Homeless Housing, Assistance and Prevention Round 3 Application

Application Information

This Cognito platform is the submission portal for the Cal ICH HHAP-3 Application. You will be required to upload a full copy of the HHAP-3 Data Tables Template *and* enter information into the portal from specific parts of the HHAP-3 Local Homelessness Action Plan and Application Template as outlined below.

Please review the following HHAP-3 resources prior to beginning this application:

- [HHAP-3 Notice of Funding Availability (NOFA)](#)

- [HHAP-3 Local Homelessness Action Plan & Application Template](#) and

- [HHAP-3 Data Tables Template](#)

Application Submission for HHAP-3 Funding

Using the **[HHAP-3 Local Homelessness Action Plan & Application Template](#)** as a guide, applicants must provide the following information in the applicable form section (see *How to Navigate this Form*) to submit a complete application for HHAP-3 funding:

1. **Part I: Landscape Analysis of Needs, Demographics, And Funding**: the information required in this section will be provided in Tables 1, 2, and 3 of the HHAP-3 Data Tables Template file uploaded in the *Document Upload* section.

2. **Part II: Outcome Goals and Strategies for Achieving Those Goals:** the information required in this section will be provided in Tables 4 and 5 of the HHAP-3 Data Tables Template file uploaded in the *Document Upload* section, **AND** copy and pasted into the fields in the *Outcome Goals and Strategies* section of this application form.

3. **Part III: Narrative Responses:** the information required in this section will be provided by entering the responses to the narrative questions within the *Narrative Responses* section of this application form. Applicants are NOT required to upload a separate document with the responses to these narrative questions, though applicants may do so if they wish. The responses entered into this Cognito form will be considered the official responses to the required narrative questions.

4. **Part IV: HHAP-3 Funding Plans:** the information required in this section will be provided in Tables

6, 7 (as applicable), and 8 of the HHAP-3 Data Tables Template file uploaded in the *Document Upload* section.

5. **Evidence of meeting the requirement to agendize the information in Parts I and II at a meeting of the governing board** will be provided as a file upload in the *Document Upload* section.

How to Navigate this Form

This application form is divided into **five sections**. The actions you must take within each section are described below.

- **Applicant Information**: In this section, indicate (1) whether you will be submitting an individual or joint application, (2) list the eligible applicant jurisdiction(s), and (3) provide information about the Administrative Entity.

- **Document Upload**: In this section, upload (1) the completed HHAP-3 Data Tables Template as an Excel file, (2) evidence of meeting the requirement to agendize the local homelessness action plan and outcome goals at a regular meeting of the governing board where public comments may be received, and (3) any other supporting documentation you may wish to provide to support your application.

- **Outcome Goals and Strategies**: In this section, copy and paste your responses from Tables 4 and 5 of the completed HHAP-3 Data Tables Template.

- **Narrative Responses**: In this section, enter your responses from Part III of the HHAP-3 Local Homelessness Action Plan & Application Template.

- **Certification**: In this section, certify that the information is accurate and submit the application.

Prior to the submission deadline, you can save your progress in this application and come back to it later by clicking the save button. This will provide you with a link to the saved application, and there will be an option to email that link to the email address(es) of your choosing.

After submitting the application, you will not be able to make changes to your responses unless directed by Cal ICH staff.

I have reviewed the HHAP-3 NOFA and application template documents
Yes

I am a representative from an eligble CoC, Large City, and/or County
Yes

Applicant Information

List the eligible applicant(s) submitting this application for HHAP-3 funding below and check the corresponding box to indicate whether the applicant(s) is/are applying individually or jointly.

Eligible Applicant(s) and Individual or Joint Designation
Individual

This application represents the individual application for HHAP-3 funding on behalf of the following eligible applicant jurisdiction(s):

Eligible Applicant Name
City of San Diego

Administrative Entity Information

Funds awarded based on this application will be administered by the following Administrative Entity:

Administrative Entity
City of San Diego

Contact Person
Kimberlee Zolghadri

Title
Senior Management Analyst

Contact Person Phone Number
(619) 533-3824

Contact Person Email
kzolghadri@sandiego.gov

Document Upload

Upload the completed [HHAP-3 Data Tables Template](#) (in .xlsx format), evidence of meeting the requirement to agendize the local homelessness action plan and outcome goals at a regular meeting of the governing body where public comments may be received (such as a Board agenda or meeting minutes), and any other supporting documentation.

HHAP-3 Data Tables
City of San Diego_HHAP-3 Data Tables.xlsx

Governing Body Meeting Agenda or Minutes
City of San Diego Council Mtg & Committee Mtg Agendas.pdf

Optional Supporting Documents
City of San Diego Community Action Plan.pdf

Narrative Responses

Copy and paste your responses to Part III. Narrative Responses from the [HHAP-3 Local Homelessness Action Plan & Application Template](#) into the form below.

Question 1

A demonstration of how the jurisdiction has coordinated, and will continue to coordinate, with other jurisdictions, including the specific role of each applicant in relation to other applicants in the region.

Question 1 Response
With the largest concentration of individuals experiencing homelessness in the San Diego region residing within City of San Diego (City) limits, the City has taken the lead on implementing several homeless serving programs and projects over the past few years. With that said, the City has not been able to accomplish what it has without collaboration and coordination with key regional partners. The City has worked closely with its local Continuum of Care (CoC), the County of San Diego (County), local service providers, and the public housing agency to build up its network of resources. The City is committed to cross-jurisdictional collaboration to address homelessness in the region and has recently accelerated efforts to strengthen its partnership with the County in addressing the needs of the most vulnerable population. For example, in December 2021, the City and County partnered to open a Community Harm Reduction Shelter to serve a unique population with higher needs. In partnering with the County's Behavioral Health Services, clients not only have access to shelter and housing navigation support, but also have access to behavioral health services and medical care. The shelter is smaller in capacity compared to other shelters funded by the City, which allows for more individualized care for this specific population. Moreover, the City and County are in the final stages of collaborating on an additional new shelter to expand its reach and serve more individuals needing behavioral health support.

The City's local Continuum of Care (CoC) oversees the Homelessness Management Information System (HMIS), the annual Point-In-Time Count (PITC), the annual Housing Inventory Court (HIC) and other federal monitoring and reporting. The City works closely with its CoC to track data through HMIS, utilizes results from the PITC, and assesses system performance measures to make informed decisions surrounding homelessness programs and policies. A system-changing collaboration with the local CoC is the City's efforts to enhance street outreach. Last year, the City expanded its Coordinated Street Outreach Program. Working with the CoC, the City established a system of recurring outreach events, expanded coverage, and increased partnerships with providers. These events to coordinate efforts in areas of concentrated unsheltered homelessness to provide as many resources and be as impactful as possible.

With each round of HHAP funding, the City, County, and CoC have always collaborated to share ideas and proposed projects throughout the application process. The agencies work together to ensure the proposals not only meet their own specific goals, but also complement each others proposals align with the overarching goal to reduce homelessness in the region and to strengthen housing stability.

Question 2

 A demonstration of the applicant's partnership with, or plans to use funding to increase partnership with:

- Local health care and managed care plans
- Public health systems
- Behavioral health
- Social services

- Justice entities
- People with lived experiences of homelessness
- Other (workforce system, services for older adults and people with disabilities, Child Welfare, education system)

Question 2 Response

The County of San Diego oversees public health services in the region. The City recently partnered with the County Behavioral Health Services to open a Community Harm Reduction Shelter to serve a population with substance use and mental health challenges. In addition, the City and County are currently in the final stages of opening an additional shelter which will also have a focused population for individuals needing behavioral health supportive services. The City is committed to collaborating with the County on increasing programs and services that address substance use and mental health concerns.

The City has several diversion programs to lessen individuals involvement with the criminal justice system. The Serial Inebriate Program (SIP) is a collaboration between the San Diego Police Department (SDPD), the City Attorney's Office (CAO), County, emergency medical services, hospitals, and the court system. The 180-day program offers individuals deemed chronic inebriates treatment in lieu of custody in the jail system. In addition to treatment, SIP provides intensive case management and access to financial, housing, and substance abuse recovery resources. Separately, the Prosecution and Law Enforcement Assisted Diversion Services (PLEADS) program is a partnership between the SDPD, CAO, and County of San Diego and provides individuals under the influence of a controlled substance the opportunity to obtain supportive services. The program, which is partially funded through State grants, is a public safety intervention police officers may use to provide individuals access to resources as an alternative to enforcement action. Another diversion program is the Clean Plates Program. The Clean Plates Program is a partnership between the City Treasurer's Office, CAO, San Diego County Public Defender's Office, and the San Diego Homeless Court Steering Committee. The program offers relief to individuals experiencing homelessness who face the financial hurdle of paying off parking citations.

The City recognizes the unique perspective of people with lived experience and regularly collaborates with them throughout the process of creating and implementing programs and services. As part of the City's adopted Community Action Plan on Homelessness, the City, in partnership with the local housing agency, created a Leadership Council. The Leadership Council includes agency leaders and community representatives, in addition to a person with lived experience. The Leadership Council is tasked with monitoring the City's progress and providing direction on the strategies and initiatives to fully implement the Action Plan.

The City and its local housing agency recently partnered with a community college to expand workforce training programs needed to bring more people into a career of providing services to persons experiencing homelessness. The Program for Engaged Educational Resources (PEER) provides students with resources to build their resume, strengthen interview skills, assist with internship and job searches, and ultimately provide overall guidance with securing employment in the homelessness-services industry within the City.

Question 3

A description of specific actions the applicant will take to ensure racial and gender equity in service delivery, housing placements, and housing retention and changes to procurement or other means of affirming racial and ethnic groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services.

Note: These actions should be aligned with the equity-focused Outcome Goals and related strategies described in previous Parts, but should not need to be limited to those strategies.

Question 3 Response
The City recognizes the overrepresentation of certain racial and ethnic groups in the homelessness system. The City continues to work with the Continuum of Care which created the Ad Hoc Committee to Address Homelessness amongst Black San Diegans to ensure this population has equitable access to housing and services. In addition to the CoC's committee, in 2020, the City of San Diego's City Council approved the creation of the Office of Race and Equity. The Homelessness Strategies & Solutions Department is committed to working with and learning from the newly created department to build strategies to prioritize funding and to expand opportunities to better serve communities at a level necessary to eliminate disparities. Additionally, in early 2022, the City participated in the CA REAL Community of Practice. The City in partnership with the Regional Task Force on Homelessness engaged in this technical assistance from the State and learned how to set SMARTIE (i.e. Specific, Measurable, Action-Oriented, Realistic, Time bound, Inclusive, and Equitable) goals for advancing equity in the crisis response system.

Question 4

A description of how the applicant will make progress in preventing exits to homelessness from institutional settings, including plans to leverage funding from mainstream systems for evidence-based housing and housing-based solutions to homelessness.

Note: Such mainstream systems could include:

- Physical and behavioral health care systems and managed care plan organizations
- Public health system
- Criminal legal system and system for supporting re-entry from incarceration
- Child welfare system
- Affordable housing funders and providers
- Income support programs
- Education system
- Workforce and employment systems
- Other social services and human services systems

Question 4 Response
Several of the City of San Diego shelters coordinate on-site access to County of San Diego services to provide access for clients to apply for benefit programs administered by the County of San Diego. Many of these services are also made available during Coordinated Street Outreach events and at the Homeless Response Center which is a resource center that offers a broad range of services to help individuals and families experiencing homelessness on their path to permanent or longer-term housing. The County of San Diego has been a strong partner in coordinating the placement of these critical services. During the last fiscal year, in partnership with the County, the City of San Diego, and the San Diego Housing Commission, the first Harm Reduction focused shelter in the City was launched. The program leverages a City-funded and operated shelter with County-funded substance use disorder, case management and other services.

The local housing agency, the San Diego Housing Commission (SDHC), has also been working on a

system capacity initiative as part of its Housing First SD Action plan. The SDHC launched a PSH Partnership Collaborative that endeavors to streamline and expedite progression from CES referral to housing. The goal of the collaborative is to work with multiples stakeholders, including PSH service providers, property managers, and developers. The Collaborative focuses on reviewing best practices (e.g. client-centered, Housing First, etc.), transferring and sharing knowledge, enhancing capacity building practices, and identifying opportunities for improved efficiency.

Question 5

Specific and quantifiable systems improvements that the applicant will take to improve the delivery of housing and services to people experiencing homelessness or at risk of homelessness, including, but not limited to, the following:

(I) Capacity building and workforce development for service providers within the jurisdiction, including removing barriers to contracting with culturally specific service providers and building the capacity of providers to administer culturally specific services.

(II) Strengthening the data quality of the recipient's Homeless Management Information System.

(III) Increasing capacity for pooling and aligning housing and services funding from existing, mainstream, and new funding.

(IV) Improving homeless point-in-time counts.

(V) Improving coordinated entry systems to strengthen coordinated entry systems to eliminate racial bias, to create a youthspecific coordinated entry system or youth-specific coordinated entry access points, or to improve the coordinated entry assessment tool to ensure that it contemplates the specific needs of youth experiencing homelessness.

Question 5 Response
(I) The City's Community Action Plan on Homelessness is a comprehensive, 10-year plan that builds on recent progress, lays out short-term achievable goals, and serves as a guide for long-term success in addressing homelessness in the City of San Diego. The Action Plan highlights the importance of building system capacity to meet changing needs and accomplish the goals outlined the plan and includes a set of guiding principles that help guide system-wide policy and funding decisions. Building capacity for the system and providers is listed as one of the guiding principles in the Action Plan.

In Fiscal year 2022, the City began providing additional funding to the Homelessness Program for Engaged Educational Resources (PEER) Program, a joint collaboration started by the San Diego Housing Commission in partnership with the San Diego Community College District in 2020. The PEER Program is an educational program focused on creating a cohort of professionals to meet the immediate and long-term workforce needs for the homelessness programs and services sector in the San Diego region. Utilizing best practices, the PEER Program's objective is to provide a pipeline for students into employment opportunities in homelessness services via specialized education, training and job placement assistance. The first class was successfully launched using a live video format at San Diego City College (City College) the week of October 13, 2020.

The Homelessness PEER Program offers:
-The HUMS-75 course four times per school year (a course designed specifically to prepare students to work directly with persons experiencing homelessness with the City of San Diego).
-Outreach to community and other colleges for students interested in taking the course and preparing to seek jobs working with organizations serving individuals experiencing homelessness.

-Engagement with the homelessness service provider network to identify vacant positions under recruitment.
-Academic counseling and career plans for Homelessness PEER students.
-Career/Educational Counseling geared toward:
-Working with populations experiencing homelessness, and
-Longer-term educational and career pathways in social services sectors that support people experiencing homelessness, including: job readiness skills, resumes, interviewing and preparation for employment, job development and placement of students into jobs.

At least 23 students were hired by organizations addressing homelessness, and 183 students haven enrolled in the HUMS-75 course since program start.

In addition, the City is proactively seeking new partnerships with local organizations to expand the network of services in San Diego. In the fall of 2021, the City established a new outreach contract with City Net, a service provider new to the San Diego region. The City hopes to continue to partner with other service providers to broaden capacity and the resources and services available to individuals experiencing homelessness in the city.

City of San Diego homeless programs and services are designed to incorporate Housing First principles, harm reduction, trauma-informed care, diversion strategies and cultural competency best practices. San Diego Housing Commission contract and compliance analysts provide technical assistance and monitoring to support providers in adopting the necessary operational policies and procedures to mirror these practices. Subcontractors adhere to national and regional best practices and standards for service delivery including diversity and cultural competency. The Commission encourages the hiring of persons with lived experience and incorporation of persons with lived experience to sit on their Board of Director as well as requires the incorporation of client feedback into the program design. In FY 2022, the City issued a request for proposals to expand and enhance coordinated street outreach. In evaluating the proposals, priority scoring was given to applicants proposing diverse staffing and including persons with lived experience.

(II) The Regional Taskforce on Homelessness is the CoC HMIS Lead Agency for the entire San Diego County supporting more than 60 providers and 1,200 HMIS users with a total program enrollment count of 64,993 unique participants in 2021. RTFH also provides a myriad of data services, technical support, coordination, training, and leadership in each of the 18 cities in San Diego County, the County of San Diego government, as well as the unincorporated areas. The City remains a committed partner to the RTFH and looks forward to collaborating with the RTFH to strengthen the data quality of HMIS. The following strategies have been established:

Participation in the HMIS is mandatory for all programs receiving HUD Continuum of Care project funding and for subrecipients of State HHAP funding. The additional State and Federal funding including the COVID Emergency Funding, Emergency SolutionsGrant-Covid-19 (ESG-CV), the American Rescue Plan Act, and Emergency Housing Vouchers (EHV) has resulted in a significant increase in staff time and resources to establish new projects and mandatory reporting for the San Diego region.

RTFH will use HHAP3 funds to expand existing data quality monitoring and training to generate highest quality, actionable data, and will seek support from the City of San Diego and County of San Diego in this effort to support the following:

-Data Quality Monitoring. RTFH reviews the data quality of each provider annually to identify issues and provide technical assistance to providers. Monitoring will be conducted more frequently and RTFH will engage in regular calls with participating agencies to provide focused and specific data quality review and training. Homeless service providers participating in HMIS consistently ask for more focused data review and training.
-Expanded Staff Support for Online Ticketing System. This will allow RTFH to respond more quickly to

requests submitted by the 1,200 users across HMIS-participating providers.

-Expanded Training. RTFH is responsible for all levels of training for system users. These trainings include required training for system access as well as focused trainings and refresher trainings for existing users. Focused trainings are designed based on findings from monitoring and through day-to-day support of users. Through focused and refresher trainings, users will be better equipped to follow workflows and data standards, which will result in better data quality.

-Actionable Reporting and Continuous Quality Improvement. With additional support from regional partners, RTFH can continue to increase the number of actionable reports produced to answer specific system questions and support action cycles to improve performance through the HHAP3 term and beyond.

(III) In the City's Fiscal Year 2023 budget, the addition of one FTE Grants   Coordinator was added to help oversee the funding coordination of all programs, ensuring the City maximizes all available funding sources   including new funding from new sources, while driving strategic resource mapping and coordination with regional partners. In addition, the City works closely with the County of San Diego, Regional Task Force on Homelessness, and San Diego Housing Commission to identify funding opportunities and align efforts when possible to increase capacity for the region.

(IV) The Regional Task Force on Homelessness (RTFH) is the lead agency for San Diego's Point-In-Time counts. While the PITC must be conducted every two years per Housing and Urban Development's requirements, San Diego has historically conducted the count annually. The City works closely with the RTFH on the PITC each year and is supportive of and will assist with coordinating and implementing process improvements to the PITC. The below suggested improvements were provided by the RTFH:

Sheltered Point in Time Count
For the Sheltered PITC, the HMIS data team works closely with all HMIS and non-HIMS participants providing training and TA to assure providers are able to collect the data of all persons in a shelter or transitional housing program the night of the count. Over 300 programs are included in the sheltered PITC.

Unsheltered Point in Time Count (PITC)
RTFH uses a blitz count methodology for the unsheltered PITC with the goal of engaging all people experiencing unsheltered homelessness the night of the count with a short survey to collect demographic data. This data supports efficient and effective policy and planning to house people.

In order to engage people experiencing homelessness, RTFH relies on a large volunteer base, the support of all service providers, elected officials, and homeless outreach teams within local police departments. RTFH collects feedback from PITC volunteers and coordinators following each count to improve practices for the following year. Improvements to the PITC include:

-A convenient online sign up portal for volunteers. Volunteers are able to choose the site where they want to participate.

-A mobile app to collect survey responses. Use of a mobile app the past two PITCs has eliminated paper surveys and the inconvenience of carrying and not having enough surveys the night of the count. It has also allowed immediate access to location data to clearly see where people are experiencing unsheltered homelessness, and the data can be more efficiently cleaned and uploaded to HDX reducing staff time and cost.

-On-demand training videos including a 30-minute training on use of the mobile app and safety protocols, especially COVID precautions.

-A week-long follow up after the night of the count when RTFH staff and outreach workers continue to engage and survey people living in cars, RVs, and encampments for more complete coverage. Outreach workers open their schedules so they can be immediately deployed to areas where additional coverage is needed.

-Solicited donations and fundraised to purchase items (socks, gift cards) to recognize people being surveyed for the time they give the count. This is not a requirement of the count (nor an incentive for participation), nonetheless a best practice used in San Diego to value the voice of people with lived experience.

-Support from local police departments that provide RTFH with drone and helicopter images from hard to reach areas so volunteers can target where people are living more effectively the week of the count.
-A separate week-long youth count facilitated by youth providers and includes additional youth-specific survey questions to better understand youth needs.
-A survey of jail inmates to understand how many inmates were experiencing homelessness at the time of their arrest and inform policy around criminalization and re-entry.

(V) The City recognizes the racial disparities in the City's homelessness system. According to the 2020 PITC for San Diego County, Black people accounted for 21% of the unsheltered homeless population and 30% of the sheltered homeless population, while only accounting for 5.5% of the general population in the County. The City appreciates the efforts of the RTFH in creating the Ad-Hoc Committee on Addressing Homelessness Among Black San Diegans to address the issues of racial disparities in the system and racial bias in the Coordinated Entry System. The City has an active representative on the committee who participates in analyzing the racial bias across the homeless response system and making data-informed recommendations to eliminate such bias in the system. The committee has finalized an action plan with a full set of recommendations which will be presented to the CoC Advisory Board in late June 2022 for adoption.

In addition, as the lead agency for CES, the RTFH reviewed the outcomes of the youth CES and found that Black youth were overrepresented among homeless youth but were underrepresented on the community queue to be matched to housing. The RTFH modified the prioritization scoring tool to increase the weight of factors that disproportionately impacted Black youth to increase the number of Black youth on the community queue for housing match. Outcomes are tracked and presented to providers and community stakeholders at least annually to evaluate performance of the tool and to adjust the tool if needed to ensure equity in housing match and enrollment.

The City appreciates all of the efforts of the RTFH and is committed to working alongside our partners to address issues of racial disparities in the homeless system. In addition, the City recently established the Office of Race and Equity, and the Homelessness Strategies and Solutions Department looks forward to collaborating with the newly formed office to address racial bias in the homelessness response system. One of the main goals outlined in the City's adopted Community Action Plan on Homelessness is to end youth homelessness. Over the past few years, the City has been able to bolster youth-specific programming using HEAP and HHAP funds. New programming includes the expansion of youth shelter beds and addition of a youth-focused outreach worker. In alignment with the City's Community Action Plan on Homelessness, the RTFH's adopted San Diego Coordinated Community Plan to End Youth Homelessness also illustrates the goal to end youth homelessness by 2024. The City looks forward to collaborating with the RTFH to reach the regions goal to end youth homelessness and expand services by way of HHAP-3 funds.

As the lead agency for CES, the RTFH transitioned to a new CES workflow to improve data quality and reduce the length of time from housing match to program enrollment and housing move in. Now, only youth who have identified housing as a goal, enrolled in a program, and completed an assessment are enrolled in CES to be matched to available housing resources. This has improved the quality of matches and reduced the amount of time to locate referred youth.

With this transition, the RTFH also collaborated with youth providers and youth with lived experience to develop a youth-specific prioritization tool to match youth with the highest needs to housing resources, establish a by-name list of all youth enrolled in the CES, and launch case conferencing. Case conferencing is a weekly forum where providers discuss youth on the by-name list, problem solve to eliminate housing barriers, and bring forward clients whose vulnerabilities might not be accurately represented in their prioritization score to ensure youth are matched to the most appropriate housing resources.
RTFH monitors the performance of the coordinated entry system with the goal of reducing the length of time from match to enrollment to housing move in. RTFH convenes youth providers at least annually to get

feedback on the system and to provide training to improve data quality.

Question 6

Evidence of connection with the local homeless Coordinated Entry System.

