



2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$145,170

Organization	Type	Sub-Award Amount
Lumina Alliance	M. Nonprofit with 501C3 IRS Status	\$145,170

2A. Project Subrecipients Detail

a. Organization Name: Lumina Alliance

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 95-3370729

d. Unique Entity Identifier: HM5TDHNPWQW3

e. Physical Address

Street 1: 51 Zaca Lane Suite 150

Street 2:

City: San Luis Obispo

State: California

Zip Code: 93401

f. Congressional District(s): CA-024
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$145,170

j. Contact Person

Prefix: Ms.

First Name: Kaitlin

Middle Name:
Last Name: Goodpaster
Suffix:
Title: Grants Administrator
E-mail Address: grants@luminaalliance.org
Confirm E-mail Address: grants@luminaalliance.org
Phone Number: 805-781-6400
Extension: 504
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): CA2188

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: County of San Luis Obispo

4. Project Name: DV RRH 2024

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. RRH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Yes

9. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Lumina Alliance (LA) will provide rapid rehousing services to survivors of intimate partner violence (IPV) in San Luis Obispo County based on the Housing First model. LA will also provide comprehensive wraparound services including advocacy, case management, legal support, and therapy to increase survivors' sense of safety and self-sufficiency and help them retain permanent housing after their exit from our organization's housing programs. LA will request surveys to track the efficacy of our services and maintain the organization's internal HMIS-compliant database to track survivor demographics and retention rates.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Survivors	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>

History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.

Supportive Services	">	Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
Child Care		Applicant	As needed
Education Services		Applicant	As needed
Employment Assistance and Job Training		Applicant	As needed
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	Weekly
Legal Services		Applicant	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Applicant	Weekly
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Applicant	Monthly
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, subrecipient, or partner agency? No

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 26

Total Beds: 92

Housing Type	Housing Type (JOINT)	Units	Beds
Single Room Occupancy (SRO)...	---	16	44
Clustered apartments	---	10	48

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	40	54	0	94
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	39	50		89
Persons ages 18-24	5	5		10
Accompanied Children under age 18	77		0	77
Unaccompanied Children under age 18			0	0
Total Persons	121	55	0	176

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	8	0	0	0	0	2	39	0	0	0
Persons ages 18-24	1	0	0	0	0	1	5	0	0	0
Children under age 18	4			0	0	1	77	1	1	0
Total Persons	13	0	0	0	0	4	121	1	1	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	14	0	0	1	0	15	50	6	0	0
Persons ages 18-24	2	0	0	0	0	1	5	1	0	0
Total Persons	16	0	0	1	0	16	55	7	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										

Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? Yes

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? Yes

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? Yes

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year



6. Select the costs for which funding is requested:

Rental Assistance	X
Supportive Services	X
HMIS	

VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6C. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:	\$58,668
Total Units:	2

The number of beds for which funding has been requested in the Rental Assistance budget is 5.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - San Luis Obispo-Paso Robles-Arro...	2	\$58,668

Rental Assistance Budget Detail

Type of Rental Assistance: TRA



Metropolitan or non-metropolitan fair market rent area: CA - San Luis Obispo-Paso Robles-Arroyo Grande, CA MSA (0607999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months	Total Request (Applicant)
SRO		x	\$1,046	\$1,046	x	12 =	\$0
0 Bedroom		x	\$1,394	\$1,394	x	12 =	\$0
1 Bedroom	0	x	\$1,561	\$1,561	x	12 =	\$0
2 Bedrooms	1	x	\$2,055	\$2,055	x	12 =	\$24,660
3 Bedrooms	1	x	\$2,834	\$2,834	x	12 =	\$34,008
4 Bedrooms		x	\$3,155	\$3,155	x	12 =	\$0
5 Bedrooms		x	\$3,628	\$3,628	x	12 =	\$0
6 Bedrooms		x	\$4,102	\$4,102	x	12 =	\$0
7 Bedrooms		x	\$4,575	\$4,575	x	12 =	\$0
8 Bedrooms		x	\$5,048	\$5,048	x	12 =	\$0
9 Bedrooms		x	\$5,521	\$5,521	x	12 =	\$0
Total Units and Annual Assistance Requested							\$58,668
							1 Year
Total Request for Grant Term							\$58,668

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$350,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$350,000

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Note: The estimated amount of program income that will be used as Match should not exceed the total value of all match commitments entered below

Type	Source	Contributor	Value of Commitments
Cash	Government	California Govern...	\$350,000

Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** California Governor's Office of Emergency Services Housing First (XD) Grant Program
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$350,000

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$58,668
3. Supportive Services (Enter)	\$78,667
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$0
6. VAWA (Enter)	\$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	\$0
8. Sub-total of CoC Program Costs Requested	\$137,335
9. Admin (Up to 10% of Sub-total in #8)	\$13,103
10. HUD funded Sub-total + Admin. Requested	\$150,438
11. Cash Match (From Screen 6D)	\$350,000
12. In-Kind Match (From Screen 6D)	\$0
13. Total Match (From Screen 6D)	\$350,000
14. Total Project Budget for this grant, including Match	\$500,438

[View results](#)

Respondent

2

Anonymous

109:08

Time to complete

Primary Applicant Information

1. Organization Name *

Lumina Alliance

2. Unique Identity ID (UEI) Number:

*If you do not yet have a UEI, you will need to obtain one from <https://sam.gov/> **

HM5TDHNPWQW3

3. Contact Person/Title *

Kaitlin Goodpaster / Grants Manager

4. Phone Number *

805-781-6400

5. Email *

kgoodpaster@luminaaalliance.org

6. Address *

51 Zaca Lane Suite 150

7. City, State, Zip *

San Luis Obispo, California 93401

Project

8. **Project Name ***

DV RRH 2024

9. **Application Type ***

- Renewal
- Renewal Expansion
- New Bonus Project (DV Bonus Project)

10. **If you are applying to consolidate this project with one or more other projects, please enter the grant number(s) for the other project(s):**

You will need to complete an e-snaps application and supplemental application for all projects being consolidated.

Design of Housing & Supportive Services

11. **For the proposed project, please estimate the expected % of households that will experience an increase in earned income from program start to program exit: ***

25%

12. **For the proposed project, please estimate the expected % of households that will experience an increase in non-employment income from program start to program exit: ***

0%

13. **For the proposed project, please estimate the expected % of households that will experience an increase in total income from program start to program exit: ***

25%

14. **Project Type ***

- DV Bonus - Rapid Rehousing
- DV Bonus - Joint Transitional Housing/Rapid Rehousing
- DV Bonus - Coordinated Entry
- Other

Housing Projects

15. Enter the number of survivors that need housing or services: *

421

16. Enter the number of survivors that are currently being served in the CoC: *

260

17. Describe how you calculated the number of survivors needing housing or services. *

Over the last fiscal year, Lumina Alliance (LA) served a total of 203 people fleeing violence in our three emergency shelters and ten transitional housing units. Additionally, a total of 107 clients received financial assistance through our Housing First Program, 57 of whom were community clients who did not stay at one of our housing facilities this past year.* 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, LA received 286 unmet requests for shelter and related services last year from 161 clients.

