## Before Starting the CoC Application

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

- 1. the CoC Application,
- 2. the CoC Priority Listing, and

3. all the CoC's project applications that were either approved and ranked, or rejected.

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

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

2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.

3. All information provided to ensure it is correct and current.

4. Responses provided by project applicants in their Project Applications.

5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

#### Attachments

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

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

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

## 1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578;
   FY 2022 CoC Application Navigational Guide;
   Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: CA-614 - San Luis Obispo County CoC

1A-2. Collaborative Applicant Name: County of San Luis Obispo

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of San Luis Obispo

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# 1B. Coordination and Engagement–Inclusive Structure and Participation

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

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- Section 3 Resources;

- PHA Crosswalk; and

- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.
	In the chart below for the period from May 1, 2021 to April 30, 2022:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted-including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	No
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
4.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	No	No	No
7.	Homeless or Formerly Homeless Persons	Yes	Yes	No
8.	Hospital(s)	Yes	Yes	No
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Trib Organizations)	al Nonexistent	No	No
10.	Law Enforcement	Yes	Yes	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	No	No	No
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	No	No	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes
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17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No	No	No
18.	Organizations led by and serving LGBTQ+ persons	No	No	No
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	No
23.	State Domestic Violence Coalition	Yes	Yes	No
24.	State Sexual Assault Coalition	Yes	Yes	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	No
29.	Domestic Violence Advocates	Yes	Yes	No
30.	Other Victim Service Organizations	Nonexistent	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Nonexistent	No	No
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Faith Based Organizations	Yes	Yes	No
35.	Businesses Organizations	Yes	Yes	No
	•			

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

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

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1) CoC's vacancies are publicly posted on the CoC's website and at the County Clerk Recorder's office to solicit new members on an annual basis. The open invitation process actively solicits new members via notification at the CoC meeting and CoC committee meetings in the months leading up to appointments, and via the CoC email listserv. Meetings of the CoC and its committees are open to the public. Interested persons may request appointment to these committees and may be solicited to join the CoC. The CoC is set up so that approximately 1/3 of the appointments to the CoC expire annually. The CoC Board may have no more than two representatives, staff or Board members from the same agency or organization, which ensures there is opportunity for new voices.

2) CoC meetings are currently held on virtual platforms which are accessible to people who use assistive technology and allow for automatic closed captioning. Agenda materials are available online as accessible PDFs. Large print copies of meeting materials and ASL interpreters are available upon request. Agenda materials are produced in compliance with accessibility standards, using high contrast, avoiding contrasting colors that would create barriers for people with color blindness, and using accessible fonts with a minimum font size of 12pt. The CoC website is hosted within the County of San Luis Obispo's website, which has recently implemented a standard to work towards meeting ARIA (Accessible Rich Internet Applications) guidelines and WCAG (Web Content Accessibility Guidelines), to ensure it is accessible for people with disabilities who use screen readers.

3) Invitations are sent through the CoC's email listserv, which includes the Chair of the NAACP's Housing Committee, County's Health Equity Coordinator, the local

United Way, groups that serve areas with higher concentrations of culturally specific communities experiencing homelessness, groups that specialize in serving people with disabilities, mental health outreach teams, and substance abuse treatment advocates. Special outreach is conducted to engage underrepresented categories within the CoC governing board, via communication with partner agencies which specialize in serving underrepresented groups. Two seats are reserved on the board (one currently filled) for a currently or formerly homeless person. Seats are also reserved for a victims' services advocate and veterans' services advocate (both currently filled).

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 2.50	00 characters)	

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 CoC membership includes representatives from a broad range of organizations and backgrounds including; elected city officials, County Board of Supervisors, County Department of Social Services, County Department of Behavioral Health, nonprofit service providers, affordable housing developers, County Office of Education, local businesses, hospitals, law enforcement, healthcare providers, faith based members, victim services representatives, veteran service representatives and interested community members. CoC Board members and committee members regularly reach out to liaison organizations and individuals to collaborate and present information and recommendations during committee and board discussions. 2) Meetings of the CoC and its committees are open to the public and are announced through the CoC's website and email listserv which includes representatives from local service providers, local government entities, ESG providers, law enforcement, affordable housing developers, mental health outreach teams, public housing authorities, advocates, non-CoC funded organizations, homeless advocates, substance abuse treatment advocates, child welfare service providers, and other organizations and individuals interested in homeless issues in the county. Notices of meetings and meeting agendas are also posted at least 72 hours in advance at the County Government Center building. Agendas and minutes also are posted online on the CoC website and printed copies are available to the public by request. 3) The CoC consulted with a wide range of stakeholders for its new strategic plan, which informs its approach to homelessness for the next five years. Input was sought from all the cities within the jurisdiction, law enforcement, Behavioral Health agencies, the local Housing Authority, chambers of commerce, and people currently and formerly experiencing homelessness. The CoC has also taken advice from a veterans support agency and as a result, modified its Coordinated Entry process to prioritize veterans experiencing homelessness who are not eligible for support from veteran programs. A number of public hearings were held to gather input from the public, homeless services agencies, and County Board of Supervisors, for both the strategic plan and the California HHAP 3 grant. Along with surveys targeting the clients of homeless service agencies, the feedback received was used to prioritize outcomes for the HHAP 3 grant application, and to revise the strategic plan.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications-the process;	
	about how your CoC would determine which project applications it would submit to HUD for funding; and	
	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

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1) The FY22 CoC Competition request for proposals was released on August 12, 2022 and was posted on the County of San Luis Obispo's website for funding opportunities. An email announcing the funding opportunity with a link to the application materials was sent out via the CoC email listserv to all CoC members and interested parties. The funding opportunity was also presented to all the CoC Committees and was also presented to the San Luis Obispo Supportive Housing Consortium whose mission is to increase housing supply for very low-income County residents with special needs and to advocate for financial assistance and supportive services to assist with their housing needs. An information meeting for interested parties was held on August 19, 2022, to educate potential applicants of the HUD CoC program and application process. Applicants were required to contact CoC staff to become a registrant under the County of San Luis Obispo applicant profile in e-snaps to submit an application. In addition to the e-snaps application, the applicants were also required to submit a supplemental application as a PDF via email by the project application deadline.

3) A non-conflicted Ad Hoc Grant Review Committee met on 9/6/22 to discuss and rank the applications. The Committee examined project applications and considered factors such as past performance, project cost efficiency, severity of needs served, financial capacity, returns to homelessness, housing first policies, client income stability, client housing retention, and consistency with local CoC priorities. Project application recommendations were submitted to the Full CoC Board for vote and approval on 9/21/22.

4) The FY22 HUD CoC Competition informational meeting was held on a virtual platform which was accessible to people who use assistive technology and allow for automatic closed captioning. Application materials were available online as accessible PDFs and were produced in compliance with accessibility standards, using high contrast, avoiding contrasting colors that would create barriers for people with color blindness, and using accessible fonts with a minimum font size of 12pt. The CoC website is hosted within the County of San Luis Obispo's website, which has recently implemented a standard to work towards meeting Accessible Rich Internet Applications guidelines and Web Content Accessibility Guidelines to ensure it is accessible for people with disabilities who use screen readers.

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## 1C. Coordination and Engagement

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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	
	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	

2.	select Nonexistentif the organization does not exist within your CoC's geographic area.
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	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the 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)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	No
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)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

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**18.** Child Welfare, WIOA, VA, Public Health

Yes

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;
	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

### (limit 2,500 characters)

1) The County Department of Social Services serves as the Collaborative Applicant for the HUD CoC grant and also receives ESG funding through the state of California. The County Planning and Building Department serves as the recipient for ESG entitlement funding. With the addition of ESG-CV funding, the two departments hold weekly meetings since Summer 2020 to plan and allocate ESG-CV funding for the County's response to the Coronavirus while also strategizing to ensure timely expenditure drawdowns and monitoring of subrecipients. The collaboration between the two departments ensured that ESG and ESG-CV funding was allocated efficiently to address homelessness in the CoC.

2) Staff from both County departments regularly participate in CoC meetings. The CoC has a prevailing role in evaluating outcomes for ESG funded activities: determining how to allocate ESG funds for eligible activities, developing performance standards for ESG-assisted activities, and developing funding policies and procedures for the operation and administration of HMIS for ESG funded projects. The Department of Social Services serves as the HMIS Lead and consults with the ESG recipient on HMIS performance data and reporting. The CoC board reviews and recommends which ESG programs should be awarded funds in the annual Action Plans. A member of the CoC staff and a staff member for ESG both serve on the respective grant review committees to evaluate and recommend funded projects.

3) The CoC provides annual PIT/HIC data sorted by geographic areas during the Consolidated Planning process to assist the ESG recipient in determining where ESG resources would be most efficient within the CoC jurisdiction. In addition to the CoC staff, ESG staff also participated in the 2022 Point in Time Count to gain a better perspective of the unsheltered population in the County. 4) In addition to the weekly planning meetings for ESG and ESG-CV programs, the CoC meetings are regularly attended by ESG recipient staff, who obtain information regarding local homelessness priorities from the CoC. The CoC participates in the evaluation and reporting performance of the ESG program recipient and subrecipients.

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

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

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

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

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

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

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

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

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The CoC's governance charter reserves two seats on its Board for education partners: one for the Local Education Agency (LEA) and one for a local school The LEA representative provides training and materials for the CoC district. on the educational rights of homeless children and youth under the McKinney-Vento Act as well as other relevant statutes, provides an overview of how the LEA and schools can assist, and provides contact information for the LEA's Homeless Education Coordinator as well as Homeless Education liaisons for each school district in the CoC. The LEA representative also provides information on additional educational resources, such as Schoolhouse Connection, that address the educational rights of children experiencing homelessness. In addition, the CoC includes a requirement in the CoC's contract with the contractor responsible for carrying out the bi-annual Homeless Point in Time Count that the contractor work with the LEA and local schools districts when planning and carrying out the count. Contracts with CoC grant subrecipients also require that the subrecipients take steps to ensure the educational rights of homeless children, including taking the children's educational needs into consideration when placing families in housing. The subrecipients must work closely with the LEA and local school district in order to carry out this responsibility.

Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

The CoC policies and procedures require that each CoC funded subrecipient shall ensure that when a homeless family with school aged children is placed into housing funded by the McKinney-Vento Continuum of Care program, that family will be informed about the children's educational rights under the McKinney-Vento Act. In addition, CoC contracts require the Subrecipient to establish policies and practices that enable program participants to exercise the rights afforded to them under subtitle B of Title VII of the McKinney-Vento Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness, including designating staff in family projects to ensure that children of program participants are enrolled in school and connected to early childhood programs and other appropriate services.

CoC policies also require that when distributing written materials, subrecipients should only use those produced by local educational agencies, federal agencies, or national, state or local nonprofits with recognized expertise in the education provisions of the McKinney-Vento Homeless Assistance Act. Additionally, subrecipients are required to make a good faith effort to coordinate with the County Office of Education to obtain services that may be available under the McKinney-Vento Homeless Assistance Act or other resources intended to assist homeless, school-aged children. Subrecipients must also take into account the educational needs of children when families are placed into emergency or transitional shelter per 24 CFR 578.23(c)(7). To the extent practicable, families with children shall be placed as close as practical to their school of origin so as not to disrupt the children's education. Any barriers should be documented in both the program participant and project files.

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

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

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

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

1) The Chief Program Officer for the CoC's sole DV provider serves on the CoC Governing Board which has oversight of the CoC's policies and procedures. 2) All DV provider staff are California State-Certified 65-Hour Trained IPV/SA Counselors and concurrently trained in the neurobiology of trauma, the impacts of intimate partner violence on children, health impacts of trauma and reproductive coercion, among other topics. Further, the agency employs trauma-informed practices, including empowerment-based programming, survivor-led case management and decision-making to ensure transparency and collaboration and embrace a culture of humility and openness to feedback, criticism, and change. The DV provider maintains up-to-date, accessible information about common survivor experiences and available resources on their website and in paper form at their offices. The CoC also voted in September 2022 to prioritize funding for trauma-informed care trainings specifically for case managers and family advocates who work closely with clients conducted by First 5 of San Luis Obispo's Health Access Project.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

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1) The CoC's local victim services provider provides annual training to CoC 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. These protocols include not only how to work effectively with survivors of domestic violence, but also on what services are available from victim services providers and how to effectively connect clients with them. In addition, a special process has been set up in HMIS and client records maintenance to protect data of survivors of domestic violence, in compliance with VAWA and HMIS privacy requirements. Staff are trained by their agencies on these protocols. The staff of the CoC PSH provider have also been trained on the agency's DV emergency transfer plan.

2) The CoC's local victim services provider provides annual training to Coordinated Entry staff at the Coordinated Entry case managers meeting. This training includes safety and best practices on safety and planning protocols in serving survivors of domestic violence. In addition, one of our victim services providers participates in the monthly Coordinated Entry case managers meeting and provides expertise at that meeting as needed. A special protocol has also been designed for the Housing Prioritization Master List when persons fleeing from domestic violence have been assessed and referred to the List. This protocol masks their identities to all but their case managers, to protect their privacy and safety, and all Coordinated Entry staff have been trained on the protocol.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below:
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

### (limit 2,500 characters)

1) The CoC uses de-identified aggregate data of DV survivors from our local DV provider's comparable database, Apricot which is specifically designed for agencies that serve victims of domestic violence and is HUD compliant. The CoC also uses de-identified aggregate data of self-reported DV history from the HMIS, and also from self-reported DV history from the unsheltered Point in Count survey responses.

2) De-identified data of DV survivors was used in 2022 as part of the strategic planning process for the San Luis Obispo Countywide Plan to Address Homelessness 2022-2027. Gap analysis of the unmet need of DV survivors was taken into consideration as part of the strategic planning process. This data includes the number of requests for shelter and housing, the number of persons who were able to receive shelter, and housing and exits/ retention to permanent housing. Data from the comparable database was also instrumental to understanding the increased demand for DV services in our CoC due to the Coronavirus.

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

1) Victim and non-victim housing/service agencies must prioritize safety and equitable access to housing and services for persons fleeing or attempting to flee domestic violence, sexual assault, or stalking (DV). Case managers at the CES entry points are trained to conduct a danger or risk assessment for any individual who presents as fleeing violence or reveals information implying that the client may be dealing with domestic violence issues; if the client is determined to be a victim of DV, the case manager shall immediately contact DV resources in the County, wherein the DV provider will create a plan for safety with the client. Any information conducted during the screening of the client by the DV provider shall follow all protocols to ensure confidentiality and privacy rights for all individuals to not disclose personally identifying information and adhering to HIPAA, VAWA, and other federal laws in place to protect survivors. If the referral to DV provider results in the household not being referred to a DV shelter, the Coordinated Entry or receiving agency will proceed with the standard methods of assessment and prioritization and the victimization experience will be considered in the assessment and service needs evaluation: however, the client's identity will be masked and remain anonymous unless otherwise indicated by the client. During the stay of the DV client at the nonvictim shelter, if at all possible, the shelter should provide accommodations at a safe and secure location. For clients in PSH, the Emergency Transfer Plan states that if a tenant reasonably believes that there is a threat of imminent harm from further violence if they remain in the same unit, or if they have been the victim of a sexual assault that occurred on the premises, they are eligible to be moved if they request it.

2) The CoC's PSH program provider will work as quickly as possible to move the tenant. If feasible, a referral may be made to a local DV shelter for immediate transfer. If a tenant reasonably believes a proposed transfer to a particular unit wouldn't be safe, the tenant may request a different unit. If the PSH program has no safe and available units, the PSH program will assist the tenant with finding other housing providers who may have safe and available units. At the tenant's request, the PSH program will also assist tenants in contacting the local provider serving survivors of DV, dating violence, sexual assault, or stalking.

 

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

 NOFO Section VII.B.1.e.

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

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The CoC's sole DV provider works closely with the local housing authority to utilize Set-Asides and Emergency Housing Vouchers, as well as local homeless shelters, nonprofit homeless service agencies, and the County of San Luis Obispo to coordinate housing resources and referrals through the Coordinated Entry System. Additionally, the DV provider and non-DV providers also participate in the Housing Consortium meetings and advocate for DV clients to obtain permanent supportive housing through organizations such as Transitions Mental Health Association (TMHA) and People's Self-Help Housing. Finally, the DV provider receives funding through the Office of Violence Against Women and the California Office of Emergency Services to fund emergency shelter and transitional housing programs, including rental and deposit assistance through their Housing First project. The DV provider maintains MOUs with 48 entities throughout San Luis Obispo County to ensure that they are receiving referrals when intimate partner violence is disclosed outside of their organization and that they have relationships with organizations providing additional services to whom they can refer DV clients when necessary.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
		-
	Describe in the field below how your CoC's coordinated entry includes:	

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

### (limit 2,500 characters)

 Our Coordinated Entry System (CES) upholds up-to-date policies and procedures as well as staff trainings (advised and hosted by the domestic violence resource in the county) to ensure project-level staff are aware of safety protocols when a client discloses the need for such resource. CES staff also liaise with the D.V. provider in the county to appropriately create a safety and housing case plan for all clients enrolled in both CES and D.V. projects.
 CES staff liaise with the D.V. provider in the county to appropriately create a safety and housing case plan for all clients enrolled in both CES and D.V. projects.

3) Our HMIS System Administrator, CES management entity, and D.V. provider work together to ensure appropriate data sharing and privacy procedures are followed when discussing clients and care plans. The H.U.D. Management and Data Guide policies are consulted to ensure our CoC's practices are appropriate.

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

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

1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	
	Describe in the field below:	
1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;	
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;	
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and	
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.	

1) The CoC has previously updated its CoC-wide anti-discrimination policy based on stakeholder feedback and updates its policies and subrecipient contracts as needed.

2) ESG and CoC service providers attended a series of Equal Access Rule training sessions in June, July, and August of 2022 hosted by California Housing and Community Development (HCD), along with ICF. These training covered LGBTQIA+ definitions and terms, HUD's Equal Access Rule requirements, federal Fair Housing Act, and California's Fair Employment and Housing Act requirements and also covered practical implementation of the Equal Access Rule for leadership and staff across the homeless service system including Coordinated Entry, emergency shelters, outreach, transitional housing, safe havens, and permanent housing.

3) All CoC project applicants, both new and renewal, were required to submit a copy of the organization's non-discrimination polices as part of the grant application review and scoring process. CoC staff reviewed the agency's policies and procedures to ensure compliance as part of the funding recommendations.

4) Nondiscrimination and equal opportunity adherence clauses are included in all state and federal funding contracts. If a subrecipient was found in noncompliance of nondiscrimination or equal opportunity polices, the county would take corrective action with the subrecipient. Any violation would constitute a material breach of the contract upon which the county (the recipient) would determine to cancel, terminate, or suspend the subrecipient contract. Noncompliance with nondiscrimination and equal opportunity policies would be considered as factors for future funding opportunities.

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of the City of San Luis Obispo	65%	No	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.
	NOFO Section VII.B.1.g.
	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

### (limit 2,500 characters)

Only one PHA in the CoC geography administers Housing Choice vouchers. The Housing Authority of the City of San Luis Obispo (HASLO) has written policies that establish a homeless preference list. HASLO will provide a preference for up to twelve (12) applicants (or 20% of the awarded mainstream vouchers) for non-elderly persons with disabilities who qualify for one of the following homeless settings:

a. Transitioning out of institutional and other segregated settings or at serious risk of institutionalization;

b.Currently experiencing homelessness, previously experienced homelessness and currently a client in a permanent supportive housing or rapid rehousing project; or

c.At risk of experiencing homelessness.

The preference does not have any weighted points, but will be noted in the application file. For targeted selection if there are available special purpose vouchers, such as mainstream vouchers, available to be issued. The waiting list remains continuously open for referrals of eligible applicants for mainstream vouchers. (See page 7 of attachment).

The Executive Director of the Housing Authority serves on the CoC Board, is a member of the CoC Executive Committee and serves as the Chair of the CoC Housing Committee.

