



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF SOCIAL SERVICES
FY 2022 HUD CoC Program –
Supplemental Application (DV Bonus)

On August 1, 2022, the U.S. Department of Housing and Urban Development (HUD) released the Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care (CoC) Program Competition.

The County of San Luis Obispo is requesting proposals for the FY 2022 Continuum of Care Program competition administered by HUD, and will be accepting applications for renewal projects, as well as new bonus funding projects.

All FY22 Continuum of Care Program applicants will need to submit a supplemental application in addition to the HUD application submitted in e-snaps.

Please submit Supplemental Applications by email to ss_homelessgrants@co.slo.ca.us or deliver to George Solis at the County Department of Social Services, 3433 S. Higuera, San Luis Obispo, CA.

Both the esnaps and Supplemental Application must be received no later than Wednesday, August 31, 2022, at 5pm

Additionally, additional documents described on page 13 of this RFP must be submitted by email or in person no later than August 31, 2022.

I. PRIMARY APPLICANT INFORMATION

Organization Name	Lumina Alliance
UEI Number	HM5TDHNPWQW3
Contact Person/Title	Jane Pomeroy
Phone Number	805-592-3860
Email	jpomeroy@luminaalliance.org
Address	51 Zaca Lane Suite 150
City, State, Zip	San Luis Obispo, CA 93401

II. PROJECT

Project Name	
Application Type	<input checked="" type="radio"/> DV Bonus – Rapid Rehousing <input type="radio"/> DV Bonus – Joint Transitional Housing/ Rapid Rehousing <input type="radio"/> DE Bonus – Coordinated Entry

III. NEED FOR NEW DV Project

<p>1. (Coordinated Entry Projects) Describe the inadequacies of the CoC’s current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking</p>	
<p>N/A</p>	
<p>2. (Coordinated Entry Projects) Describe how the proposed project addresses inadequacies identified</p>	
<p>N/A</p>	
<p>3. (RRH or Joint TH-RRH Projects) Enter the number of survivors that need housing or services:</p>	<p>289</p>
<p>4. (RRH or Joint TH-RRH Projects) Enter the number of survivors that are currently being served in the CoC:</p>	<p>448</p>

5. (RRH or Joint TH-RRH Projects) Describe how you calculated the number of survivors needing housing or services

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

196 shelter/transitional housing clients + 93 community clients = 289 clients served last year

289 clients served + 159 unmet requests for shelter/services = 448 survivors in need of service

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

6. (RRH or Joint TH-RRH Projects) what data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects) was used to calculate the number of survivors needing housing or services

Apricot is a confidential, electronic client database used in-house at Lumina Alliance.

7. (RRH or Joint TH-RRH Projects) if the CoC is unable to meet the needs of all survivors please explain all barriers to meeting those needs.

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

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

Due to the intersection of funding availability and the number of shelter or housing units available, we are unable to accommodate all survivors' needs at this time. Last year, LA received 159 unique unmet requests for shelter and services, and provided financial assistance to ensure 173 individuals and families entered or remained in permanent housing.

IV. APPLICANT EXPERIENCE

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

Lumina Alliance (LA) successfully manages 2 federal grants through the Office of Violence Against Women: The Transitional Housing Program grant (\$675,000 over 48 months) and the Legal Assistance for Victims grant (\$599,820 over 36 months). LA regularly applies for new grants with federal funding sources. LA works closely with grant managers and program/project specialists designated by the grantor organizations to ensure appropriate and timely project implementation and outcomes. Our organization designates a Grants Administrator to manage the application and reporting processes for all grants, overseen by the Chief Communications Officer (CCO) to ensure accuracy in our application and required reporting. As well, our Chief Finance Officer (CFO) ensures all grant drawdowns and invoices are submitted in a timely manner, and partners with the Budget Analyst and bookkeepers to manage and accurately code expenditures. Finally, the LA Executive Admin Team – including the CCO, CFO, Chief Executive Officer, Chief Program Officer, Chief People & Culture Officer, and Chief Operating Officer – collaboratively ensures resolution of any monitoring findings as necessary.

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

Please submit a copy of the organization’s most recent audit by email (ss_homelessgrants@co.slo.ca.us) or in person to George Solis at DSS no later than August 31, 2022.

Lumina Alliance has yet to conduct an audit for the 2021-2022 fiscal year. Please refer to the attached audits.