*Please note: These numbers include clients who may not have been homeless but were at-risk of becoming homeless at the time of assistance. As well, these numbers include survivors of sexual assault. All HUD CoC dollars granted through this program will be restricted only to those clients who are currently homeless due to IPV.

Please enter at most 4000 characters

18. What data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects) was used to calculate the number of survivors needing housing or services? *

Lumina Alliance utilizes Apricot, specially designed for victim service providers ensuring that all client data is secure and remains confidential.

Apricot is used to track client demographics and calculate rates like survivor needs for housing and services and unmet requests for assistance.

All intakes and logs of client services are kept in an office that is locked at all times. Once a coordinated entry is processed into the database, all paperwork is either shredded or kept in a locked filing cabinet to which only specific staff have access. The database is HMIS compliant, capturing all required data and allowing our agency to work with HUD and local homeless service providers without sharing identifying client data or compromising confidentiality. Staff and volunteers providing direct services can access Apricot from any location to update client data immediately to ensure all services provided are captured, smoothly coordinated, and not duplicated. All Apricot users are provided with thorough training on how to appropriately use the database to protect client confidentiality and to guarantee that data is secure and accurately recorded.

Please enter at most 4000 characters

19. If the CoC is unable to meet the needs of all survivors, please explain all barriers to meeting those needs.

LA is the only sexual assault (SA) and intimate partner violence (IPV) victim service provider in San Luis Obispo County. Our organization is the product of a 2021 merger between RISE San Luis Obispo County and Stand Strong (formerly the Women's Shelter Program of San Luis Obispo) - organizations which have been present in our community since 1979. Currently, our Housing Advocates are underfunded, making it difficult to adequately address the needs of houseless survivors. This project will help fund Housing Advocates, whose services assist survivors throughout the process of entering our transitional housing program and successfully exiting into permanent housing.

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.

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, we are unable to accommodate all survivors' needs at this time. Last year, LA received 206 unique unmet requests for shelter and services, and provided financial assistance to ensure 114 individuals and families entered or remained in permanent housing.

Please enter at most 4000 characters

20. With reference to your organization's policies and procedures, describe how you:

- a. Ensure DV survivors experiencing homelessness are assisted to quickly move into safe, affordable housing;**
- b. Prioritize survivors (you must address the process used, e.g. Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.);**
- c. Determine which supportive services survivors needed;**
- d. Connect survivors to supportive services;**
- e. Assist survivors to secure housing they can sustain; and**
- f. Address housing stability after the housing subsidy ends. ***

a. Survivors determine the extent and type of services that they engage in, and our trauma-informed advocates build relationships with survivors to make them feel comfortable and safe receiving services. Survivors with immediate need can enter our emergency shelter for 28 - 60 days where they can begin the process of searching for permanent housing with the support of a Housing Advocate. If they have not found housing by 60 days due to financial or other barriers, a referral to our transitional housing program can be made to address extenuating circumstances (if there is an opening). Once a survivor is able to overcome these barriers and to independently move to and maintain housing without supportive services, they are voluntarily exited from the program. Barriers or goals will be revised weekly with the support of an advocate; they can build a plan geared toward obtaining housing depending on their unique needs. A case management plan will be made to achieve goals and to overcome barriers in order to secure permanent housing. Financial assistance bolsters housing services by providing funds for a down payment and/or first month's rent both to eligible community clients and those staying in our emergency shelters or transitional housing units.

b. Those survivors who are homeless or at-risk of becoming homeless due to a recent (within the last six weeks) incident of IPV will be prioritized for the Housing First Program. Calls to our crisis and information line will be prioritized based on a first come, first served basis (LA does not utilize a waitlist for housing assistance, only clinical therapy). LA is a participant within the SLO County Continuum of Care, which includes local homeless shelters, and homeless service providers. LA partners with the Community Action Partnership of SLO County (CAPSLO) to participate in the local coordinated entry program; CAPSLO has dedicated a portion of their proposed CoC budget to fund a dedicated HMIS data tech to support LA staff in enrolling LA clients in coordinated entry.

c. LA Advocates draw on their understanding of the dynamics of IPV to consider how abuse impacts other issues survivors experience. Based on individual assessments for each survivor, their Housing Advocate provides any number of services determined necessary and/or helpful for the client. Advocates provide case management in the form of creating safety plans, securing employment, legal referrals, transportation, therapy, childcare services, financial support, financial literacy, and other social services.

d. Clients who call our crisis and information line are assessed for safety and emergent needs. Advocates conduct in-depth needs assessments and share extensive and detailed information with clients about their rights, available resources, and options. Advocates help identify and address potential challenges and barriers while providing assistance in filling out and submitting housing applications, conducting outreach to landlords, assisting with household establishment, and connecting with both internal and external resources such as mental health services.

LA maintains MOUs with 48 entities throughout SLO County to ensure that we are receiving referrals when IPV is disclosed outside of our organization and that we have relationships with organizations providing additional services to whom we can refer clients when necessary. We work regularly and closely with organizations such as 5Cities Homeless Coalition, El Camino Homeless Organization (ECHO), Community Action Partnership of San Luis Obispo County (CAPSLO), Community Counseling Center (CCC), and more to connect survivors with services in the community to create a network of support.

Further, LA participates on multi-disciplinary teams and partners with numerous community stakeholders in an effort to ensure a coordinated community response to IPV. LA is an active member of the Homeless Services Oversight Council - which... (Please see Attachment E).

Please enter at most 4000 characters

21. **Percent of housing placement of DV survivors: ***

27%

22. **Percent of housing retention of DV survivors: ***

N/A

23. **Describe how you calculated the rate of housing placement and retention. ***

LA currently tracks the rate of survivors who exit emergency shelter and transitional housing programs into safe housing via our secure online database, Apricot. We do not currently track the rate of housing retention beyond program exit. If awarded, we will begin requesting written permission of all housing program recipients to contact them six months and twelve months after completing services with us 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 177 clients who completed exit Interviews in the last fiscal year:

- 1 Own – House/condo/mobile home
- 47 Rent-Apartment/house/mobile home
- 8 SS Transitional program
- 4 Crisis Center / DV Shelter (transferred-outcome unknown)
- 17 Motel/Hotel
- 31 No home/ Homeless Shelter
- 1 Residential treatment (Drug, Mental Health)
- 26 "Other"
- 58 Unknown

Please enter at most 4000 characters

24. **Do the rates account for exits to safe housing destinations? ***

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, not including unknown destinations, LA's housing placement rate increases from 27% to 59%.

Please enter at most 4000 characters

25. **What data source was used to calculate the rates (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects)? ***

Lumina Alliance uses our in-house database, Apricot, as described in question 18. Apricot is a confidential, electronic client database used to track client demographics and calculate rates like housing placement when possible, with the participation of each survivor. Lumina Alliance does not currently track the rate of housing retention beyond program exit. If awarded, we will begin requesting written permission of all housing program recipients to contact them six months and twelve months after completing services with us in order to track the percentage of those who remain in their housing placements.