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### 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	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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

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

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

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessne	SS.
	NOFO Section VII.B.1.g.	
1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Family Unification Program and Foster Youth Initiative Vouchers

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes	
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	
	your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the Program?	Yes
		-
If you PHA	a select yes to question 1C-7e.1., you must use the list feature below to enter the name of every your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
PHA		
Housing Authority		

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

Name of PHA: Housing Authority of the City of San Luis Obispo

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## 1D. Coordination and Engagement Cont'd

1D-1. Discharge Planning Coordination.

NOFO Section VII.B.1.h.

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

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

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

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

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	
	Describe in the field below:	
1.	how your CoC evaluates every recipient-that checks Housing First on their Project Application-to determine if they are actually using a Housing First approach;	
2.	the list of factors and performance indicators your CoC uses during its evaluation; and	
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.	

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1) FY 2022 HUD CoC Applicants were required to submit a copy of their Housing First Policies and Procedures for review by CoC staff and describe in the supplemental application how Housing First protocols will be incorporated into the proposed project and what the applicant will do to ensure that people can succeed in programs that cannot have service participation requirements or prerequisites.

2) The project applicants were required to demonstrate that their proposed or renewal projects had no preconditions to entry, allowing entry regardless of current or past substance abuse, 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. The project also had to demonstrate it 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. CoC staff reviewed the applicants Housing First Policies and Procedures for threshold review and points were allocated on the scoring rubrics for projects that adhere to a Housing First approach.

3) The CoC also reviews and prioritizes applications throughout the year for state funded projects such as Homeless Housing, Assistance, and Prevention Program (HHAP) and state ESG programs to ensure they follow a Housing First approach. The CoC's Coordinated Entry Policies and Procedures also require a low barrier approach during the assessment process.

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

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1) The CoC has strong coordination among the street outreach providers. There are monthly meetings amongst the five HUD-funded street outreach providers to ensure there is no duplication of efforts. These groups are working on a street outreach by-name list to better help with coordination efforts. There is also street outreach coordination with a neighboring CoC that shares a riverbed as the border between the two counties. To ensure unsheltered persons are identified and engaged, outreach teams take referrals from and collaborate with law enforcement, park rangers, mental health and social services agencies. business organizations, state and local government agencies, health care providers, CBOs, faith-based organizations and other stakeholders. SO teams also coordinate with Sheriff's Community Action Teams and SO providers attend Sheriff's jail-to -community meetings on a monthly basis to identify those about to be released who are at high risk and at risk of being unsheltered. Outreach tools include on-site coordinated entry, as appropriate for connection to services, and engagement tools (including food, water, wound care, tents, sleeping bags).

2) The CoC's street outreach efforts cover 100% of the geographic area and the street outreach providers collaborate on geographical coordination.

3) Outreach efforts are conducted daily. Hot spots are frequented weekly, other encampments at least monthly.

4) Street Outreach providers have added bilingual staff and have contracted for Mixteco speakers to help engage this population where English is not their first language. Our youth services provider also has LGBTQ staff to help engage LGBTQ homeless youth. Street Outreach providers also have persons with lived experience on staff to better engage with persons experiencing homelessness. One of the street outreach providers recently received funding from Bank of America to begin a cultural outreach program and will share lessons learned. Mental health teams also conduct street outreach and participate in CE case management meetings. A new provider also began offering street medicine with telehealth services as well as a drug and alcohol therapist as part of the street outreach team.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	

NOFO Section VII.B.1.k.

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

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

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1D-5.	Rapid Rehousing-RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

	2021	2022
Enter the total number of RRH beds available to serve all populations as reported in the HIC-only enter bed data for projects that have an inventory type of "Current."	412	415

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

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF-Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	No
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	
	Describe in the field below how your CoC:	
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;	
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and	
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.	

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1. The CoC provides written information about mainstream resources at case manager meetings and disseminates public benefits program and policy updates to all subrecipient agencies. The Dept. of Social Services (DSS) also provides training regarding accessing benefits including Food Stamps, TANF, and Medi-Cal. TANF staff participate in the CoC's monthly case managers meeting. The lead Coord. Entry agency also convenes monthly meetings of substance abuse and mental health agencies, CoC and ESG agencies to discuss systemic access to substance abuse treatment.

2. The CoC collaborates with the County Health Agency and Dept. of Social Services to help participants apply for health benefits. DSS can take applications for Medi-Cal over the phone, online, or in person at its offices, and case managers can assist clients to apply over the phone. The County Health Agency provides Health Navigation services by phone. The Medi-Cal Managed Care Agency for the County sits on the CoC's governing board and organizes monthly care coordination meetings with CoC and ESG subrecipients and health providers. The County's Administrator for Behavioral Health also served on the Steering Committee for the San Luis Obispo Countywide Plan to Address Homelessness (2022-2027) to ensure access to health care was included in the CoC's strategies.

3) Our PSH provider receives SAMHSA funding and their case managers receive SOAR trainings and certification. The CoC promotes the benefits of SOAR training and certification in the CoC committee meetings and CoC and ESG providers are directed to links to access the free online SOAR training and certification modules.

1D-7. Increasing Capacity for Non-Congregate Sheltering.

NOFO Section VII.B.1.n.

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

### (limit 2,500 characters)

In 2021, the CoC funded its first non-congregate shelter project in the northern part of the CoC geography where there were previously no emergency shelter services. The project was a joint venture between a homeless service provider, the local Housing Authority, and a nonprofit housing developer. This project was awarded California Project Homekey funding to acquire a Motel 6 for us as a joint, non-congregate emergency shelter navigation center and a permanent housing project. The project created 60 non-congregate emergency shelter beds. An additional 20-unit, non-congregate shelter project will be operational in October 2022. This project will consist of 20 modular cabin shelters in the southern part of the CoC geography where there were previously no emergency shelter beds. The project was funded in part through an ESG-CV grant for temporary emergency shelter. The CoC also included an expansion of non-congregate shelter beds in its recently adopted Five-Year Plan to Address Homelessness and will be seeking to open up an additional non-congregate shelter in 2023.

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

1. The CoC consults with the County Public Health Agency, brings recommendations and information to the CoC, and works with homeless services agencies to support implementation of recommended policies and procedures. The County Public Health Agency also provided guidance and served on the local grant review committee that made funding recommendations for the ESG-CV grants. Additionally, County Public Health provided access to its infectious disease doctor and other PH staff to answer questions regarding the guidances and the CoC facilitated meetings to facilitate coordination.

2. The County Public Health Agency makes presentations to the CoC and to the CoC's homeless services providers regarding how to prevent infectious disease outbreaks among people experiencing homelessness. Funding was provided for PPE as well as air filters and hygiene supplies needed to prevent spread of disease. COVID-19 testing kits continue to be provided to homeless shelters to use when people are symptomatic or of all staff and clients if there is a known case of COVID-19 in the shelter to reduce spread of the disease. Trailers were provided to the two congregate shelters to use as isolation facilities when someone does test positive for COVID.

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

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1) The CoC included COVID-19 update briefings during its regular meetings during the locally declared COVID-19 emergency. The CoC also coordinated trainings and meetings with Public Health staff and homeless services agencies and disseminated information published by local Public Health, the California Department of Public Health, the Centers for Disease Control and Prevention and UC San Francisco's Center for Tuberculosis. Trainings provided to local agencies have included COVID prevention, testing, and mitigation as well as Monkeypox prevention and mitigation.

2) The CoC coordinated with Public Health and the County's Emergency Operations Center to facilitate communication with homeless services providers. During the locally declared COVID-19 emergency, a special liaison was also established to communicate questions and answers to and from homeless services providers and County Public Health. Information was disseminated to homeless services providers about best practices for prevention of spread of COVID-19, including use of PPE and hygiene, how to recognize possible symptoms of COVID, information about testing resources, and how to help someone safely isolate if they wish to remain in their encampment while they isolate from COVID.

1D-9.	Centralized or Coordinated Entry System-Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	

1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

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 The Coordinated Entry (CE) System uses regional CE sites to create access points to cover 100% of the CoC's geographic area. In addition, outreach teams can reach unsheltered persons who don't access the CE sites. The Coordinated Entry System uses specialized outreach and engagement teams to reach people who are least likely to apply. These teams include a veterans team, a youth team, and a mental health outreach team. In addition, partnerships with homeless education liaisons, early childhood education programs, agencies serving victims of Domestic Violence, local Dept. of Social Services (DSS) offices, County Behavioral Health and Drug & Alcohol offices, first responders, local hospitals, and Park Rangers also help identify and connect homeless persons to Coordinated Entry. Designated staff at DSS, Co. Behavioral Health, County Drug & Alcohol, the Sheriff's office, and local Police Departments also have been trained to conduct an assessment using the CoC's designated standardized assessment tool and can make referrals directly to the CoC's CES Housing Prioritization list. Outreach staff attend LGBTQ community events.

2) Coordinated Entry (CE) sites and partner agencies conduct an assessment using the CoC's standardized assessment tool that assesses the severity of need. The client is then given an overall score that takes into consideration a client's severity of need as measured by the tool, and the length of time the person has been homeless. Case managers meet monthly to discuss new clients, and highest scoring clients. Clients with the highest scores are offered permanent supportive housing as it becomes available. The list is dynamic, allowing the highest scoring clients to move quickly to the top of the list. Clients who score high enough to qualify for the highest intensity housing intervention but who are not at the top of the list may be offered lesser intensity permanent supportive housing or Rapid Rehousing.

3) Our Coordinated Entry System hosts multiple recurring project-level case conferencing meetings throughout the month where project-level staff are able to share their experience in the Coordinated Entry System. Project level staff are also involved in a high level Coordinated Entry workgroup (this is planned to evolve into our formal Policy Oversight Entity) discussion in which policies and procedures are developed, client needs are brought forth and persons with lived experience can advise the management entity.

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

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 Our Coordinated Entry System reaches clients who are least likely to apply for assistance by creating multiple access points and engagement pathways, utilizing individuals with lived experience to advise on system performance and re-formulating outdated assessment tools to prioritize equitable practices. Coordinated Entry agencies have bilingual staff to assist non-English speakers and materials are printed in both English and Spanish. Youth providers also have LGBT staff members who help to engage LGBT youth.
 The prioritization formula (which includes both qualitative and quantitative weighting) is scrutinized by experienced staff throughout the CoC, H.U.D T.A. staff and individuals with lived experience to ensure clients with highest need are equitably ranked. This formula includes established assessment tools, like the VI-SPDAT, as well as location specific criteria such as A.M.I.
 Housing referrals are discussed on a bi-weekly basis with Coordinated Entry management and housing agencies, taking into account the client's preference via the case manager. The By Name List is consistently updated to ensure the

housing referrals are accurate and referrals successful.

