and must include the value of the commitment and dates the healthcare resources will be provided. In the case of a substance use treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or the value of assistance being provided is at least an amount that is equivalent to 50 percent of the funding being requested for the project, which will be covered by the healthcare organization. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.*

Housing security, the ultimate goal of SHP, is intrinsically linked to other forms of security experienced by a household. Recognizing this, PSHH has designed SHP to foster all critical forms of security, including health and financial security, to build robust housing security. SHP provides not just housing but also a comprehensive range of supportive services to address the multifaceted challenges faced by individuals and families experiencing homelessness. Our clinical social workers coordinate with residents to help them navigate the healthcare system and access the services they need. These services range from routine medical care to specialized services for mental health or substance use disorders. In fact, our clinical social workers not only help clients locate mental health care providers but also provide short-term mental health care and mental health interventions when needed.

SHP leverages a variety of specific healthcare resources. For instance, the program enhances access to financial assistance for rent, utilities, deposits, and health care equipment, paid on behalf of the resident, through community programs and through special funds, which are internal to PSHH but are not a part of this grant-funded program. This assistance includes direct contributions from public or private health insurance providers, such as Medicaid.

A key partnership that has been instrumental in increasing the number of clients enrolled in MediCal is with CenCal Health, the regional MediCal provider. This partnership was designed to increase the (continued)

**V. Addressing Severity of Needs**

<p><b>17. Estimated percentage of participants to be served that are chronically homeless:</b></p>	<p>40 %</p>
<p><b>18. Estimated percentage of participants to be served that have low or no income:</b></p>	<p>100 %</p>

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<b>19. Estimated percentage of participants to be served that have history of victimization/abuse, domestic violence, sexual assault, childhood abuse:</b>	5 %
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**VI. Timeliness**

<p><b>20. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award. Please also estimate the average time from a client’s program entry to housing placement.</b></p>
<p>PSHH has a comprehensive plan to rapidly register all homeless set-aside units for HMIS participation. This process will be jointly executed by PSHH’s Compliance and Property Management departments, both of which have a proven track record of managing similar tasks efficiently and effectively.</p> <p>The Compliance Department, which is well-versed in data collection and entry into various data systems, will be responsible for overseeing the data collection and entry process into the HMIS system. This includes information about the units themselves, as well as data about the residents of these units. The Property Management Department will provide much of the necessary information to the Compliance Department, including details about the units and their residents. Property Management will also share in the data entry responsibilities, working closely with the Compliance Department to ensure that all data is accurately and entered into HMIS.</p> <p>Timeline          60 days into the grant period, PSHH will have provided HMIS trainings to all employees who need them, collected all info on all units to be entered into HMIS, and will have completed HMIS registration for 10% of units.          120 days into the grant period, PSHH will have completed HMIS registration for 80% of units.          180 days into the grant period, PSHH will have completed HMIS registration for all units.</p> <p>Because PSHH is a permanent, supportive housing provider, clients who enter the program will be housed within approximately one month of initiating the rental process. The project will continue housing all residents currently residing in homeless set-aside units, and new residents will be able to move in, via Coordinate Entry and HMIS, whenever there is a vacancy at an HMIS-participating unit.          Please note that below in #22, we only anticipate 2 move-outs during the grant period.</p>

**VII. Project Effectiveness**

<b>21. Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals</b>	100
<b>22. Projected number of households to exit to permanent housing</b>	2

**VIII. Equity Factors**

<b>23. Project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions</b>	YES <input checked="" type="radio"/> NO <input type="radio"/>
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<p><b>24. Project's organizational board of directors includes representation from more than one person with lived experience (per 24 CFR 578.75(g) Participation of Homeless Individuals)</b></p>	<p>YES <input checked="" type="radio"/></p> <p>NO <input type="radio"/></p>
<p><b>25. Describe how your organization has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population.</b></p>	
<p>PSHH has identified barriers to participation through program landscape analysis, resident surveys and feedback, stakeholder feedback, discovery of best practices, and through the efforts of the IDEA Commission which is PSHH's diversity, equity, and inclusion board.</p>	
<p><b>26. Describe the actions the organization has taken or will take to eliminate the identified barriers.</b></p>	
<p>SHP has employed Spanish/English bilingual and Latinx bicultural social workers, and Property Management prioritizing hiring Spanish/English bilingual onsite property managers. This is particularly relevant given that over 80% of PSHH's overall resident population is Latinx, an ethnicity that is severely over-represented in the local homeless population.</p> <p>In addition to bilingual staff, SHP and Property Management have access to a live telephone translation service that provides live translation for any language needed. This ensures that language is never a barrier to accessing services, regardless of the language spoken by the resident or potential resident.</p> <p>Addressing the need for accessible and culturally appropriate information, all resident and potential-resident newsletters and mass mailings, including emails, are provided in both Spanish and English. Similarly, all resident forms are available in Spanish, ensuring that Spanish-speaking residents can easily understand and complete necessary paperwork.</p> <p>To ensure that permanent supportive housing is provided to those most in need, outreach efforts involve cooperation with other homeless providers and CoC member organizations. This collaborative approach allows SHP to reach a wider audience and ensure that its services are accessible to those who need them most.</p>	