Please enter at most 4000 characters

26. **Describe policies and procedures for how you ensure the safety and confidentiality of DV survivors experiencing homelessness, by:**
- a. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;**
 - b. making determinations and placements into safe housing;**
 - c. keeping information and locations confidential;**
 - d. training staff on safety and confidentiality policies and practices; and**
 - e. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality. ***

a. Lumina Alliance places survivor safety and privacy/confidentiality at the forefront of our operations. Initial intake is completed with the survivor alone. We ensure that survivors take phone calls with our organization from a safe location and we do not make phone calls or leave voicemails without explicit consent. We do not confirm nor deny whether someone is a client of ours if someone reaches out requesting information regarding said person. Additionally, we require written, informed, retractable, and time-limited consent from the survivor before disseminating any of their information outside of our organization.

b. LA assesses requests for housing services based on clients' immediate safety, program eligibility, and resource availability. We only offer housing assistance to survivors who are actively feeling IPV to maintain the safety of all housing program participants and prioritize assisting those most in need with limited resources. We 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 our housing and support services.

c. 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 any and 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. Only current, trained staff and volunteers are given access to Apricot, and access is removed once staff or volunteers leave the agency. All paper client records are destroyed after 10 years.

d. All staff receive our California State-Certified 65-Hour training to become IPV/SA Crisis Counselors and are concurrently trained in LA safety and confidentiality policies and practices. These practices include: Confidentiality and Mandated Reporting Policy & Procedure; Information, Technology, and Privacy Policy & Procedure; and comprehensive training in the proper use of the Apricot database. No LA staff or volunteer is permitted to disclose identifying information to any outside entity without written permission, nor are we able to confirm or deny that a survivor is a client of ours per California Evidence Code 1035.2(a)(2) and Penal Code 13835.10.

e. LA's three congregate emergency shelters and transitional housing units are located at confidential addresses. Each shelter is unmarked with a gate and confidential gate code known only to LA staff, volunteers, and current shelter guests (codes are changed with each client exit from shelter). 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, effectively breaking confidentiality.

Please enter at most 4000 characters

27. **Describe 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. ***

LA requests that all housing program participants complete an anonymous online survey after they have concluded receiving services. These surveys allow us to evaluate the efficacy of our services and the degree to which our services have affected change in the lives of IPV survivors in SLO County. LA also intends to create an incentive-based Survivor Advisory Board, through which we 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 we consistently offer the safest and most efficient IPV housing and resources to SLO County survivors.

Please enter at most 4000 characters

28. **With reference to policies and procedures, describe your experience using trauma-informed, victim-centered approaches to meet needs of DV survivors, by:**
- a. prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;**
 - b. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
 - c. providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;**
 - d. emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools that include strength-based measures, case plans worked towards survivor-defined goals and aspirations;**
 - e. 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;**
 - f. providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
 - g. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services. ***

a. 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, 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. Throughout this process the housing advocate maintains contact with the client and other staff to ensure clear communication. At any point during case management, clients may pause service participation or adjust their plans of action.

b. 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 our 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 our work; we empower them to make choices for themselves while providing compassionate services, dignity, privacy, and respect.
 Empowerment is infused into our mission and everything we do as an agency in service of survivors. We treat every individual as an expert in their own experience and trust them to make decisions that are best for them. We support survivors in their decision-making process and never force participation in nor punish our clients for choosing to accept or decline services.

c. All 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, our agency employs trauma-informed 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 maintains up-to-date, accessible information about common survivor experiences and available resources on our website and in paper form at our offices.

d. 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. We believe survivors, and trust them to make the best decisions for themselves.

e. LA recognizes that marginalized communities are at an increased risk for experiencing IPV. Our 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. We have worked with Dr. Joy Pedersen to provide a three-part diversity, equity, and inclusion (DEI) training as a series in our all-staff meetings and to update our DEI policy with LA’s DEI Committee.

As well, our 65-hour training includes modules on Intersectionality & Cultural Considerations in providing services to marginalized groups, and. . . (Please see Attachment E).

Please enter at most 4000 characters

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

Wraparound services for survivors seeking housing include crisis intervention, advocacy, case management, legal support, and therapy. Advocates work closely with survivors to prioritize needs and tailor plans to attain and maintain safe housing, all while working toward self-sufficiency and independence. Requests for financial assistance are reviewed by the housing and advocacy teams to ensure equitable distribution of funds and to identify supplemental resources.

Please enter at most 4000 characters

30. Provide examples of how the new project will:

- a. Prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
- b. Establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
- c. Provide program participants’ access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
- d. Emphasize program participants’ strengths—for example, strength-based coaching, questionnaires, and assessment tools including strength-based measures, case plans works towards survivor defined goals and aspirations;
- e. 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;
- f. Provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
- g. Offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

*

a. This project will help fund Housing Advocate positions, ensuring increased self-sufficiency planning and support for survivors seeking placement and stabilization in permanent housing. 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.

b. The project and project staff are dedicated to 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 our 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.

c. All staff, including funded Housing Advocates, 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, our agency will continue to employ trauma-informed 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 our website and in paper form at our offices.

d. LA will continue to utilize our strengths-based self-sufficiency planning 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.

e. 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 mentioned previously, our 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 our agency-wide DEI statement to individual departments, and as informed by our strategic plan. Further, we are in the process of planning for and recruiting members to our inaugural Survivor Advisory Board, which will inform agency-wide policies and practices to ensure all programs and operations are survivor-centered, inclusive, and accessible.

f. LA will continue to offer clinical therapeutic groups for survivors and their loved ones. Our peer support. . . (Please see Attachment E).

Please enter at most 4000 characters

31. Describe the type and scale of all the supportive services that will be offered to program participants to ensure successful retention in or help to obtain permanent housing, regardless of funding source, meets the needs of clients to be served. *

Support services offered will include financial literacy education, safety planning, case management, peer counseling, individual and group therapy, advocacy, legal assistance referrals, emergency and transitional housing, and financial assistance. Advocates will 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 will be comprehensive, meeting basic needs and providing a life plan, not just strategies to respond to physical violence. The safety plan will be re-evaluated and revised as needed. Case management assistance will also be 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 will be nonjudgmental and a safe place for survivors to talk about their experiences, fears, beliefs and goals in order to build rapport and trust. Advocacy will be 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 will be provided on a voluntary basis and offered repeatedly to housing program residents on an ongoing basis throughout their participation in the housing program.

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32. Describe how the project will utilize housing subsidies or subsidized housing units not funded through the CoC or ESG programs.

*Housing subsidies or subsidized housing units may be funded through any of the following sources: Private organizations; State or local government, including through the use of HOME funding provided through the American Rescue Plan; Public Housing Agencies, including through the use of a set aside or limited preference; Faith-based organizations; or Federal programs other than the CoC or ESG programs. **

LA will work closely with HASLO 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, LA also participates in the Housing Consortium meetings and advocates for our clients to obtain permanent supportive housing through organizations such as Transitions Mental Health Association (TMHA) and People's Self-Help Housing. Finally, LA 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 our Housing First project.