4) Coordinated Entry management have consolidated assessment tools to reflect a more trauma-informed perspective which, in turn, eases the work for staff. Management has also created specific case conference meetings (sorted by acuity and micro-population) for clients to be discussed, scheduled regular trainings for case managers and reviewed Coordinated Entry Policies and Procedures to maintain efficient and comprehensible processes.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	07/06/2022

1D-10a.	Process for Analyzing Racial Disparities–Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	
	Describe in the field below:	
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and	
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.	
(1) 11 0 50		

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 In 2022 the CoC contracted with Homebase to conduct the County of San Luis Obispo Racial and Ethnic Equity Analysis (REEA) as part of the 5-year strategic planning process. The contractor analyzed HMIS and coordinated entry data from 2018 – 2021, along with Point in Time Data, American Community Service (ACS) data and California Homeless Data Integration System (HDIS) data. Qualitative data was obtained from a stakeholder survey. a provider survey, stakeholder interviews, a provider focus group and a lived experience focus group. The REEA focused analysis of disparities in access to homelessness services, including rates of participation in homelessness serving programs such as emergency shelter and supportive housing, barriers to service access and utilization that exacerbate inequities, and analysis of disparities in system performance outcomes, including length of time homeless, exits to permanent housing, and returns to homelessness. 2) Key findings were that people who are Black and/or Hispanic/ Latino/ Latinx are more likely to experience homelessness than the general population and the impoverished population. However, when compared to the Point in Time count, people identifying as white race or Hispanic/Latino/Latinx ethnicity are accessing the homeless response system (HMIS) at higher rates than others. Families with children and Transition Age youth in the system of care are Black. Indigenous and People of Color (BIPOC) at higher rates than adult-only households served by the system of care. Both Hispanic/ Latino/ Latinx families with children and Hispanic/Latino/Latinx adult-only households are accessing permanent supportive housing at lower-than-expected rates considering their proportion of representation in HMIS and Coordinated Entry. It is 35% less likely that a Hispanic/Latino/Latinx family will successfully complete a rapid rehousing project than a non-Hispanic/Latino/Latinx family. After being enrolled in a homeless program, families identifying as BIPOC move into housing at lower rates than people in white/non-Hispanic/Latino/ Latinx families. BIPOC households are more likely to exit to a self-housed permanent destination than white/non-Hispanic /Latino / Latinx households. Homelessness prevention appears to an equitably responsive project that is supporting populations that experience homelessness at higher rates (e.g., Hispanic/ Latino/ Latinx and BIPOC households) while continuing to support white populations.

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	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

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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.		

1D-10c. Actions Taken to Address Known Disparities.

NOFO Section VII.B.1.q.

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

### (limit 2,500 characters)

The CoC has increased efforts to recruit BIPOC persons to serve on the CoC and its committees. The CoC has also been working in collaboration with the County Public Health Agency's Health Equity Coordinator on equity efforts.

As the CoC just completed the Racial and Ethnic Equity Analysis in the summer of 2022, it has also identified the following recommended actions to reduce disparities:

1) Staffing, including hiring staff that are bilingual and familiar with Hispanic / Latino/ Latinx and Mixteco cultures.

2)Improving accessibility through language interpretation, improving services for Hispanic /Latino/ Latinx and Mixteco populations, and reducing technology barriers.

3)Program design improvements, including suggested strategies to address transportation gaps and improve navigation support and landlord engagement needs.

4)System design improvements, including improving data sharing and quality, increasing data analysis, and involving people with lived experience and people who are BIPOC in system design and priority development

5)Improving community perspectives through an education campaign

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

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

Our HMIS vendor built a custom report for our CoC to us to track system-wide performance measures. This report will track outcomes by race, ethnicity, gender and other sub-populations for the following measurements: Annual estimate of number of people accessing services who are experiencing homelessness, Annual estimate of # of people who become homeless for the first time, Annual estimate of # of people exiting homelessness into permanent housing, Average length of time (in # of days) persons enrolled in street outreach, emergency shelter, transitional housing, safe haven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing projects, % of people who return to homelessness within 6 months of exiting homelessness to permanent housing, Annual # of people served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations. The CoC's Finance and Data Committee is tasked with reviewing the outcome goals on a quarterly basis and the findings will be reported to the full CoC Board after its review.

The full CoC Board also has recommended that the CoC committees recruit more members of the BIPOC committee, especially persons with lived experience, to give feedback and insight to prevent disparities in the homelessness response system. The CoC is also convening an advisory group of persons with lived experience, including BIPOC members, who will also help guide our efforts to reducing disparities.

Decisionmaking-CoC's Outreach Efforts.	
NOFO Section VII.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

The CoC in June constructed a survey that was provided to program and service providers involved in homeless intervention and resolution. The survey had two open-ended questions, "If you were in charge of ending homelessness what types of housing would you have?" and "If you were in charge, what types of services would you provide to help people experiencing homelessness?" The goals of the survey were two-fold. First, to acquire responses that were reflective of the sentiments held by people with lived experience without constraints or pre-determined "objectives." The second goal was to acquire responses that might help facilitate further discussion i.e., interviews, focus groups, and other types of follow-up interactions that could help develop and expand the discussion on these two topics.

Based upon the survey implementation effort, the CoC has begun to enlist people with lived experience of homelessness in the formation of a working group to not only look at the two issues presented in the survey, but also ways the CoC can improve outreach and engagement, among populations experiencing homelessness for involvement in significant and meaningful positions to assist with policy formulation as experts within organizations. The CoC has utilized persons with lived experience to help recruit persons for this working group, along with help from homeless services agencies. The CoC has also recruited persons with lived experience to serve on grant review committees.

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

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

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

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

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

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All three of the CoC's coordinated entry agencies and the permanent supportive housing (PSH) agency have a long track record of professional development of former participants; many staff persons employed by the agencies are former participants. For example, the CoC's lead Coordinated Entry agency which also operates the largest emergency shelter, has staffing positions designed to elevate those with lived experience, such as the role of peer advocate. This role has been a hallmark of the agencies' homeless services for several years and is an effective pathway for those with lived experience to start a career in homeless services. The CoC's PSH provider hires peer mentors with lived experience in many of their housing and support service programs. The PSH provider also operates the Growing Grounds Farms and Growing Grounds Downtown in San Luis Obispo and the Growing Grounds Farm in Santa Maria, three social enterprises that provide the only structured, multi-level vocational training program on the Central Coast for adults with mental illness. The PSH provider also works closely with the Department of Rehabilitation (DOR) and makes referrals of clients with disabilities as appropriate to DOR for assessment of what jobs the person might be able to do and to work with DOR on a strategy for seeking employment. The CoC also connects persons experiencing homelessness with employment programs through partnerships with the local Workforce Development Board and Welfare to Work Programs, holding resource fairs where persons experiencing homelessness can connect to education/training/employment resources, and building partnerships with local employers. The CoC has an MOU with the Workforce Development Board (WDB) in which WDB has agreed to make persons experiencing homelessness a priority population. CoC providers assist clients in enrolling in the WDB's online job search and resume building program. The CoC also partners with the Department of Social Services to refer families for screening for the Welfare to Work program, which can provide subsidized employment and education. Former foster youth who are homeless are referred to the Transition Age Youth Financial Assistance Program, which can help pay for living expenses for former foster youth while they attend college or employment training and certification programs.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	
	Describe in the field below how your CoC:	
1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and	
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness	

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 CoC PSH program participants and staff meet in groups and individually on a weekly basis to discuss program issues, participant concerns, dispute mediation, suggested program changes, new program activities, and recommendations for improvement. The PSH provider conducts an annual agency wide satisfaction survey for all program participants. This is an opportunity for participants to submit any feedback anonymously. The Coordinated Entry lead agency implements an annual client satisfaction survey with questions designed to improve the programs and services. These results are reviewed by the agency's planning department and provided to agency leadership to improve the services delivered. In addition, the agency facilitates client feedback groups to review new or ongoing policies and program regulations to ensure suitability of fit and appropriateness. The CoC also provided a survey to local program and service providers for distribution to their client populations of people with lived experience of homelessness in June of 2022. The CoC is in the process of creating a working group comprised of individuals with lived experience to utilize the expertise of these individuals to improve outreach and recruitment efforts within broader populations for their participation in other advisory bodies.

2) The results of the PSH survey are reviewed by program participants, staff, supervisors and administers for improvement of services, identification of needed services and program effectiveness. One recent action step taken by one of the emergency shelter providers was the revision of the program policies for the shelter that involved client focus groups to better understand client support for policies designed to best sustain a harmonious communal living situation. Additionally, the CoC adopted a new 5-year Countywide Plan to Address Homelessness in August of 2022. The strategic planning committee included a person with lived experience and feedback by program participants and surveys from those with lived experience are included as strategies in the 5-year plan.

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

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1) As part of the development of the CoC's recently adopted San Luis Obispo Countywide Plan to Address Homelessness (2022-2027), the CoC Chair made presentations to all seven of the incorporated cities and solicited feedback for strategic coordination to ensure the creation of permanent supportive housing and low income/very low-income housing, including small Accessory Dwelling Units (ADUs) to meet Regional Housing Needs Assessment (RHNA) targets in all jurisdictions. As part of the strategic plan, the local jurisdictions have been tasked with participating in Homeless Action Committee and development of Regional Homeless Compact, adopting least restrictive interpretation of "lowbarrier navigation centers" (based on state zoning requirements) into zoning codes, considering waiver of permit fees (or commit permit and/or impact fees to project) for new infrastructure related to homelessness, introducing policies and strategies to help accelerate completion of affordable housing projects. both traditional and non-traditional, to meet RHNA targets, considering pooling CDBG funding to speed housing development, consider dedicating the yearover-year increase in transient occupancy taxes to supporting housing that is affordable to service sector workers, and aligning funding decisions with strategic plan priorities.