**27. Describe the actions the organization will take to serve subpopulations that the CoC has identified as being underserved.**

PSHH will work with other CoC member organizations and County CoC administration to better serve subpopulations that the CoC has identified as being underserved, so long as such efforts are in compliance with the rules and regulations that are applicable to PSHH HMIS-registered units. By developing strategies with other CoC organizations, PSHH will be able to place a higher number of homeless individuals from underserved groups in permanent supportive housing.

**28. How will your organization affirmatively market this project to ensure you reach all persons experiencing homelessness within the county?**

PSHH will market this program through homeless service providers operating in San Luis Obispo County. PSHH has existing relationships with many of these stakeholders already, and it is our hope that HMIS participation and marketing this program will further build those relationships. PSHH will provide program info to all known homeless providers in our community with special attention to HMIS-participating providers, as they will be the organizations capable of providing referrals. Detailed program information and public-facing program fliers will be distributed to homelessness stakeholders in San Luis Obispo County. Additionally, Supportive Housing staff, including the Director, Supervisors, and Social Workers will provide information at various stakeholder meetings, including but not limited to CoC meetings.

**29. Describe your plan to inform program participants of their rights and remedies available under federal, state and local fair housing and civil rights laws.**

PSHH takes a two-pronged approach to informing residents of their rights and remedies available under federal, state and local fair housing and civil rights law. First, all new residents are provided with hardcopies of literature explaining their rights and remedies, available in multiple languages. Additionally, SHP routinely provides residents with this information and serves as advocates for residents whose rights may have been violated. SHP's HIPAA-compliant client database contains a service tag for "Fair Housing & Civil Rights Assistance," allowing us to track rates around how often this service is provided.

**30. Describe your plan to report conditions or actions your organization becomes aware of that impede fair housing choice for program participants.**

PSHH's Compliance Department is tasked with ensuring the organization complies with fair housing choice standards, and so any situation regarding fair housing that is not resolved to a client or tenant's satisfaction by Property Management is reviewed and addressed by the Compliance Department. SHP social workers also refer clients to the State of California Department of Consumer Affairs. Regarding external organizations that may impede fair housing choice, SHP social workers stand by to assist clients and co-advocate. This advocacy process includes educating external organizations and service providers with fair housing information. Failing inter-agency resolution, PSHH contacts the State of California Department of Consumer Affairs.

**IX. Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decision Making and Providing Professional Development and Employment Opportunities.**

**31. Describe and provide examples of Professional Development (e.g. internships, continuing education, skill-based training) and employment opportunities provided to individuals with lived experience of homelessness by your organization.**

SHP is most accurately described as a clinical case management program designed to build housing stability and household resiliency. As such, it does not directly provide professional development and employment opportunities. Rather, clients and social workers co-develop case management plans to help clients meet personal goals, address challenges, and build housing stability. When a client is seeking professional development as a stepping stone to changes in employment and financial resources, SHP social workers help clients in establishing desired goals and outcomes. With goals and outcomes in hand, social workers enhance access to various forms of professional development that will help clients reach their goals. SHP Social workers have helped clients in completing their GED, enrolling in trade school, obtaining certifications, establishing mentorships, enrolling in and attending college, and obtaining jobs and internships that are stepping stones to desired careers. Social workers also help clients in securing financial aid, in building savings to address educational goals, and more.