Please enter at most 4000 characters

33. Describe the current strategy used to recruit landlords and show how well it works at identifying units across the entire CoC area, including areas where the CoC has historically not been able to find units. *

LA maintains strong relationships with local landlords, and continuously reaches out to expand our recruitment efforts. Educational packets are distributed to local landlords, including information about IPV, Fair Housing, the Violence Against Women Act (VAWA), and our services. We talk with landlords about how, with LA's support, survivors can be secure long-term tenants, all the while cultivating trust. Our staff also network with realtors, property managers and service organizations to build lasting relationships.

Because LA will be a new formal member of the Continuum of Care in SLO County, we will actively collaborate with existing CoC members to ameliorate barriers to recruiting landlords in historically challenging areas.

Please enter at most 4000 characters

34. Identify any new practices that have been implemented to recruit landlords in the past 3 years and the lessons learned from implementing those practices. *

We work closely with the Housing Authority of SLO, the Paso Robles Housing Authority, and People's Self-Help Housing to find and maintain affordable housing for our survivors. We have existing relationships with landlords and with community partner agencies and organizations such as the Intimate Partner Violence Coalition, the Homeless Services Oversight Council, and the Supportive Housing Consortium to work to expand housing options locally. Staff also sit on the SLO County Family Self-Sufficiency Program Coordinating Committee, and at both the SLO and Arroyo Grande SAFE System of Care meetings.

Educational packets will be distributed to landlords and presentations will be held covering information about DV, Fair Housing, the Violence Against Women Act (VAWA) and our services. We will talk with landlords about how survivors can be secure long-term tenants. Our staff network with realtors, property managers and service organizations to build lasting relationships.

Please enter at most 4000 characters

35. Describe how you will use data to update your landlord recruitment strategy. *

Once actively participating in the CoC and once LA has gained access to countywide data on landlord recruitment numbers and strategies, we will offer more connections via electronic communications including our website, social media, and email, all targeted toward landlords in areas with historically low participation numbers or particularly high costs of living. LA has a track-record of continuously increased community engagement through our marketing and communications departments, and we aim to develop electronic newsletters, to maintain existing landlord relationships, and e-blasts to recruit new landlords.

Please enter at most 4000 characters

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

LA partners with clients to identify physical and mental health needs as part of their healing process. Advocates regularly make referrals and accompany survivors to appointments with local hospitals, clinics, and care providers; County agencies including the Departments of Behavioral Health, County Mental Health, and Public Health; community providers such as the Community Health Centers of the Central Coast and the Noor Clinic; and mental health providers including private therapists and the Community Counseling Center.

LA has recently acquired a contract with the Holman Group to bill Cen-Cal for therapy provided in-house. We are in the process of setting up internal billing procedures and will launch this program in the coming months.

Finally, LA provides financial assistance to help clients cover the cost of medical bills and to provide transportation to and from medical appointments. LA does not base eligibility requirements for housing services on eligibility requirements set forth by health care service providers.

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Experience

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

LA currently has one uniquely federal grant through the Office of Violence Against Women, the Transitional Housing Program, and approximately 20 other grants that incorporate federal and state funding, and Lumina Alliance is required to conduct an enhanced Single (or Yellowbook) Audit each year because the agency effectively manages and expends over \$750k in federal funding each year.

LA successfully manages The Transitional Housing Program federal grant (\$675,000 over 48 months). LA regularly applies for new grants and renewals of existing contracts with federal funding sources. LA works closely with grant managers and program/project specialists designated by the grantor organizations to ensure appropriate and timely project implementation and outcomes. Our organization designates a Grants Administrator to manage the application and reporting processes for all grants, overseen by the Chief Communications Officer (CCO) to ensure accuracy in our application and required reporting. Additionally, our Chief Finance Officer (CFO) ensures all grant drawdowns and invoices are submitted in a timely manner, and partners with the Budget Analyst and bookkeepers to manage and accurately code expenditures. Finally, the LA Executive Admin Team – including the CCO, CFO, Chief Executive Officer, Chief Program Officer, Chief People & Culture Officer, and Chief Operating Officer – collaboratively ensures resolution of any monitoring findings as necessary.

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38. **What is the date of the organization's most recent audit?** *

Our most recent audit was completed 8/30/2024 for the fiscal year ending 6/30/2023.

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

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

*You must demonstrate there are no preconditions to entry, allowing entry regardless of: current or past substance use; income; criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance); marital status; familial status; and self-disclosed or perceived sexual orientation, gender identity or gender expression. You must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases. **

1) Housing First participants must be actively fleeing intimate partner violence, link their housing instability to their experience with intimate partner violence, and reside in San Luis Obispo (SLO) County at the time of entry into the program. Applicants will not be excluded based on variables such as income level, employment, past or current substance abuse or mental health issues, criminal record, or citizenship status, nor will applicants be considered ineligible due to inability to provide paperwork, documentation or personally identifying information. Eligible survivors fall into one or more of the following tiers of support: low, medium, and high. Low Level: Those who are safe, but not financially stable. Financial assistance will be provided to prevent eviction, including one month of rent, utilities and lock installation; to address supportive needs such as emergency food, clothing, transportation, medications, employment and educational expenses, and healthcare including traditional, culturally-specific and/or alternative healing. Medium Level: Those who may not be safe and need assistance finding housing. Additional support will be provided to identify housing options, advocate with landlords, and safety plan. Support includes immediate, temporary housing within LA programs and through community resources. High Level: Those with barriers to rapid rehousing. Additional support will be provided via long-term planning to address barriers such as lack of adequate or regular income. Counseling around employment and financial needs, budgeting and credit repair take place as appropriate and requested. Financial assistance with legal costs and relocation costs (i.e. application fees, moving expenses, security deposits, rental assistance, utilities and utility deposits and storage costs) are provided.

The Housing First model is necessary to survivors' rehabilitation locally as it prioritizes creating safety before survivors can focus on utilizing our array of wraparound services to heal and find independence. These funds would continue to relieve the immense stress of finding affordable housing locally among some of our most vulnerable homeless community members. LA plans to continue to offer safe and stable housing to victims via our empowerment-based emergency shelters, transitional housing, and housing first program. Emergency shelter will be available to survivors and their loved ones facing imminent danger and fleeing domestic violence. Survivors and their families may stay between 28 and 60 days while they look for more permanent housing. While our shelters hold 48 beds, they are full 95% of the time. If shelter is not available, advocates will connect survivors to other housing services in house or in the community.

2) Our Housing Advocates identify eligible survivors currently experiencing significant housing insecurity and assess their housing needs. LA advocates are mobile and can meet survivors where it is safe and convenient for them. Advocacy services can continue for up to 24 months, or as long as support is needed. Advocates tailor support services and flexible financial assistance to the unique needs of each individual. Following a client-centered approach, survivors determine the extent and type of services provided, and our advocates, who are trained in trauma-informed service provision, build relationships with survivors, helping them feel comfortable and safe while receiving services. LA provides additional support for clients seeking services to address needs related, but not limited to: language, social and cultural challenges, disability, and/or healthcare access, etc.