2) In 2022, County staff presented the San Luis Obispo County Housing Needs Report 2022 - California Housing Partnership to the CoC Housing Committee for review and feedback. The City of San Luis Obispo also solicited feedback of its Inclusionary Housing ordinance from the CoC Housing Committee in 2022. The CoC Housing Committee has also hosted presentations on reducing regulatory barriers to housing development and invited local government planning and development staff to attend.

### 1E. Project Capacity, Review, and Ranking-Local **Čompetition**

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578;
   FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/12/2022
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Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required 1E-2. attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.

> You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

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

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

NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen. Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	270
2.	How many renewal projects did your CoC submit?	4
3.	What renewal project type did most applicants use?	PH-PSH

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

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

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1) As part of the CoC's strategic planning process for the implementation of the San Luis Obispo Countywide Plan to Address Homelessness (2022-2027), the contractor and the CoC reviewed and analyzed HMIS data, coordinated entry data, and Stella Performance data from 2018 through 2021 for a baseline measurement of the CoC's performance in moving clients into permanent housing. The CoC also reviewed and analyzed System Performance data for Measure 7 – Successful exits to permanent housing for FY18 – FY21 at the CoC's Finance and Data committee in 2022 to address barriers to exits to permanent housing.

2) Besides reviewing HMIS and Coordinated Entry data for the strategic planning process for the implementation of the San Luis Obispo Countywide Plan to Address Homelessness (2022-2027) as mentioned previously, the CoC analyzed the length of time it takes to house people in permanent housing to review baseline data and goal setting for the CoC's local homelessness action plan for California's Homeless Housing Assistance and Prevention (HHAP) Round 3 funding opportunity. The CoC reviewed and analyzed System Performance data for Measure 1 – Length of time persons remain homeless for FY18 – FY21 at the CoC's Finance and Data committee in 2022 to identify barriers and develop strategies to reduce the length of time homelessness. 3) The CoC prioritized severity of needs or vulnerabilities in the rating criteria using a point scoring system when ranking the projects. Projects scored higher if the projects were meeting (or, if a new project, proposed to meet) one or more of the following measures:

•At least 75% of participants are chronically homeless

•At least 75% of participants will have low or no income

•At least 75% of participants have history of victimization/abuse, domestic violence, sexual assault, childhood abuse

4) The CoC took into consideration renewal and new PSH projects that would serve more high need clients when scoring total clients served and cost per client served by a project.

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

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1) The steering committee for designing the San Luis Obispo Countywide Plan to Address Homelessness (2022-2027) included a BIPOC community member with lived homelessness experience who also serves on the CoC Governing Board. Their participation and expertise was instrumental to designing the goals and priorities of the 5-year plan to include the voice of a person who experienced homelessness.

2) The CoC sought input from BIPOC community members with lived homelessness experience when designing the scoring rubric.

3) The CoC grant review committee that was responsible for review, selection and ranking included a member with lived experience, who is BIPOC and serves as the Chair of the Housing Committee of the local NAACP. That representative also sits on the CoC Governing Board and voted on the final rankings.

4) Scoring criteria for evaluation of the applications included whether the project applicant had under-represented individuals in managerial, Board, or other leadership positions; whether the project applicant had a relational process for receiving and incorporating feedback from people with lived experience; and whether the project applicant has identified barriers to participation and had identified actions that the organization will take to eliminate these barriers. Projects could receive points for each question response.

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

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1) The CoC's Procedure for Reallocation is based on 1) Performance Measures as specified in the annual HUD NOFO and 2) Project Application. Where the CoC grant Review Committee finds that the renewal project is not performing to full efficacy, a reallocation of funds will be considered. As part of the strategy for funding valuable projects, the CoC will select projects that best align with CoC funding priorities. CoC-funded projects are reviewed on an annual basis utilizing Homeless Management Information System (HMIS), Annual Performance Reports, and monitoring reports to inform the Grant Review Committee in the performance ranking and rating process for renewal. This review will occur during the application and review process for these grants, and rating criteria will incorporate performance related criteria when recommending which programs should be funded and/or ranked higher than others. The CoC generally uses the HUD rating criteria when evaluating and prioritizing project applications locally. Some local criteria are also considered when rating and ranking each project application.

2) The CoC did not identify any projects for reallocation for the FY22 competition.

3) The CoC did not vote to reallocate any of the renewal projects for the FY22 competition as all renewal projects were determined to be high need projects. 4) A total of (4) CoC-funded projects were eligible for renewal; two (2) PSH projects, Coordinated Entry (SSO) and HMIS. The two PSH projects scored high enough for renewal based in part on past performance data from APR and the need of PSH projects in the CoC. The Coordinated Entry project also scored high enough for renewal based on past performance and need for the project. The HMIS project was not reviewed and scored by the grant review committee and will straddle Tier 1/ Tier 2.

NOFO Section VII.B.2.f.		NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022? No

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

1.	Did your CoC reject or reduce any project application(s)?	No
2.	Did your CoC inform applicants why their projects were rejected or reduced?	No
	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	

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

1E-5b.	-5b. Local Competition Selection Results-Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

Does your attachment include 1. Applicant Names:		Yes
2. Project Names; 3. Project Scores;		
4. Project Rank–if accepted; 5. Award amounts; and		
6. Projects accepted or rejecte	d status.	

1E-5c.	1E-5c. 1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or	
partner's website-which included:	
1. the CoC Application; and	
2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	

### You must enter a date in question 1E-5c.

Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
NOFO Section VII.B.2.g.	
You must upload the Notification of CoC- Approved Consolidated Application attachment to the 4B. Attachments Screen.	

Enter the date your CoC notified community members and key stakeholders that the CoC- approved Consolidated Application has been posted on the CoC's website or partner's website.	
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### You must enter a date in question 1E-5d.

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# 2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578; FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2A-1</b> .	HMIS Vendor.	
	Not Scored–For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Bell Data Systems, Inc.

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

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

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/28/2022
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Data Submission by Victim Service Providers.	
NOFO Section VII.B.3.b.	

	In the field below:			
1.	describe actions your CoC and HMIS Lead has providers in your CoC collect data in databas requirements; and	ave taken to ensure DV housing and so es that meet HUD's comparable datab	ervice ase	
2.	state whether your CoC is compliant with the	2022 HMIS Data Standards.		
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### (limit 2,500 characters)

1) The DV provider in the CoC utilizes Apricot, which is specifically designed for agencies that serve victims of domestic violence and is HMIS and HUD compliant. As the DV provider was awarded ESG-CV funding in 2021, the HMIS Lead worked with DV provider staff to ensure the comparable database was compatible to produce ESG-CV CAPER reporting and that the provider was collecting all required HUD Universal Data Elements as well as ESG program specific data elements. The DV provider submits annual HIC and PIT data to the HMIS Lead for HUD reporting.

2) The CoC is compliant with the 2022 HMIS Data Standards.

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

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

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	251	36	215	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	31	23	8	100.00%
4. Rapid Re-Housing (RRH) beds	415	0	415	100.00%
5. Permanent Supportive Housing	358	0	352	98.32%
6. Other Permanent Housing (OPH)	410	0	56	13.66%

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.

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1) Our CoC has made significant strides to increase HMIS participation for all projects. From 2020 to 2022 we increased Emergency Shelter HMIS participation from 81% to 100%, and with the inclusion of HUD VASH data into our HMIS, we increased Permanent Supportive Housing HMIS participation from 35% in 2020 to 100% in 2022.

The CoC only has one project type below 84.99% which is Other Permanent Housing. For the 2022 HIC, we included Emergency Housing Vouchers and Mainstream Vouchers which are administered by our Local Housing Authority. These projects are not required to be included in HMIS but was recommended to include on the HIC per HUD Notice: CPD-21-12. Out of the 410 beds recorded as Other Permanent Housing, 222 beds were Emergency Housing Vouchers, and 132 beds were Mainstream Vouchers. Our HMIS bed coverage for Other Permanent Housing would be 100% without these two projects recorded on the HIC.

2) Our CoC will continue to work with the Housing Authority to include as many project beds entered into HMIS as possible.

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

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?

Yes

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

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

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

- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

Enter the date your CoC conducted its 2022 PIT count.

02/22/2022
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2B-2.	PIT Count Data-HDX Submission Date.	
	NOFO Section VII.B.4.b	

En	nter the date your CoC submitted its 2022 PIT count data in HDX.	04/28/2022
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2B-3.	PIT Count-Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

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

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1) CoC staff collaborated with homeless youth provider staff who had the expertise and knowledge of youth experiencing homelessness to plan a targeted youth PIT Count in 2022. The team also conducted outreach to the local community college and university in the CoC geography to gather homeless youth data for college students experiencing homelessness. The CoC also coordinated with the County Office of Education in its PIT Count planning efforts.

2) Provider staff with previous lived experience participated in the count. 3) For the 2022 PIT Count, enhancement to the youth count effort included youth serving agencies being able to contact youth via telephone from drop-in center lists and other sources they had of youth with unstable housing. These youth were contacted and their sleeping status on the night of the count was evaluated for PIT count reporting eligibility. Youth service provider staff members were trained on where and how to identify homeless youth as well as how to record the data. The youth count was conducted by youth service providers from approximately 2pm to 7pm after the general street count. Youth were also counted by provider staff in known encampments during the morning of the general street count.

2B-4.	PIT Count-Methodology Change-CoC Merger Bonus Points.
	NOFO Section VII.B.5.a and VII.B.7.c.
	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or

state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count

(limit 2,500 characters)

in 2022.

4.