Question 6 Response
All of the City's homeless programs require contractors to participate in the Coordinated Entry System (CES). When appropriate, programs should focus on the CES standardized vulnerability assessment tool in screening, referral, and admission processes for all clients. In addition, programs are expected to also participate in housing navigation, case conferencing, or other integral components of CES, when appropriate and as established by the local CoC.

Moreover, the RTFH is the lead agency responsible for CES planning, implementation, and monitoring for the region. RTFH operates CES from a set of policies and procedures adopted by the CoC that are available on the RTFH website for public review. The CES Policies and Procedures provide:
1. Policies that govern and provide continuity and consistency on CES practices and what key stakeholders and participants should expect from the process; and
2. A framework for service providers, government partners along with private funders and community voices to align their operational processes and procedures whenever possible.

RTFH supports many community Access Sites, which are agencies that serve as starting points where people experiencing homelessness can get linked to resources that meet their needs, including enrollment in the CES. Access Sites can be found at the RTFH website or through connection with 2-1-1 San Diego via its online database or call center. These sites operate through an MOU with RTFH. Sites are reviewed and updated at least annually. Given San Diego County's large geographic area, there are multiple ways for these Access Sites to be reached:

Walk-in: Households in need are able to walk into any of the approved Access Site locations and receive assistance.

Telephone: All CES Access Sites are accessible by phone, and callers can complete an assessment without having to physically be present at the location.

Street Outreach: Street outreach services are available to connect with households in the geographic location where individuals and families experiencing homelessness reside, including streets, parks, campsites, vehicles, or other places not meant for human habitation, or those in more rural areas where physical Access Sites are limited. Street outreach teams act as mobile Access Sites and can assess people for service needs in the same way as those who connect to services via phone or walk-in.

CES provides standardized assessment tools to begin the process of resolving a person's housing crisis regardless of where a household receives assistance. Access Sites cannot guarantee direct assistance with housing or shelter, notwithstanding can provide the following:
-Triage in identifying a household's immediate needs;
-Information on emergency assistance and community resources;
-Progressive engagement to remedy a current housing crisis as quickly as possible;
-Diversion assistance to support households to prevent entering the homeless response system;
-Referrals to community-based services and supports; and
-Enrollment into CES when appropriate.

Certification

I certify that all information included in this Application is true and accurate to the best of my knowledge.
Yes

Table 1. Landscape Analysis of Needs and Demographics			
	People Experiencing Homelessness	Source and Date Timeframe of Data	Note About the Data Source from CoC
Population and Living Situations			
TOTAL # OF PEOPLE EXPERIENCING HOMELESSNESS	7638	PIT 2020	
# of People Who are **Sheltered** (ES, TH, SH)	3667	PIT 2020	
# of People Who are **Unsheltered**	3971	PIT 2020	
Household Composition			
# of Households **without Children**	29090	**HMIS** 07/01/2020 - 06/30/2021	
# of Households with **At Least 1 Adult & 1 Child**	2811	**HMIS** 07/01/2020 - 06/30/2021	
# of Households with **Only Children**	518	**HMIS** 07/01/2020 - 06/30/2021	
Sub Populations and Other Characteristics			
# of Adults Who are Experiencing **Chronic Homelessness**	9834	HDIS 07/01/2020 - 06/30/2021	Adult and Head of Household Count
# of Adults Who are Experiencing **Significant Mental Illness**	11502	HDIS 07/01/2020 - 06/30/2021	**People** count of **Mental Health Condition** not SMI
# of Adults Who are Experiencing **Substance Abuse** Disorders	1830	HDIS 07/01/2020 - 06/30/2021	**People** count of Substance Abuse Problem
# of Adults Who are **Veterans**	4681	HDIS 07/01/2020 - 06/30/2021	
# of Adults with **HIV/AIDS**	964	HDIS 07/01/2020 - 06/30/2021	**People** count
# of Adults Who are **Survivors of Domestic Violence**	5748	HDIS 07/01/2020 - 06/30/2021	**People** count
# of **Unaccompanied Youth (under 25)**	3065	**HMIS** 07/01/2020 - 06/30/2021	
# of **Parenting Youth (under 25)**	301	**HMIS** 07/01/2020 - 06/30/2021	
# of People Who are **Children of Parenting Youth**	508	**HMIS** 07/01/2020 - 06/30/2021	
Gender Demographics			
# of **Women/Girls**	14880	HDIS 07/01/2020 - 06/30/2021	
# of **Men/Boys**	22866	HDIS 07/01/2020 - 06/30/2021	
# of People Who are **Transgender**	169	HDIS 07/01/2020 - 06/30/2021	
# of People Who are **Gender Non-Conforming**	78	HDIS 07/01/2020 - 06/30/2021	
Ethnicity and Race Demographics			
# of People Who are **Hispanic/Latino**	11809	HDIS 07/01/2020 - 06/30/2021	
# of People Who are **Non-Hispanic/Non-Latino**	24451	HDIS 07/01/2020 - 06/30/2021	
# of People Who are **Black or African American**	8993	HDIS 07/01/2020 - 06/30/2021	
# of People Who are **Asian**	810	HDIS 07/01/2020 - 06/30/2021	
# of People Who are **American Indian or Alaska Native**	712	HDIS 07/01/2020 - 06/30/2021	
# of People Who are **Native Hawaiian or Other Pacific Islander**	468	HDIS 07/01/2020 - 06/30/2021	
# of People Who are **White**	23454	HDIS 07/01/2020 - 06/30/2021	
# of People Who are **Multiple Races**	1344	HDIS 07/01/2020 - 06/30/2021	

Table 2. Landscape Analysis of People Being Served

	Permanent Supportive Housing (PSH)	Rapid Rehousing (RRH)	Transitional Housing (TH)	Intermin Housing or Emergency Shelter (IH / ES)	Diversion Services and Assistance (DIV)*	Homelessness Prevention Services & Assistance (HP)	Outreach and Engagement Services (O/R)	Permanent Housing with Services	Day Shelter	Safe Haven	Services Only	Permanent Housing Housing only	Coordinated Entry	Other	Source(s) and Timeframe of Data	Diversion Services and Assistance (DIV) Data Source	Note About the Data Source from CoC
Household Composition																	
# of Households **without Children**	3318	2244	1853	9308	932	1028	10742	948	6472	91	9256	12	5693	67	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of Households with **At Least 1 Adult & 1 Child**	307	765	195	975	111	393	198	20	1	0	511	0	313	0	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of Households with **Only Children**	1	18	10	141	12	124	213	1	6	0	86	0	13	0	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
Sub Populations and Other Characteristics																	
# of Adults Who are Experiencing **Chronic Homelessness**	1483	842	413	2893	337	18	3106	385	1587	56	2806	6	2087	18	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	Adult and Head of Household Count
# of Adults Who are Experiencing **Significant Mental Illness**	1748	589	881	2667	413	300	3754	472	550	79	3960	6	2899	22	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	**People** count of **Mental Health Condition** not SMI
# of Adults Who are Experiencing **Substance Abuse** Disorders	159	59	320	482	208	12	606	49	52	6	374	0	354	5	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	**People** count of Substance Abuse Problem
# of Adults Who are **Veterans**	1240	1309	665	860	50	341	691	213	574	47	1630	2	654	1	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of Adults with **HIV/AIDS**	285	28	162	275	27	20	147	20	18	0	283	0	124	2	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	**People** count
# of Adults Who are **Survivors of Domestic Violence**	609	602	318	1685	175	216	1367	123	537	18	1972	4	1463	11	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	**People** count
# of **Unaccompanied Youth (under 25)**	96	330	354	806	281	262	903	80	510	1	1335	0	590	3	HMIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of **Parenting Youth (under 25)**	28	150	39	88	14	23	11	10	2	0	119	0	54	2	HMIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of People Who are **Children of Parenting Youth**	45	190	51	114	15	28	9	10	1	0	144	0	57	0	HMIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
Gender Demographics																	
# of **Women/Girls**	1729	2127	803	4977	467	1498	3917	371	1999	25	4360	12	2774	27	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of **Men/Boys**	2737	2757	1710	7533	566	1168	7315	643	4435	65	6617	0	3995	39	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of People Who are **Transgender**	28	21	12	41	11	10	49	6	28	0	69	0	36	0	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of People Who are **Gender Non-Conforming**	6	4	8	33	6	7	15	2	10	1	37	0	21	1	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
Ethnicity and Race Demographics																	
# of People Who are **Hispanic/Latino**	1104	1584	786	4233	301	1047	2876	253	1813	15	3298	4	2085	23	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of People Who are **Non-Hispanic/Non-Latino**	3379	3261	1728	7932	719	1571	7378	755	4607	75	7567	8	4633	44	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of People Who are **Black or African American**	1273	1665	637	2785	292	711	2350	260	1743	15	2907	2	1672	15	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of People Who are **Asian**	87	88	45	366	19	62	172	20	119	1	204	0	140	2	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of People Who are **American Indian or Alaska Native**	77	83	37	263	17	31	226	21	162	1	217	0	148	2	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of People Who are **Native Hawaiian or Other Pacific Islander**	66	53	23	179	7	37	114	17	77	1	133	0	89	0	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of People Who are **White**	2762	2635	1646	7831	626	1458	7302	644	4067	71	6721	10	4335	43	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	
# of People Who are **Multiple Races**	206	246	95	371	45	143	327	41	240	1	498	0	262	5	HDIS 07/01/2020 - 06/30/2021	HMIS 07/01/2020 - 06/30/2021	

Table 3. Landscape Analysis of State, Federal and Local Funding

Funding Program (choose from drop down options)	Fiscal Year (select all that apply)	Total Amount Invested into Homelessness Interventions	Funding Source*	Intervention Types Supported with Funding (select all that apply)	Brief Description of Programming and Services Provided		Populations Served (please x the appropriate population[s])
Homekey (via HCD)	FY 2021-2022; FY 2023-2024	$ 49,700,000.00	State Agency	Permanent Supportive and Service-Enriched Housing; Permanent Supportive and Service-Enriched Housing; Permanent Supportive and Service-Enriched Housing	Utilize Homekey to purchase hotels or other buildings to provide Interim Housing with an exit strategy for all residents and/ or plan to convert housing in the near future.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS — TARGETED POPULATIONS (please "x" all that apply): People Exp Chronic Homelessness; People Exp Severe Mental Illness; People Exp Substance Abuse Disorders; Veterans; People Exp HIV/ AIDS; Unaccompanied Youth; Parenting Youth; Children of Parenting Youth; Other (please enter here)
HOME - American Rescue Plan Program (HOME-ARP) - via HUD	FY 2021-2022	$ 20,956,979.00	Federal Agency	Non-Congregate Shelter/ Interim Housing; Rental Assistance	The City is currently seeking qualified candidates to engage in outreach efforts and develop an Allocation Plan for the HOME Investments Partnerships Program American Rescue Plan Program (HOME-ARP).	X	ALL PEOPLE EXPERIENCING HOMELESSNESS — TARGETED POPULATIONS (please "x" all that apply): People Exp Chronic Homelessness; People Exp Severe Mental Illness; People Exp Substance Abuse Disorders; Veterans; People Exp HIV/ AIDS; Unaccompanied Youth; Parenting Youth; Children of Parenting Youth; Other (please enter here)
HOME Program - via HUD	FY 2021-2022; FY 2022-2023	$ 12,033,309.00	Federal Agency	Rental Assistance	Affordable housing production and first time homebuyer assistance.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS — TARGETED POPULATIONS (please "x" all that apply): People Exp Chronic Homelessness; People Exp Severe Mental Illness; People Exp Substance Abuse Disorders; Veterans; People Exp HIV/ AIDS; Unaccompanied Youth; Parenting Youth; Children of Parenting Youth; Other (please enter here)
Emergency Solutions Grants - CV (ESG-CV) - via HUD	FY 2021-2022	$ 26,394,450.00	Federal Agency	Non-Congregate Shelter/ Interim Housing; Administrative Activities; Diversion and Homelessness Prevention; Outreach and Engagement	Funding designated to help prepare, prevent and respond to the Coronavirus pandemic. Funding used for emergency shelter to keep people safe and off the street and in environment with sanitation and access to testing, case management and housing support services.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS — TARGETED POPULATIONS (please "x" all that apply): People Exp Chronic Homelessness; People Exp Severe Mental Illness; People Exp Substance Abuse Disorders; Veterans; People Exp HIV/ AIDS; Unaccompanied Youth; Parenting Youth; Children of Parenting Youth; Other (please enter here)
Emergency Solutions Grants (ESG) - via HUD	FY 2021-2022; FY 2022-2023	$ 2,096,236.00	Federal Agency	Non-Congregate Shelter/ Interim Housing; Rental Assistance	Funding for interim shelters and Rapid Rehousing.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS — TARGETED POPULATIONS (please "x" all that apply): People Exp Chronic Homelessness; People Exp Severe Mental Illness; People Exp Substance Abuse Disorders; Veterans; People Exp HIV/ AIDS; Unaccompanied Youth; Parenting Youth; Children of Parenting Youth; Other (please enter here)
Community Development Block Grant - CV (CDBG-CV) - via HUD	FY 2021-2022	$ 19,433,956.00	Federal Agency	Rental Assistance; Non-Congregate Shelter/ Interim Housing; Diversion and Homelessness Prevention	Support for Rental Assistance and Emeregncy Response to Homelessness.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS — TARGETED POPULATIONS (please "x" all that apply): People Exp Chronic Homelessness; People Exp Severe Mental Illness; People Exp Substance Abuse Disorders; Veterans; People Exp HIV/ AIDS; Unaccompanied Youth; Parenting Youth; Children of Parenting Youth; Other (please enter here)
Community Development Block Grant (CDBG) - via HUD	FY 2021-2022; FY 2022-2023	$ 4,636,156.00	Federal Agency	Administrative Activities; Non-Congregate Shelter/ Interim Housing; Systems Support Activities	CDBG Block grants funding various homelessnes shelters and services.		ALL PEOPLE EXPERIENCING HOMELESSNESS — TARGETED POPULATIONS (please "x" all that apply): People Exp Chronic Homelessness; People Exp Severe Mental Illness; People Exp Substance Abuse Disorders; Veterans; People Exp HIV/ AIDS; Unaccompanied Youth; Parenting Youth; Children of Parenting Youth; Other (please enter here)

Funding Source	Fiscal Year	Amount	Agency	Activities	Activities	Description	X	Population	TARGETED POPULATIONS (please "x" all that apply)		
Homeless Housing, Assistance and Prevention Program (HHAP) - via Cal ICH	FY 2021-2022	$ 60,605,284.00	State Agency	Administrative Activities	Outreach and Engagement	HHAP Rounds 1, 2 and 3 support the system's emergency response, and pathways to housing through rappid rehousing, outreach, prevention & diversion, flexible spending, shelter and bridge housing.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp **Chronic Homelessness** / Veterans / Parenting Youth	People Exp **Severe Mental Illness** / People Exp **HIV/ AIDS** / Children of Parenting Youth	People Exp **Substance Abuse Disorders** / Unaccompanied Youth / Other (*please enter here*)
	FY 2022-2023			Non-Congregate Shelter/ Interim Housing							
	FY 2023-2024			Rental Assistance							
				Diversion and Homelessness Prevention							
Other (please enter funding source)	FY 2022-2023	$ 14,508,000.00	Local Agency	Administrative Activities	Diversion and Homelessness Prevention	Affordable Housing Fund, funding Rapid Rehousing, shelter and homelessness services and systems support.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp **Chronic Homelessness** / Veterans / Parenting Youth	People Exp **Severe Mental Illness** / People Exp **HIV/ AIDS** / Children of Parenting Youth	People Exp **Substance Abuse Disorders** / Unaccompanied Youth / Other (*please enter here*)
	FY 2021-2022			Systems Support Activities	Rental Assistance						
				Rental Assistance	Systems Support Activities						
					Administrative Activities						
Other (please enter funding source)	FY 2023-2024	$ 5,790,183.00	State Agency	Permanent Supportive and Service-Enriched Housing		Permenant Local Housing Fund, Department of General Services, HCD 5 year allocation not to exceed $34,741,098.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp **Chronic Homelessness** / Veterans / Parenting Youth	People Exp **Severe Mental Illness** / People Exp **HIV/ AIDS** / Children of Parenting Youth	People Exp **Substance Abuse Disorders** / Unaccompanied Youth / Other (*please enter here*)
Other (please enter funding source)	FY 2021-2022	$ 750,000.00	Local Agency	Systems Support Activities		Low -Moderate Income Housing Fund	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp **Chronic Homelessness** / Veterans / Parenting Youth	People Exp **Severe Mental Illness** / People Exp **HIV/ AIDS** / Children of Parenting Youth	People Exp **Substance Abuse Disorders** / Unaccompanied Youth / Other (*please enter here*)
	FY 2022-2023										
	FY 2023-2024										
Local General Fund	FY 2021-2022	$ 31,145,374.00	Local Agency	Systems Support Activities	Rental Assistance	Funding to support City's homelessness response system inlcuding administrative and personnel, shelters, services and outreach.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp **Chronic Homelessness** / Veterans / Parenting Youth	People Exp **Severe Mental Illness** / People Exp **HIV/ AIDS** / Children of Parenting Youth	People Exp **Substance Abuse Disorders** / Unaccompanied Youth / Other (*please enter here*)
	FY 2022-2023			Administrative Activities							
	FY 2023-2024			Non-Congregate Shelter/ Interim Housing							
				Outreach and Engagement							
Coronavirus Fiscal Recovery Funds (CFRF) - via Treasury	FY 2021-2022	$ 64,583,063.00	Federal Agency	Non-Congregate Shelter/ Interim Housing		Funding from Fiscal Recovery Funding under American Rescue Plan Act via the treasury suppored Rapid Rehousing, Outreach and shelter expansion activites. In addition to rental assistance for eviction protection.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp **Chronic Homelessness** / Veterans / Parenting Youth	People Exp **Severe Mental Illness** / People Exp **HIV/ AIDS** / Children of Parenting Youth	People Exp **Substance Abuse Disorders** / Unaccompanied Youth / Other (*please enter here*)
	FY 2021-2022			Rental Assistance							
				Outreach and Engagement							
California COVID-19 Rent Relief Program - via HCD	FY 2021-2022	$ 192,100,591.00	State Agency	Rental Assistance		Housing Stability Assistance Program	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp **Chronic Homelessness** / Veterans / Parenting Youth	People Exp **Severe Mental Illness** / People Exp **HIV/ AIDS** / Children of Parenting Youth	People Exp **Substance Abuse Disorders** / Unaccompanied Youth / Other (*please enter here*)
	FY 2022-2023										
Emergency Rental Assistance (ERA) - via Treasury	FY 2021-2022	$ 112,315,013.00	Federal Agency	Rental Assistance		Housing Stability Assistance Program	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp **Chronic Homelessness** / Veterans / Parenting Youth	People Exp **Severe Mental Illness** / People Exp **HIV/ AIDS** / Children of Parenting Youth	People Exp **Substance Abuse Disorders** / Unaccompanied Youth / Other (*please enter here*)

* NOTE: Private funder(s) option here could include philanthropy, resources from managed care plans organizations, corporate funders, or other private sources of funding

Table 4. Outcome Goals		
Outcome Goal #1a: Reducing the number of persons experiencing homelessness.		
Baseline Data: **Annual estimate of number of people accessing services who are experiencing homelessness**	**Outcome Goals July 1, 2021 - June 30, 2024**	
	Decrease/Increase in # of People	**Decrease/Increase as % Change from Baseline**
19,771	1,977 (increase)	10% (increase)
Optional Comments		
The number of people accessing services increased annually from 2018 to 2021. Using the Outcome Goal Worksheet provided by Cal ICH, the number of people accessing services increased by 31% from 2018 to 2020 and is projected t increase by 47% from 2020 to 2024. The San Diego region aims to slow down the annual rate of increase, while still encouraging people who need services to access them, but does not anticpate the number of people accessing services to drop below 2020 levels by 2024.		
Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	**Describe the trackable data goal(s) related to this Outcome Goal:** *Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.*	
The San Diego region is committed to reducing homelessness among Black San Diegans. Black San Diegans experience homelessness at a rate that is 6x higher than non-Black San Diegans. Black San Diegns make up about 5% of the population in San Diego County, but make up 24% of people accessing services who are experiencing homelessness (per 2020 HDIS data). The San Diego CoC established the Ad Hoc Committee on Addressing Homelessness Among Black San Diegans to make recommendaions on reducing this disparity. Those recommendations are considered in the equity strategies.	Decrease the percentage of Black San Diegans experiencing homelessness from 24% to 20% by June 30, 2024. Percentage will be determined using HDIS data for Outcome 1a: Number of people who are Black served/Total number of people served.	

Outcome Goal #1b: Reducing the number of persons experiencing homelessness on a daily basis		
Daily Estimate of # of people experiencing unsheltered homelessness	**Outcome Goals July 1, 2021 - June 30, 2024**	
	Reduction in # of People	**Reduction as % Change from Baseline**
3,971	135 (increase)	3% (increase)
Optional Comments		
The 2022 PIT count showed a 3% increase (4,106) over 2020 (3,971) in the count of people experiencing unsheltered homelessness after 2 years of decline. In no time in the past 10 years has the count of the number of people experiencing unsheltered homelessness been less than 3,971. The 10 year average is 4,646, and the three year average is 4,184. Though the San Diego region is committed to making more shelter beds available, reducing the number of people experiencing unsheltered homelessness is not expected to go below 2020 numbers by January 2024 (which is about 18 months from this application submission deadline). The San Diego region has set its target using 2022 as the baseline (4,106) and aims to flatten the curve by preventing further increase by January 2024. This is reflected above as a 3% increase over the 2020 baseline.		
Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	**Describe the trackable data goal(s) related to this Outcome Goal:** *Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.*	
The San Diego region is committed to reducing the percentage of Black San Diegans experiencng unsheltered homelessness. Black San Diegans make up about 5% of the population in San Diego County, but made up 22% of the people experiencing unsheltered homelessness in the 2022 Point in TIme Count. This represents a decrease of only 1% from 2018 (23%) and a 1% increase over 2020 (21%), suggesting numbers could be trending upward again. People with lived experience who are Black who participated in community engagement sessions with the Ad Hoc Committee on Addressing Homelessness Among Black San Diegans, voiced a demand for permanent housing pathways and safe, suitable shelter to meet basic survival needs while they wait for housing.	Reduce the percentage of Black San Diegans experiencing unsheltered homelessness from 22% to 18% by June 30, 2024. Percentage will be determined using Point in Time Count data collected in January 2024.	

Outcome Goal #2: Reducing the number of persons who become homeless for the first time.		
Annual Estimate of # of people who become homeless for the first time	**Outcome Goals July 1, 2021 - June 30, 2024**	
	Reduction in # of People	**Reduction as % Change from Baseline**
9,612	384	4%
Optional Comments		
Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	**Describe the trackable data goal(s) related to this Outcome Goal:** *Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.*	
In 2021, Serving Seniors completed a comprehensive needs assessment with recommendations to combat homelessness among older adults in San Diego, and the RTFH established an Ad Hoc Committee on Aging and Homelessness (chaired by the CEO of Serving Seniors) to address the needs of older adults. Their recommendations were considered in framing goals and strategies for this application. The homeless population in the San Diego region is aging. Data pulled from the HMIS between October 1, 2020 and September 30, 2021 showed that 27% or just under 10,000 unique individuals who received services were 55 years of age or older, and older adults made up about 41% of the chronically homeless population (3,000 adults). In 2020, one out of every four unsheltered San Diego County residents was an adult age 55 and over and 50% also reported a chronic health condition. Many were homeless for the first time. 2020 Point in Time Count data revealed that 43% of unsheltered seniors (55 years of age or older) were experiencing homelessness for the first time, and 88% became homeless in San Diego. HDIS data was not provided for the older adult subpopulation. Looking at system data generated from HMIS for the past three HUD federal reporting years (October 1 to September 30) for first time homeless into shelters and permanent housing projects, the percentage of older adults experiencing homelessness for the first time has been decreasing, and additional focus will help to prevent future increases: 2020-2021: 1953 individuals (21% of all people experiencing homelessness for the first time) 2019-2020: 2,315 individuals (24% of all people experiencing homelessness for the first time) 2018-2019 1,859 individuals (26.7% of all people experiencing homelessness for the first time)	Reduce the number of adults 55 years of age or older who become homeless for the first time from 21% to 18% by June 30, 2024. Performance will be measured using HMIS system data for first time homeless into shelters and permanent housing projects.	