**32. Do you have a mechanism for obtaining feedback from program participants? Please describe (e.g. annual focus groups, consumer advisory panels, etc.).**

The primary formal mechanism for obtaining feedback from program participants is an annual survey that is distributed annually to all residents of a given property. These surveys solicit information about quality of life, potential improvements to the property, ways in which residents may be provided with resources or enhanced access to resources, and ongoing challenges. While the physical property of residence is one focal point of these surveys, they also solicit information specific to any potential SHP services received as well as more general information about how residents may experience improvements in quality of life or reductions in personal challenges, and to the state of and effects created by property management.

When receiving SHP services, clients also have an ongoing cycle of feedback with their social worker. SHP social workers do not take a one-size-fits-all approach, but recognize that behavioral changes are necessary for the development of household security and resiliency. Catalyzing behavioral change in SHP clients, requires dialogue and an ongoing continuous process improvement cycle on the part of the social worker, and for this reason, social workers are continuously soliciting feedback from SHP clients.

**X. Addressing the Needs of LGBTQ+ Individuals**

**33. Does your agency have anti-discrimination policies in place? (If so, please provide copy as an attachment)**

Yes, please see attached.

**34. Describe what actions your organization will you take to ensure that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination.**

PSHH has clear anti-discrimination policies in place, and clear rules and regulations about what can and cannot exclude a person from being eligible for housing at any of our rental units. These policies establish acceptable grounds for denial of tenancy. All PSHH staff, including those who interact with actual or potential residents, receive anti-discrimination that includes curriculum about the LGBTQ+ community. Additionally, multiple avenues of communication are open to PSHH residents and potential residents, providing alternate points of contact should they need to communicate about any discrimination and receive the level of service to which they are entitled. SHP social workers are specifically trained in assisting individuals who are experiencing discrimination, providing both mental health support and highlighting appropriate paths for those who have experienced discrimination, be it from a PSHH representative or elsewhere.

**XI. Alignment with the San Luis Obispo Countywide Plan to address homelessness**

**35. Describe how the project will align with a Line of Effort to support the San Luis Obispo Countywide Plan to address homelessness (2022- 2027).**

Lines of Effort 1: Create affordable and appropriately designed housing opportunities and shelter options for underserved populations.

This project creates affordable housing opportunities by bringing more homeless set-aside units online with HMIS participation. This increases the scope of HMIS participation for PSHH and for the County of San Luis Obispo, providing more strategic housing options for underserved populations.

Line of Effort 2: Focus efforts to reduce or eliminate the barriers to housing stability for those experiencing homelessness or at risk of homelessness, including prevention, diversion, supportive services, and housing navigation efforts.

SHP provides supportive services to residents of HMIS-participating units, including homelessness prevention and diversion, as well as progressive engagement and increasing income for people experiencing homelessness. This helps reduce barriers to housing stability.

Line of Effort 3: Improve and expand data management efforts through HMIS and coordinated entry system to strengthen data-driven operational guidance and strategic oversight.

The project improves and expands data management efforts by increasing the scale of PSHH units online with the HMIS system. This strengthens data-driven operational guidance and strategic oversight.

Line of Effort 4: Create, identify, and streamline funding and resources.

PSHH seeks grant funding for SHP services at HMIS-participating units and will leverage HMIS participation to strengthen support of the program. This will effectively draw additional funding resources to CoC-member programs.

Line of Effort 5: Strengthen Regional Collaboration.

PSHH already collaborates with many HMIS-participating homelessness providers. Participation in HMIS as a CoC member will enhance PSHH's and the CoC's ability to strengthen regional collaboration and provide a higher level of service to homeless community members.

Line of Effort 6: Build public engagement through information-sharing and partnership.

PSHH is committed to HMIS participation as laid out by the County, and all vacancies at HMIS-participating units will be filled via CES referrals. HMIS participation will strengthen information-sharing and partnership between PSHH and CoC partners and provide additional housing units to which CoC clients may be referred. Additionally, PSHH has an ongoing public engagement process, as evidenced by the recent creation of the Public Affairs Director and the Public Affairs Department. PSHH activities and best practices are brought to the fore at public hearings, on local news, and wherever housing may be possible.

**X. Attachments**

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**Attachment A – Organizations most recent audit (Required)**

Attach a copy of the organizations most recent audit no later than August 16, 2023

**Attachment B – Project’s Policies and Procedures (Required)**

Attach a copy of the project’s Housing First Policies and Procedures no later than August 16, 2023

**Attachment C – Leveraging Housing Resources Commitment**

PSH, RRH, Joint TH-RRH Applicants must attach letters of commitment, contracts, or other formal written documents that demonstrate the number of subsidies or units being provided to support the project. For a new permanent supportive housing project, provide at least 50 percent of the units included in the project; or for a new rapid re-housing project, serve at least 50 percent of the program participants anticipated to be served by the project.