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1) Two of the CoC's congregate shelters had COVID-19 outbreaks leading up to the count and had decreased capacity due to County Public Health requirements. This prevented the two congregate shelters from accepting new clients at the time of the PIT Count. Our HMIS lead works monthly with our service providers on monitoring and improving HMIS data quality, so we are confident our sheltered data out of HMIS is reliable. We moved our process of collecting sheltered PIT data to Microsoft Forms to increase data collection efficiencies. This process allowed staff to see the data all in one place instead of collecting multiple forms and transcribing the data in one place for use. 2) The 2022 street count methodology followed an established, HUD approved approach commonly called a blitz method followed by a sample survey. Very significantly, a change was made in the use of a GPS enabled smartphone in data collection using an ESRI Survey 123 application developed and customized by our vendor to conform to HUD data collection requirements and as a tool to verify the compliance with COVID-19 safety precautions established by the planning team. Also, improvements were made in pre-planning efforts to deploy outreach teams virtually, wherever possible, thereby avoiding the need for centralized deployment centers where COVID-19 transmission risks would be greater. Outreach organizations, program staff, county, and city staff along with selected community members were able to select areas for enumeration from an interactive GIS planning map tool that enabled us to plan for complete coverage of the County with prioritization of high-density homeless routes to outreach staff and personnel with direct service experience. Due to COVID-19, outreach and program staff did limited recruitment of persons with lived experience to act as guides in order to conduct the count in 2022. The COVID-19 pandemic presented challenges to conducting the 2022 PIT Count. Special COVID-related protocols to protect the health and safety of volunteers and people experiencing homelessness prevented certain counting strategies. In past years, people who had been, or were currently experiencing homelessness were paired with teams of volunteers to act as guides. The inability to use those guides to identify areas where the unhoused may be, in combination with a reduction in volunteers, and reduced capacity at shelters due to outbreaks, created obstacles compared to the 2019 count.

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## 2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578;
   FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section VII.B.5.b.	

	In the field below:
	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time

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1) The CoC's Finance and Data Committee identified the following factors for people experiencing homelessness for the first time: tenants being displaced when rental properties are sold, landlords increasing rents, substance abuse issues, mental health issues and physical health conditions. The 2022 PIT count found that large number of respondents were experiencing homelessness due to arguments with family/friends. The CoC is seeing an increase in people aging out of their current living situation and being unable to live independently but without the means for assisted living.

2) San Luis Obispo County is the second least affordable small metro area in the entire nation. The County's cost of housing is about 51.7% higher than the national average, ranking it as a small metro area with the fourth highest housing cost in the United States. Thus, current strategies to address individuals and families at risk of becoming homeless include an emphasis on homelessness prevention and diversion. Agencies work with city utility companies for referrals for clients who are behind on utilities. Two of our CoC service providers also participated in California's COVID Rental Relief Program to assist households who were behind on their rent. Agencies provide financial literacy training including in partnership with the Consumer Affairs Bureau. CoC agencies also provide referrals to counseling and resources to family members with loved ones who have mental illness. CoC case managers are also being trained on diversion best practices and family reunification. In addition, the CoC also utilizes shared housing resources to make housing more affordable. 3) The Homeless Services Oversight Council is responsible for overseeing the 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.

2C-2.	Length of Time Homeless-CoC's Strategy to Reduce.
	NOFO Section VII.B.5.c.
	In the field below:
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

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 Increasing affordable housing inventory is a main strategy to reduce the length of time individuals and persons in families remain homeless. The CoC recently adopted the San Luis Obispo Countywide Plan to Address Homelessness (2022-2027), which includes strategic coordination to ensure the creation of permanent supportive housing and low income/very low-income housing, including small Accessory Dwelling Units (ADUs) to meet Regional Housing Needs Assessment (RHNA) targets in all jurisdictions. The CoC utilized state funding to add 84 PH beds with four of those beds set aside for homeless youth. An additional four PSH beds are being added to the inventory due to the recent purchase of a house with CDBG funding. The CoC partnered with the local Housing Authority to successfully apply for 38 Family Unification Program (FUP) vouchers. The CoC partnered with the Housing Authority for 65 vouchers to create a program to house chronically homeless families combined with services such as drug and alcohol and mental health treatment. CoC providers work with law enforcement for successful family reunification. Offering landlord incentives has created new working relationships with landlords who previously had no experience renting to households experiencing homelessness.

2) The CoC identifies and prioritizes households for housing who have the longest length of time homeless utilizing the Coordinated Entry process and the Vulnerability Index-Services Prioritization Decision Assistance Tool (VI-SPDAT). Based on score and length of time homeless, individuals and families are placed on the CoC's housing master list. Monthly case manager meetings are held to prioritize clients based on housing availability and need.

3) The Homeless Services Oversight Council is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.

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

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1) Rapid Rehousing (RRH) funding will continue to be a priority in the CoC utilizing CDBG, ESG and state funding programs. Through CARES Act funding, service providers increased case management and housing navigation resources, which increased capacity to house more clients. The also collaborated with the local Housing Authority to rapidly place people into housing using Emergency Housing Vouchers (EHV). Strategies used included landlord incentives, which resulted in 20 new landlords/property managers joining the voucher program. ESG-CV Rapid Rehousing providers have also created new relationships with 18 new landlords utilizing landlord incentives. Emergency Shelters are conducting more housing focused case management. Coordinated Entry is being revamped to include additional housing options to expand housing choices for clients.

2) The CoC's strategy includes placing clients in subsidized housing to ensure rent remains affordable to the clients in the future combined with supportive services needed to maintain housing. The CoC utilized ESG-CV funding to increase the length of time households receive case management to allow more follow-up to increase housing stability during a time with more volatility that has the potential for more unexpected negative events. Landlord engagement and the addition of new housing navigators have increased the inventory of available housing. CoC case managers are expanding their knowledge of diversion strategies and working to improve problem solving and mediation with family members. The CoC utilized state funding to add 84 PH beds with four of those beds set aside for homeless youth. An additional four PSH beds are being added to the inventory due to the recent purchase of a house with CDBG funding. The CoC partnered with the local Housing Authority to successfully apply for 38 Family Unification Program (FUP) vouchers, and for 65 vouchers to create a program to house chronically homeless families combined with services such as drug and alcohol and mental health treatment. 3) The Homeless Services Oversight Council is responsible for overseeing the CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.
	NOFO Section VII.B.5.e.
	In the field below:
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

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1) The CoC analyzes HMIS data to better understand patterns of returns to homelessness. Monthly Case conferencing meetings are also used to help identify households who are at risk of returning to homelessness.

2) The CoC's strategy to reduce the rate of additional returns to homelessness is to use the Housing Prioritization assessment to try to direct families and individuals to the level of housing intervention that matches their needs. In addition, the CoC uses a strategy of client choice of units, allowing clients to reject housing offers up to three times, to increase client's satisfaction with their housing. The CoC has also adopted a strategy of increasing case management support for clients in housing to maintain housing stability. CoC case managers are expanding their knowledge of diversion strategies and working to improve problem solving and mediation with family members.

3) The Homeless Services Oversight Council is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

2C-5.	Increasing Employment Cash Income-CoC's Strategy.	
	NOFO Section VII.B.5.f.	
		-

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

1) The CoC's strategy to increase employment income includes a formal partnership with the local Workforce Development Board, strengthening collaboration with CalWORKs and youth employment and education programs to help homeless persons gain skills and education that will allow them to earn higher wages or secure more hours of work. The CoC PSH provider operates the Growing Grounds Farms and Growing Grounds Downtown in San Luis Obispo and the Growing Grounds Farm in Santa Maria, three social enterprises that provide the only structured, multi-level vocational training program on the Central Coast for adults with mental illness. The three businesses employ over 200 adults annually. The PSH provider also works with the Department of Rehabilitation to develop return to work plans.

The CoC's strategy is to connect homeless persons with employment programs through partnerships with the local Workforce Development Board and Welfare to Work Programs, holding resource fairs where homeless persons can connect to education/training/employment resources, and building partnerships with local employers. The CoC has an MOU with the Workforce Development Board (WDB) in which WDB has agreed to make homeless persons a priority population. WDB and CoC staff will also be doing crosstraining and the WDB has agreed to help homeless services agencies enroll homeless persons in the WDB's online job search and resume building program. The CoC also partners with the Department of Social Services to refer families for screening for the Welfare to Work program, which can provide subsidized employment and education. Former foster youth who are homeless are referred to the Transition Age Youth Financial Assistance Program, which can help pay for living expenses for former foster youth while they attend college or employment training and certification programs. The CoC's PSH provider also works closely with the Department of Rehabilitation (DOR) and makes referrals of clients with disabilities as appropriate to DOR for assessment of what jobs the person might be able to do and to work with DOR on a strategy for seeking employment. CoC providers also coordinate with the local community colleges for job training opportunities.

3) The Homeless Services Oversight Council is responsible for overseeing the CoC's strategy for increasing jobs and income from employment.

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

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 The strategy to increase access to non-employment cash sources includes training CoC and ESG service providers on benefits programs administered by the Dept. of Social Services (DSS), including CalWORKS (which includes Temporary Assistance to Needy Families benefits). CalFresh (i.e. Supplemental Nutrition Assistance Program), and General Assistance. Coordinated Entry, CoC and ESG staff are trained on public benefit programs, how to make referrals to DSS and help clients apply online for CalFresh benefits. The CoC created two programs to help persons with disabilities apply for and obtain Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits. The Benefits ARCH program helps General Assistance-Disability recipients to apply for SSI/SSDI, and the Housing and Disability Advocacy Program helps homeless persons to apply for SSI or SSDI and provides bridge housing until they receive those benefits. The CoC's PSH provider receives SAMHSA funding and their case managers receive SOAR trainings and certification. The benefits of SOAR training and certification are presented in the CoC committee meetings and CoC and ESG providers are provided access to the free online SOAR training on the SAMHSA website.

2) The Homeless Services Oversight Council is responsible for overseeing the CoC's strategy to increase non-employment cash income.

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### 3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578;
   FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

#### You must select a response for question 3A-2.

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

Project Name	Project Type	Rank Number	Leverage Type
DV Bonus - Rapid	PH-RRH	6	Housing

## 3A-3. List of Projects.

1. What is the name of the new project? DV Bonus - Rapid Rehousing

2. Enter the Unique Entity Identifier (UEI): J1EJZCHH23K8

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your 6 CoC's Priority Listing:

5. Select the type of leverage: Housing

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### **3B. New Projects With Rehabilitation/New Construction Costs**

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578;
   FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

3B-2.	Rehabilitation/New Construction Costs-New Projects.
	NOFO Section VII.B.1.s.
	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for

businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

N/A

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578; FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	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	No
projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
	NOFO Section VII.C.
	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.
	If you answered yes to question 3C-1, describe in the field below:
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

N/A

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## 4A. DV Bonus Project Applicants

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

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

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

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

1.	Enter the number of survivors that need housing or services:	448
2.	Enter the number of survivors your CoC is currently serving:	289
3.	Unmet Need:	159

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

#### (limit 2,500 characters)

1) Over the past fiscal year, the CoC's sole DV provider, Lumina Alliance (LA) served a total of 196 people fleeing violence in their three emergency shelters and ten transitional housing units. Additionally, a total of 173 clients received financial assistance through their Housing First Program, 93 of whom were community clients who never stayed at one of their housing facilities. Financial assistance was provided to support clients' ability to pay rent or deposit expenses in order to move into or remain in safe, permanent housing. Finally, Lumina Alliance received 159 unmet requests for shelter and related services last year.