Outcome Goal #3: Increasing the number of people exiting homelessness into permanent housing.		
Annual Estimate of # of people exiting homelessness into permanent housing	Outcome Goals July 1, 2021 - June 30, 2024	
	Increase in # of People	Increase as % Change from Baseline
4,531	390	9%
Optional Comments		
Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal: *Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.*	
The San Diego region is committed to increasing the percentage of Black San Diegans exiting homelessness to permanent housing. Black San Diegans experience homelessness at a rate that is disproportionately higher (6x higher) than non-Black San Diegans and Black San Diegans remain homeless longer. Per HDIS data, the percentage of Black San Diegans exiting to permanent housing was higher than the average for all San Diegans from 2018-2020, however, the percentage exiting to permanent housing declined 4% from 2018 to 2020 (from 30% to 26%). The San Diego region aims to increase outflow from homelessness for Black San Diegans to reduce the overall percentage of Black San Diegans experiencing homelessness.	Increase percentage of Black San Diegans exiting homelessness to permanent housing from 26% to 30% by June 30, 2024.	

Outcome Goal #4: Reducing the length of time persons remain homeless.		
Average length of time (in # of days) persons enrolled in street outreach, emergency shelter, transitional housing, safehaven	**Outcome Goals July 1, 2021 - June 30, 2024**	
	Decrease in Average # of Days	**Decrease as % Change from Baseline**
118	3	2.5%
Optional Comments		
Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	**Describe the trackable data goal(s) related to this Outcome Goal:** *Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.*	
The San Diego region is committed to decreasing the average length of time Black San Diegans remain homeless. Per HDIS data, the average number of days a person experienced homelessness in San Diego decreased year over year from 126 days in 2018 to 118 days in 2020. During the same period, the average number of days Black San Diegans experienced homelessness increased from 135 days in 2018 to 143 days in 2020 - 25 days longer than the average number of days for all persons served. The San Diego region aims to reduce the number of days Black San Diegans experience homelessness by 10% by June 30, 2024.	Decrease the length of time Black San Diegans remain homeless from 143 days to 129 days by June 30, 2024.	

Outcome Goal #5: Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.		
Baseline Data:	**Outcome Goals July 1, 2021 - June 30, 2024**	
% of people who return to homelessness after having exited homelessness to permanent housing	**Decrease in % of People who return to Homelessness**	**Decrease as % Change from Baseline**
11%	10%	1%
Optional Comments		
Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	**Describe the trackable data goal(s) related to this Outcome Goal:** *Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.*	
Ending youth and young adult homelessness is both a national and a local priority. In 2019, HUD awarded the San Diego CoC $7.94 million to develop a youth-driven ecosystem of care to prevent and end youth homelessness. The CoC adopted the San Diego County Coordinated Community Plan to Prevent and End Homelessness to guide strategies and investments. This plan was incorporated as part of the City of San Diego Community Action Plan on Homelessness and the RTFH Regional Community Action Plan to Prevent and End Homelessness in San Diego. Youth made up 2,200 people seeking services in 2020 (HMIS) and 513 people counted in the 2020 Point in Time Count. Per HDIS data, Unaccompanied Youth (18-24 years) made up a higher percentage of the total persons seeking services each year between 2018 and 2020 (4% in 2018, 5% in 2019, and 7% in 2020) and returned to homelessness after exiting homelessness to permanent housing at a rate higher than the average of all persons in 2018 (11% all persons, 13% youth), 2019 (12% all persons, 15% youth), and 2020 (11% all persons, 13% youth).	Decrease the percentage of Unaccompanied Youth (18-24) who return to homelessness after exiting homelessness to permanent housing from 13% to 11% by June 30, 2024.	

Outcome Goal #6: Increasing successful placements from street outreach.		
Baseline Data:	**Outcome Goals July 1, 2021 - June 30, 2024**	
Annual # of people served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.	**Increase in # of People Successfully Placed from Street Outreach**	**Increase as % of Baseline**
1,961	196	10%
Optional Comments		
Describe Your Related Goals for		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	**Describe the trackable data goal(s) related to this Outcome Goal:** *Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.*	
The San Diego region is committed to increasing exits from street outreach to emergency shelter, and transitional housing or permanent housing destinations among Black San Diegans. Black San Diegans make up about 5% of the population in San Diego County, but made up 22% of the people experiencing unsheltered homelessness in the 2022 Point in TIme Count. This represents a decrease of only 1% from 2018 (23%) and a 1% increase over 2020 (21%), suggesting numbers could be trending upward again. Though the numbers of people exiting street outreach to emergency shelter, TH or PH increased signficantly from 2018 (201) to 2020 (1961), the percentage of Black people who exited decreased from 33% in 2018 to 27% in 2020 despite increasing numbers of Black people experiencing homelessness. Black people experiencing homelessness who participated in community engagement sessions with the Ad Hoc Committee on Addressing Homelessness Among Black San Diegans, voiced a demand for permanent housing pathways and safe, suitable shelter to meet basic survival needs while they wait for housing.	Increase the percentage of Black San Diegans served in street outreach who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations from 27% to 32% by June 30, 2024.	

Table 5. Strategies to Achieve Outcome Goals	
Strategy	**Performance Measure to Be Impacted** **(Check all that apply)**
Description **Focus on Long-Term Clients:** The City of San Diego will focus housing efforts and outreach on those persons who are long-term shelter stayers or unsheltered in the City. Targeting the resources to this population will free up needed crisis response beds and provide a more permanent solution for the individuals who are cycling throughout the shelter system or living outside. Review utilization data over time to understand if crisis response needs have shifted based on these efforts.	☑ 1. Reducing the number of persons experiencing homelessness. ☑ 2. Reducing the number of persons who become homeless for the first time. ☑ 3. Increasing the number of people exiting homelessness into permanent housing.
Timeframe	☑ 4. Reducing the length of time persons remain homeless.
By June 30, 2024	
Entities with Lead Responsibilities	☑ 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.
City of San Diego, County of San Diego, Regional Task Force on Homelessness, San Diego Housing Commission, local service providers	
Measurable Targets	☐ 6. Increasing successful placements from street outreach.
The City of San Diego will look to decrease the number of unsheltered persons. In addition, the City will work to increase the connections made to housing and decrease the length of time to connect a client to housing.	☑ Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

Strategy	**Performance Measure to Be Impacted** **(Check all that apply)**
Description **Enhance Coordinated Street Outreach:** The City of San Diego will continue to improve outreach and wraparound services when navigating people to housing. Efforts to improve the efficiency and outcomes of outreach are underway through HUD technical assistance and consultant efforts with the Regional Task Force on Homelessness. The City is shifting the goal of coordinated street outreach to move from contact-based outreach to housing-oriented outreach efforts that are client-centered and designed with evidence-based practices of motivational interviewing and trauma informed care. Successful outreach includes two major components: building and sustaining trust, and being able to offer something concrete to people on the street - namely direct housing placement from street-based case management.	☑ 1. Reducing the number of persons experiencing homelessness. ☐ 2. Reducing the number of persons who become homeless for the first time. ☑ 3. Increasing the number of people exiting homelessness into permanent housing. ☑ 4. Reducing the length of time persons remain homeless.
Timeframe	☑ 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.
By June 30, 2024	
Entities with Lead Responsibilities	☑ 6. Increasing successful placements from street outreach.
City of San Diego, County of San Diego, Regional Task Force on Homelessness, San Diego Housing Commission, local service providers	
Measurable Targets	☑ Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.
Through the City of San Diego's Coordinated Street Outreach Program, the City will work to increase the number of successful placements from street outreach.	

Strategy	Performance Measure to Be Impacted (Check all that apply)
Description **Increase Connections to and Capacity of Resources**: The City of San Diego is dedicated to increasing resources for individuals experiencing homelessness. Over the past five years, the City has significantly enhanced its network of services. Looking ahead, the City plans to further expand programs including expanding emergency shelters and the Family Reunification Program. The ultimate objective in expanding such programs is to ultimately provide housing relocation assistance to individuals and families experiencing homelessness by following Housing First principles. By increasing connections to resources and expanding a variety of shelter opportunities, the City hopes to make individuals' experiences of homelessness rare, brief, and non-recurring.	☑ 1. Reducing the number of persons experiencing homelessness. ☑ 2. Reducing the number of persons who become homeless for the first time. ☑ 3. Increasing the number of people exiting homelessness into permanent housing. ☑ 4. Reducing the length of time persons remain homeless. ☑ 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing. ☑ 6. Increasing successful placements from street outreach. ☑ Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.
Timeframe	
By June 30, 2024	
Entities with Lead Responsibilities	
City of San Diego, County of San Diego, Regional Task Force on Homelessness, San Diego Housing Commission, local service providers	
Measurable Targets	
The City of San Diego will look to increase shelter capacity and increase exits to permanent or other forms of long-term housing.	

Strategy	Performance Measure to Be Impacted (Check all that apply)
Description **Improve the Performance of the Existing System:** The City of San Diego's Community Action Plan on Homelessness includes this strategy to move from a project-level thinking to system-level thinking. This strategy includes reviewing current practices and performance metrics and utilizing such data to make informed decisions to increase systemic efficiency and effectiveness.	☑ 1. Reducing the number of persons experiencing homelessness. ☐ 2. Reducing the number of persons who become homeless for the first time. ☑ 3. Increasing the number of people exiting homelessness into permanent housing. ☑ 4. Reducing the length of time persons remain homeless. ☐ 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing. ☐ 6. Increasing successful placements from street outreach. ☑ Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.
Timeframe	
By June 30, 2024	
Entities with Lead Responsibilities	
City of San Diego, County of San Diego, Regional Task Force on Homelessness, San Diego Housing Commission, local service providers	
Measurable Targets	
The City of San Diego will review data and performance metrics on a quarterly basis using a systemwide lens to find opportunities for improvements.	

Table 6. Funding Plans

Activity to be funded by HHAP 3 (choose from drop down options)	Eligible Use Categories Used to Fund Activity										Total Funds Requested:	Description of Activity
	1. Rapid rehousing	2. Operating subsidies	3. Street outreach	4. Services coordination	5. Systems support	6. Delivery of permanent housing	7. Prevention and diversion	8. Interim sheltering (new and existing)	9. Shelter improvements to lower barriers and increase privacy	10. Administrative (up to 7%)		
Systems Support Activities	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,923,665.74	$ 1,923,665.74	
Non-Congregate Shelter/ Interim Housing	$ -	$ 22,032,699.46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 22,032,699.46	
Rental Assistance	$ 500,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 500,000.00	
Outreach and Engagement	$ -	$ -	$ 1,300,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,300,000.00	
Diversion and Homelessness Prevention	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,724,574.00	$ -	$ -	$ -	$ 1,724,574.00	
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Totals:	$ 500,000.00	$ 22,032,699.46	$ 1,300,000.00	$ -	$ -	$ -	$ 1,724,574.00	$ -	$ -	$ 1,923,665.74	$ 27,480,939.20	

Explanation of How the Proposed Use of Funds Will Complement Existing local, state, and federal funds and equitably close the gaps identified in the Local Landscape Analysis

A comprehensive assessment of all State, Local, and Federal funds in the landscape analysis has demonstrated that while substantial resources have been made available for rental assistance and delivery of permanent housing, while federal and local funds available for outreach and shelters has been much lower. In an effort to achieve the shelter goals outlined in both the City's Community Action Plan on Homelessness as well as the regional action plan, the City of San Diego proposes to use a large portion of HHAP 3.0 funding to address the critical shelter need of sustaining existing shelters as a well as expanding shelter capacity for targeted populations in both congregate and non-congregate settings. In addition, the landscape shows there is not sufficient funding available from other sources for street based outreach and certain prevention and diversion programs.

Table 7. Demonstrated Need

Complete ONLY if you are selected Non-Congregate Shelter / Interim Housing as an activity on the Funding Plans tab.

Demonstrated Need	
# of available shelter beds	1468
# of people experiencing unsheltered homelessness in the homeless point-in-time count	2494
Shelter vacancy rate (%) in the summer months	25%*
Shelter vacancy rate (%) in the winter months	23%*
% of exits from emergency shelters to permanent housing solutions	12%
Describe plan to connect residents to permanent housing.	
All shelter residents are provided the opportunity to meet with a case manager who will help them create a housing goal. This housing goal will aim to help each clients end their homelessness as quickly as possible. The housing goal will be client-lead and client-centered, focusing on client's current resources in determining diversion opportunities. It will also include a self-sufficiency needs assessment which will help identify client strengths and areas client may need support. Case manager and client will develop a housing plan that will include stabilization strategies and housing goals and objectives. Case managers will coordinate referrals to County, State, and Federal programs, as well as nonprofits and social service agencies, as appropriate. Clients will also receive assistance in locating safe and affordable permanent or other longer term housing, including determining housing interventions and opportunities outside of the Coordinated Entry System (CES). Once housing is identified they will be assisted with applications and other necessary paperwork, as well as gathering needed information to complete the application process. If necessary, case managers will also serve as advocates with prospective landlords.	

Notes:

Maximum capacity of City-funded shelters as of 5/10/2022
2022 PITC for CoSD

* Max capacity used to calculate %, however, Important to note that several beds have been offline at various times throughout FY22 due to COVID-19 social distancing and isolation guidelines; additionally intakes may have been temporarily suspended at various times due to COVID-19 positivity rates. This has resulted in an operational capacity of approximately 3%.

* Max capacity used to calculate %, however, Important to note that several beds have been offline at various times throughout FY22 due to COVID-19 social distancing and isolation guidelines; additionally intakes may have been temporarily suspended at various times due to COVID-19 positivity rates. This has resulted in an operational capacity of approximately 4%.

HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM (HHAP) - Round 3
BUDGET TEMPLATE

APPLICANT INFORMATION

CoC / Large City / County Name:	San Diego	Applying Jointly? Y/N	N
Administrative Entity Name:	City of San Diego	Total Allocation	$ 27,480,939.20

HHAP FUNDING EXPENDITURE PLAN

ELIGIBLE USE CATEGORY	FY21/22	FY22/23	FY23/24	FY24/25	FY25/26	TOTAL	Initial	Remainder
Rapid rehousing	$ -	$ 225,000.00	$ 275,000.00	$ -	$ -	$ 500,000.00	$ -	$ -
Rapid rehousing: youth set-aside	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Operating subsidies	$ -	$ 19,284,605.54	$ -	$ -	$ -	$ 19,284,605.54	$ -	$ -
Operating subsidies: youth set-aside	$ -	$ 2,748,093.92	$ -	$ -	$ -	$ 2,748,093.92	$ -	$ -
Street outreach	$ -	$ 1,300,000.00	$ -	$ -	$ -	$ 1,300,000.00	$ -	$ -
Street outreach: youth set-aside	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Services coordination	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Services coordination: youth set-aside	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Systems support	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Systems support: youth set-aside	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Delivery of permanent housing	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Delivery of permanent housing: youth set-aside	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Prevention and shelter diversion	$ -	$ 1,724,574.00	$ -	$ -	$ -	$ 1,724,574.00	$ -	$ -
Prevention and shelter diversion: youth set-aside	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Interim sheltering	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Interim sheltering: youth set-aside	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Shelter improvements to lower barriers and increase privacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Shelter improvements: youth set-aside	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative (up to 7%)	$ -	$ 1,923,665.74	$ -	$ -	$ -	$ 1,923,665.74	$ -	$ -

TOTAL FUNDING ALLOCATION — $ 27,480,939.20 | $ - | $ - |

	FY21/22	FY22/23	FY23/24	FY24/25	FY25/26	TOTAL		
Youth Set-Aside (at least 10%)	$ -	$ 2,748,093.92	$ -	$ -	$ -	$ 2,748,093.92	$ -	$ -

COMMENTS:

THE CITY OF SAN DIEGO COMMUNITY ACTION PLAN ON HOMELESSNESS

THE CITY OF SAN DIEGO COMMUNITY ACTION PLAN ON HOMELESSNESS

ABOUT CSH

For almost 30 years, CSH has been the national champion for supportive housing, demonstrating its potential to improve the lives of very vulnerable individuals and families needing homes and services. Our efforts have helped house over 335,000 people nationwide. CSH has earned an award-winning reputation as a highly effective, financially stable CDFI, with strong partnerships across government, community organizations, foundations and financial institutions. CSH is advancing innovative solutions, using housing as a platform for integrating services across sectors to improve lives, maximize public resources and build healthy communities. Learn more at www.csh.org.

ACKNOWLEDGMENTS

CONTENTS

EXECUTIVE SUMMARY

This action plan sets a bold vision for homeless services in the City of San Diego: *By working creatively and collaboratively, the City of San Diego will build a client-centered homeless assistance system that aims to prevent homelessness, and that quickly creates a path to safe and affordable housing and services for people who experience homelessness in our community.*

GOALS WITHIN REACH

CSH has identified three goals that are within the City's reach within three years:

1 **Decrease** unsheltered **homelessness** by **50%**

2 Finish the job of **ending Veteran homelessness**

3 **Prevent and end youth homelessness** as outlined in the San Diego County Coordinated Community Plan to End Youth Homelessness

Background and Purpose

The San Diego Housing Commission (SDHC) contracted with the Corporation for Supportive Housing (CSH) to work in partnership with SDHC and its City partners to develop a new plan to guide the City's work on homelessness. Four key partners that manage public homeless funding and policy — SDHC, the Office of the Mayor, the City Council and the Regional Task Force on the Homeless (RTFH) — formed a steering committee to guide the development of the plan. This plan is the result of the community-driven engagement process led by this committee and CSH.

Stakeholders from across the City have contributed to the development of this call to action through a community-driven engagement process designed to build ownership of the plan and its priorities, articulate a common strategic vision, and ensure cross-agency alignment. CSH conducted focus groups, stakeholder briefings, data review and analysis to create this community plan.

Overview of the Action Plan

Leaders across the City have all articulated a similar sentiment: *The time to act is now, and we must act together*.

The plan is based on a set of guiding principles created through this community process including accountability, valuing the voices of persons with lived experience, improving housing and services options through evidence based approaches, and effective communication and collaboration. To accomplish the goals of the action plan, CSH recommends the following strategies:

1. Implement a systems-level approach to homeless planning.

2. Create a client-centered homeless assistance system.

3. Decrease inflow into homelessness by increasing prevention and diversion.

4. Improve the performance of the existing system.

5. Increase the production of/access to permanent solutions.

Organizing the community to accomplish these goals in three years will unite stakeholders toward a common mission and build the muscle and capacity needed to meet the long-term vision. It will build upon successes of the past, and create new ways to work together and innovate towards the future this community wants to see.

The vision, principles and strategies identified can lead the City to a more comprehensive, humane, and effective approach to ending homelessness for people in San Diego.

Recommended Actions

- **Advance High Impact Solutions.** The City of San Diego should prioritize solutions with the greatest potential impact, while maintaining a balance between short-term and life-saving solutions and long-term needs. While it is clear that the most important solution is an increase in low-income and supportive housing for people experiencing homelessness, it is also clear that housing development will take time — time people who are living outside do not have to wait. Aggressive measures must be taken in the interim, and the system needs to have the capacity to be flexible over time to meet changing needs and circumstances.

- **Support Strong Leadership.** One of the most important issues to tackle immediately is the creation of a governance structure that supports cross-agency collaboration, systems-level thinking and accountability. CSH recommends empowering senior level staff as an Interagency Implementation Team; creation of a city-wide leadership council to participate in the review of progress against the Action Plan; and identifying a project manager to keep progress on track.

- **Invest in new housing and service options.** Based on the qualitative and quantitative data available, CSH is recommending significant investment in permanent solutions, including housing creation and subsidies, to meet the call to action. A limited increase in temporary crisis response solutions that are flexible and housing-focused will also be necessary to meet the immediate needs and safety of those accessing the homeless system. CSH is recommending significant investment in permanent solutions, including the creation of 5,400 units of supportive housing, low-income housing, Rapid Re-housing and diversion resources.

- **Quickly address key issues.** Using the new governance approach, leaders should address items that need immediate attention, including the need for additional behavioral health resources, utilization of housing vouchers in homeless programs, reducing the negative impacts of ordinance and transit enforcement on people experiencing homelessness, outreach coordination, upcoming decisions regarding the Day Center and Navigation Center, and staffing at the entities charged with implementation of this plan.

This plan is a call to action for the City of San Diego and its partners — it lays out an aggressive approach to combatting homelessness that will require unprecedented leadership, teamwork and discipline on the part of the City, SDHC, RTFH and stakeholders. Through a combination of system-level thinking, current system improvement and expansion, implementation of innovative practices and stronger partnerships, the City of San Diego can make positive change in the lives of people experiencing homelessness, the staff that serve them, and in the community as a whole.

A ROAD MAP TO REACHING OUR GOALS ON HOMELESSNESS IN SAN DIEGO

LONG TERM VISION

Where do we want to go as a community?

By working creatively, the City of San Diego will build a client-centered homeless assistance system that aims to prevent homeless, and that quickly creates a path to safe and affordable housing and services for people who experience homelessness in our community.

HOW DO WE GET THERE?

We Get There By Taking Three Inter-Related Steps

Identifying and organizing around goals within reach to *build momentum towards change*.

Decrease unsheltered homelessness by 50%
Finish the job of ending Veteran homelessness
Prevent and end youth homelessness

+

Setting priorities and taking actions that *support reaching those goals*, and that *support lasting overall change*.

+

Identifying Guiding Principles and using them to make decisions to ensure that actions are aligned with the agreed-upon values.
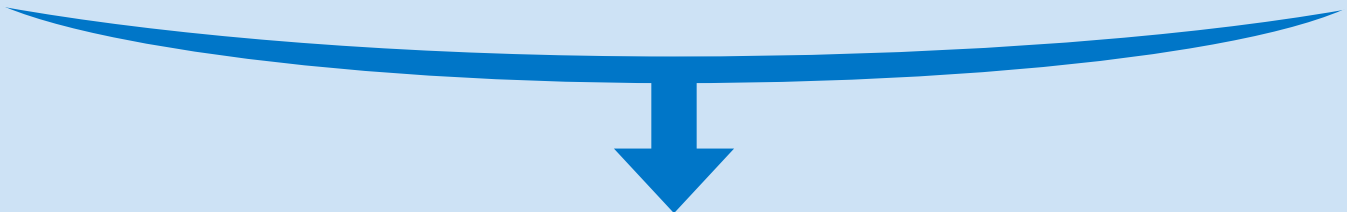
- Meet Goals and Set New Ones!
- Create a strong and sustainable system that is nimble and can meet new needs and goals as they emerge.

INTRODUCTION

This plan sets a bold vision for homeless services in the City of San Diego: *by working creatively and collaboratively, the City of San Diego will build a client-centered homeless assistance system that aims to prevent homelessness, and that quickly creates a path to safe and affordable housing and services for people who experience homelessness in our community*.

Stakeholders from across the City have contributed to the development of this call to action through a community-driven engagement process[1] designed to build ownership of the plan and its priorities, articulate a common strategic vision, and ensure cross-agency alignment. Desired outcomes will be realized through system-level cohesion and strategic decision-making.