**Attachment D – Leveraging Health Care Resources Commitment**

PSH, RRH, Joint TH-RRH Applicants must attach formal written agreements and must include the value of the commitment and dates the healthcare resources will be provided. In the case of a substance use treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or the value of assistance being provided is at least an amount that is equivalent to 50 percent of the funding being requested for the project, which will be covered by the healthcare organization. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.

**Attachment E – Supplemental Answers to Questions (Optional)**

If you need more room to answer any of the application questions, please attach the additional information here. Include the question number for each question being answered.

For other additional or optional attachments, please label them clearly (e.g. Attachment E – “Title”).

**XI. APPLICATION SUBMISSION:**

Supplemental Applications will be due to Homeless Services Unit, County of San Luis Obispo Department of Social Services, August 16, 2023, 5PM.

*Applicants may submit digital or hard copy applications to the locations below:*

1. Soft Copy – email to [SS.HomelessServices@co.slo.ca.us](mailto:SS.HomelessServices@co.slo.ca.us)  
Subject line: FY 2023 HUD CoC Program Competition Supplemental Application – (Applicant Name)
2. Hard Copies – Mail  
Attn: Erica Jaramillo, Homeless Services Division  
County of San Luis Obispo Department of Social Services  
P.O. Box 8119

## People's Self-Help Housing CoC FY2023 Application

### Text from Attachment E

#### **1. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.**

People's Self-Help Housing (PSHH) has been operating for 53 years, with a significant portion of its work dedicated to serving individuals transitioning out of homelessness. In the county, PSHH provides housing for a total of 1,600 residents, 263 of whom were homeless before moving into a PSHH unit. This represents 16% of our resident population, demonstrating our commitment and effectiveness in serving this population.

The Supportive Housing Program (SHP) has been in operation for 18 years, providing services to PSHH residents. PSHH participates in the Homeless Management Information System (HMIS) for twenty units at El Patio Hotel in the City of Ventura, and seven placements at Heath House. Additionally, Victoria Hotel in the City of Santa Barbara has units serving a similar population.

PSHH adheres to the Housing First principles in tenant selection, ensuring low-barrier, easily accessible assistance to all people, including those with no income or income history, and those with active substance abuse or mental health issues.

In terms of service uptake, over 99% of PSHH residents who were homeless immediately prior to move-in initiate SHP services within six months or less. Among SHP clients, over 99% retain stable housing. This project aims to reduce returns to homelessness among HMIS clients who take up tenancy at PSHH rental units.

In conclusion, PSHH combines a rich history, proven track record, and extensive experience in working with the proposed population and in providing similar housing. The organization is committed to maintaining its high standards of service and continuing its work in supporting those transitioning out of homelessness.

#### **2. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.**

People's Self-Help Housing (PSHH) has a substantial history of effectively utilizing federal funds and performing the activities proposed in applications. Over the past five years, PSHH has managed and implemented various federally funded projects, demonstrating financial capacity, feasibility, and sustainability.

PSHH has received and effectively utilized Community Development Block Grant (CDBG) funding from both the County of Ventura and the City of Ventura for over five years. These funds have been used to provide the same Supportive Housing Program (SHP) services that will be provided to HMIS clients.

In addition, PSHH has received multi-year CDBG funding from various County of San Luis Obispo jurisdictions for SHP services. This funding has been instrumental in expanding the reach of PSHH's

services and enhancing support for homeless individuals and those at risk of homelessness. Last year, PSHH also received an award of \$200,000 in ARPA funds for SHP services provided in San Luis Obispo County.

The organization has also received funding from the City of Santa Barbara for SHP services at Victoria Hotel and Heath House, both of which are properties that are centered in this proposal. This funding has enabled PSHH to provide essential services to residents of these properties and contribute to the broader effort to address homelessness in the city.

Furthermore, PSHH received capital CDBG funding from the City of Santa Maria for the rehab of the Education Department's learning center in the City of Santa Maria. This funding has been crucial in enhancing the learning environment for students and contributing to the overall quality of education provided.