The most common "points of entry" into the Housing First Program are through LA's Emergency Shelter and Transitional Housing programs, other LA programs (e.g., Therapy, Legal), and from outside agencies that have referred homeless domestic violence victims. Advocates determine eligibility for . . . (Please see Attachment E).

Please enter at most 4000 characters

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

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

LA employs the Housing First model, which "utilizes housing as a tool, rather than a reward," and involves offering wraparound services once survivors are housed as quickly as possible. Participation in services will continue to be voluntary, and eligibility will not be determined based on poor credit or rental history, "criminal convictions unrelated to tenancy, or behaviors that indicate a lack of 'housing readiness.'" Advocates will continue to employ empowerment- and evidence-based practices, including motivational interviewing and trauma-informed crisis counseling and intervention, all while honoring survivors' agency and tailoring services to individual needs. Drawing on their understanding of the dynamics of domestic violence, advocates will consider how abuse impacts other issues survivors experience by helping them safety plan, secure employment, legal assistance referrals, transportation, therapy, childcare services, case management, financial support, financial literacy and other social services. Finally, advocates will work with survivors to integrate them back into their community and support them while recovering from trauma and achieving social and emotional well-being.

Please enter at most 4000 characters

Involving Survivors in Program and Policy Development

41. Describe how the new project will involve survivors with a range of lived expertise. *

Client intake surveys are used to evaluate the organization's cultural competence in serving diverse populations. Trend analysis enables Lumina Alliance to identify areas for improvement in delivering culturally sensitive services. The primary data source for this project will be client surveys given at intake and upon completion or cessation of services. Surveys will measure client success and satisfaction using a number of measures, including but not limited to client feelings of safety, knowledge of community resources, and emotional health. Additionally, Lumina Alliance advocates utilize a Self-Sufficiency Plan, where clients determine 3 areas in their life with which they would like to support reaching self-sufficiency, which will also be collected and analyzed to measure success within the target population. The success of program recruitment efforts will be measured through demographic information gathered at intake. Retention will be measured according to completion of all 12 sessions of our program. Clients exiting the program early will be solicited for feedback. Program effectiveness will be measured via self-report survey responses collected pre and post program participation.

Please enter at most 4000 characters

42. Describe how the new project will involve survivors in policy and program development throughout the project's operation. *

LA is in the planning phase of creating a Survivor Advisory Board, which will eventually involve recruiting past clients and community members to participate. The Board 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.

Please enter at most 4000 characters

Addressing Severity of Needs

43. Estimated percentage of participants to be served that are chronically homeless: *

20-30%

44. Estimated percentage of participants to be served that have low or no income: *

60-75%

45. Estimated percentage of participants to be served that have history of victimization/abuse, domestic violence, sexual assault, childhood abuse: *

100%

Timeliness

46. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award. Please also estimate the average time from a client’s program entry to housing placement. *

LA already implements a robust Housing First Program utilizing funds from the Office of Violence Against Women and the California Office of Emergency Services. This program serves clients utilizing a housing first and rapid re-housing model that prioritize housing survivors who are homeless or at-risk. This program includes emergency shelter, transitional housing units, and financial resources for rent, deposit, and utility assistance for housing guests as well as community clients.

In the first 60 days after grant award, LA will begin partnering with CAPSLO to enroll LA in the HMIS database for the first time. A dedicated staff person funded by CAPSLO will create a special account for LA clients to ensure other HMIS users will be blocked from seeing clients' association with LA, ensuring their confidentiality. Existing LA housing staff will begin actively participating in CoC planning and collaborative meetings. As well, LA will begin recruitment for the new housing advocate position.

In the first 120 days, LA will train the new Housing Advocate, and implement new protocols related to referring LA clients to other housing providers and resources, and collaborating and streamlining case management in partnership with CoC members. Additionally, the new Housing Advocate will begin the distribution to IPV survivors of TBRA funds through this grant and program enrollment.

In the first 180 days, LA will continue to fine tune program operations, regularly assess client needs, recruit landlords, provide supportive services, and distribute rental and deposit assistance funds.

Please enter at most 4000 characters

Project Effectiveness

47. Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals *

N/A

48. Projected number of households to exit to permanent housing *

58. This number does not account for exits to emergency shelter and motel/hotel stays. When accounting for safe housing destinations inclusive of emergency shelters and motels, not including unknown destinations, LA’s housing placement number increases to 138.

Equity Factors

49. Project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions *

Yes

No

50. Project's organizational board of directors includes representation from more than one person with lived experience (per 24 CFR 578.75(g) Participation of Homeless Individuals) *

Yes

No

51. Describe how your organization has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population. *

Gradually over time, our organization has identified barriers to participation among monolingual Mixteco-speaking populations who often do not know their rights or resources available to them, and are at higher risk of victimization. Calls to our crisis line by Mixteco-speakers have grown over the past several years, and language barriers have challenged our staff to provide these survivors with all the resources normally afforded Spanish and English speakers. No LA staff speak Mixteco, and to our knowledge, nor do any partner agency staff participating in the Coordinated Entry System or CoC. Additionally, monolingual Spanish speakers make up approximately 50% of LA's service recipients, and many are at greater risk of homelessness due to employment, education, and language barriers.

Please enter at most 4000 characters

52. Describe the actions the organization has taken or will take to eliminate the identified barriers. *

LA will continue to conduct outreach in rural areas, partnering with the Mixteco Indigena Community Organizing Project of Santa Maria (MICOP), to reach monolingual Mixteco speakers, and we are in the process of applying for a federal grant that would allow us to conduct research on best practices for this underserved population and improve our culturally relevant services. .

LA also addresses barriers to housing and supportive services by providing culturally relevant services in both English and Spanish, with interpreters available for other languages; individualized needs case management and "Self-Sufficiency Planning"; and comprehensive wraparound services before, during, and after housing is attained. LA will continue to offer all survivor services – including written and web-based informational materials – in both English and Spanish. 100% of our client-facing staff are bilingual in English and Spanish.

In addition to working with individual survivors, our Housing Advocates and other LA staff engage in a variety of collaborative community efforts to hold offenders accountable, promote restorative justice, and provide adequate resources and opportunities for survivors. For example, LA has partnered with the District Attorney's office to offer education as part of a criminal diversion program, worked to help establish the SLO Legal Alternatives Corporation to increase free legal services in the county, and has been an active member of our local Supportive Housing Consortium since its inception. LA also collaborates with and provides referrals to partner agencies.