Unique dynamics related to homelessness in the City of San Diego made this undertaking particularly important. The affordable housing crisis has impacted cities across the state of California, many of which have seen double-digit increases in homelessness over the past several years. While the same level of increase has not taken place in San Diego due to efforts undertaken by housing, government and non-profit partners over the past several years, the lack of low-income and affordable housing options is already adversely affecting the ability of the current system to successfully create paths for people experiencing homelessness to permanent solutions. This stress on the system is compounded by the fact that the City is recently recovered from a Hepatitis A epidemic that swept through the homeless community and impacted not only human lives but homeless policy, program execution and funding. Although temporary **Bridge Shelters** have been stood up to address growing needs, a large number of people remain living in unsheltered locations. This large presence of highly vulnerable people living on the streets has raised both deep public concern and increased political will to address the issue.

Leaders across the City have all articulated a similar sentiment:

The time to act is now, and we must act together

The San Diego Housing Commission (SDHC) contracted with the Corporation for Supportive Housing (CSH) to work in partnership with SDHC and its City partners to develop a new plan to guide the City's work on homelessness. Four key partners that manage public homeless funding and policy — SDHC, the Office of the Mayor, the City Council and the Regional Task Force on the Homeless (RTFH) — formed a steering committee to guide its development. This plan is the result of the community-driven engagement process led by this committee and CSH.

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1   See Appendix A for specific information about CSH's process and results of engagement.

HOMELESSNESS AND HOUSING IN THE CITY OF SAN DIEGO

The City of San Diego is a geographic subset of a larger regional Continuum of Care (CoC), which includes 18 jurisdictions within the County of San Diego. While the City of San Diego contains 46% of the total population of the County, it contains the majority of people experiencing homelessness (63%) as well as the majority of the resources. In many ways, the City of San Diego drives homeless policy, funding and outcomes for the region because of the large share of programs, resources and people located within the City limits. Although the Continuum of Care controls systems like Homeless Management Information System (HMIS) and Coordinated Entry (CES) that underpin the region's approach, when the City takes action and makes positive change it will impact not just the City itself but the region.
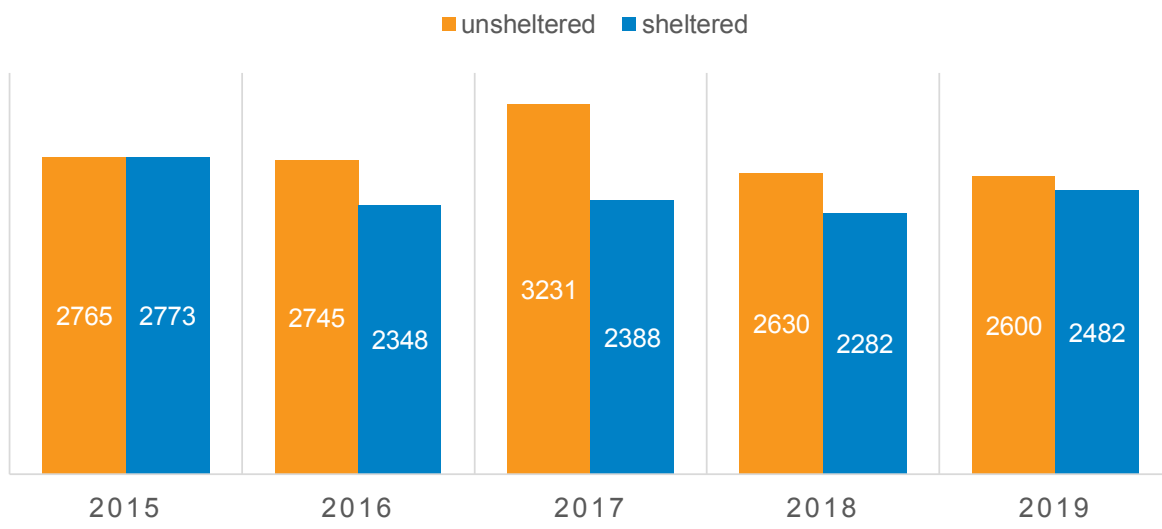
Setting the Stage: Point-in-Time Count & Homeless Management Information System Data

In January 2019, 5,082 persons were identified as homeless at a Point-in-Time (PIT) within the City of San Diego. The City of San Diego accounted for 63% of the total regional population of people experiencing homelessness - 68% of the sheltered and 58% of the unsheltered population - in the 2019 PIT Count.

Over the last five years, the Point-in-Time count for the City of San Diego has remained steady, with modest overall progress of a 9% drop in homelessness since 2015. In 2017, the City saw a sharp increase in persons living unsheltered.

More than half of those counted in the 2019 PIT were unsheltered (2,600). This is significantly higher than the national ratio of sheltered people to unsheltered people — which is about 2/3 sheltered to 1/3 unsheltered. When compared to four other large West Coast CoCs (Los Angeles City and County, San Francisco, Seattle-King County and Portland-Multnomah County), however, the City of San Diego is below the 2018 unsheltered average rate of 58%.

FIGURE 1: PIT COUNTS 2015-2019 (SOURCES: RTFH)

unsheltered · sheltered

	2015	2016	2017	2018	2019
unsheltered	2765	2745	3231	2630	2600
sheltered	2773	2348	2388	2282	2482

Of the persons who are living unsheltered, 572 experience chronic homelessness[2], 338 are veterans, and 353 are youth living on its streets. In downtown San Diego, the monthly census shows that, on average, 848 people are living outside each month[3].

FIGURE 2: 2019 CITY OF SAN DIEGO POINT-IN-TIME UNSHELTERED PROFILE
(SOURCE: RTFH PIT COUNT)

	% Unsheltered	Total Number
People who meet the definition of Chronically Homeless	22%	572
Veterans	13%	338
Families	2%	56
Youth	11%	353

Within the City of San Diego, there are a variety of crisis response and housing interventions to meet the needs of persons coming into the homeless system or who are at risk of homelessness. These interventions include[4]:

- Prevention and Diversion Assistance: strategies to either keep households in their current housing situations or identify immediate alternate housing and connect clients to service and financial assistance so they can return to permanent housing.

- Emergency and Bridge Shelter: short-term beds without a prescribed length of stay (in most cases) that provide safety, security, housing navigation and supportive services.

- Safe Havens: a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services, without a prescribed length of stay.

- Transitional Housing: longer-term temporary housing with intensive services, ideally suited for persons experiencing domestic violence, substance use, and youth.

- Rapid Re-housing: short or medium term rental assistance (12-24 months) and services designed to quickly rehouse and stabilize individuals and families.

- Permanent Supportive Housing: evidence based housing intervention that provides longer-term rental assistance and intensive supportive services to targeted populations, including persons who are chronically homeless.

- Other Permanent Housing Options: low-income housing available in the community with or without rental assistance. This may include long-term care facilities such as nursing homes.

Within the City, there are approximately 6,200[5] shelter beds and housing units in use at any given

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2   HUD's chronic homeless definition states that a person must have a disability and have (1) been living in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously *or* (2) on at least four occasions in the last three years *where those occasions cumulatively total at least 12 months.*

3   Downtown San Diego Partnership Monthly Unsheltered Homeless Count Data, 8/19.

4   HUD defines these categories for the Housing Inventory Count. See CPD Notice at: https://files.hudexchange.info/resources/documents/Notice-CPD-17-08-2018-HIC-PIT-Data-Collection-Notice.pdf, page 7.

5   2019 Housing Inventory Count for City of San Diego, RTFH.

FIGURE 3: CITY OF SAN DIEGO HOMELESS INVENTORY
RTFH 2019 HIC. DOES NOT INCLUDE NON-DEDICATED LOW INCOME HOUSING UNITS.

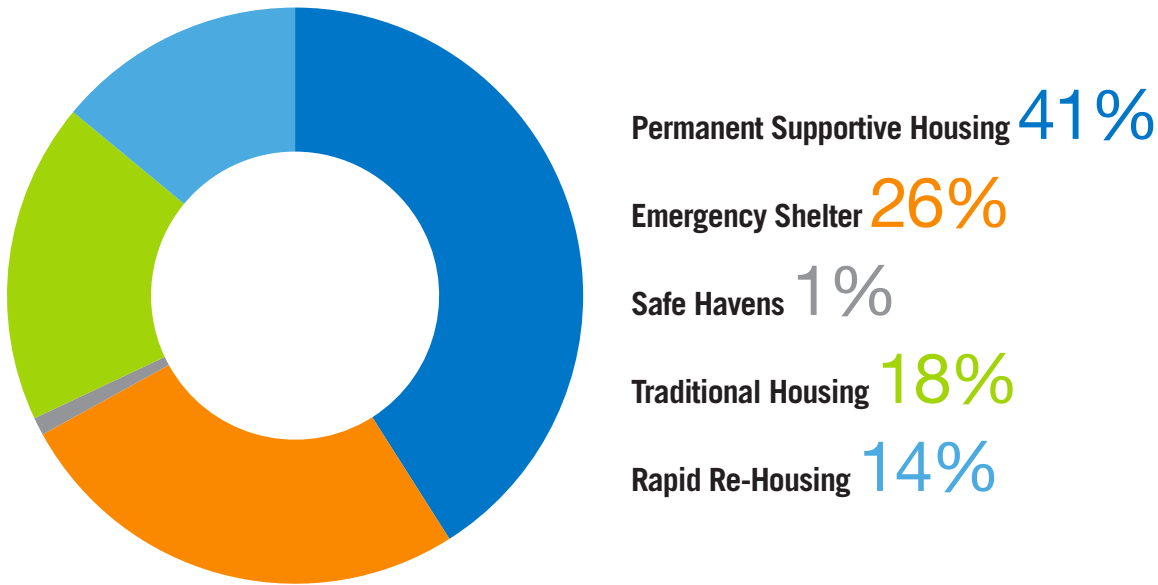## CITY OF SAN DIEGO HOMELESS INTERVENTIONS INVENTORY 2019

Permanent Supportive Housing 41%

Emergency Shelter 26%

Safe Havens 1%

Traditional Housing 18%

Rapid Re-Housing 14%

FIGURE 4: 2019 HOUSING INVENTORY COUNT, RTFH

	Emergency Shelter	Safe Havens	Transitional Housing	Rapid Re-Housing	Permanent Supportive Housing	Other Permanent Housing	Total
San Diego Continuum of Care	1,986	71	1.873	1,525	4,177	842	10,474
City of San Diego	1,639	59	1,107	877	2,599	630	6,911
Percentage of City of San Diego	83%	83%	59%	58%	62%	75%	66%

time: 1,600 shelter beds; 1,100 transitional housing beds; almost 900 Rapid Re-housing slots (based on current program design regarding subsidy amount and length of participation); and 2,600 supportive housing units (2019 HUD Housing Inventory Chart, RTFH).

When compared with the Continuum of Care as a whole, 83% of emergency shelter beds and 62% of the permanent supportive housing beds are located within the City. *Figure 4* identifies the proportion of beds in the City and the CoC.

A review of longitudinal data captured through HMIS further illustrates the City's impact as compared to the CoC as a whole. *Figure 5*, based on 2018 Annual Performance Report (APR) data extracted from HMIS, compares the flow through the homeless assistance system at both the City and CoC levels.

This comparison points to a few important items:

- Three quarters of the people entering emergency shelter in the region are doing so in the City of San Diego, and a higher percentage of that population is coming from the streets or other shelter than for the CoC as a whole. While this is likely related to the fact that the majority of shelter resources are in the City, it also points to a large and very vulnerable population residing on the City's streets and in its shelters.

FIGURE 5: COMPARISON OF SYSTEM FLOW (SOURCE: 2018 APRS AND 2019 HIC)

CITY OF SAN DIEGO SYSTEM FLOW

2018 APR Data

5,472 People Entered Emergency Shelter

84% came from streets or shelters

1,172 People Entered Transitional Housing

54% came from streets or shelters

Emergency Shelter Exits

Total Exits: 4,804

Destination: 31% to Permanent Housing

Destination: 56% to Homelessness

Destination: 13% Unknown

Transitional Housing Exits

Total Exits: 856
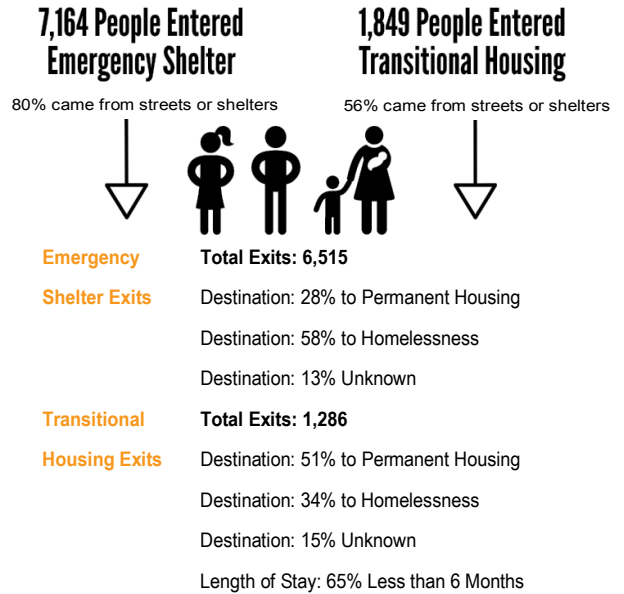
Destination: 57% to Permanent Housing

Destination: 31% to Homelessness

Destination: 12% Unknown

Length Stay: 62% Less than 6 Months

Permanent Solutions

PSH 82% Utilization

RRH 81% from Streets/Shelter

RRH 75% Exits to PH

SAN DIEGO COC SYSTEM FLOW

2018 APR Data

7,164 People Entered Emergency Shelter

80% came from streets or shelters

1,849 People Entered Transitional Housing

56% came from streets or shelters

Emergency Shelter Exits

Total Exits: 6,515

Destination: 28% to Permanent Housing

Destination: 58% to Homelessness

Destination: 13% Unknown

Transitional Housing Exits

Total Exits: 1,286

Destination: 51% to Permanent Housing

Destination: 34% to Homelessness

Destination: 15% Unknown

Length of Stay: 65% Less than 6 Months

Permanent Solutions

PSH 85% Utilization

RRH 82% from Streets/Shelter

RRH 12% Return to Homelessness in 2 years

- The City has slightly better outcomes than the CoC as a whole of permanent housing placement from shelter and transitional housing. Its rate of placement into a permanent destination from shelter (31%) is comparable to other well performing CoCs.

- A large proportion (59%) of the transitional housing beds in the CoC — and about 63% of people using them — are in the City. This provides the community with an opportunity to examine and redirect these resources to meet critical needs identified through this plan.

Housing Stock and Affordability

In CSH's process of engagement with community stakeholders, the most cited barrier to successfully placing people experiencing homelessness into permanent solutions was the lack of low-income and supportive housing available in the market. There is not enough housing that is affordable to people at or below 30% of the Area Median Income (AMI) — generally the affordability level needed for people experiencing homelessness.

This lack of housing options creates both additional inflow pressure into the homeless response system and inhibits the ability of the homeless response system to successfully exit people experiencing homelessness. This dynamic plays out in many ways throughout the system:

■ increasing the length of stay in programs and on the street;

■ creating unintended outcomes in programs like Rapid Re-housing where households are being placed into units they cannot ultimately afford when the assistance ends;

■ creating fewer opportunities for people who are ready to move on from supportive housing to do so; and

■ also a contributing factor in the high rate of turnover and burn-out for front-line staff.

The data collected through CSH's qualitative process bears out in the City housing data.

■ The City of San Diego's *2018 Housing Inventory Annual Report*[6] states that the average San Diego household spends well above 30 percent of their income on housing. Moreover, we know from recent research conducted by Zillow[7] that "Communities where people spend more than 32 percent of their income on rent can expect a more rapid increase in homelessness." This accounts for some of the inflow into the homeless system, including inflow of people experiencing homelessness for the first time.

■ The *2018 Housing Inventory Annual Report* also states: "The city had 0.38 housing units per person. Cities with a much greater housing density like New York and San Francisco had 0.4 and 0.45 units per person respectively. Cities such as Austin (0.42), Denver (0.45), and Seattle (0.48) all provided many more housing choices per person than San Diego." Further, according to a study conducted by the City of San Francisco, a comparison of large CoCs nationwide showed the rate of permanent supportive housing in San Diego in 2017 was just 119 per 100,000 persons — far lower than the rate in peer cities across the country (402 per 100,000 persons).

■ The City's total Regional Housing Needs Allocation (RHNA) share for the 2010-2020 cycle is 88,096 housing units — including a goal of developing 10,988 units of

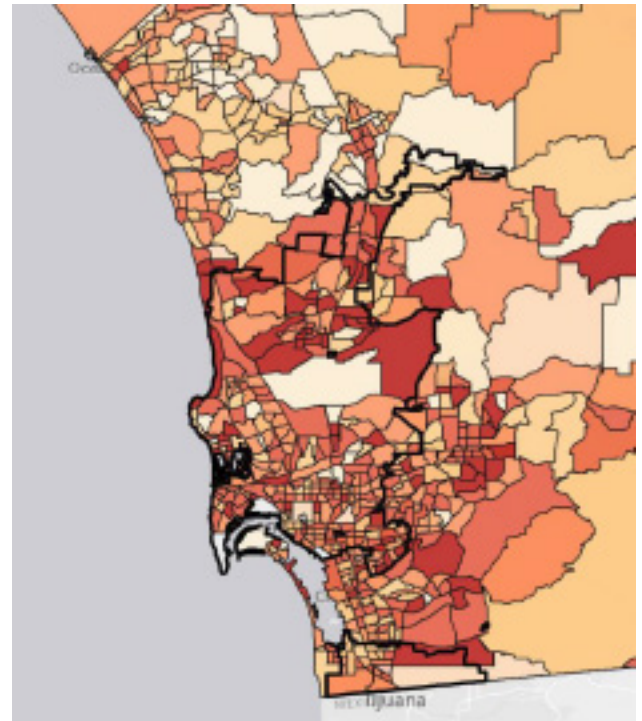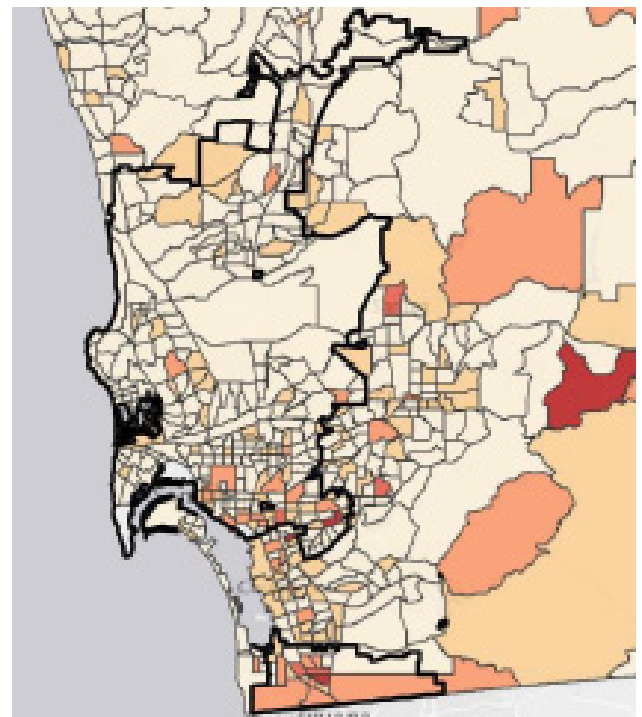**FIGURE 6: HUD DATA, SAN DIEGO % ELI HHS WITH SEVERE COST BURDEN (DARKER RED=HIGHER% COST BURDEN HHS)**

FIGURE 7: HUD DATA, RENTER UNITS AFFORDABLE TO 30% AMI (DARKER RED=HIGHER % OF UNITS AFFORDABLE AT 30% AMI) Source: HTTPS://EGIS.HUD.GOV/CPDMAPS/

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6   https://www.sandiego.gov/sites/default/files/housing-inventory-annual-report.pdf
7   https://www.zillow.com/research/homelessness-rent-affordability-22247/

extremely low income housing (0-30% of AMI) and 10,989 units of low income housing (31-50% of AMI). Through 2017, the report states, "housing production has only met 9 percent of very low-, 14 percent of low-, and most dramatically of all, less than 1 percent of, moderate-income housing needs." This is important, because low rates of workforce or moderate-income housing can result in households that *could* afford higher rents competing for extremely low income or low income units because there is not enough of any type of affordable housing (called down renting) – further squeezing people experiencing homelessness out of the rental market. 85% of the "above moderate" development goals were achieved through 2017, making the newest housing out of reach for the populations being discussed in this report.

- ◆ A "total of 2,069 deed-restricted affordable housing units have been rehabilitated and preserved between 2013 and 2017" in the City of San Diego.

- ■ We know from HMIS System Performance Data that the number of people in the CoC entering programs (emergency shelter/ES, transitional housing/TH, supportive housing/SH, permanent housing/PH) who are experiencing homelessness for the first time has increased each year since 2015. In 2017, that number was nearly 9,000 within the CoC over the course of the year.

- ■ Black/African American and American Indian/Alaskan Natives are over-represented in San Diego's homeless population, with Black/African Americans representing 6% of the general population in the City of San Diego, but 29% of the Emergency Shelter population (2018 PITC).

- ■ The Spring 2019 San Diego Vacancy and Rental Rate Survey[8] indicates that vacancy rates in the City of San Diego dipped to 4.3%, while rents increased.

While the homeless system in the City of San Diego can and should undergo changes to increase its performance and capacity while also addressing racial disparities in homelessness, ultimately the data tells us that these changes alone will not address the needs of people experiencing homelessness in the City – they must be coupled with aggressive measures to increase development of (and access to) low-income housing within the City.

Dedicated Homeless Funding in the City of San Diego

Resources dedicated to homelessness within the City of San Diego include an intricate network of Federal, State, County, San Diego Housing Commission and City funds, along with private funding through local foundations and businesses. Allocations made through these sources may be one-time, multi-year or single year allocations and are received or administered by various partners within the system. The San Diego Housing Commission administers the most funding for this purpose within the City boundaries, followed by the RTFH and the City itself. Additional funds for supportive services or housing also flow through the County of San Diego.

Not accounting for County funds spent inside of the City of San Diego, approximately $117 million per year (see detail below) is spent by key partners on homeless-dedicated projects in the City. However, it is important to note that this figure represents an estimate, as data on costs associated with, but not directly related to homelessness (e.g. sanitation services or libraries/park system costs), are not included. This data also does not reflect private donations or fundraising at the provider level to fund programs and services. The complexity of the funding streams detailed below

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8   https://web.sdcaa.com/external/wcpages/wcmedia/documents/Spring%202019%20VRR%20and%20AI.pdf

FIGURE 8: ANNUALIZED HOMELESS DEDICATED FUNDING (NOTES: HEAP FUNDS ARE ONE-TIME. THESE ESTIMATES ASSUME THAT 62% OF COC FUNDS AWARDED ARE SPENT IN THE CITY OF SAN DIEGO. ASSUMES 81% OF ESG STATE FUNDS AWARDED TO THE COC ARE SPENT IN THE CITY OF SAN DIEGO. ONLY POOLED OR ALIGNED FUNDS SPENT THROUGH FTEHSD ARE ACCOUNTED FOR HERE. THIS DOES NOT REPRESENT ALL PHILANTHROPIC INVESTMENT IN HOMELESSNESS. YHDP AND HEAP FUNDS ARE TWO-YEAR GRANTS, HOWEVER THE AMOUNTS REFLECTED ABOVE ARE ANNUALIZED TO BE CONSISTENT WITH OTHER FUNDING SOURCES.