2) The unmet need was pulled from data from Apricot, which is a confidential, electronic client database used in-house at Lumina Alliance.

3) San Luis Obispo (SLO) County's high cost of living and lack of sufficient affordable housing present exceptional barriers to meeting the needs of all survivors. SLO County is considered the second least affordable small metro area in the country. According to SFGate.com, SLO County's cost of living is 9.4% above the national average, and the cost of housing is 51.7% higher than the national average. Survivors have a difficult time fleeing violence and often risk losing access to housing and financial stability, a risk that is compounded by SLO County's untenable housing market.

Lumina Alliance is the only organization in the county providing shelter and housing to survivors of sexual assault (SA) and intimate partner violence (IPV). The National Coalition Against Domestic Violence (NCADV) 2020 report on domestic violence in California showed that 34.9% of women and 31.1% of men in California "experience intimate partner physical violence, intimate partner sexual violence, and/or intimate partner stalking in their lifetime". SLO County reflects these statistics and Lumina Alliance experienced an increase in requests for services during the COVID-19 pandemic when survivors were sheltering at home with their abusers.

Due to the intersection of funding availability and the number of shelter or housing units available, they are unable to accommodate all survivors' needs at this time.

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

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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**

County of San Lui...

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

#### 4A-3b. Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.

NOFO Section II.B.11.e.(1)(d)

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

1.	I. Applicant Name County of San Luis (	
2.	Project Name	DV Bonus - Rapid Rehousing
3.	Project Rank on the Priority Listing	6
4.	Unique Entity Identifier (UEI)	J1EJZCHH23K8
5.	Amount Requested	\$145,170
6.	Rate of Housing Placement of DV Survivors-Percentage	38%
7.	Rate of Housing Retention of DV Survivors-Percentage	50%

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

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below
1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

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1) The CoC's DV Provider, Lumina Alliance currently tracks the rate of survivors who exit emergency shelter and transitional housing programs into safe housing via their secure online database, Apricot. If awarded, they will begin requesting permission of all program recipients to contact them 6 months and 12 months after services in order to track the percentage of those who remain in their housing placements. The following numbers reflect the types of safe housing placements (or lack thereof) secured by 195 clients who completed exit Interviews in the last fiscal year: 5 Own, 65 Rent, 3 SS Transitional program, 4 Crisis Center/DV Shelter (transferred-outcome unknown),16 Motel/Hotel, 24 No home/ Homeless Shelter, 2 Residential, 33 "Other", 58 "unknown".

2) This rate does not account for exits to emergency shelter and motel/hotel stays. When accounting for safe housing destinations inclusive of emergency shelters and motels, Lumina Alliance's housing placement rate increases from 38% to 48%.

3) Lumina Alliance utilizes Apricot, specially designed for victim service providers ensuring that all client data is secure and remains confidential. The database is HMIS compliant, capturing all required data and allowing the DV provider to work with HUD and local homeless service providers without sharing identifying/confidential client data.

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

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

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1) At Lumina Alliance (LA), the CoC's DV provider, survivors determine the extent and type of services they engage in, and their trauma-informed advocates build relationships with survivors to make them feel comfortable and safe receiving services. Survivors with immediate needs can enter their emergency shelter for 28-60 days and begin the search for permanent housing. If they have not found housing by 60 days due to financial or other barriers, a referral to their transitional housing program can be made to address extenuating circumstances.

2) DV clients from coordinated entry are referred to LA's crisis and information line and are prioritized based on a first come, first served basis. The DV provider does not utilize a waitlist for housing assistance, only clinical therapy. 3)LA advocates draw on their understanding of the dynamics of intimate partner violence to consider how abuse impacts other issues survivors experience. Based on individual assessments for each survivor, LA provides services including case management in the form of creating safety plans, securing employment, legal assistance, transportation, therapy, childcare services, financial support, financial literacy, and other social services.

4) Advocates conduct needs assessments and share detailed information with clients about their rights, available resources, and options. Advocates help identify and address potential challenges and barriers while assisting in filling out and submitting housing applications, conducting outreach to landlords, assisting with household establishment, and connecting with resources such as mental health services. LA maintains MOUs with 48 entities throughout the County to ensure that they are receiving referrals when intimate partner violence is disclosed outside of their organization and that they have relationships with organizations providing additional services to whom they can refer clients when necessary.

5) All LA clients are offered coaching in financial literacy and independence, support in applying for jobs, and accessing public entitlement benefits and private nonprofit resources. LA is allocated set-aside housing vouchers that program participants may be eligible for and maintains close working relationships with partner agencies within the CoC in order to coordinate ongoing housing stability. They also work to safely reunify clients with a family member or friend, including providing transportation - whether locally or out-of-area.

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

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### (limit 2,500 characters)

1) At Lumina Alliance (LA) Initial intake is completed with the survivor alone. They ensure that survivors take calls with LA from a safe location and they do not make calls or leave voicemails without explicit consent. They do not confirm nor deny whether someone is a client of theirs if someone reaches out requesting information regarding said person. They require written, informed, retractable, and time-limited consent from the survivor before disseminating any of their information outside of their organization.

2) LA assesses requests for housing services based on clients' immediate safety, program eligibility, and resource availability. They only offer housing assistance to survivors who are actively fleeing intimate partner violence to maintain the safety of all housing program participants. They work directly with clients to determine their safety and immediate needs, as well as in the creation of action plans to increase their sense of safety through their housing and support services.

3) All staff and volunteers are required to sign LA's Confidentiality and Mandated Reporting Policy & Procedure, as well as a confidentiality agreement, outlining state-mandated requirements to maintain strict confidentiality of all client information, including procedures for releasing information with written permission. LA shelter and transitional housing unit locations are kept strictly confidential from the public, including law enforcement. All public deeds and property documents are redacted to hide addresses and identifying information. All electronic data related to client records is kept in Apricot, which utilizes encryption and requires Two Factor Authentication to access.

4) All LA staff receive their State-Certified 65-Hour training to become IPV/SA Crisis Counselors and are trained in safety and confidentiality policies and practices, including Confidentiality and Mandated Reporting Policy & Procedure; Information, Technology, and Privacy Policy & Procedure; and comprehensive training in the proper use of the Apricot database.

5) LA's three congregate emergency shelters and transitional housing units are located at confidential addresses. Each shelter is unmarked with a gate and confidential code known only to LA staff, volunteers, and current shelter guests. LA requires all guests to sign agreements ensuring no weapons, drugs, or alcohol are brought on site, and that no outside person is brought to the shelter, breaking confidentiality.

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

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

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The CoC's DV provider, Lumina Alliance (LA), requests that all housing program participants complete an anonymous online survey after they have concluded receiving services. These surveys allow them to evaluate the efficacy of their services and the degree to which their services have affected change in the lives of intimate partner violence survivors in San Luis Obispo County. LA also intends to create an incentive-based Survivor Advisory Board this year, through which they will receive feedback from former clients and survivors in the community to inform current LA policies and programs related to safety and client success. Combined, the surveys and Survivor Advisory Board will equip LA with invaluable information to identify areas for improvement and to ensure they consistently offer the safest and most efficient intimate partner violence housing and resources to San Luis Obispo County survivors.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	
(limit 5,00	0 characters)	

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1) Lumina Alliance (LA) offers comprehensive, trauma-informed wraparound services including: advocacy, clinical therapy for both adults and children, legal support such as assistance in filing temporary restraining orders (TROs), case management, accompaniment, and crisis intervention. These services are offered on a voluntary basis and have no bearing on eligibility for housing first financial support or housing programs. Each shelter and transitional housing unit has a dedicated advocate that conducts a comprehensive intake to assist survivors in identifying their own key areas of need. Survivors are empowered to create an action plan in partnership with their advocate. For example, if a client identifies housing, legal and therapy as priority areas of need, a housing advocate will enroll them in therapy, assist with housing applications, and connect them to a legal advocate.

2) Participation in all LA programs and services are completely voluntary and eligibility decisions are made using strict criteria applied equitably to all applicants. A few of their organization's guiding principles state: Diversity and safe, accessible services are fundamental to creating social change and ending sexual assault. The voices of survivors drive their work; they empower them to make choices for themselves while providing compassionate services, dignity, privacy, and respect. Empowerment is infused into their mission and everything they do as an agency is in service of survivors. They treat every individual as an expert in their own experience and trust them to make decisions that are best for them. They support survivors in their decision-making process and never force participation in services, nor punish their clients for choosing to accept or decline services.

3) All LA staff are California State-Certified 65-Hour Trained IPV/SA Counselors and concurrently trained in the neurobiology of trauma, the impacts of IPV on children, health impacts of trauma and reproductive coercion, among other topics. Further, their agency employs trauma-informed practices, including empowerment-based programming, survivor-led case management and decision-making to ensure transparency and collaboration in the decisionmaking process and embrace a culture of humility and openness to feedback, criticism, and change. Finally, LA maintains up-to-date, accessible information about common survivor experiences and available resources on their website and in paper form at their offices.

4) LA utilizes a strengths-based case management tool that is client-driven and focused on addressing needs ranked on a scale from "in crisis" to "thriving." Needs are assessed using this tool at 30 days, 60 days, and 90 days to show progress over time. Advocates actively partner with clients to cultivate their strengths, identify the goals and aspirations most important to them, as well as resources and options available. Case management is rooted in empowerment and evaluation is focused on outcomes over outputs. They believe survivors, and trust them to make the best decisions for themselves.