Please enter at most 4000 characters

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

The primary subpopulation served through this grant by LA will be survivors of IPV. LA will continue to serve all subpopulations identified under the CoC, particularly youth, families, and people with disabilities, and will not discriminate based on those identities. LA will continue to provide onsite childcare to clients residing in our emergency shelters and transitional housing units, as well as to service recipients at our offices throughout the county. LA will continue to partner with the Independent Living Resource Center to ensure our facilities, services and information is accessible to those living with disabilities. Our website will continue to operate with the Accessible App, which allows users with disabilities to tailor their navigation experience to their needs, and we will continue to partner with ALTA Language interpretation services and local sign language interpreters to break down language barriers.

Please enter at most 4000 characters

Involving Individuals with Lived Experience of Homelessness

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

Currently, our agency does not directly or regularly provide job skills training, internships, or continuing education to individuals with lived experience of homelessness. However, LA regularly makes referrals to organizations who offer skill-based training, such as Eckerd Workforce Development, and Transitions Mental Health Association.

Please enter at most 4000 characters

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

LA requests that program participants complete an anonymous survey which allows survivors to report on their experiences receiving services and their outcomes after participating in LA programs. Survey questions include the following:

- 1. Have the services you received improved your feelings of safety?
- 2. Have the services you received improved your feelings of self-sufficiency?
- 3. Cultural competency of the services offered
- 4. Have the services you received improved your feelings of emotional health?
- 5. I know more about community resources
- 6. I know more ways to plan for my safety
- 7. Did you feel heard in your interaction?
- 8. Overall, were the services received respectful of your culture and identity?

Finally, LA is in the planning process to develop and recruit for a Survivor Advisory Board, which will inform policies, practices, and programming throughout the agency.

Please enter at most 4000 characters

Addressing the Needs of LGBTQ+ Individuals

56. Does your agency have anti-discrimination policies in place? *

- Yes
- No

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

LA welcomes all families and individuals fleeing violence and/or who are homeless or at-risk of becoming homeless due to a recent incident of SA or IPV, no matter their gender identity or sexual orientation. LA maintains a page on our website dedicated to information and resources for LGBTQ+ survivors and their loved ones, including: common feelings, how IPV manifests within the LGBTQ+ community, who perpetrates harm, and support services and resources. LA offers an LGBTQ+ specific clinical therapy group, and partners closely with the Gala Pride and Diversity Center to ensure our policies and practices align with best practices in the field. Finally, LA's Diversity Equity and Inclusion Statement, which informs agency-wide policies and practices, asserts that "All forms of oppression are connected. The sexism, homophobia, and transphobia that fuel power-based violence are interwoven with racism, xenophobia, ableism, and other types of oppression that devalue the lives of entire groups of people." LA is committed to: "Creating a culture where discrimination is not tolerated in any form. Dismantling inequities in our policies, programs and services...[and] Pledging to stand with and advocate for all who seek racial justice, social justice, and liberation from violence and oppression."

Please enter at most 4000 characters

Alignment with the San Luis Obispo Countywide Plan to Address Homelessness

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

This project will align with three Lines of Effort outlined in the San Luis Obispo Countywide Plan to address homelessness (2022-2027) in the following ways:

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

Funding will be utilized to support case management efforts to identify and secure permanent housing for homeless and at-risk survivors of IPV. Advocates will support clients in navigating housing resources provided through the SLO County Continuum of Care, with which LA will become an active partner for the first time. The bulk of funding through this grant will be provided directly to clients in the form of financial assistance to cover the cost of rental and deposit assistance through our established Housing First Program.

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

LA is actively partnering with CAPSLO to become a formal member of the SLO County Continuum of Care, and to begin entering data into the HMIS for the first time. CAPSLO will designate a confidential data manager to ensure LA client data is not publicly associated with LA to ensure confidentiality, while streamlining the housing application and coordination process for individual LA applicants by offering a county-wide, universal intake process for all housing applicants.

Line of Effort 5: Strengthen regional collaboration.

Through participation in the Continuum of Care, LA will bolster and formalize existing relationships with Coordinated Entry System agencies, including CAPSLO, ECHO, 5 Cities Homeless Coalition, Transitions-Mental Health Association, the Housing Authority of SLO, The Link Family Resource Center, Family Care Network, and People's Self-Help Housing.

Please enter at most 4000 characters

Attachments

The following documents must be submitted by email to SS.HomelessServices@co.slo.ca.us as part of this application, no later than Friday, September 6 at noon.

Attachment A – Organization's most recent audit (Required)

Attachment B – Project's Policies and Procedures (Required)

Policies and procedures must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance use, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression; and must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.

Attachment C – Leveraging Housing Resources Commitment (Permanent Housing projects only)

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

Attachment D – Leveraging Health Care Resources Commitment (Permanent Housing projects only)

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

Attachment E – Supplemental Answers to Questions (Optional)

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

59. I understand that the above documents must be submitted by email to SS.HomelessServices@co.slo.ca.us as part of this application, no later than Friday, September 6 at noon. *

Yes

No



September 6, 2024

Ms. Jennifer Adams
Chief Executive Officer
Lumina Alliance
51 Zaca Lane Suite 150
San Luis Obispo, CA 93401

RE: Housing Services for the Lumina Alliance Rapid Re-Housing Program

Dear Ms. Adams:

The Housing Authority of San Luis Obispo (HASLO) understands that Lumina Alliance (LA) is applying for funding under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care program for the proposed Renewal Rapid Re-Housing Program. Lumina Alliance's program, located throughout San Luis Obispo (SLO) County, will provide 32 beds across two confidential shelters and 15 transitional housing units for survivors of sexual assault (SA) and intimate partner violence (IPV) in SLO County. HASLO and LA have maintained a long relationship in which HASLO has supported, and will continue to support, LA's transitional housing.

HASLO currently provides eight set-aside vouchers for Lumina Alliance clients and commits that three of the eight will be dedicated to clients receiving services under the grant, equal to 30% of eligible program participants in the Rapid Re-Housing Program to assist participants in their move into permanent housing after exiting the rapid re-housing project. HASLO currently supports three of LA's current transitional housing residents, and regularly supports eight LA transitional housing residents through set-aside vouchers. Participants will also be offered supportive case management services by Lumina Alliance and partnering agencies/organizations led by the project's Program Coordinator. Program participants will have access to HASLO services during their residence at the Renewal Rapid Re-Housing Program for the duration of the grant period (7/1/24-6/30/25). HASLO will provide voucher assistance to eligible participants for as long as they require and qualify for the voucher subsidy, regardless of provision of services under the grant program. The estimated value of the three set-aside vouchers is \$45,000 annually.

We are pleased to support Lumina Alliance's application to the HUD CoC DV Bonus Program and look forward to our collaboration in meeting the needs of unhoused sexual assault and intimate partner violence survivors in San Luis Obispo County.

Sincerely,

DocuSigned by:

05FD71F4D3914E2...