The Multifamily Housing Development Department (MHD) within PSHH regularly receives grants and forgivable loans for the development of new affordable housing properties in all three of these counties. This funding has been instrumental in expanding the availability of affordable housing and addressing the housing crisis in these areas.

Lastly, PSHH received over \$1,000,000 in funding through the Paycheck Protection Program (PPP). This funding has been crucial in maintaining the organization's operations and services during challenging economic times.

As a recipient of more than \$750,000 per year in federal funding, our organization is required to complete a Single Audit or additional reports in conformance with the Uniform Guidance Standards. Each year we have received an unmodified opinion without audit findings.

In summary, PSHH's experience in managing federal funds and implementing the proposed activities is extensive and well-documented, demonstrating the organization's capacity to carry out the activities proposed in the application effectively and to oversee federal funding in a manner aligning with federal guidelines.

**5. Describe how Housing First protocols will be incorporated into the proposed project and what will you do to ensure that people can succeed in programs that cannot have service participation requirements or prerequisites.**

Our eligibility criteria are designed to be as inclusive as possible. Access to our programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions. We do not reject individuals or families on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of "housing readiness."

We recognize the importance of accommodating individuals with disabilities. We offer clear opportunities for people with disabilities to request reasonable accommodations within applications and screening processes, and during tenancy. Our building and apartment units include special physical features that accommodate disabilities.

In cases where we cannot serve someone, we work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere. This is a key part of our commitment to ensuring that everyone has access to the support they need.

Our housing and service goals and plans are highly client-centered and driven. We understand that each individual's needs are unique, and we strive to provide personalized support that meets these needs. Our supportive services emphasize engagement and problem-solving over therapeutic goals.

Participation in services or compliance with service plans are not conditions of tenancy. However, we regularly review these with clients and offer them as a resource. We believe that providing individuals with the support they need to maintain their housing is crucial to their success.

Our services are informed by a harm-reduction philosophy. We recognize that drug and alcohol use and addiction are a part of some clients' lives, and we approach this issue with understanding and compassion. Substance use in and of itself, without other lease violations, is not considered a reason for eviction.

We provide clients with reasonable flexibility in paying their share of rent on time and offer payment options. We understand that financial stability can be a challenge for many of our clients, and we strive to provide them with the support they need to maintain their housing.

We make every effort to provide a client the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Our goal is to prevent eviction and homelessness wherever possible.

PSHH is committed to incorporating Housing First protocols into our proposed project. We believe that these protocols are crucial to ensuring that individuals can access and maintain safe and stable housing. We will continue to work to remove barriers and provide the support that our clients need to succeed.

## **6. Describe the needs of the clients to be served.**

New PSHH residents who are transitioning out of homelessness experience a range of needs, and PSHH works through the SHP program to ensure residents have access to the resources necessary to meet individual needs. The logistics of moving into housing can be overwhelming as new residents navigate complex paperwork, understand the terms of their lease, and setting up utilities. Recognizing this, both our Property Management and SHP teams are in place to help new residents overcome these hurdles and ensure a smooth transition.

Many individuals are grappling with complex health issues after long periods of not receiving needed medical care. Needs can include physical health conditions, mental health issues, and substance use disorders. Recognizing the need for professional support, we have a team of Associate or Licensed Clinical Social Workers or Marriage and Family Therapists on hand to provide clinical case management.

After building a case management plan with their clinical SHP social worker, many of our residents need assistance connecting with other social service providers to whom they receive referrals. Recognizing this, we have implemented a system of "warm handoffs" where our social workers actively facilitate the

connection between the resident and the service provider, ensuring that the resident's needs are being met and referrals are utilized.

Financial stability is another key challenge. Many individuals transitioning from homelessness may have limited income or may be dealing with debt or poor credit history. Recognizing this, we have services in place to enhance access to financial assistance for rent, utilities, deposits, health care equipment and more. We also provide financial coaching and education, job search assistance, improved access to critical transportation and more.

Finally, individuals need support to build the skills and confidence to maintain their housing in the long term. This can include everything from learning how to budget and manage money, to understanding their rights and responsibilities as tenants. Recognizing this, we have services designed to provide this support, with a focus on client-centered and driven goals.

The challenges faced by individuals transitioning from homelessness into permanent, affordable, supportive housing are complex and multifaceted. At PSHH, we are committed to meeting these challenges through our comprehensive range of services and supports. Our approach is informed by our extensive experience in this field, as well as by the latest research and best practice guidelines.