5) LA recognizes that marginalized communities are at an increased risk for experiencing IPV. Their organization maintains a Language Access Policy & Procedure, and anti-discrimination policies to ensure that survivors and staff are protected against discrimination in all cases, and that no one is turned away due to a language barrier. They have worked with Dr. Joy Pedersen to provide a three-part diversity, equity, and inclusion (DEI) training as a series in their all-staff meetings and to update their DEI policy with LA's DEI Committee. Their 65-hour training includes modules on Intersectionality & Cultural Considerations in providing services to marginalized groups, and the Intersections of Discrimination & Oppression and gender-based violence. Their agency regularly offers staff/volunteers continuing education and training related to DEI, including their upcoming training on the impacts of COVID on local Spanish-Speakers,

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#### facilitated by Dignity Health.

6) LA offers clinical therapeutic groups for survivors and their loved ones. Their peer support groups and individual therapy are provided by their Therapy Department and an Advocate. The peer support groups are often focused on themes such as sexual assault, intimate partner violence, and Latina empowerment (provided in Spanish). Groups also offer art and music therapy, and peer-to-peer support.

7) LA regularly makes referrals to Parent Connection of SLO County for parent education and coaching services; offers onsite childcare as needed; provides financial assistance to aid in transportation to and from school and work; partners with the SLO Legal Assistance Foundation to provide legal representation for divorce and custody cases; and supports parents in enrolling their children in school and supplying them with everything needed to attend classes.

4A-3f. Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.

NOFO Section II.B.11.e.(1)(d)

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

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Support services offered by Lumina Alliance (LA) include financial literacy education, safety planning, case management, peer counseling, individual and group therapy, advocacy, legal assistance, emergency and transitional housing, and financial assistance. Advocates offer a voluntary, comprehensive financial literacy training to residents, which will include lessons on personal finance and credit. Safety planning is a critical service offered individually with every client. All safety plans are comprehensive, meeting basic needs and providing a life plan, not just strategies to respond to physical violence. The safety plans are reevaluated and revised as needed. Case management assistance is offered with translating/interpreting, goal setting, providing referrals and transportation to needed community resources, assisting with employment searches, job readiness and educational/vocational activities, permanent housing readiness, budgeting and financial counseling. Peer counseling and clinical therapy is nonjudgmental and a safe place for survivors to talk about their experiences, fears, beliefs and goals in order to build rapport and trust. Advocacy, including legal assistance, is provided in association with housing and social services (i.e. entitlement benefits such as SSI, CalFresh food stamps, WIC, and other programs), counseling, medical, banking support, job training and connection with workforce development agencies, as well as other community resources. All support services are provided on a voluntary basis and offered repeatedly to housing program residents on an ongoing basis throughout their participation in the housing program. LA maintains MOUs with 48 entities throughout San Luis Obispo County to ensure that they are receiving referrals when intimate partner violence is disclosed outside of their organization and that they have relationships with organizations providing additional services to whom they can refer clients when necessary. When permanent housing cannot be secured upon exit from LA emergency shelter or transitional housing, LA works to safely reunify clients with a family member or friend, including providing transportation - whether locally or out-of-area. They also engage clients in their case management program well after they complete or exit the program.

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

	Provide examples in the field below of how the new project will:
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths-for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor- defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

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1) Lumina Alliance (LA) will continue to offer services on a voluntary basis. Survivors will continue to be empowered to create an action plan in partnership with their advocate in order to be placed in permanent housing consistent with their wishes and stated needs. For example, if a client identifies a need to find housing near their child's school in order to maintain continuity in their child's life, or to more easily meet visitation requirements, advocates will actively partner with the client to identify housing opportunities in their preferred location.

2) The project is dedicated to the concept of fostering survivors' independence, self-sufficiency and safety. To that end, a client empowerment/voluntary services model has been incorporated into all housing programs. Rules and regulations are minimal and focused primarily on preserving health and safety. Traditional curfews, shelter sign-out sheets, surveillance systems, and punitive policies have been eliminated; all programs are designed to cultivate independence. Shelter guests are free to engage in activities of their choosing so long as they do not endanger the safety, health and/or well-being of other guests. Certain occupancy rules in their transitional housing program, standard in a tenant/landlord relationship, will be enforced, such as prohibitions against indoor smoking, "extended stay" guests, subleasing of the rental unit, and unlawful activities. Financial assistance recipients will be treated with dignity and offered agency and support in identifying and maintaining safe housing. All LA staff will continue to be California State-Certified 65-Hour Trained IPV/SA Counselors, concurrently trained in the neurobiology of trauma, the impacts of IPV on children, health impacts of trauma and reproductive coercion, among other topics. Further, their agency will continue to employ traumainformed practices, including empowerment-based programming, survivor-led case management and decision-making to ensure transparency and collaboration in the decision-making process and embrace a culture of humility and openness to feedback, criticism, and change. Finally, LA will continue to maintain up-to-date, accessible information about common survivor experiences and available resources on their website and in paper form at their offices. LA will continue to utilize their strengths-based case management tool that is client-driven and focused on addressing needs ranked on a scale from "in crisis" to "thriving." Needs will be assessed using this tool at 30 days, 60 days, and 90 days to show progress over time. Advocates will actively partner with clients to identify the goals and aspirations most important to them, as well as resources and options available. Case management will continue to be rooted in empowerment and evaluation will be focused on outcomes over outputs. 5) LA recognizes that marginalized communities are at an increased risk for experiencing IPV. In addition to maintaining robust anti-discrimination and accessibility policies, and extensive trainings, their organization will continue to partner with Dr. Joy Pederson to develop a detailed DEI Action Plan. This plan will include the development of a staff-led committee which will adapt their agency-wide DEI statement to individual departments, and as informed by their strategic plan. Further, they are in the process of planning for and recruiting members to their inaugural Survivor Advisory Board, which will inform agencywide policies and practices to ensure all programs and operations are survivorcentered, inclusive, and accessible.

6) LA will continue to offer clinical therapeutic groups for survivors and their loved ones. Their peer support groups and individual therapy are provided by their Therapy Department and an Advocate. The peer support groups continue to include peer-to-peer support, music and art therapy programming, among other modalities.

7) LA will continue to make referrals to Parent Connection of San Luis Obispo

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County for parent education and coaching services; offer onsite childcare as needed; provide financial assistance to aid in transportation to and from school and work; partner with the SLO Legal Assistance Foundation to provide legal representation to for divorce and custody cases; and support parents in enrolling their children in school and supplying them with everything needed to attend classes. Additionally, LA is in the process of revamping their onsite childcare program in partnership with First 5 of San Luis Obispo County to improve quality and sustainability over time.

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

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

### (limit 2,500 characters)

Lumina Alliance (LA) will recruit past clients and community members to participate on a Survivor Advisory Board, which will guide agency-wide decision-making related to policies, programming, and best practices that impact survivor services. LA will research best practices in order to delineate the primary functions of the Survivor Advisory Board in relation to staff, the Board, and volunteers; primary roles and responsibilities; and strategic objectives and measurable outcomes. LA will prioritize recruiting a diverse membership, including survivors from distinct socio-economic, cultural, regional, and professional backgrounds. This Advisory Board will have a direct hand in informing program implementation related to the Continuum of Care and LA's housing programs.

## 4B. Attachments Screen For All Application Questions

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.			
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.			
3.	We prefer that you use PDF files, though other file types are supported-please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.			
4.	Attachments must match the questions they are associated with.			
5.	Only upload documents ultimately slows down t	Only upload documents responsive to the questions posed-including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the a	attachment, it is likel	y we cannot read it either.	
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).			
	. We must be able to	o read everything yo	ou want us to consider in any attachment.	
7.	After you upload each a Document Type and to	attachment, use the ensure it contains a	Download feature to access and check the ll pages you intend to include.	e attachment to ensure it matches the required
Document Typ	e	Required?	Document Description	Date Attached
1C-7. PHA Hor Preference	meless	No	1C-7. PHA Homeles	09/27/2022
1C-7. PHA Moving On Preference		No	1C-7. PHA Moving	09/27/2022
1E-1. Local Competition Deadline		Yes	1E-1. Local Comp	09/27/2022
1E-2. Local Competition Scoring Tool		Yes	1E-2. Local Comp	09/27/2022
1E-2a. Scored Application	Renewal Project	Yes	1E-2a. Scored Ren	09/28/2022
1E-5. Notificati Rejected-Redu	on of Projects iced	Yes	1E-5. Notificatio	09/28/2022
1E-5a. Notification of Projects Accepted		Yes	1E-5a. Notificati	09/28/2022
1E-5b. Final Project Scores for All Projects		Yes	1E-5b. Final Proj	09/28/2022
1E-5c. Web Posting–CoC- Approved Consolidated Application		Yes		
1E-5d. Notifica Approved Con Application		Yes		
3A-1a. Housir Commitments	lg Leveraging	No	3A-1a. Housing Le	09/28/2022

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

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## **Attachment Details**

Document Description: 1C-7. PHA Homeless Preference

# **Attachment Details**

**Document Description:** 1C-7. PHA Moving On Preference

# **Attachment Details**

Document Description: 1E-1. Local Competition Deadline

# **Attachment Details**

**Document Description:** 1E-2. Local Competition Scoring Tool

# **Attachment Details**

Document Description: 1E-2a. Scored Renewal Project Application

# **Attachment Details**

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Document Description: 1E-5. Notification of Projects Rejected-Reduced

## **Attachment Details**

Document Description: 1E-5a. Notification of Projects Accepted

# **Attachment Details**

Document Description: 1E-5b. Final Project Scores for All Projects

# **Attachment Details**

Document Description:

# **Attachment Details**

Document Description:

# **Attachment Details**

Document Description: 3A-1a. Housing Leveraging Commitments

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# **Attachment Details**

**Document Description:** 

# **Attachment Details**

**Document Description:** 

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# Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/14/2022
1B. Inclusive Structure	09/27/2022
1C. Coordination and Engagement	09/28/2022
1D. Coordination and Engagement Cont'd	09/28/2022
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/14/2022
2B. Point-in-Time (PIT) Count	09/28/2022
2C. System Performance	09/28/2022
3A. Coordination with Housing and Healthcare	Please Complete
3B. Rehabilitation/New Construction Costs	09/14/2022
3C. Serving Homeless Under Other Federal Statutes	09/14/2022

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4A. DV Bonus Project Applicants4B. Attachments ScreenSubmission Summary

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