Source	Program	Recipient	Administering Agency	Total Amount	Annualized Amount/City of San Diego
Federal	CoC-YHDP2017	RTFH	RTFH	$ 7,940,000	$ 2,461,400
Federal	Continuum of Care	RTFH	RTFH	21,394,691	13,264,708
Federal	Emergency Solutions Grant	City of SD	City of SD	930,368	930,368
Federal	Community Development Block Grants	City of SD	City of SD	1,329,227	1,329,227
Federal	Community Development Block Grants	City of SD	SDHC	1,318,078	1,318,078
Federal	Emergency Solutions Grant	State of CA	RTFH	425,630	344,760
Federal	Moving to Work	SDHC	SDHC	48,439,408	48,439,408
Federal	HOME	City of SD	SDHC	1,500,000	1,500,000
State	HEAP	RTFH	RTFH	18,800,000	2,248,117
State	HEAP	City of SD	City of SD	14,100,000	7,050,000
SDHC	SDHC Local Funds	SDHC	SDHC	9,077,777	9,077,777
City	Affordable Housing Fund	SDHC	SDHC	18,571,782	18,571,782
City	General Funds	City of SD	City of SD	9,433,541	9,433,541
Private	Funders Together to End Homelessness San Diego at SD Grantmakers	Funders Together	Funders Together	900,000	900,000
					$ 116,869,167

point to the need for a centralized and coordinated process to track and allocate these resources, in line with the plan, so that gaps can be identified over time and new resources directed toward needed interventions.

Figure 8 identifies funding budgeted or awarded for FY2020 based on available data. These funds pay for programs like outreach by the San Diego Police Department, emergency shelter, day programs, housing navigation, storage, services and housing programs. While most City and State funds support crisis response activities like outreach and shelter, the majority of funding administered through the CoC program (non-youth) and SDHC support permanent housing solutions.

Mainstream Systems

The homeless system data does not reflect a full picture of the mainstream systems that may also be encountering persons experiencing homelessness or at risk of homelessness including child welfare, education, health care and hospitals, board and care, institutional settings, and the justice system. A response to the City's homelessness challenges must be coordinated with the County, which administers mainstream agencies and systems that people need and access. The homeless system flow map shown on page 21 there is an inflow of persons from these mainstream systems, and further

data analysis, data matching, and regional planning can address the roles of mainstream services in an integrated fashion. The homeless crisis response system cannot solve homelessness on its own and aligning with County and mainstream systems is essential to success.

Current Structure and Roles of Key Partners

The four major partners that administer public funding and policy on homelessness (the City Mayor's Office, City Council, SDHC, and RTFH) each play a key role in responding to the humanitarian needs of people experiencing homelessness as well as to the political, operational and programmatic issues that arise as part of this work. There is no current, formal cross-agency structure for City-specific collaboration or governance, such as an Interagency Council on Homelessness or homeless-specific workgroup/committee like those that exist in other jurisdictions.

Current roles and responsibilities include:

- *City Council/Housing Authority:* Provides budget authority and policy direction as a means to oversee City and SDHC activities; approves contracts; seeds innovative practices by funding pilot programs.

- *City of San Diego (Office of the Mayor):* Develops and executes City homeless policy; issues RFPs and administers City funding allocated to SDHC and other contractors; administers federal funding (e.g. CDBG); represents the Mayor and addresses constituent or political concerns; prepares City housing and homelessness related budget and legislative recommendations; coordinates City departments to meet Mayoral direction and implement policy goals, including the identification and maintenance of City property for homeless use; coordinates with County, State and other key partners.

- *San Diego Housing Commission:* Creates low-income and supportive housing; administers, monitors and oversees programs funded by the City, SDHC and other sources; provides direct services through prevention and diversion, Rapid Re-housing and landlord engagement programs; coordinates with the City and the CoC; implements SDHC's HOUSING FIRST - SAN DIEGO plan; partners with RTFH to further policy, instill best practice and strengthen capacity of the provider network through training and technical assistance; develops, recommends and implements policy.

- *Regional Task Force on the Homeless:* Coordinates activities, policies and priorities between the 18 jurisdictions within the CoC; acts as the Lead Agency for the CoC (including submission of the HUD CoC application and ensuring adherence to all HUD requirements); administers other state and federal funding; implements the Youth Homelessness Demonstration Program; provides training to providers; administers HMIS and Coordinated Entry; conducts HUD required activities such as the point-in-time count, system performance review and housing inventory tracking.

While the key partners have responsibilities that are largely discrete from one another and are carrying out their functions as needed, a consistent theme throughout the engagement process was role confusion – providers and other stakeholders were unclear as to which entity is in charge of what part of the system. The absence of a formal cross-agency governance process results in fragmented decision-making, unclear goals, differing and sometimes competing priorities and contract requirements for providers, and the loss of opportunity to use tools such as Requests for Proposals (RFPs) to their strategic advantage. This fragmentation and/or role confusion has also been named in other reports and plans developed for the community.

VISION, GUIDING PRINCIPLES, GOALS AND STRATEGIES

Leaders from across the City's government, businesses, service providers, philanthropies, advocates and health care providers agree that the City of San Diego needs a bold vision that can move the community towards a crisis response system that meets the needs of those experiencing homelessness and addresses the challenge in a coordinated, effective way — decreasing the homeless numbers consistently and effectively over time, and ensuring a robust system exists to meet person's needs. That does not mean that no one will ever become homeless — but that the City will build a system that can meet the needs of community members who are at-risk or experiencing homelessness. It means that the City will use the technology, research and best practices available as strategically as possible, and will use its resources and ingenuity to seed innovation when it is needed.

The community's vision for how to ensure that homelessness can become rare, brief and non-recurring can be expressed as follows:

> *By working creatively and collaboratively, the City of San Diego will build a client-centered homeless assistance system that aims to prevent homelessness, and that quickly creates a path to safe and affordable permanent housing and services for people who experience homelessness in our community.*

Guiding Principles

To realize the vision articulated above, decision-makers and system partners must rely on a set of guiding principles. Developed through the community-driven process, these principles and values should guide system-wide policy and funding decisions and build community cohesion:

1. **Be Accountable.** We hold ourselves accountable to the goals, strategies, and actions we commit to, and we will make the hard decisions when those decisions are in the best interest of people experiencing homelessness.

2. **Develop creative and new housing options, as quickly as possible.** Our community will develop and create new housing options as quickly as possible. The need for housing options is urgent. We must consider both short and longer-term options for creating new housing opportunities and dedicate resources to doing so.

3. **Value the voices of people with lived experiences.** The perspectives and voices of persons with lived experience should shape proposed solutions. This includes engagement in all levels of planning, implementation, and evaluation in a meaningful and productive manner.

4. **Improve service and options to people experiencing homelessness through evidence-based approaches.** Housing first and evidence-based approaches are the foundation for the City's homeless service system approach and its interventions.

5. **Make Data-driven Decisions and Create Transparency.** The community will use a data driven approach for system-wide decisions, prioritizing housing assistance to vulnerable populations, and ensuring transparency.

6. **Communicate and collaborate more effectively and frequently.** Communication and collaboration between providers, between decision makers, and across systems is key to building trust.

7. **Build capacity.** Build capacity for the system and providers by investing in system-level planning, training and continuous quality improvement.

8. **Create positive momentum.** Our community needs to build momentum towards our vision, which can be accomplished by identifying goals within reach and working to improve the system overall by reaching those goals.

9. **Remove politics from decision-making about homelessness.** To the extent possible, we should empower subject matter experts to make operational decisions and recommendations to leadership, and empower agencies that control the resources to follow expert guidance without political interference.

Goals Within Reach

CSH has identified three goals that are within the City's reach within three years:

- Decrease unsheltered homelessness by 50%;

- Finish the job of ending Veteran homelessness; and

- Prevent and end youth homelessness as outlined in the _San Diego County Coordinated Community Plan to End Youth Homelessness_.

Organizing the community to accomplish these goals in three years will unite stakeholders towards a common mission and build the muscle and capacity needed to meet the long-term vision. It will build upon successes of the past, and create new ways to work together and innovate towards the future this community wants to see – one with fewer people suffering and dying on its streets and one that honors the service of veterans.

These goals can be met through the implementation of the five strategies noted below, and through actions taken to support those strategies. For example, reducing unsheltered homelessness will require: system-level planning and governance to align resources and policy (Strategy 1, p.41), a client-centered approach to ensure that practices align with models like trauma-informed care (Strategy 1, p.42), work with other systems so that people are not exiting jails or medical facilities directly to the streets (Strategy 3, p.43), increased coordination and resources within the existing system (Strategy 4, p.44), and — ultimately — an increase in housing and service options to sustain momentum and outcomes (Strategy 5, p.46). These goals, strategies and actions should be viewed as fundamentally linked and part of a cohesive package rather than a series of sequential or stand-alone items.

A NOTE ABOUT HOUSING FIRST

The National Alliance to End Homelessness defines **Housing First** as "a homeless as sistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homeless ness and serving as a platform from which they can pursue personal goals and improve their quality of life." To be clear, Housing First does not mean housing only. The majority of clients in programs that use a Housing First approach participate in the voluntary services offered, and it has been found that increased self-determination can lead to increased housing stability.

The Housing First/low barrier approach can be applied in any program or system. CSH found that, in San Diego, Housing First has been implemented inconsistently in pro grams across the City, leading to a lack of fidelity to the core tenets of the approach and a misunderstanding by many as to how it should be applied in various settings even though most program staff identified their programs as low-barrier. Refreshing the community's understanding of this approach is referenced in the strategies and actions detailed later in this report.

Key Strategies

The community has developed a future vision, identified goals to build the excitement and capacity needed to get there, and articulated its values on how decisions should be made. Now it needs strategies and actions to create the road map to success.

Five key strategies emerged through both the stakeholder/community engagement process and the analysis conducted by CSH.

FOUNDATIONAL STRATEGIES:

1. **Implement a systems-level approach to homeless planning.** In order to take the bold steps towards a new vision, the City needs to shift to true systems-level thinking and decision-making. To do this, key community leaders should build capacity and infrastructure around City-level governance, strategic thinking and systems change/change management to support the work towards the articulated goals.

2. **Create a client-centered homeless assistance system.** To align with its guiding principles, the City should take steps to create a homeless assistance system that centers around clients and that values client expertise and feedback in system design and resource allocation. Actions related to this goal may include reviewing and ending practices that contribute to the criminalization of homelessness; system-level training on trauma-informed care practices; development and implementation of formal mechanisms to collect and incorporate client input and feedback into policy and program decisions; implementation of a system-level Housing First approach with fidelity to proven models and practices.

SYSTEM IMPACT STRATEGIES

3. **Decrease inflow into homelessness by increasing prevention and diversion.** Working closely with the County will be instrumental to the implementation of this strategy. While the homeless assistance system does not control the inflow into homelessness, it can work with other systems to prevent homelessness when possible and to divert people (as appropriate) from the system all together. Actions related to this goal may include increasing resources to diversion programs and practices that work; connection to mainstream systems like hospitals, jails, child welfare and substance use facilities that release people into homelessness; implementation of a data matching process with feeder systems (starting with hospitals and jails) to identify high utilizers and develop practices to decrease inflow.

4. **Improve the performance of the existing system.** Moving from project-level thinking to system-level thinking will require a review of current practices, performance and metrics. Actions related to this goal may include a project-level review of outcomes; development of system-level metrics that can be monitored at least quarterly to review the health of the system overall; development and implementation of funding priorities that reflect both system-level and project-level performance targets; adding capacity at the emergency shelter level to aid in increasing throughput; investing in system-wide training on practices such as Housing First and housing-focused shelter; conversion of current transitional housing capacity to beds that relate more closely to the needs of people experiencing homelessness (like respite care beds); making staff compensation more consistent across providers; and reviewing coordinated entry and outreach protocols to maximize effectiveness and efficiency.

FIGURE 9: DESIRED HOMELESS ASSISTANCE SYSTEM FLOW (DESIGNED BY PROVIDER STAKEHOLDER COMMITTEE)
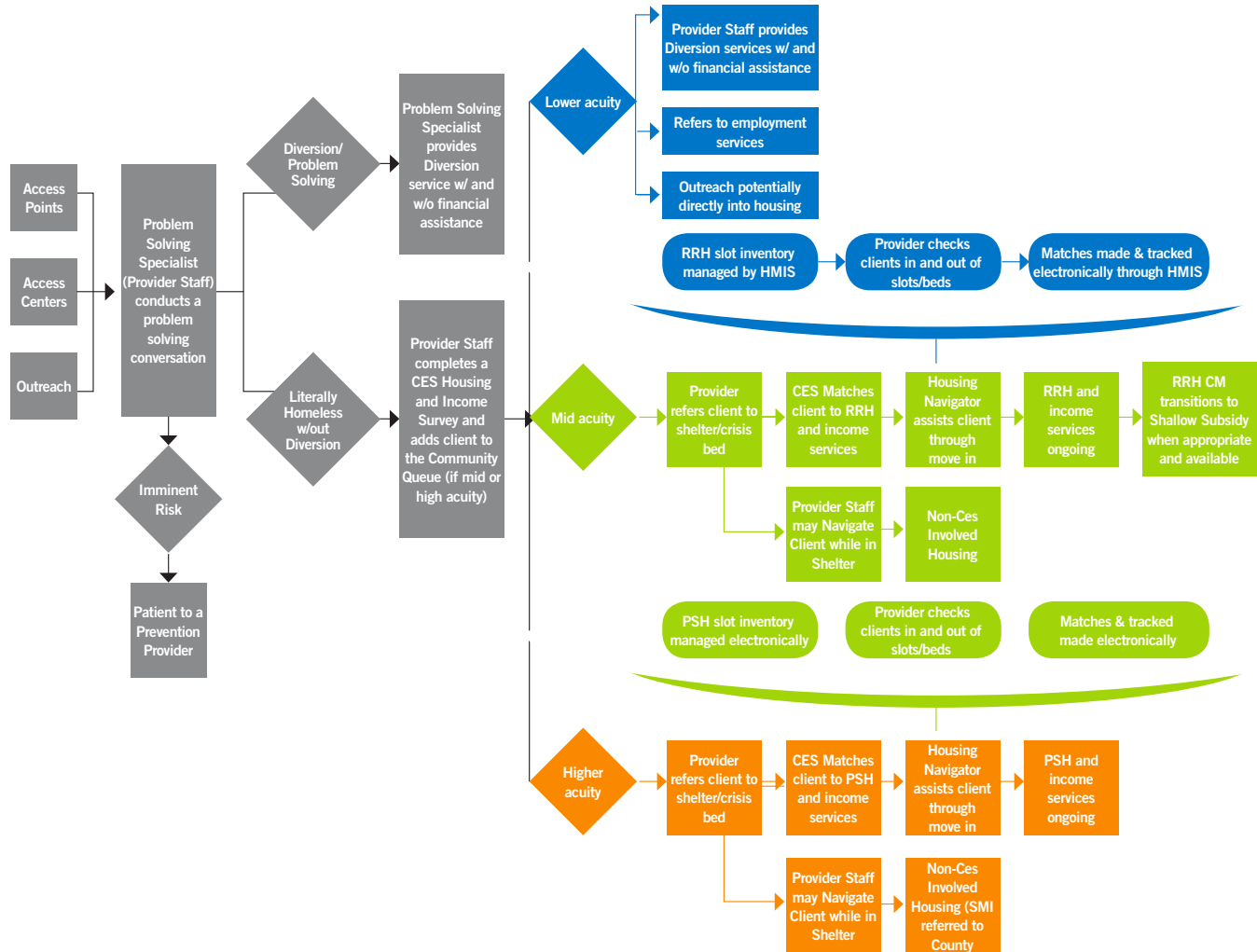
5. **Increase the production of/access to permanent solutions.** There is no doubt that a lack of low-income and affordable housing options is related to both the inflow into the homeless system and the ability to permanently house those who have fallen into homelessness. Actions related to this goal include increasing access to already existing housing stock through expansion of successful landlord engagement/incentives programs; using political clout and thinking creatively to identify additional stock by working with housing developers and operators who control vacant Class B and C stock; developing and funding supportive and low income housing production targets identified in this plan; working with the County to improve access to services in supportive housing and in the crisis response system; working with other local Public Housing Authorities to access units through their programs.

The vision, principles and strategies identified can lead the City to a more comprehensive, humane, and effective approach to ending homelessness for people in the City of San Diego. Specifically, it can lead to the implementation of a system that resembles the chart above – designed by key service level stakeholders within the City – and aligned with efforts already underway by RTFH to improve system performance and flow.

Actions Already Underway

In recent years the City of San Diego has made progress on key foundational issues, including the development of over 7,600 new housing opportunities through a range of interventions for people experiencing or at-risk of homelessness, 674 new Bridge Shelter beds, an expansion of its Safe Parking program, and implementation of a storage warehouse for people experiencing homelessness.

Several other positive actions that complement the vision outlined in this plan are already underway or planned in San Diego, including:

■ The implementation of **San Diego's Youth Homelessness Demonstration Program** (YHDP) is viewed across the community as a positive effort. This report largely does not include youth-related actions because the plan is comprehensive and complementary to this effort. SDHC and RTFH are currently working together to develop and deliver training to adult service providers on working with transition aged youth, and to identify dedicated space within the current shelter system to serve youth in a culturally competent environment so that young people are not being put in further danger by waiting on the streets for housing.

■ SDHC has reached out to the National Alliance to End Homelessness and their partners at OrgCode to conduct **housing-focused shelter training** across the system, and to develop a curriculum for long-term use within the community.

■ After initial implementation of new Bridge Shelter programs noted above, SDHC and the City implemented more **robust case management services and more competitive compensation** in the Bridge Shelters and several other homeless programs.

■ SDHC invested additional resources in RTFH to support **system-level training and capacity building** for service providers. In addition, SDHC is exploring a partnership with the San Diego City College to develop homelessness industry-specific curriculum to enhance/support workforce training and capacity building within the current student body and to create additional educational opportunities for existing front-line homeless services staff.

■ RTFH has engaged a consultant to assist with the necessary **review and revision of the CoC's Rapid Re-housing Programs (including those operated in the City of San Diego)**. As detailed in the engagement portion of this report, Rapid Re-housing is often an intervention offered to highly vulnerable people without flexibility in terms of the length of rental assistance and/or intensity of services. Increasing flexibility of this program to meet the needs of a higher-need population is key to making progress in several areas detailed in this report.

■ RTFH is continuing to update the HMIS data system to improve the ability to utilize homeless system data, including hiring Simtech Solutions to provide technical expertise and support, the addition of a data warehouse, and finalizing **geographic-area filters on current HMIS dashboards** so that City-specific data can easily be pulled for review. Utilizing HMIS data, SDHC developed **Data Dashboards** that track all main City and SDHC investments in homeless housing and services programs on a monthly basis, including inflow and outflow tracking and movement within the system.

■ RTFH is working with HUD technical assistance providers and a nationally recognized consultant (OrgCode) to conduct a **review of outreach practices** to revise and improve protocols to be more effective and client-centered.

■ The **Steering Committee** created to guide this project comprises much of the Core Members group recommended in this report. These senior-level staff members from the Mayor's office, RTFH, the City Council and SDHC have already built the foundation needed for successful collaboration. It is a strong starting point for a more formal governance effort.

NEED AND COSTS

Leaders and stakeholders want to move quickly to understand the City's needs and the potential cost to realize its vision. This section of the report is to provide the City of San Diego with CSH's best estimates on the need for various types of interventions and the costs of those interventions.

Based on the qualitative and quantitative data available, CSH is recommending significant investment in **permanent solutions**, including housing creation and subsidies, to meet the call to action. An increase in temporary crisis response solutions that are flexible and housing-focused will also be necessary to meet the immediate needs and safety of those accessing the homeless system. As the cost data illustrates, providing a housing subsidy is almost the same annual investment as providing a Bridge Shelter bed. Even though shelter beds serve multiple people per year and therefore cost less per person served (permanent housing typically serves one person per year), it is important to carefully consider each additional crisis response investment to ensure balance between short and long term solutions.

CSH has modeled the need and costs for both crisis response and permanent solutions based on the homeless system data and conversations with key stakeholders to confirm assumptions. These estimates are projections and should be refined as the City implements the plan. These estimates do not include more refined data analysis that examines persons exiting jail and prison, institutions, or hospitals who do not access homeless services or may not be entered into HMIS (but may be homeless). CSH recommends further data matching and targeting in coordination with the County and health systems to ensure all persons who experience homelessness and housing instability have resources available and are considered in future planning/action items.

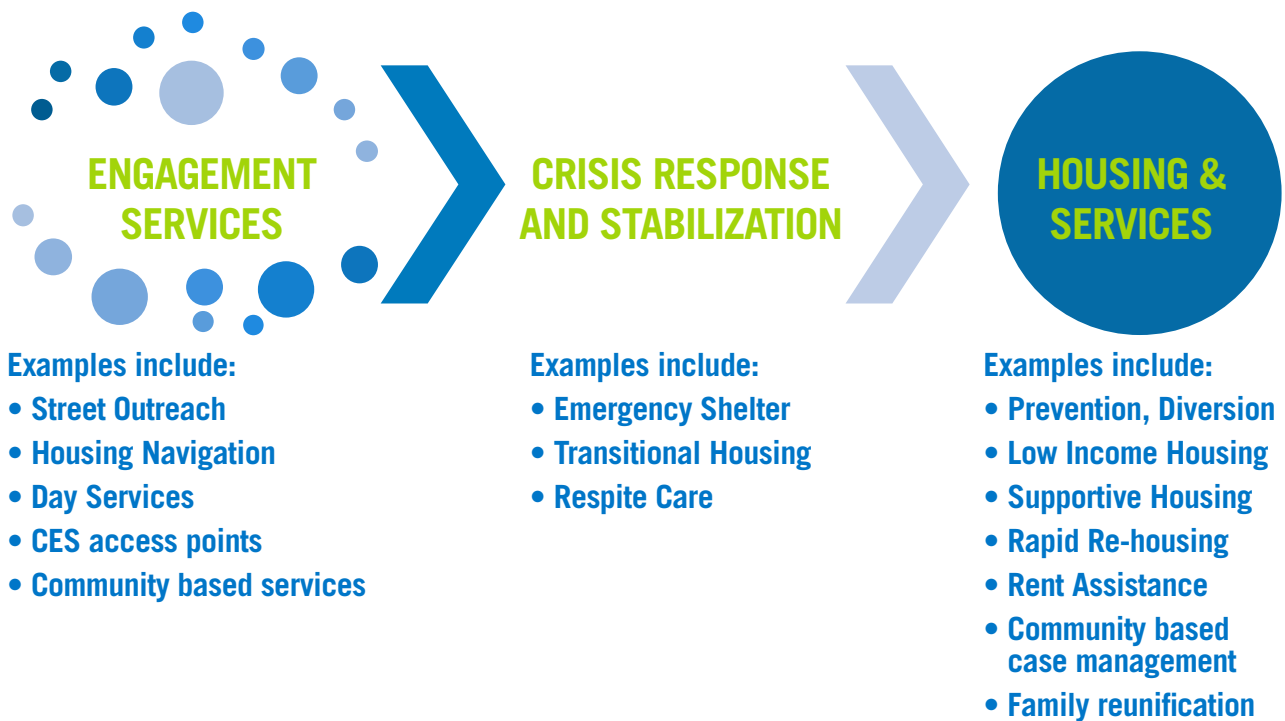## Assumptions Used in the Analysis

CSH utilized several data sources to create the need and cost projections including: HMIS; Point-in-Time Count; System Performance Measures – HUD; Housing Inventory Chart; Annual Homeless Assessment Report (AHAR); SDHC data; 2020 City of San Diego Budget documents; and local provider data. CSH created estimates based on the source data and reviewed and revised assumptions with key stakeholders in a series of focus groups in June and August 2019. The data in this report is finalized based on this feedback. The resulting need and cost projections are estimates based on the data available today that can be refined by the community as better data is available.

The projections show, at a minimum, the needed interventions and resources to serve persons requesting assistance in the City of San Diego. Some numbers were rounded for the purpose of projections. When available, CSH utilized local data for projections and compared it to national projections. More detail on the assumptions and projections is available in Appendix B.