Michelle Pedigo
Director of Housing Management





COUNTY OF SAN LUIS OBISPO

HEALTH AGENCY

BEHAVIORAL HEALTH DEPARTMENT

Nicholas Drews, *Health Agency Director*

Star Graber PhD, LMFT *Behavioral Health Director*

06 September 2024

Jennifer Adams Chief Executive Officer
Lumina Alliance
51 Zaca Lane Suite 150
San Luis Obispo, CA 93401

RE: Healthcare Services for the Lumina Alliance Rapid Re-Housing Program

Dear Jennifer Adams,

The County of San Luis Obispo Behavioral Health Department (SLOBHD) understands that Lumina Alliance is applying for funding under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care program for the proposed Renewal Rapid Re-Housing Program. Lumina Alliance’s program, located throughout San Luis Obispo (SLO) County, will provide thirty-two (32) beds across two confidential shelters and fifteen (15) transitional housing units for survivors of sexual assault (SA) and intimate partner violence (IPV) in SLO County. Participants will be offered supportive case management services by Lumina Alliance and partnering agencies led by the project's Program Coordinator.

SLOBHD commits to provide medically necessary behavioral health treatment to participants in the Renewal Rapid Re-Housing Program. We anticipate that at least 25% of the program participants will be eligible for behavioral health treatment services. These services are available at no cost to full scope Medi-Cal beneficiaries who meet the eligibility standards for care. Program participants will have access to SLOBHD services during their residence at the Renewal Rapid Re-Housing Program for the duration of the grant period. SLOBHD will not discontinue medically necessary services to any individual who continues to require and qualify for care after the grant period. The estimated value of the behavioral health services is at least \$40,000 annually.

We are pleased to support Lumina Alliance’s application to the HUD CoC DV Bonus Program and look forward to our collaboration in meeting the needs of unhoused sexual assault and intimate partner violence survivors in San Luis Obispo County.

Sincerely,

Star Graber, PhD, LMFT
Behavioral Health Director

~~The Health Agency complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected class~~

County of San Luis Obispo Health Agency

Attachment E

20. With reference to your organization's policies and procedures, describe how you:

a. Ensure DV survivors experiencing homelessness are assisted to quickly move into safe, affordable housing; b. Prioritize survivors (you must address the process used, e.g. Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.); c. Determine which supportive services survivors needed; d. Connect survivors to supportive services; e. Assist survivors to secure housing they can sustain; and f. Address housing stability after the housing subsidy ends.

a. Survivors determine the extent and type of services that they engage in, and our trauma-informed advocates build relationships with survivors to make them feel comfortable and safe receiving services. Survivors with immediate need can enter our emergency shelter for 28 - 60 days where they can begin the process of searching for permanent housing with the support of a Housing Advocate. If they have not found housing by 60 days due to financial or other barriers, a referral to our transitional housing program can be made to address extenuating circumstances (if there is an opening). Once a survivor is able to overcome these barriers and to independently move to and maintain housing without supportive services, they are voluntarily exited from the program. Barriers or goals will be revised weekly with the support of an advocate; they can build a plan geared toward obtaining housing depending on their unique needs. A case management plan will be made to achieve goals and to overcome barriers in order to secure permanent housing. Financial assistance bolsters housing services by providing funds for a down payment and/or first month's rent both to eligible community clients and those staying in our emergency shelters or transitional housing units.

b. Those survivors who are homeless or at-risk of becoming homeless due to a recent (within the last six weeks) incident of IPV will be prioritized for the Housing First Program. Calls to our crisis and information line will be prioritized based on a first come, first served basis (LA does not utilize a waitlist for housing assistance, only clinical therapy). LA is a participant within the SLO County Continuum of Care, which includes local homeless shelters, and homeless service providers. LA partners with the Community Action Partnership of SLO County (CAPSLO) to participate in the local coordinated entry program; CAPSLO has dedicated a portion of their proposed CoC budget to fund a dedicated HMIS data tech to support LA staff in enrolling LA clients in coordinated entry.

c. LA Advocates draw on their understanding of the dynamics of IPV to consider how abuse impacts other issues survivors experience. Based on individual assessments for each survivor, their Housing Advocate provides any number of services determined necessary and/or helpful for the client. Advocates provide case management in the form of creating safety plans, securing employment, legal referrals, transportation, therapy, childcare services, financial support, financial literacy, and other social services.

d. Clients who call our crisis and information line are assessed for safety and emergent needs. Advocates conduct in-depth needs assessments and share extensive and detailed information

with clients about their rights, available resources, and options. Advocates help identify and address potential challenges and barriers while providing assistance in filling out and submitting housing applications, conducting outreach to landlords, assisting with household establishment, and connecting with both internal and external resources such as mental health services.

LA maintains MOUs with 48 entities throughout SLO County to ensure that we are receiving referrals when IPV is disclosed outside of our organization and that we have relationships with organizations providing additional services to whom we can refer clients when necessary. We work regularly and closely with organizations such as 5Cities Homeless Coalition, El Camino Homeless Organization (ECHO), Community Action Partnership of San Luis Obispo County (CAPSLO), Community Counseling Center (CCC), and more to connect survivors with services in the community to create a network of support.

Further, LA participates on multi-disciplinary teams and partners with numerous community stakeholders in an effort to ensure a coordinated community response to IPV. LA is an active member of the Homeless Services Oversight Council - which compiles community data about homelessness to make policy and funding recommendations to the Board of Supervisors. We also participate in the SLO Supportive Housing Consortium, which brings together homeless service providers to address community-specific housing needs and to ensure efficient access to diverse homeless prevention and intervention resources. LA offers outreach and education on the dynamics of IPV, how to respond to disclosure and connect survivors with LA services, and the survivors' needs for safety that are unique to this population. Community partners include landlords and the Housing Authority of SLO, housing and homeless programs such as Peoples Self-Help Housing and 40-Prado Homeless Shelter, legal assistance providers such as California Rural Legal Assistance and SLO Legal Assistance Foundation, law enforcement, the District Attorney's (DA) Office and Victim/Witness, employment agencies such as Eckerd WorkforceDevelopment, the Department of Social Services, and others. LA also holds leadership roles on the Intimate Partner Violence Coalition (DV Task Force) and the SART Advisory Board.

e. All clients are offered coaching in financial literacy and independence, support in applying for jobs, and accessing public entitlement benefits and private nonprofit resources. LA engages Housing First Program participants in case management to address financial barriers that may arise once the subsidy ends in order to make a plan well beforehand. Additionally, LA is allocated set-aside housing vouchers that program participants may be eligible for, and maintains close working relationships with partner agencies within the Continuum of Care in order to coordinate ongoing housing stability.

When permanent housing cannot be secured upon exit from LA emergency shelter or transitional housing, LA Housing Advocates work to safely reunify clients with a family member or friend, including providing transportation - whether locally or out of the area. We also engage clients in our case management program well after they complete or exit our Housing First Program, including connecting them with appropriate public benefits through the Department of Social Services and Victim Witness, as well as other community based resources when

appropriate. When necessary, LA will also provide motel assistance until shelter, family relocation, or housing can be secured.