**7. (PSH, RRH & Joint TH-RRH Projects) Describe the type and scale of all the supportive services that will be offered to program participants to ensure successful retention in or help to obtain permanent housing, regardless of funding source, meets the needs of clients to be served.**

The Supportive Housing Program (SHP) at PSHH is a comprehensive, culturally competent program designed to meet the diverse needs of individuals transitioning from homelessness into permanent, affordable, supportive housing. The program is scalable and adaptable, ensuring that we can meet the needs of all our residents, regardless of their individual circumstances or language needs. Over the past 12 months, SHP provided services to over 60% of PSHH's 1,893 households.

SHP currently serves communities throughout San Luis Obispo, Santa Barbara counties, and the City of Ventura. We are consistently growing the number of affordable housing properties that we build, own, and manage on the Central Coast, with a commitment to continue providing high-level case management to any of our households who may benefit through these services. New PSHH properties, where services will also be provided, are opening soon in all three counties.

Our clinical case managers, the majority of whom are English/Spanish bilingual and bicultural, provide direct provision of clinical case management to residents. They are culturally competent, with a deep understanding of the diverse backgrounds and experiences of our residents. This is significant, as 80% of our residents are Latinx, a demographic that has low rates of utilizing services from social workers and therapists.

New clients are screened for MediCal eligibility during initial intake and screening. Services currently provided enhance household security and resiliency, through enhanced access to medical care and social services. This includes help with paperwork, understanding the terms of their lease, and setting up utilities, provided in Spanish, with live translation available for any other language spoken by residents.

Financial stability is another key focus of the SHP. Many individuals transitioning from homelessness may have limited income or may be dealing with debt or poor credit history. SHP services enhance access to financial assistance paid on behalf of the resident for rent, utilities, deposits, health care equipment and more. These services are provided in Spanish, with live translation available for other languages.

Finally, SHP provides support to help individuals build the skills and confidence to maintain their housing in the long term. This can include everything from learning how to budget and manage money, to understanding their rights and responsibilities as tenants. These services are provided in Spanish, with live translation available for other languages.

**16. For permanent housing applications (PSH, (RRH) (TH-RRH), describe how the project will utilize healthcare resources to help individuals and families experiencing homelessness. (Sources of health care resources include: Direct contributions from a public or private health insurance provider to the project (e.g., Medicaid), and Provision of health care services, including mental health services, by a private or public organization (including FQHCs and state or local health departments) tailored to the program participants of the project, direct partnerships with organizations that provide healthcare services, including mental health services to individuals and families (including FQHCs and state and local public health departments) experiencing homelessness who have HIV/AIDS). Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirements of the health care service provider).**

Housing security, the ultimate goal of SHP, is intrinsically linked to other forms of security experienced by a household. Recognizing this, PSHH has designed SHP to foster all critical forms of security, including health and financial security, to build robust housing security. SHP provides not just housing but also a comprehensive range of supportive services to address the multifaceted challenges faced by individuals and families experiencing homelessness. Our clinical social workers coordinate with residents to help them navigate the healthcare system and access the services they need. These services range from routine medical care to specialized services for mental health or substance use disorders. In fact, our clinical social workers not only help clients locate mental health care providers but also provide short-term mental health care and mental health interventions when needed.

SHP leverages a variety of specific healthcare resources. For instance, the program enhances access to financial assistance for rent, utilities, deposits, and health care equipment, paid on behalf of the resident, through community programs and through special funds, which are internal to PSHH but are not a part of this grant-funded program. This assistance includes direct contributions from public or private health insurance providers, such as Medicaid.

A key partnership that has been instrumental in increasing the number of clients enrolled in MediCal is with CenCal Health, the regional MediCal provider. This partnership was designed to increase the number of MediCal enrollees among PSHH residents and to enhance the level of service provided by SHP social workers. Most referrals from PSHH for medical coverage and medical care occur via informal relationships. Our social workers are familiar with the qualifying and disqualifying factors for various forms of coverage, and they know which MediCal-accepting health care providers are easiest to secure services from.

It's also worth noting that the SHP commits to adhering to HUD program and fair housing requirements. This commitment means that the program cannot restrict eligibility by the eligibility requirements of the healthcare service provider. The goal is to ensure assistance that is low-barrier and easily accessible to all people, including those with no income or income history, and people with active substance abuse or mental health issues.