For the purpose of this report, Crisis Response includes shelter beds (emergency/bridge); outreach; respite or recuperative care; and transitional housing. Permanent Solutions include diversion, Rapid Re-housing, low-income housing, and supportive housing.

Overview of Need

The homeless service system has three major components: Engagement Services; Crisis Response; and Housing and Services.

ENGAGEMENT SERVICES

Examples include:
- Street Outreach
- Housing Navigation
- Day Services
- CES access points
- Community based services

CRISIS RESPONSE AND STABILIZATION

Examples include:
- Emergency Shelter
- Transitional Housing
- Respite Care

HOUSING & SERVICES

Examples include:
- Prevention, Diversion
- Low Income Housing
- Supportive Housing
- Rapid Re-housing
- Rent Assistance
- Community based case management
- Family reunification

Based on our data analysis conducted, review of data with RTFH, and community input, CSH is making the following estimates for people (individuals and families) presenting in the homeless system:

- 8% will self-resolve with community based services or shelter only and will not be included in the total estimated unit need.

- 13% can be assisted with diversion and will not be included in the total estimated unit need.

- 79% need access to permanent housing options to resolve their housing instability.

Additional information on CSH's assumptions based on input from stakeholders and HMIS data review is provided in more detail in Appendix B.

Crisis Response: Need Projections and Estimated Cost

San Diego has approximately 2,700 crisis response beds for persons seeking assistance including: emergency shelter; Bridge Shelter; safe haven; transitional housing. (2019 HUD Housing Inventory Chart, RTFH). Diversion resources have been added to the system to assist people in returning to permanent housing without a long or any shelter stay. To accomplish the goals in this plan, additional investment, as well as improved system performance and targeting is needed.

Crisis Response Needs

CSH estimates a range of **350-500 new crisis response options** is needed to meet the needs of individuals who are homeless in the system and the estimated annual inflow into emergency shelters. For families, the crisis response need is practically met, with modeling showing the need for only 40-80 new crisis response options. CSH modeled the crisis response at its desired end state for this plan, including 96% utilization for crisis response beds, length of stay for families and individuals at 90 days based on provider feedback, and 13% of persons presenting at the homeless system that can be provided with diversion assistance. These metrics will be useful for the Interagency Implementation Team and stakeholders.

CSH has included a range for its recommendation for several reasons: recommended system improvements may yield less or more units than estimated; housing long-term shelter stayers as a priority may free up additional resources in the crisis response system; and as the system changes, the need numbers will fluctuate.

FIGURE 10: CRISIS RESPONSE MODEL, BASED ON HIC, PIT, AND HUD SYSTEM PERFORMANCE MEASURE DATA, RTFH

Crisis Response System Need Modeling: City of San Diego (August 2019)

	FAMILIES	INDIVIDUALS
Current Emergency Shelter Beds:	515	1,184
Emergency Shelter Bed Capacity w/Current Utilization 96%:	494	1,137
Annual Inflow to Emergency Shelters:	498	6,199
Total Bed Nights Needed for Inflow in a Given Year:	17,430	216,965

Crisis Response Options: Single Individuals

CSH recommends five actions to meet the need for new crisis response options for single individuals:

1. Drive two system improvements that will decrease the overall need: maintain a future state of 90-120-day average length of stay providing resources to exit persons into permanent options; and add 600 new diversion resources. This is estimated to decrease the overall need for crisis response by approximately 17%.

2. Focus housing efforts and outreach on those persons who are long-term shelter stayers or unsheltered in the City. Targeting the resources to this population will free up needed crisis response beds and provide a more permanent solution for the individuals who are cycling throughout the shelter system or living outside. Review utilization data over time to understand if crisis response needs have shifted based on these efforts.

3. Review all current transitional housing (TH, not included in the modeling) and work with providers to incentivize and repurpose at least 25% of TH beds into emergency shelter beds including specialized medical respite beds. Current transitional housing beds have a system-wide utilization of 77%. If the beds were utilized or repurposed, of the current 824 TH beds for individuals, re-purposing 25% would result in a net of 206 crisis response beds for the system. Additional beds can be repurposed after a review of program funding, organizational mission

and ability to change, and building restrictions. This may require some capital output to improve facilities or change staffing patterns but that is a program by program review.

4. Once TH is repurposed, create 100-200 new, temporary, and flexible emergency shelter beds for individuals at an all-in operating cost of $61/day per bed, the current per day rate for Bridge Shelter beds. This includes not only what providers receive for their operations but other overhead costs that the City and SDHC incur. See Appendix B for more detailed cost information.

5. Revisit projections every six months and add beds incrementally as needed.

Through the community engagements, CSH heard repeatedly the unmet need for respite or recuperative care beds. Based on data from the Family Health Centers of San Diego, reviewed by hospital partners, we recommend that within the stated crisis response need, approximately 100-150 medical respite beds are needed to provide specialized services and options for those recovering from illness or injury. There is an additional need for recuperative care beds which is not included in our modeling and requires continued community conversation on need, resources, and access. Compounding the personal and social costs are the actual costs to local hospitals whose patients' stays are extended due to lack of respite or recuperative opportunities: for that reason, hospitals and health care systems might prove to be funding partners for this effort and this should be explored.

It is important to note that prevention resources will play a critical role in ensuring inflow decreases over time. Prevention was not modeled for this report but should be a component of continuous data review and planning efforts for resources both families and individuals. Investments in prevention have been made through the allocations of HEAP funding in 2019.

Crisis Response Options: Families

For families, the need is much lower with a maximum of 80 additional crisis response options needed. To meet this need, CSH recommends three actions, that if possible, would meet the crisis response need for families without adding any new emergency beds:

1. Add approximately 100 additional diversion resources for families.

2. Repurpose at least 25 transitional housing beds into crisis response beds for families who are homeless.

3. Once the TH is repurposed, add additional crisis response options as needed.

Crisis Response Costs

Based on the recommendations above, CSH estimates a cost of approximately $2.2M per 100 new beds in annual operating cost for additional new emergency shelter capacity. In addition to the operating costs of new crisis response options, there may be capital costs if new Sprung shelters (www.sprung.com) are needed. Estimates for operating the fourth Bridge Shelter that is underway totals approximately $3.7M. Additional costs may include funding to repurpose transitional housing beds, from one-time physical plant costs to anticipated additional service costs for medical respite beds.

Permanent Solutions: Need and Estimated Cost

San Diego has approximately 4,300 permanent units for persons seeking assistance including: Rapid Re-housing assistance, supportive housing, and other permanent housing units. (2019 HUD Housing Inventory Chart, RTFH). To accomplish the goals in this plan, additional investment in capital, operating, and service resources is needed. This section outlines the need and estimated costs for the permanent solutions. More detail on the assumptions used in this section are available in Appendix B.

Permanent Solutions Need

Based on the qualitative and quantitative data available, CSH is recommending significant investment in permanent solutions, including housing creation and subsidies to meet this plan's goals.

The City of San Diego has a total need for **5,400 units** of supportive housing, low-income housing, or Rapid Re-housing and 767 diversion resources per year. In our modeling, CSH included turnover of existing units in calculating the need projections.

Diversion. For both individuals and families, the homeless response system needs an infusion of diversion resources. Based on the RTFH data, we have estimated that 13% of people presenting to the homeless system can be diverted to permanent housing options. This is based on historical data that showed that 13% of people were able to return to permanent housing without financial assistance. This does not mean that those households do not need services either to stabilize or maintain their housing. However, this assistance can create flow through in the homeless system and provide a safe place for households to live as well as free up crisis response beds. CSH is recommending that annually, the City fund 767 additional diversion slots, 674 for singles, and 93 for families.

Supportive Housing. The need for supportive housing is primarily for individuals. Based on the data available, CSH is estimating that 90% of those who identify as chronically homeless in the Point-in-Time count need supportive housing, which is affordable housing with supportive services, to end their homelessness. Of the individuals who are sheltered, we estimate 50% will need supportive housing to effectively end their homelessness. This estimate was based on review of shelter and unsheltered data, which showed high rates of disability, long stays in the shelter system, and high service needs. Of homeless families, CSH estimates that 25% of families need supportive housing, which is comparable to national trends.

Rapid Re-housing and Low Income Housing. For those who may not need the level of services available in supportive housing, Rapid Re-housing and low-income housing are suitable interventions. CSH is estimating that approximately 1,200 units are needed to serve individuals and families. CSH estimated that of those who needed affordable housing options, 70% could resolve their homelessness with an average of 1 year of Rapid Re-housing and services, while 30% needed a longer-term subsidy averaging 3 years with services. This split is based on the number of severely burdened rental households found in the local data, which suggests that at least 30% of households could not sustain their housing with a short-term rental subsidy.

FIGURE 11: PERMANENT HOUSING NEED BASED ON HIC, PIT, AND HUD SYSTEM PERFORMANCE MEASURE DATA, RTFH

Permanent Housing Need			
	Singles	**Families**	**All**
Supportive Housing Developed (New or Rehabilitation)	2659	143	2802
Supportive Housing Leased in Private Rental Market	665	36	701
Rapid Re-housing Rental Assistance with Services 1 year	533	269	802
Low Income Housing Rental Assistance with Services 3 years	229	115	344
Diversion Assistance for Households	674	93	767
Total Need	4760	656	5416

FIGURE 12: PERMANENT HOUSING NEED IN SAN DIEGO, BASED ON DATA FROM RTFH
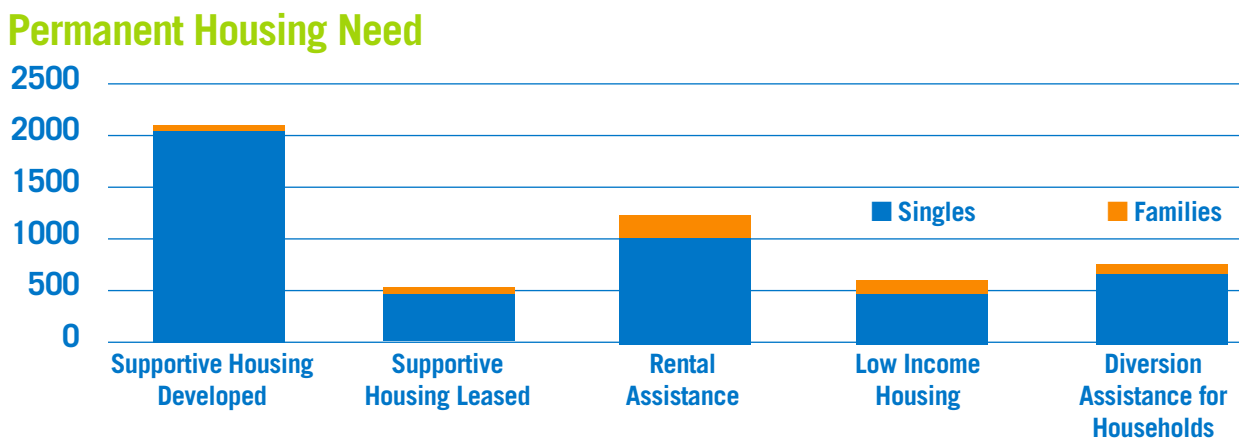
Permanent Housing Needs: Individuals

The need for single individuals who enter the homeless system is significant at 4,086 units over the next 10 years. CSH recommends four actions to meet the need for new permanent housing for single individuals:

1. Create 4,086 new housing interventions (RRH, PSH, Low-Income Housing) over the next 10 years. CSH is recommending 60% of the new supportive housing units and 80% of the new RRH and low-income housing units come online in the first 4 years of the plan.

2. Improve performance of existing resources: significantly increase PSH utilization, primarily on the tenant based voucher referrals and utilization. Currently, the average PSH utilization is 82%, primarily low because of HUD-VASH and Project One for All (POFA) voucher utilization rates. This improvement will serve an additional 250-275 persons per year. CSH also recommends that the City create one standard model for RRH throughout the system that allows for consistency, flexibility and longer duration of rental assistance and services.

3. Create new low-income housing opportunities to assist households that need assistance longer than the current RRH program regulations allow, on average 3 years.

4. Add 674 diversion slots to create options to reduce inflow into the homeless service system for individuals.

Permanent Housing Needs: Families

As the chart above illustrates, the need for families is significantly lower than for individuals. We estimate that approximately 656 housing units are needed to meet the need. CSH recommends four actions to meet the need for new permanent housing for families experiencing homelessness:

1. Create 563 new housing units (RRH, PSH, low-income housing) over the next 10 years.

2. Improve performance of existing RRH by creating one standard model for RRH throughout the system that allows for consistency, flexibility and longer duration of rental assistance and services.

3. Create new low-income housing opportunities to assist households that need rental assistance longer than current RRH program regulations allow, on average 3 years.

4. Add 93 new diversion slots per year to create options to reduce inflow into the homeless service system for families.

Permanent Solutions Estimated Cost

Based on the recommendations above, CSH estimates the costs below over 10 years to create new permanent housing capacity. It is important to note that in creating housing with supportive services, commitments for capital, operating, and services are needed to make the models successful and achieve the desired outcome of housing stability. Funding only the creation of new units, without adequate services or rental assistance will not further the goals of this plan in reducing persons who are homeless in San Diego. The chart below provides further detail on the estimated costs.

FIGURE 13: PERMANENT HOUSING COSTS SINGLES
BASED ON DATA FROM SDHC, PIT, AND PROVIDER INPUT

Permanent Housing Need and Expenditures: Singles		
	Total Units	Ten Year Expenditure
Supportive Housing Developed (New or Rehabilitation) 80% of need	2659	$914,031,250
Supportive Housing Rental Subsidies for Developed and Leased Units	3324	$341,150,098
Supportive Housing Service Commitments for Development and Leased Units	3324	$300,157,200
Rapid Re-housing Rental Assistance w/Services	533	$99,882,198
Low Income Housing Rental Assistance w/Services	229	$42,806,656
Diversion Assistance for Households	674	$20,229,327
Total Need	**4760**	**$1,718,256,729**

FIGURE 14: PERMANENT HOUSING COSTS FAMILIES

BASED ON DATA FROM SDHC, PIT, NATIONAL AVERAGES, AND PROVIDER INPUT

Permanent Housing Need and Costs: Families	Total Units	Ten Year Expenditure
Supportive Housing Developed (New or Rehabilitation) Capital Costs 80% of need	143	$ 49,156,250
Supportive Housing Rental Subsidies for Developed and Leased Units	179	$ 34,588,170
Supportive Housing Service Commitments for Development and Leased Units	179	$ 18,795,000
Rapid Re-housing Rental Assistance w/Services 1 year	269	$ 79,315,720
Low Income Housing Rental Assistance w/Services 3 years	115	$ 33,992,451
Diversion Assistance for Households	93	$ 5,040,120
Total Need	**656**	**$220,887,711**

FIGURE 15: PERMANENT HOUSING COSTS TOTAL FOR SINGLES AND FAMILIES

BASED ON DATA FROM SDHC, PIT, NATIONAL AVERAGES, AND PROVIDER INPUT

Permanent Housing Need and Expenditures: TOTAL	Total Units	Ten Year Expenditure
Supportive Housing Developed (New or Rehabilitation) Capital Costs	2802	$ 963,187,500
Supportive Housing Rental Subsidies for Developed and Leased Units	3503	$ 375,738,268
Supportive Housing Service Commitments for Development and Leased Units	3503	$ 318,952,200
Rapid Re-housing Rental Assistance w/Services	802	$ 179,197,918
Low Income Housing Rental Assistance w/Services	344	$ 76,799,108
Diversion Assistance for Households	767	$ 25,269,447
Total Need	**5,416**	**$1,939,144,441**

Cost Assumptions

In creating the estimated costs, CSH assumed a 10-year timeline for bringing new permanent units and subsidies online. CSH used the SDHC rent payment standards to develop the rental subsidy amounts modeled.

Once the **10-year timeline has been reached**, notwithstanding any new needs, the annual costs for singles and families are approximately:

- Diversion: $2.5M. May increase as the system is optimized and additional households can be diverted.

- Supportive Housing: $103M in annual expenditure for rental assistance and services.

- Rapid Re-housing and Low Income Housing with Services: $31M for rental assistance and services.

- The CSH model projects needs beyond the current system capacity based on available data from San Diego's Homeless Management Information System (HMIS). Costs were developed in consultation with providers, City staff, SDHC, RTFH, and public documents. Costs may change over time, depending on system performance, market and economic conditions and should be updated annually to ensure they are accurate. These cost assumptions are not all inclusive and may not include all services needed like navigation services, outreach, or wraparound services.

For supportive housing creation, we assumed 80% of the units needed would be new, given the shortage of affordable and low-income housing in the City of San Diego. Therefore, our cost assumptions estimate that 50% of the units are assumed to be new construction; 30% new through rehabilitation; and 20% will be able to be leased in the private rental market. All costs are based on SDHC data of average permanent supportive housing costs over the past 5 years. For services, CSH assumed $14,000 for individuals and families in supportive housing which is an average of the ICM and ACT model costs in San Diego for supportive housing. This cost may be lower to the homeless service system if providers are able to bill Medicaid for services or leverage wraparound community services and may also decrease over time as households become stable in housing and need less intensive services.

For households needing permanent housing that is not supportive housing, but rental assistance with some housing stabilization services, CSH is recommending both Rapid Re-housing and low-income housing subsidies. For Rapid Re-housing and low income housing, CSH estimated the total need for rental assistance and then applied a 70% RRH and 30% low income housing split to the estimates. CSH modeled the cost of Rapid Re-housing at 12 months of full rental assistance, housing navigation, and supportive services and assumed a 1:15 case management ratio. For low-income housing, CSH modeling three years of rental assistance with a modest budget for ongoing supportive services.

Additional charts with detail on cost by year are included in the Appendix B.

Wraparound Services and Outreach Efforts

Throughout the development of the plan, CSH heard the concerns of stakeholders on the need for improved outreach and wraparound services navigating people to housing. At the time of this report, efforts to improve the efficiency and outcomes of outreach are underway through HUD technical assistance and RTFH consultant efforts. CSH recommends these efforts continue, with the goal to move from contact-based outreach to housing-oriented outreach efforts that are client-centered and designed with evidence-based practices of motivational interviewing and trauma informed care. Successful outreach includes two major components: building and sustaining trust, and being able to offer something concrete to people on the street.

In reviewing outreach data, CSH found that according to RTFH's Second Quarter 2019 Dashboard, housing outcomes for City-specific outreach are low.

■ Of the 7,565 entries into outreach programs within the City of San Diego, 77% were people coming from the streets or shelter, which suggests the outreach is targeted to unsheltered homelessness.

■ Of the nearly 600 exits from outreach programs, only 7.7% were exited into any sort of residential or housing options, while the rest of the exits were to the streets (31%) or shelter (13%). 7% of exits had no exit data and 36% reported not known/refused as the outcome.

■ The cost per positive housing outcome, therefore, is high – over $50,000 per person.

The national average for placements into housing from outreach programs in 2017, according to HUD[9], was 42.1%. This gap points to the need for a comprehensive outreach framework to help increase placements into housing.

The system modeling highlights the need for additional housing – which also suggests the need for additional housing navigation capacity to engage with landlords and obtain new units for the target populations. Current providers shared many of their success stories in negotiating with landlords, and identified the use of the Landlord Engagement and Assistance Program (LEAP) as instrumental in accessing units. Therefore, any new housing navigation services should include robust landlord incentives, housing locators staff to liaison with landlords, and skilled outreach and navigation staff to help clients navigate the path from shelter or streets to housing. The City is also investing in the new Navigation Center. However, at this time of this report, the center is not yet open.

Future Need and Investment

To accomplish the goals set forth in this plan, investment from private and public sources is essential. A substantial infusion of funds of at least $1B will be needed to create new capital resources, rental subsidy and supportive services over the next 10 years. Once the projected need is met for crisis response and permanent housing options, an annual gap of at least an additional $200M per year exists.

In order to meet the needs and the projected costs of this homelessness action plan, securing a significant, dedicated source of revenue is critical.

9   https://files.hudexchange.info/resources/documents/National-Summary-of-Homeless-System-Performance-2015-2017.pdf

Potential resources will flow from local, state, and federal programs, as well as leveraging the support of local philanthropy and private donor networks. CSH recommends a leadership council that will work with major funders, private and public, to coordinate efforts and funding initiatives in support of this plan.

Potential future sources include:

■ City Bond Measures to Create Funding for Homelessness Services and New Supportive Housing. Two bond measures are being proposed in the City –The March 2020 ballot measure would create $140 million over the first five years for homeless services and housing. A second measure is currently being considered by advocates, not yet qualified for the ballot, to create capital resources for new supportive housing units in the City. These bond measures being considered are a critical component to meeting the needs and projected costs for this plan. These resources will create significant funding necessary to meet the need.

■ State Homeless Assistance Funding. In the past 2 years, the California budget has included homeless assistance funding that creates new resources on the ground for communities. CSH recommends prioritizing these funds for the needs outlined in this report

■ Rental Assistance. As possible, continue to dedicate regional rental assistance resources to ending homelessness including HOME, Housing Choice Vouchers, and public housing units.

■ Service Resources. Coordination with the County is critical to ensuring that persons eligible for Medicaid and Medicare funded services receive those services in the shelters and/or housing. Leveraging this funding can also create efficiency in the homeless service system by reducing the overall service funding needed.

■ City Resources. Continuing to dedicate City funds through local affordable housing trust fund dollars, other city general fund dollars or departmental dollars, or special fees/taxes will be critical to this plan.

■ Private Philanthropy. Private funders work together to bring their resources to the homeless service system funding special capital costs, initiatives, and the provider organizations. This critical resource will remain an important part in City's plan and should be coordinated at a high level to ensure resources are invested in the areas of most need and successful outcomes.

ADVANCING HIGH IMPACT SOLUTIONS

The City of San Diego should prioritize solutions with the greatest potential impact, while maintaining a balance between short-term and life-saving solutions and long-term needs. While it is clear that the most important solution is an increase in low-income and supportive housing for people experiencing homelessness, it is also clear that housing development will take time — time people who are living outside do not have to wait. Aggressive measures must be taken in the interim, and the system needs to have the capacity to be flexible over time to meet changing needs and circumstances.

It is also important to note how this plan should be used within this context. This plan provides a road map for the community to identify goals and a process to meet them, but it cannot be a static document. To use the road map analogy – it should be more like GPS rather than an atlas. With an atlas, you can decide where you are going and pick a route, but have no additional information about roadblocks or traffic to make adjustments as needed. With GPS, you can adjust your route based on real-time information and therefore make decisions that are more efficient in the long run. While the data and recommendations for action contained in this report are an important starting point, actions and projections should be adjusted over time based on new information or a changing landscape. In order to do this well, the community must build the capacity to be as nimble and efficient as possible. It must therefore start with leadership and governance.

Leadership, Governance and Community Stakeholder Roles

One of the most important issues to tackle immediately is the creation of a governance structure that supports cross-agency collaboration, systems-level thinking and accountability. Core components that should be considered include:

1. Creation of a City-wide **Leadership Council**. Identify a small group (no more than 7) of key community leaders and partners to participate in quarterly reviews of progress on the Action Plan. This should include agency (City, SDHC and RTFH) leadership in addition to other groups including a person with lived experience, business and philanthropic leaders. The purpose of these meetings must be to review progress, problem-solve when challenges arise, identify funding/resources for implementation, and create an appropriate level of both accountability and insulation from political issues. CSH recommends that the City consider requesting County participation as part of the Leadership Council.

2. Empowering senior level staff as an **Interagency Implementation Team** across the four entities that control City resources to act as leaders and ambassadors for this work, and to make day-to-day decisions or raise critical issues to leadership when needed.

3. Identifying a **Project Manager** for Action Plan implementation to keep the process on track, and to provide support to senior staff. CSH recommends creating a Project Manager position that would be employed by SDHC but report and provide regular updates to the Interagency Implementation Team.