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

Describe experience with utilizing a Housing First approach. Include

- A) eligibility criteria;**
- B) process for accepting new clients;**
- C) process and criteria for exiting clients.**

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

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

Existing projects should submit a copy of the project’s relevant policies and procedures by email (ss_homelessgrants@co.slo.ca.us) or in person to George Solis at DSS no later than October 4, 2021.

Please refer to attachment E.

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

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

IV. APPLICANT EXPERIENCE PROVIDING HOUSING TO DV SURVIVORS (RRH & Joint TH-RRH)

12. Describe policies or procedures how the project applicant:
a. Ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;

Survivors determine the extent and type of services they engage in, and our trauma-informed advocates build relationships with survivors to make them feel comfortable and safe receiving services. Survivors with immediate need can enter our emergency shelter for 28-60 days and begin the search for permanent housing. If they have not found housing by 60 days due to financial or other barriers, a referral to our transitional housing program can be made to address extenuating circumstances. Once a survivor overcomes these barriers and can independently move to and maintain housing without supportive services, they are voluntarily exited from the program. Barriers or goals will be revised weekly with the support of an advocate; they can build a plan geared toward obtaining housing depending on their unique needs. A case management plan will be made to achieve g

b. Prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.

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

c. Determined which supportive services survivors needed

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

d. Connected survivors to supportive services

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

LA maintains MOUs with 48 entities throughout SLO County to ensure that we are receiving referrals when IPV is disclosed outside of our organization and that we have relationships with organizations providing additional services to whom we can refer clients when necessary. We work regularly and closely with organizations such as 5Cities Homeless Coalition, El Camino Homeless Organization (ECHO), and more.

FY22 HUD COC COMPETITION - SUPPLEMENTAL APPLICATION

e. Assisted housing to housing they could sustain and addressed housing stability after the housing subsidy ends.

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

When permanent housing cannot be secured upon exit from LA emergency shelter or transitional housing, LA works to safely reunify clients with a family member or friend, including providing transportation - whether locally or out-of-area. We also engage clients in our case management program well after they complete or exit

13. Rate of Housing Placement of DV Survivors	38	%
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14. Rate of Housing Retention of DV Survivors	50	%
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15. Describe how the applicant calculated the rate of housing placement and rate of retention

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

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

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

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

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

All intakes and logs of client services are kept in an office that is locked at all times. Once a coordinated entry is processed into the database, all paperwork is either shredded or kept in a locked filing cabinet to which only specific staff have access. The database is HMIS compliant, capturing all required data and allowing our agency to work with HUD and local homeless service providers without sharing identifying/confidential client data.

IV. APPLICANT EXPERIENCE IN ENSURING DV SURVIVOR SAFETY (RRH & Joint TH-RRH)

18. Describe policies or procedures of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:

<p>a. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors</p>
<p>Lumina Alliance places survivor safety and privacy/confidentiality at the forefront of our operations. Initial intake is completed with the survivor alone. We ensure that survivors take phone calls with our organization from a safe location and we do not make phone calls or leave voicemails without explicit consent. We do not confirm nor deny whether someone is a client of ours if someone reaches out requesting information regarding said person. Additionally, we require written, informed, retractable, and time-limited consent from the survivor before disseminating any of their information outside of our organization.</p>
<p>b. making determinations and placements into safe housing</p>
<p>LA assesses requests for housing services based on clients’ immediate safety, program eligibility, and resource availability. We only offer housing assistance to survivors who are actively feeling IPV to maintain the safety of all housing program participants and prioritize assisting those most in need with limited resources. We work directly with clients to determine their safety and immediate needs, as well as in the creation of action plans to increase their sense of safety through our housing and support services.</p>
<p>c. by keeping information and locations confidential</p>
<p>All staff and volunteers are required to sign LA’s Confidentiality and Mandated Reporting Policy & Procedure, as well as a confidentiality agreement, outlining state-mandated requirements to maintain strict confidentiality of any and all client information, including procedures for releasing information with written permission. LA shelter and transitional housing unit locations are kept strictly confidential from the public, including law enforcement. All public deeds and property documents are redacted to hide addresses and identifying information. All electronic data related to client records is kept in Apricot, which utilizes encryption and requires Two Factor Authentication to access. Only current, trained staff and volunteers are given access to Apricot, and access is removed once staff or volunteers leave the agency. All paper client records are destroyed after 10 years.</p>
<p>d. by training staff on safety and confidentiality policies and practices</p>
<p>All staff receive our California State-Certified 65-Hour training to become IPV/SA Crisis Counselors and are concurrently trained in LA safety and confidentiality policies and practices. These practices include: Confidentiality and Mandated Reporting Policy & Procedure; Information, Technology, and Privacy Policy & Procedure; and comprehensive training in the proper use of the Apricot database. No LA staff or volunteer is permitted to disclose identifying information to any outside entity without written permission, nor are we able to confirm or deny that a survivor is a client of ours per California Evidence Code 1035.2(a)(2) and Penal Code 13835.10.</p>
<p>e. by taking security measures for units (congregate or scattered site), that support survivors’ physical safety and location confidentiality</p>