28. With reference to policies and procedures, describe your experience using trauma-informed, victim-centered approaches to meet needs of DV survivors, by:

- a. prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;**
- b. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
- c. providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;**
- d. emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools that include strength-based measures, case plans worked towards survivor-defined goals and aspirations;**
- e. 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;**
- f. providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to peer, spiritual needs; and**
- g. offering support for survivor parenting, e.g., trauma informed parenting classes, childcare, connections to legal services.**

a. 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, 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. Throughout this process the housing advocate maintains contact with the client and other staff to ensure clear communication. At any point during case management, clients may pause service participation or adjust their plans of action.

b. 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 our 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 our work; we empower them to make choices for themselves while providing compassionate services, dignity, privacy, and respect.

Empowerment is infused into our mission and everything we do as an agency in service of survivors. We treat every individual as an expert in their own experience and trust them to make decisions that are best for them. We support survivors in their decision-making process and never force participation in nor punish our clients for choosing to accept or decline services.

c. All 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, our agency employs trauma-informed 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 maintains up-to-date, accessible information about common survivor experiences and available resources on our website and in paper form at our offices.

d. 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. We believe survivors, and trust them to make the best decisions for themselves.

e. LA recognizes that marginalized communities are at an increased risk for experiencing IPV. Our 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. We have worked with Dr. Joy Pedersen to provide a three-part diversity, equity, and inclusion (DEI) training as a series in our all-staff meetings and to update our DEI policy with LA’s DEI Committee.

As well, our 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. Our agency regularly offers staff and volunteers continuing education and training related to DEI, including our upcoming training on the impacts of COVID on local Spanish-Speakers, facilitated by Dignity Health Hospital.

f. LA offers clinical therapeutic groups for survivors and their loved ones. Our peer support groups and individual therapy are provided by our 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.

g. 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.

30. Provide examples of how the new project will:

a. Prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs; b. Establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials; c. Provide program participants' access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma; d. Emphasize program participants' strengths—for example, strength-based coaching, questionnaires, and assessment tools including strength-based measures, case plans works towards survivor defined goals and aspirations; e. 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; f. Provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and g. Offer support for survivor parenting, e.g., trauma informed parenting classes, childcare, connections to legal services.

a. This project will help fund Housing Advocate positions, ensuring increased self-sufficiency planning and support for survivors seeking placement and stabilization in permanent housing. 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.

b. The project and project staff are dedicated to 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 our 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.

c. All staff, including funded Housing Advocates, 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, our agency will continue to employ trauma-informed 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 our website and in paper form at our offices.

d. LA will continue to utilize our strengths-based self-sufficiency planning 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.

e. 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 mentioned previously, our 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 our agency-wide DEI statement to individual departments, and as informed by our strategic plan. Further, we are in the process of planning for and recruiting members to our inaugural Survivor Advisory Board, which will inform agency-wide policies and practices to ensure all programs and operations are survivor-centered, inclusive, and accessible.

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

g. LA will continue to make referrals to Parent Connection of SLO 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 our onsite childcare program in partnership with First 5 of SLO County to improve quality and sustainability over time.

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

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

1) Housing First participants must be actively fleeing intimate partner violence, link their housing instability to their experience with intimate partner violence, and reside in San Luis Obispo (SLO) County at the time of entry into the program. Applicants will not be excluded based on

variables such as income level, employment, past or current substance abuse or mental health issues, criminal record, or citizenship status, nor will applicants be considered ineligible due to inability to provide paperwork, documentation or personally identifying information. Eligible survivors fall into one or more of the following tiers of support: low, medium, and high.

Low Level: Those who are safe, but not financially stable. Financial assistance will be provided to prevent eviction, including one month of rent, utilities and lock installation; to address supportive needs such as emergency food, clothing, transportation, medications, employment and educational expenses, and healthcare including traditional, culturally-specific and/or alternative healing.

Medium Level: Those who may not be safe and need assistance finding housing. Additional support will be provided to identify housing options, advocate with landlords, and safety plan. Support includes immediate, temporary housing within LA programs and through community resources.

High Level: Those with barriers to rapid rehousing. Additional support will be provided via long-term planning to address barriers such as lack of adequate or regular income. Counseling around employment and financial needs, budgeting and credit repair take place as appropriate and requested. Financial assistance with legal costs and relocation costs (i.e. application fees, moving expenses, security deposits, rental assistance, utilities and utility deposits and storage costs) are provided.

The Housing First model is necessary to survivors' rehabilitation locally as it prioritizes creating safety before survivors can focus on utilizing our array of wraparound services to heal and find independence. These funds would continue to relieve the immense stress of finding affordable housing locally among some of our most vulnerable homeless community members. LA plans to continue to offer safe and stable housing to victims via our empowerment-based emergency shelters, transitional housing, and housing first program. Emergency shelter will be available to survivors and their loved ones facing imminent danger and fleeing domestic violence. Survivors and their families may stay between 28 and 60 days while they look for more permanent housing. While our shelters hold 48 beds, they are full 95% of the time. If shelter is not available, advocates will connect survivors to other housing services in house or in the community.

2) Our Housing Advocates identify eligible survivors currently experiencing significant housing insecurity and assess their housing needs. LA advocates are mobile and can meet survivors where it is safe and convenient for them. Advocacy services can continue for up to 24 months, or as long as support is needed. Advocates tailor support services and flexible financial assistance to the unique needs of each individual. Following a client-centered approach, survivors determine the extent and type of services provided, and our advocates, who are trained in trauma-informed service provision, build relationships with survivors, helping them feel comfortable and safe while receiving services. LA provides additional support for clients seeking services to address needs related, but not limited to: language, social and cultural challenges, disability, and/or healthcare access, etc.

The most common “points of entry” into the Housing First Program are through LA’s Emergency Shelter and Transitional Housing programs, other LA programs (e.g., Therapy, Legal), and from outside agencies that have referred homeless domestic violence victims. Advocates determine eligibility for the Housing First Project and gather data utilizing our HMIS-compliant database, while keeping all survivor data strictly confidential.

We also have two transitional housing locations that provide 48 beds among 7 two-bedroom units, 1 one-bedroom unit and 1 three-bedroom unit. Transitional housing residents can stay up to two years with prorated rent based on income. LA sets aside 10% of rent, which is returned to the client upon exit, contributing to the cost of a deposit and first month's rent for a new home.

3) A client may be exited from our Housing First Program due to the following:

They reach their goals.

They choose to end case management services.

They exit emergency shelter and do not wish to continue with case management.

They do not follow up with their advocate and there is no response after two attempts to contact, case management will be closed after three months.

They are moving out of the county.

They identify a new area of support and the current case management plan related to Housing First will be closed. The advocate will create a new initial assessment and plan of action.

Our Advocates will offer the following follow-up supportive services for at least three months after a survivor has secured stable permanent housing: Case management to create client driven goals, provide support in achieving those goals, and tools to promote safety and housing stability; connection to resources in the community to become established in their new home, including assistance with furnishings and new school enrollment; continued advocacy with partner agencies and landlords, as well as employment agencies to secure financial and social services that will ensure steady income and housing moving forward; safety planning which may include signing up for the Safe at Home confidential P.O. Box program, lock installation, or restraining order application support; offering other therapy and crisis support as needed.