4. Implementation of this plan will take considerable time and staff effort. As an immediate priority, the Implementation Team should **evaluate each agency's staffing** resources to support this work and make a recommendation to each agency's leadership on staffing requirements. Each agency's leadership should identify funding/resources to ensure that recommendations from the

Implementation Team can be actioned and staff teams are in place to support this work across agencies and to carry out direction from senior staff. CSH recommends that the City build on recent internal actions taken to enhance support of homelessness-related work across the government by identifying additional new resources to support implementation of this plan.

5. **Tracking and coordinating** key items such as performance measures, budget development and funding allocations, requests for proposals, communications and training/capacity building for providers.

6. Creating City-specific RTFH **data dashboards**.

7. Creating **feedback mechanisms** (such as a provider group, front line staff group, and lived experience focus group sessions) and a schedule of regular meetings to gain input and feedback.

In addition to development of implementation and leadership teams to drive towards the goals and strategies articulated in this plan, CSH recommends that the four entities that control public funds focus their efforts on leading key functions needed for implementation. The chart below is not meant to be exhaustive, but to highlight areas where specific partners should take leadership roles in this work. For example, RTFH and SDHC are considered the subject matter experts on homelessness, and should therefore lead policy development and program design related to this work.

Although governance is a priority, there are also important roles for other community stakeholders in this work.

Functional Areas of Focus			
RTFH	**SDHC**	**City – Mayor's Office**	**City Council**
Leadership-Implementation Team			
Coordination and Collaboration with Key Stakeholders, Business and Philanthropy			
Communications			
Collaboration with County Resources			
Subject Matter Expertise: Policy Development and Program Design		Coordination with Mainstream Resources	Budget Authority
Operations for Funded Programs		Alignment and Coordination of City Departments	Legislative Authority
Coordinated Entry	Budget and Legislative Recommendations		Policy Guidance
HMIS Data Analysis and Reporting	Housing-Pipeline Development	Convening Stakeholders	
Engagement of People with Lived Experience	Project Management Support for Implementation Team and Leadership Council	Identification of Political Issues/Barriers	

- **Private sector funders,** including foundations and businesses, will need to work with public sector partners to align policy and ensure that private and public sector funds are working in concert with each other within the community. This sector can also seed innovation where it is needed, and help to identify promising practices for the public sector for scaling.

- The **County of San Diego** is critical to the City's work on homelessness, and therefore must be responsive to the needs outlined in this plan regarding resources they control. The County must work collaboratively with the City of San Diego to improve service delivery and access mainstream systems located within the County.

- **People with Lived Experience** must continue to provide their expertise to system leaders so that the system meets its goal of being client-centered and effective. All parties should be provided with appropriate training and team-building opportunities in order to maximize these relationships.

- **Homeless Service Providers** must continue to provide excellent housing and service options to people experiencing homelessness, provide valuable input and insight to leadership, help find solutions to challenges as they appear, and transition to system-level thinking. Some providers may need to expand some of their interventions while others may need to transition to models that are more needed in the community.

- **Community Advocates** should continue to hold leadership accountable for commitments made as part of this plan, while allowing for errors so long as they were in good faith. Community advocates should also commit to promoting increased resources at every opportunity.

SUMMARY OF RECOMMENDED STRATEGIES AND ACTIONS

As detailed in the Executive Summary of this document, five strategies have emerged as critical to making progress towards ending homelessness in the City of San Diego. The strategies include:

1. Implement a systems-level approach to homeless planning.

2. Create a client-centered homeless assistance system.

3. Decrease inflow into homelessness by increasing prevention and diversion.

4. Improve the Performance of the Existing System.

5. Increase the Production of/Access to Permanent Solutions.

Below is a summary chart of the strategies identified above along with critical actions needed to move the community towards it long-term vision in the next 36 months. The chart below outlines a combination of process-related strategies and actions (for example, creating the structure needed for a system-level approach), and specific outputs or outcomes (creating a certain number of units or decreasing the number of people experiencing homelessness).

The first order of business for the Interagency Implementation Team will be to review these strategies, priorities and actions to determine who will take the lead, what partnerships will be necessary, and what the deadline will be for each item.

Some strategies and actions identified below are long-term, but require incremental milestones in order to ensure progress over the period of this plan.

Strategy 1: Implement a systems-level approach to homeless planning

Priority	Related Actions
Priority 1: Create and implement an interagency steering structure to guide plan implementation	Create a City-wide Leadership Council of City, SDHC, RTFH, business, foundation, and lived experience stakeholders to provide guidance and accountability.
	Create a City-wide Interagency Implementation Team of City (Mayor and Council), SDHC, and RTFH senior staff to make decisions and guide implementation.
	Create a charter, standing agenda, and schedule of priority items for 12 months for work group and leadership.
	Create a Provider Group to provide input and execute strategies.
	Create/identify a focus group schedule for People with Lived Experience to review progress and provide input.
	Create a Front Line Staff group to help inform decisions/provide input.
Priority 2: Develop and maintain a funding strategy for housing and crisis response needs identified in the Action Plan	Prepare and maintain a master record of all dedicated funding contributing to ending homelessness in the City.
	Develop a City-wide funding plan for homeless services.
	Conduct joint budget planning and use of common language in budget process (use 2-year projections).
	Execute the funding plan and monitor goals versus actuals on a quarterly basis.
	Work with foundations and other private funders to align their investments.
	Work closely with the County, and other funders to anticipate shifts in funding and ensure partner agencies are prepared for those changes.
Priority 3: Lead systems change through alignment, communication and strategy	Create a communications workgroup and plan.
	Develop and provide quarterly reports to community stakeholders on progress against plan.
	Align contracting vehicles and standards.
	Create RFP alignment workgroup with goal of alignment in FY2021.
Priority 4: Build system capacity through training and technical assistance	Develop and execute an annual training schedule to build capacity within the provider community to ensure the highest quality of service delivery.
	Coordinate and utilize all funded consultants and technical assistance. Align work plans to achieve plan goals as appropriate.

Strategy 2: Create a client-centered homeless assistance system

Priority	Related Actions
Priority 1: Refresh the City's Housing First system orientation	Provide clear guidance and capacity building opportunities to city providers on system-level Housing First principles and approach.
	Educate system stakeholders on the system-level Housing First approach.
	Provide technical assistance to providers to ensure clients have choice in their housing and service options.
	Support change management efforts for providers by convening provider feedback sessions, peer learning and coordination opportunities.
	Monitor performance and adoption of Housing First principles.
Priority 2: Elevate and in-tegrate the voices of lived experience in system-level decision making, program design, service delivery, and system policies.	Increase participation in system and program planning and feedback by People with Lived Experience.
	Work with the Youth Action Board (as planned) to vet decisions and identify challenges/solutions for youth goals.
	Require all funded organizations to have lived experience representation on Board of Directors.
	Create a Speakers Bureau for people who have experienced homelessness to conduct community education and advocacy.
Priority 3: Promote equity through review of data, policies and practices	Analyze current data and address disproportionate barriers to exiting homelessness and access to housing among marginalized populations.
	Conduct an assessment of cultural competence across homeless services providers.
	Review written policies and practices with an equity lens to identify areas for revision/improvement.
	Address root causes through broader cross-system coordination with the justice, foster care, behavioral health systems.
Priority 4: Implement cross system training in best practices such as trauma informed care and harm reduction	Build system and provider capacity to successfully implement client-focused approaches.
	Identify need for Recovery Housing (substance use) options.
Priority 5: Reduce Negative Impacts of Enforcement on People Experiencing Homelessness	Conduct facilitated discussions with advocates, front line staff and people with lived experience to conduct a review of City and MTS policy related to enforcement of encroachment, illegal lodging and fare evasion. Identify necessary changes.
	Review process for receiving free/reduced MTS passes for people experiencing homelessness. Identify changes to make this process more accessible.
	Expand access to homeless court to more people experiencing homelessness.
	Create a comprehensive outreach framework to increase coordination and role clarity.

Strategy 3: Decrease inflow into homelessness by increasing prevention and diversion

Priority	Related Actions
Priority 1: Increase diversion to at least 770 successful interventions per year.	Confirm diversion projections and set 18 and 36 month goal for identification of funding and achieving the needed diversion slots.
	Refine and formalize the RTFH community standard for diversion.
	Test shelter diversion models to assess the effectiveness of providing temporary housing alternatives instead of shelter placement.
	Identify protocols for conducting diversion at entry points, and clearly define entry points.
	Conduct system-wide training for providers on diversion approach.
	Expand eviction prevention resources.
	Review data quarterly and coordinate with county and mainstream providers.
Priority 2: Create high utilizer targeted programs	Develop and implement a "Street to Home" Pilot program for 150 high system utilizers.
	Coordinate with county to establish a high utilizers project with the jail.
	Create a targeted housing resource for long-term shelter stayers.
	Expand CES training to mainstream systems including hospital and jails.
	Based on data matches, model the need and funding needed for future initiatives targeting high utilizers of jail and hospitals.
Priority 3: Increase opportunities for income and employment	Increase meaningful and sustainable employment opportunities for people experiencing or most at risk of homelessness.
	Increase the number of benefits case managers can access when completing applications for social security income and disability income (e.g. SOAR).
	Explore expanding coordinated entry to streamline benefit coordination.
	Identify workforce development programs to link to current RRH interventions, with the purpose of decreasing returns to homelessness.

Strategy 4: Improve the performance of the existing system

Priority	Related Actions
Priority 1: Complete implementation of system improvements to San Diego Coordinated Entry System (CES)	Develop/share 18-36 month transition plan for San Diego's Coordinated Entry System.
	Identify system metrics to track performance of CES (length of time from entry to placement, equity metrics, number of placements per month).
	Expand access to detox, residential, intensive outpatient, MAT, and community based supports though CES.
	Conduct quarterly feedback meetings with provider group to ensure continuous quality improvement.
Priority 2: Increase crisis response capacity to meet 60% of projected need	Implement newly funded Bridge Shelter capacity by December 1, 2019.
	Identify current TH beds that can be converted to emergency shelter beds by 2021.
	Create a unified program model/standard for emergency shelter options (bridge/ES/interim) to ensure consistency across the system.
	Ensure provider and community training on diversion practices at shelter front door to increase successful diversion.
	Establish 100-150 medical respite beds.
	Review need for additional temporary options, including safe parking, once the minimal number of temporary options have been established.
Priority 3: Conduct Process Improvement Exercise to Identify Specific System and Program Efficiencies	Develop a plan and schedule to conduct process improvement mapping and planning by population.
	Incorporate results of process improvement into CES practices.
	Document and implement results of process improvement/implement appropriate process changes.
	Coordinate process improvement exercise with Systems Modeling Analysis to be conducted by RTFH.
	Implement RTFH performance management framework to support system improvement.
Priority 4: Promote a surge for Veteran homelessness	Convene Veteran-serving organizations and VA leadership to identify goal, milestones and monthly placement target.
	Coordinate with HMIS team to create dashboards for tracking progress.
	Identify veterans to be housed.
	Develop communication and placement process to track progress towards goal.
	Identify resources for Veteran move-in.
	Utilize SDHC's LEAP program to continue to focus efforts on landlord engagement activities.

Priority	Related Actions
Priority 5: Increase provider capacity	Identify non-traditional partners to build system capacity.
	Establish system wide benchmarks for utilization and returns to homelessness by component type.
	Implement changes to RRH programs as suggested by RRH program audit currently underway.
	Conduct/continue full system performance review by component and program.
	Establish a technical assistance plan for providers that incentivizes/supports capacity building.
	Ensure full utilization of all dedicated vouchers by coordinating eligibility screening and service availability with the county.
	Review and standardize monitoring protocols and corrective actions.
Priority 6: Staff working to end homelessness in San Diego have the tools they need to succeed in their jobs and support those who enter the system	Review and set standards in City/RTFH contracts for living wage for front-line staff.
	Review and update as needed program standards regarding target caseloads by program type and population served.
	Increase training opportunities on evidence based practices for staff to improve performance.
	Develop opportunities for peer learning between front-line staff across the system.
	Monitor system staff turnover rates by provider and program type to inform future plans.
Priority 7: Coordination with the County	Establish/continue a regular senior staff coordination meeting with appropriate County representatives.
	Coordinate on performance metrics with County funding sources.
	Conduct data matching in coordination with County and Health Systems to identify common utilizers.
Priority 8: Increase utilization of existing TH and PSH	Review utilization data for transitional housing (77%) and PSH (82%) to identify providers or processes needing assistance. Focus on POFA and HUD-VASH for improvement.
	Coordinate efforts with coordinated entry to ensure client referrals are provided in a timely manner and are sending qualified households to the provider.

Strategy 5: Increase the production of/access to permanent solutions

Priority	Related Actions
Priority 1: Develop pipeline plan for 3,500 units of permanent supportive housing over 10 years.	Create a Public-Private Task Force to lead development process.
	Identify annual development targets beginning in 2020.
	Work with City's Development Services Department to create a "diamond lane" process to expedite low-income housing development executed as part of this plan.
	Coordinate timing of funding competitions across partners to support pipeline expansion in alignment with plan.
	Work with community partners to identify potential land/property for development.
	Develop legislative and regulatory changes to encourage development.
	Identify SRO properties for preservation.
	Work with County, State and local partners to identify service funding for Permanent Supportive Housing units to be developed.
Priority 2: Develop pipeline for 1,146 new Rapid Re-housing and low income housing opportunities over 5 years	Identify annual development targets beginning in 2020.
	Establish funding pipeline for units as needed.
	Update Coordinated Entry to triage households into RRH or low-income housing opportunities.
Priority 3: Implement innovative options to build momentum and secure an additional 700 market rate units over 5 years	Develop and implement a Flexible Rent Subsidy Pool.
	Set goal and identify potential buildings/units for master leasing opportunities.
	Add system capacity by hiring landlord outreach specialist(s) with real estate expertise.
	Scale and further incentivize the Landlord Engagement and Assistance Program.
	Develop and implement a "Street to Home" Pilot program for 150 high system utilizers.
	Expand the current "Move On" program to serve additional people ready to move into regular subsidized units from PSH.
	Identify and test innovative strategies including shared housing and permanent shallow subsidy program.

Key Items for Immediate Consideration

Through the qualitative and quantitative analysis conducted, CSH has identified six key items that should be addressed by the Leadership Council and Interagency Implementation Team early in its formation. These items are complex in nature, and will require close coordination and alignment between partners to identify appropriate paths for resolution.

1. The City is in dire and immediate need of additional **behavioral health resources** along with other health and human services supports to address the needs of people experiencing homelessness and those who are in permanent supportive housing. Because the City does not control these resources, which include but are not limited to services for persons with Severe Mental Illness, persons with Substance Use Disorder, and needs for emergency response beds for those experiencing a psychiatric emergency, **the County** must be engaged in the implementation of this plan as quickly and robustly as possible so that these shortages can be addressed to ensure that resources are comprehensive and meet the needs of those with high barriers.

2. HUD-VASH and Project One for All **housing vouchers** dedicated to homeless persons are currently underutilized. SDHC should address systems barriers that negatively impact utilization rates (e.g. lack of available rental housing at the appropriate rent levels) in partnership with the referring service partner agencies for these programs (the VA and County respectively) to increase utilization. Additionally, in order to better align the case management of all homelessness voucher programs with the work conducted under this plan, SDHC should move operational and policy-level decision-making of these programs from the larger voucher program operations to the homeless operations led by the Senior Vice President of the Homeless Housing Innovations Department.

3. **Enforcement of ordinances such as illegal lodging and encroachment, practices regarding fare evasion on public transit, and a lack of access to homeless court** were issues raised often by advocates, people experiencing homelessness and front line staff throughout the engagement process. In interviews with the City and the SDPD, changes aimed at improving practices - like the implementation of the Neighborhood Policing Division and planned new uniforms that resemble street clothes - were raised as examples of positive progress. CSH recommends that City partners (including the SDPD, Metropolitan Transit System and Homeless Court Program) engage with community advocates and people with lived experience through a facilitated dialogue to better understand how policies negatively impact people experiencing homelessness and the front line staff working with them, establish a balanced plan to reduce criminalization of persons experiencing homelessness, and increase access to homeless court.

4. **Outreach** was also raised in the engagement process in a number of ways. Two specific issues should be addressed as quickly as possible by the Interagency Implementation Team and the Leadership Council. First, leadership (in consultation with subject matter experts) should develop a comprehensive outreach framework that coordinates City-wide efforts more effectively and moves the approach from contact-based to housing-focused outreach. Second, the City and its partners should implement an approach that relies on service providers with expertise in this area (including clinical teams) to coordinate and carry out core outreach functions rather than the SDPD. The current approach leads to role confusion and anxiety by people experiencing homelessness, as well as putting undue pressure on limited law enforcement resources. Outreach workers – rather than police – should be first responders regarding unsheltered populations or other outreach-related issues.

5. In approximately two years, the current use restriction covenant on the **Neil Good Day Center** will expire, prompting a discussion of how the site and resources will be used in the future - especially given the Day Center's close proximity to the new **Navigation Center**. CSH recommends that the Leadership Council and Interagency Implementation Team review the housing navigation outcomes of the new Navigation Center at 6 months and one year, alongside the use and outcomes of the Day Center and costs related to upgrading either facility so that a strategic decision about the use of both of these buildings can be made before the end of the current use restrictions.

6. **Staffing** at each of the entities that comprise the Interagency Implementation Team should be reviewed as soon as possible, so that adequate resources can be provided to support implementation of this action plan.

CONCLUSION – MEASURING PROGRESS

This plan lays out an aggressive approach to combatting homelessness that will require unprecedented leadership, teamwork and discipline on the part of the City, SDHC, RTFH and stakeholders. Through a combination of system-level thinking, current system improvement and expansion, implementation of innovative practices and stronger partnerships, the City of San Diego can make positive change in the lives of people experiencing homelessness, the staff that serve them, and in the community as a whole.

In order to understand its impact over time and provide a mechanism for accountability, progress on this plan must be tracked and reported. Tracking and reporting are important so that:

- the community can identify what is working and leaders can make mid-course corrections when needed,

- information to help leaders and stakeholders identify resources for this work is readily available, and

- a transparent implementation process is in place, therefore increasing trust across partners and with the public.

CSH recommends easy-to-use dashboards for both internal review by staff and leadership and external accountability. Two types of dashboards can be implemented to document progress:

- Red/Yellow/Green *process* dashboards that identify progress towards completing specific actions, milestones and goals. The staff indicates a color for each action being tracked: green for on-track to meet by the established deadline, yellow for still on-track but staff have concerns, and red for not on-track and leadership intervention or discussion is needed. These should be reviewed quarterly by the Leadership Council. Figure 15 shows an example (not actual goals) of an action on a process dashboard.

FIGURE 15: SAMPLE DASHBOARD (PROCESS TRACKING)

Key Milestone: End Veteran Homelessness				Target date: 12/31/20121	
Priority Action	Action Needed	Timeline	Owner(s)	Principal action	Note
Ensure that Veteran-specific reources are used as efficiently as possible					
Create veteran-specific working group to develop goals and track progress	Work with VA to indentify key partners	10/31/19	RTFH SDHS	Announce Goal	

FIGURE16: SAMPLE RTFH DATA DASHBOARD

SPM5-NUMBER OF FIRST TIME HOMELESS PERSONS

Bar chart showing values: 8,358 / 6,901; 8,898 / 6,050; 8,968 / 5,556

Legend: ■ 1st Time Homeless ES,SH, TH   ■ 1st Time Homeless ES, SH, TH, and PH

- <u>Data dashboards</u> to track key metrics on a monthly, quarterly and annual basis. CSH suggests building on the dashboards currently in development/refinement by RTFH and SDHC. However, the current dashboards are quite complex so specific metrics should be identified for HMIS staff to create and submit to the Interagency Implementation Team on a specific schedule. Data pulled by these dashboards will also need to undergo data cleaning so that leaders have confidence in the data they are using to make policy and resource allocation decisions. A sample dashboard is shown below (example only, not actual data for City of San Diego).

Metrics

This plan identifies three goals and five strategies that should be tracked and reported to senior staff, leadership and stakeholders. The two foundational/process related strategies (*Create a System-Level Approach* and *Create a Client-Centered System*) can be tracked on the process dashboards. Progress towards the remaining goals and strategies should be reviewed via data dashboards that provide information on key metrics.

HUD requires communities to track System Performance Measures. These measures can provide important information to decision-makers and community stakeholders about the health of the overall system and where improvements can be made. System Performance Measures that are tracked by the RTFH are as follows:

- SPM1: Average and Median Length of Time Homeless
- SPM2: Returns to Homelessness
- SPM3: Total Number of Homeless Persons from HMIS
- SPM4: Increases in Income
- SPM5: Number of First Time Homeless Persons
- SPM7[10]: Successful Outcomes

CSH recommends that the Implementation Team and Leadership Council use a combination of System Performance Measures and other metrics to document progress toward goals and strategies in real time using HMIS data, and annually using the point-in-time count. See tables below.

Tracking Progress Towards Goals	
End youth homelessness	Annual PIT Count plus HMIS
End veteran homelessness	Annual PIT Count plus HMIS
Reduce unsheltered homelessness by 50%	
	Number of people homeless in San Diego City from HMIS (SPM3)
	Number of people homeless in Downtown District from HMIS (SPM3)

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10   SPM6 is not applicable to San Diego at this time, and is therefore not tracked.

Tracking Progress On Strategies	
Strategy	**Metric**
#3: Reduce Inflow	
Reduce the number of people who become homeless for the first time	Number of persons becoming homeless for the first time (SPM5)
Reduce the number of people who enter homelessness again once housed	Returns to homelessness in San Diego after 24 months (SPM2)
Identify where people are entering homelessness from so that practices can be adjusted as needed.	Prior living situation by project type
Increase successful diversion.	Number of households successfully diverted from crisis response system.
#4: Improve System Performance	
People quickly receive housing and services they need.	Number of households placed into permanent housing (SPM7)
	Average length of time someone is homeless in San Diego (SPM1)
	Average length of stay in emergency shelters and transitional housing by population.
	Number of persons placed from street to ES/TH/PH by outreach (SPM7)
	Number of days from program enrollment to housed by program type.
Increase the number of people who have maintained or increased their income	Change in employment or income (SPM4)
System is functioning at peak utilization/performance	Emergency shelter bed utilization
	Transitional housing bed utilization
	RRH utilization
	PSH utilization
	Dedicated AH utilization
#5: Increase Outflow	
Pipeline of Dedicated PSH and AH units is active	Number of PSH units in pipeline by quarter
	Number of AH dedicated units in pipeline by quarter
Dedicated PSH and AH coming online	Actual number of PSH units coming online per quarter
	Actual number of AH dedicated units in pipeline per quarter
New RRH interventions	New RRH units planned per quarter
	Actual RRH units online per quarter
Increase the number of people with successful exists to permanent housing	Households placed into permanent housing/successful outcomes by project type (SPM 7)
	Landlords engaged in LEAP
	Persons identified and placed through "Street to Home" pilot
	Units identified for master leasing

APPENDIX A:
Approach and Key Points from Stakeholder Engagement

CSH's work is guided by a Steering Committee comprised of four officials representing the entities that manage public policy and resources in San Diego: Office of the Mayor (Keely Halsey), the City Council (Molly Chase), the San Diego Housing Commission (Lisa Jones), and the Continuum of Care/Regional Task Force on the Homeless (Tamera Kohler). CSH has met with this team every other week and during each on-site engagement to review progress, questions, findings and stakeholder involvement. This team provided valuable input into the design of the process used for this project and identified key stakeholders to engage. They consistently provided deep knowledge of both the system and the culture, which has been invaluable to the process.

Components of the Process Build On Each Other and Inform Final Recommendations and Action Plan

Informational Interviews Identified Questions for Round 1 Listening Sessions with PLE/Front Line Staff

Round 1 Listening Sessions Provided the Basis for Preliminary Findings Presented for Feedback in Round 2 Briefings

Round 2 Briefings Provided Additional Detail and Support for Recommendations and Actions

Data Analysis and Document Review Provide Insight into Assumptions and Additional System Questions

All Components Feed into Recommendations and Action Plan

Stakeholders

CSH conducted nine listening sessions, and 35 input/ briefing sessions throughout this process for key stakeholders from City Councilmembers to providers. In total, CSH spoke to more than 200 individuals across the City and in the County. Many of these stakeholders are mentioned in the acknowledgments section of this report.

Approach

CSH's approach was comprised of a three-part process designed to understand the community's needs, challenges and current capacity. The three parts include: community engagement/ interviews, document review, and data review.

These three components, when considered together, provide a holistic picture of what is happening within the community so that the recommendations and action plan can be as useful as possible. For example, while data analysis alone can identify potential gaps in the system (like the number of additional supportive housing beds that should be developed), only interviews can tell us what people experiencing homelessness actually want in terms of services and interventions (and whether that matches the potential gaps identified). A document review can provide critical insights about costs or efficacy of certain interventions, or history on successful or unsuccessful approaches that have been attempted in the past.

The most time-intensive and intentional component of the process for the City of San Diego was community engagement. CSH designed a community engagement process that included intensive on-site work and stakeholder engagement at all levels of the system, as well as with connected systems. This included:
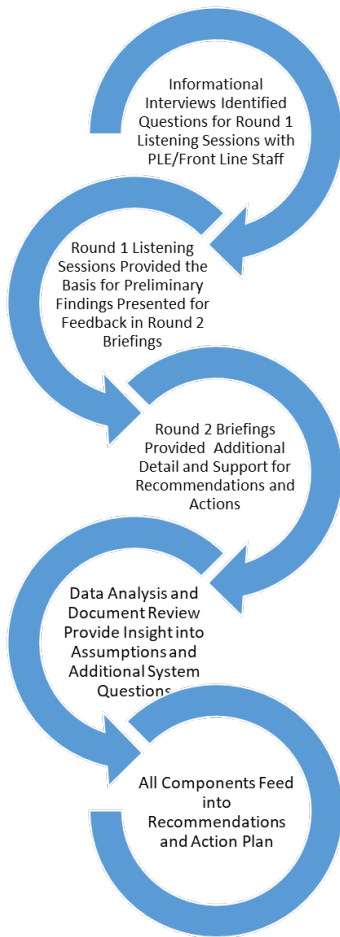
- **January:** On-site introductory meetings between CSH's Senior Policy Advisor and the City's political leadership, including the Mayor and members of the City Council.

- **February:** Informational interviews and meetings with homeless assistance providers (the group that would become the project's Provider Steering Group), HUD Technical Assistance providers, County staff, advocates and business leaders. The purpose of these informational interviews was to identify the questions to be asked in Round 1 stakeholder listening sessions.

- **March:** Round 1 stakeholder listening sessions were conducted over the course of 5 business days. The initial on-site series of interviews were focused on three stakeholder groups: people experiencing homelessness, people working in front-line positions within the homeless assistance system, and advocates. CSH conducted seven scheduled listening sessions and two informal/unplanned listening sessions that included more than 70 people living or working in the system. In addition to these listening sessions, CSH staff held four individual stakeholder meetings and participated in the Regional Task Force on Homelessness (RTFH) Board retreat. This data informed the preliminary findings used as the basis of Round 2 community feedback sessions.

- **April:** Round 2 community feedback sessions were conducted over the course of 5 business days. In these sessions, CSH reported out on the preliminary findings for the three components of the project, and asked for questions and feedback. CSH staff conducted the briefing 14 times over the course of the week, including more than 100 people. Several of the stakeholders that were part of these briefings asked for follow up meetings to provide additional feedback. Two additional briefings/input sessions were conducted via WebEx, and CSH received written comment from several stakeholders. In addition to briefings conducted by Ann Oliva and Liz Drapa, CSH engaged Sarah Hunter (CSH's national expert on youth homelessness) on site for one day to help the community address high-priority youth homelessness items identified in the March interviews. Ms. Hunter facilitated a provider group with 9 youth-focused providers in the morning on April 23, and relayed her recommendations to SDHC and RTFH at the end of the day.

- **May:** Review of additional themes identified through the April engagements, as well as a review of the proposed structure of the deliverable. CSH conducted the May briefing seven times with a group of advocates, City Councilmembers, the Mayor, and key stakeholders.

- **June-July:** CSH conducted several virtual briefings and calls with stakeholders.

- **August:** CSH conducted nine briefings for stakeholders to review draft goals, guiding principles, strategies and modeling assumptions. Feedback was incorporated into the final document.

Provider Steering Group: It is important to note that each visit from February through August included a session with the Provider Steering Group, who have provided valuable insights and partnership in this process. CSH has utilized this team of experienced housing and service providers as a sounding board for ideas and for critical input, feedback and fact-checking. This group includes senior officials from the following organizations: Alpha, Father Joe's Village, PATH, Veterans Village of San Diego, Mental Health Systems and Salvation Army. The Provider Steering Group were key developers of the system-level goals and system map referenced in the report.

CSH incorporated feedback about the structure of the deliverable, worked to synthesize the information collected during the engagement and data analysis process, and identified additional data-related questions to ensure that assumptions being made are accurate.

What We Heard Through the Engagement Process

Interviews and listening sessions provided CSH the opportunity to ask a consistent set of questions across stakeholder groups and identify themes across various levels and components of the homeless assistance system. Stakeholders identified two important items that impact the community's ability to make progress on homelessness: the lack of system-level guiding goals and principles, and the lack of a coordinated governance and accountability structure.

In addition to these two overarching themes, stakeholders identified various activities, policies and cultural issues that were either strengths to be built upon or challenges to be addressed. The following is a synthesis of what CSH heard through the engagement process.

Identified Strengths

Stakeholders identified what is working in the system both programmatically and from a leadership perspective.

- Staff, providers and leadership across public agencies and partner programs are committed to decreasing homelessness and serving people experiencing homelessness. In other words, people working in the system are seen as an important asset.

- Bridge Shelters provide needed capacity within the system for health, safety and triage reasons.

- Providers are ready to collaborate in more meaningful and productive ways to ensure better outcomes for people experiencing homelessness.

- The migration to the new data system (Clarity) went well, and the new system is perceived as an improvement.

- Prevention and diversion programs are perceived as working/positive additions to the system as a whole.

- Providers recognize that needed improvements in coordinated entry are underway.

- Landlord incentives are seen as positive and effective, and should be expanded.

- The implementation of the Youth Homelessness Demonstration Program (YHDP) is seen as a positive force in the community.

Challenges and Opportunities for Action

CSH purposely began our engagement process with people living and working in the homeless assistance system because they have the most expertise regarding how the system functions on a day to day basis. The gaps and challenges identified by this group should be the foundation for changes made to the system in the short, medium and long term.

Low Income and Supportive Housing Stock:

- The lack of low-income and supportive housing in the region was the most-cited barrier to success by both staff and people with lived experience. This contributes to low rates of permanent housing placement and a feeling of hopelessness by people served through the system. Data also suggests that some supportive housing programs do not have adequate services to address the high needs of people residing in those programs.

- Stakeholders suggested the development and deployment of additional creative methods to engage landlords or owners to identify additional affordable housing stock and enhance landlord incentive programs.

- Single Room Occupancy (SRO) options that are affordable to clients experiencing homelessness are closing or reaching the end of their life spans and being converted to market rate housing, and those that are left are of poor quality.

Program and Policy Execution:

- This low availability of supportive housing in particular is frustrating to both front line staff and people living in the system, and contributes to placement of people with high needs into Rapid Re-housing (RRH) without the appropriate supportive services and/or length of rental assistance support to promote a successful exit.

- Additional Bridge Shelter capacity is needed in the community, but that must be balanced against planning for permanent solutions (affordable and supportive housing).

- Many stakeholders pointed to the need for "specialty" beds within the system as a priority – including beds for persons in need of acute medical respite, substance use and behavioral health services.

- Outreach protocols should be revised to align them with best practices and to address the issues created by current collaboration with police through the HOT teams. Outreach workers also are frustrated by the lack of ability to house the vulnerable people with whom they work.

- Key concepts and interventions (i.e., Housing First and Supportive Housing) are implemented inconsistently across the system, without fidelity to successful models.

- Current program metrics are largely viewed as unrealistic given the housing market and overall lack of system coordination. These unrealistic requirements lead to programs serving easier-to-serve people when possible and the placement of people experiencing homelessness into interventions that are not appropriate/adequate to their needs.

- Providers would benefit from common system-wide program or practice standards that standardize program implementation across the system and provide realistic expectations for system components.

- Program types across the system need additional stabilization and support services to increase housing retention. Staff and people experiencing homelessness cited a lack of trauma-informed practices and substance use recovery options as a barrier to success, even when a person is placed into housing.

- Consistent/regularly scheduled training on fundamental practices and policies is needed for front line staff. Because of the high staff turnover rate in some programs, some staff serving people experiencing homelessness have received little or no training regarding the programs they are working in and the system as a whole.

- Transition aged youth being served in the adult system face multiple challenges, including lack of access to age-appropriate services, constant fear regarding their environment, and unrealistic/uninformed expectations by staff in adult-centered programs.

System-Level Coordination and Collaboration:

- The County, City, SDHC and RTFH have different priorities, contractual processes and program requirements that are confusing and unhelpful to organizations receiving multiple sources of funding.

- Funding and service resources across the region are not aligned towards the same goals and outcomes.

- Service providers generally do not have a culture of formal collaboration, resulting in overlapping and inefficient use of funds as well as ensuing gaps. The recent effort by RTFH to require collaboration for HEAP funding was well-received by organizations, and reflected informal efforts at coordination taken on by front-line staff in an effort to better serve their clients.

- People experiencing homelessness would benefit from formal coordination between the homeless system and mainstream systems like jails, child welfare and hospitals around discharge planning and prevention. The current lack of connection results in highly vulnerable people being discharged to the street, lack of a warm hand off for vulnerable people between systems, and poor outcomes for this population.

Culture and Communication:

- There is a lack of trust between and across stakeholders in the system, including a lack of trust between people experiencing homelessness and service providers/system leaders, between service providers, and between front line staff and leadership.

- The homeless assistance system in San Diego is not currently designed to be client centered and grounded in best practices like trauma-informed care and harm reduction.

- People with lived experience and the staff who serve them generally feel like their opinions and expertise are not valued, and that they do not have the opportunity to provide input into the system where they live and work.

- Communication up and down the system is passive and inconsistent. That means that some staff learn about new initiatives or projects on the news before they are informed via a community-wide process or by their own leadership.

Criminalization of Homelessness:

The issue of criminalization was raised frequently by people experiencing homelessness and front line staff who are frustrated with how much time must be spent on trying to resolve infractions that impact their ability to connect clients with housing or employment. This issue was also raised by advocates and providers. San Diego has implemented practices and policies considered punitive by people experiencing homelessness and the staff that serve them. These practices, like issuance of trolley tickets and tickets for encroachment or illegal lodging, lead to the lack of trust described above and often have negative long-term impacts on people experiencing homelessness that make obtaining employment and housing even more difficult. Possible actions for resolution (like homeless court) are available only in limited circumstances and require significant staff time supporting people through the process.

Finally, CSH also heard clearly from stakeholders the items they would like to see in this report. This included strategies for continuing the buy-in process beyond CSH's involvement, specific methods of accountability for leadership and programs, and a clear statement about the need for additional resources/interventions and the associated cost. Stakeholders also indicated that the plan should include recommendations about how the community can maximize its current resources.

APPENDIX B:
NEED & COST DATA ASSUMPTIONS

Crisis Response Need

Self-Resolve: CSH has worked with RTFH to estimate that 8% of people presenting to the homeless system will self-resolve with community based services or shelter only and will not be included in the total estimated unit need, but are included in the shelter need numbers.

- This estimate was derived by reviewing HMIS data on those households spending 90 days or less and self-resolving, which is defined as exiting to a permanent destination that did not include a subsidy. Project types reviewed were ES, Day Shelter, Outreach, Services Only, TH, and Prevention. Reporting period included any enrollments active during the past 1 year.

Emergency Shelter Need: Based on 2019 PIT data, the HUD System performance measures, and HMIS data, CSH created the estimated emergency shelter need. Below are the charts used as the basis of modeling.

Baseline Data used in Crisis Response Modeling	
Sheltered Homeless Population (ES):	1579
Unsheltered Homeless Population:	2600
Share of the ES Sheltered Population that is Chronic:	32.74%
Share of the Unsheltered Population that is Chronic:	24.57%
People in families currently in the system:	451
Individuals currently in the system:	3728
Unsheltered Homeless Individuals:	2544
Unsheltered Homeless People in Families:	56

CSH also reviewed the AHAR data and HMIS participation rates. We found HMIS participation rates were sufficient for the use of our modeling tool.

- HMIS participation rate for year-round beds: 97.61%

- Emergency shelter utilization rates: 96%

- System Performance measure 3: Total number of sheltered and unsheltered homeless persons: 4097

- System Performance measure 1a: Measure of the client's entry, exit, and bed night dates strictly as entered in the HMIS system; Average length of time homeless, persons in ES and SH: Current FY 42 days from the HUD System performance measures.

CSH reviewed the length of stay averages to use for total bed nights and how quickly people would exit the system. Based on conversations with provider stakeholders, CSH adjusted its modeling from recommending 42 days (based on the HUD SPM) to 90 days and 120 days, based on what providers both see in practice and the amount of time they see it takes for someone to successfully navigate out of homelessness at a minimum. Current lengths of stay are longer, but providers agreed on a 90-day model for our projections. We also modeled at 120 days and used the minimum from both the 90-day length of stay and 120-day length of stay to create the range for need.

From this data and conversations, CSH then modeled the total inflow and bed nights needed for inflow. Our initial modeling included a suggestion for decreasing length of stay in beds, however, based on our conversation with providers and other key stakeholders this recommendation has been removed from modeling. Providers are committed to shortening length of stay, however, without permanent housing resources cannot achieve shorter lengths of stay.

	Families	Individuals
Current Emergency Shelter Beds	515	1184
Emergency Shelter Bed Capacity at Current Utilization	494	1137
Inflow into Emergency Shelters	498	6199
Total Bed nights needed for inflow	17,430	216,965

Crisis Response Cost Assumptions – Emergency and Bridge Shelter

- For this analysis, CSH is using the cost estimate for the Bridge Shelter beds for all emergency shelter cost projections. At the time of this report, there were 674 beds with an annual budget of $14,407,418. This is the costs in the City contracts with Alpha Project, Veterans Village, and Father Joe's Villages and includes an additional $3M for facilities paid for by the City and overhead costs for program oversight by SDHC. It does not include approximately $800,000 in additional outreach workers that were funded for the Bridge Shelters.

- Based on this data, the operating cost used are:

    - per bed per day is $61; per bed per month $1,830; per bed per year $22,265.

- Capital costs for emergency or Bridge Shelter are estimated at approximately $3.7M for the 4th Bridge Shelter, based on data provided by the City.

Permanent Housing Need & Cost

DIVERSION ASSISTANCE

- Definition: Diversion prevents homelessness for people seeking shelter by identifying immediate alternate housing and connecting clients to services and financial assistance so they can return to permanent housing. (Cleveland Mediation Center)

- CSH has worked with the RTFH to estimate that 13% of persons presenting at the homeless system can be assisted with diversion and will not be included in the total estimated unit need or shelter need.

    - This estimate was derived by reviewing HMIS data on those households who entered into ES, Safe Haven, TH, Services Only, Outreach, or Day Shelter in the past 365 days who identified their residence prior as a stable housing situation. These were assumed likely to have an avenue to retain that housing with minimal system intervention.

- CSH confirmed this number based on conversations with stakeholders in August 2019.

- CSH is using the cost estimates for $3,000 for individuals and $5,000 for families. This is number represents an average from provider data and SDHC contracts for diversion and includes financial assistance and some light touch services, as well as indirect costs.

SUPPORTIVE HOUSING NEED

- CSH's estimates focus heavily on affordable housing with community based services as the solution to homelessness.

- To determine the supportive housing need, CSH utilized AHAR and 2019 PIT numbers for the City of San Diego. CSH has modeled the need and production over a 10-year period. We estimated:

  - ◆ Of those who identified as chronically homeless, 90% needed supportive housing to end their homelessness. This is based on national modeling and local modeling that CSH has conducted in the past. These assumptions were also tested with key stakeholders in August 2019.

  - ◆ Of those who were identified as homeless (sheltered or unsheltered) but not chronically homeless, 50% needed supportive housing to end their homelessness. CSH estimated this number based on the high disability rates found in those currently living in shelter and the number of long-term stayers in the homeless system which suggest higher service needs.

  - ◆ For families, CSH began our estimates with 16% of households need supportive housing to end their homelessness. This assumption is based on our national needs data modeling and research. Based on conversations with providers in August 2019, and review of their existing data, CSH is estimating 25% of families presenting in the homeless system will need supportive housing.

  - ◆ CSH is not estimating the need outside of those presenting in the homeless response system. CSH suggests a regional plan be developed and include projections for persons exiting county jail, state prison, hospital and institutional care as many people are touching multiple systems and may or may not be included in the HMIS data but may have supportive housing needs.

  - ◆ CSH did not include the numbers for youth homelessness as they were modeled under the YHDP plan.

  - ◆ CSH did not model prevention, as it was not part of our overall scope.

RAPID RE-HOUSING AND LOW INCOME HOUSING NEED

When estimating the Rapid Re-housing and low income housing need, CSH determined, based our community conversations and review of housing affordability in the City of San Diego, that some households would need more than an average of 1 year of rental assistance offered through RRH.

Given that almost 30% of households were severely rent burdened in the City, CSH used this estimate to say that households needed longer rental assistance.

- Of the total, 70% are estimated to need 1 year of rental assistance with services through Rapid Re-housing.

- Of the total, 30% are estimated to need on average 3 years of rental assistance with services (low-income housing).

- For services, CSH modeled a 1:15 case management ratio based on conversations with providers and examples from other projects around the country.

CSH will develop recommendations with the provider steering committee around creating opportunities for household who choose to share housing to reduce costs

PERMANENT HOUSING COSTS

CSH is using the following per-unit cost estimates to inform the financial model for supportive and affordable housing based on capital and operating data from the San Diego Housing Commission (SDHC).

- Capital new construction: $400,000 based on average cost of SH development from the last year 5 years

- Capital rehab: $250,000 based on average cost of SH development from the last 5 years

- Operating 0-1bdrm: $15,912/yr. - $1,326/mo. which is based on the SDHC rent payment standards (data provided by SDHC)

- Operating 2-3 bdrm: $25,764/yr. - $2,147/mo. which is based on the SDHC rent payment standards (data provided by SDHC)

- Services per Supportive Housing Unit: $14,000. Average of ACT ($18,000) and ICM ($10,000) models at 50% service levels for each. Service data is based on actuals from SD Supportive Housing projects and supplied by CSH.

- Rapid Re-housing and low income housing is modeled at the SDHC rent payment standards for operating plus $5,000 per household in services per year.

BUILT/LEASED RATIO

CSH has created estimates for the built/leased ratio with the City, SDHC, and RTFH. Estimates for the projections include:

- 50% of units to be new construction

- 30% of units to be rehabilitation

- 20% of units to be leased in the private rental market

Average Costs Permanent Housing

	Singles	Families	Notes
Capital Supportive Housing	343,750	343,750	Assume 50% new construction and 30% rehab, this is an average weighted cost
Operating Supportive Housing	15,912	25,764	Based on SDHC rent payment standards
Services Supportive Housing	14,000	14,000	Based on average ACT & ICM
Rapid Re-housing	20,912	33,264	Based on SDHC rent payment and $5,000 per year in services
Low Income Housing	20,912	33,264	
Diversion	3,000	5,000	Based on provider and SDHC data

DEVELOPMENT TIMEFRAME

Current projected development timeframes focus on ten years based on feedback from the City, SDHC, and RTFH. CSH is recommending 60% of the needed supportive housing be created within the first four years of the plan and 80% of the RRH and Low-Income Housing. Detailed worksheets follow highlighting the financing commitments and timeline for the permanent housing options.

OTHER NOTES

In calculating need, CSH did use current turnover rates of 14% for family supportive housing and 12% for individual supportive housing to calculate the annual available units (278). We also used current utilization numbers supplied by RTFH which show an 82% utilization in supportive housing. In further examining the data, we found that this is primarily on the VASH Voucher side, and not in other supportive housing. The plan outlines recommendations for increasing this performance to create additional housing availability.

DATA SOURCES

CSH used the following sources for these assumptions and models: HMIS; 2019 and 2018 Point-in-Time Counts; System Performance Measures HUD; Housing Inventory Chart 2019 and 2018; Annual Homeless Assessment Report (AHAR); Provider data; SDHC data; and 2020 San Diego City Budget documents. Data was pulled from RTFH and HMIS sources from May – August 2019.
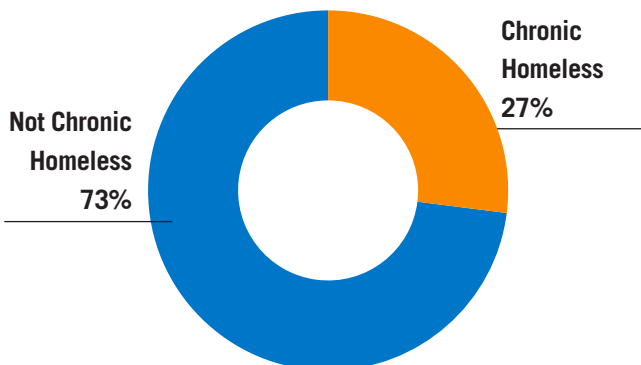
Baseline Data Provided by RTFH
CURRENT INVENTORY CITY OF SAN DIEGO 2019

SPM5-NUMBER OF FIRST TIME HOMELESS PERSONS
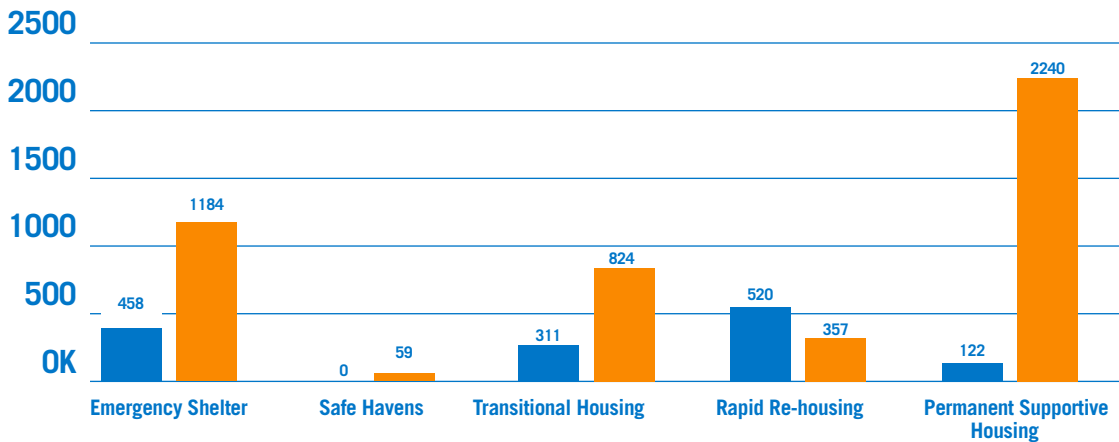
TOTAL PERSONS (IND &FAM) IN EMERGENCY SHELTER AND UNSHELTERED SITUATIONS REPORTING CHRONIC HOMELESSNESS IN 2019 PIT-CITY OF SAN DIEGO