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

IV. APPLICANT EXPERIENCE IN EVALUATING THEIR ABILITY TO ENSURE DV SURVIVOR SAFETY (RRH & Joint TH-RRH)

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

LA requests that all housing program participants complete an anonymous online survey after they have concluded receiving services. These surveys allow us to evaluate the efficacy of our services and the degree to which our services have affected change in the lives of IPV survivors in SLO County. LA also intends to create an incentive-based Survivor Advisory Board this year, through which we will receive feedback from former clients and survivors in the community to inform current LA policies and programs related to safety and client success. Combined, the surveys and Survivor Advisory Board will equip LA with invaluable information to identify areas for improvement and to ensure we consistently offer the safest and most efficient IPV housing and resources to SLO County survivors.

IV. APPLICANT EXPERIENCE IN TRAUMA-INFORMED, VICTIM-CENTERED APPROACHES (RRH & Joint TH-RRH)

20. Describe policies or procedures of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors:
a. by prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs

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

b. by establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials

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

c. by providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma

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

d. by emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations

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

e. by centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed

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

f. by providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs

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

g. by offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services

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

IV. APPLICANT EXPERIENCE IN MEETING SERVICE NEEDS OF DV SURVIVORS (RRH & Joint TH-RRH)

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

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

IV. NEW PROJECT PLAN FOR TRAUMA-INFORMED, VICTIM-CENTERED APPROACHES (RRH & Joint TH-RRH)

<p>22. Provide examples of how the new project will:</p> <p>a. Prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs</p>
<p>LA will continue to offer services on a voluntary basis. Survivors will continue to be empowered to create an action plan in partnership with their advocate in order to be placed in permanent housing consistent with their wishes and stated needs. For example, if a client identifies a need to find housing near their child’s school in order to maintain continuity in their child’s life, or to more easily meet visitation requirements, advocates will actively partner with the client to identify housing opportunities in their preferred location.</p>
<p>b. Establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power Differentials</p>
<p>The project is dedicated to the concept of fostering survivors' independence, self-sufficiency and safety. To that end, a client empowerment/voluntary services model has been incorporated into all housing programs. Rules and regulations are minimal and focused primarily on preserving health and safety. Traditional curfews, shelter sign-out sheets, surveillance systems, and punitive policies have been eliminated; all programs are designed to cultivate independence. Shelter guests are free to engage in activities of their choosing so long as they do not endanger the safety, health and/or well-being of other guests. Certain occupancy rules in our transitional housing program, standard in a tenant/landlord relationship, will be enforced, such as prohibitions against indoor smoking, “extended stay” guests, subleasing of the rental unit, and unlawful activities. Financial assistance recipients will be treated with dignity and offered agency and support in identifying and maintaining safe housing.</p>
<p>c. Provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma</p>
<p>All staff will continue to be California State-Certified 65-Hour Trained IPV/SA Counselors, concurrently trained in the neurobiology of trauma, the impacts of IPV on children, health impacts of trauma and reproductive coercion, among other topics. Further, our agency will continue to employ trauma-informed practices, including empowerment-based programming, survivor-led case management and decision-making to ensure transparency and collaboration in the decision-making process and embrace a culture of humility and openness to feedback, criticism, and change. Finally, LA will continue to maintain up-to-date, accessible information about common survivor experiences and available resources on our website and in paper form at our offices.</p>
<p>d. Emphasize program participants’ strengths—for example, strength-based coaching, questionnaires, and assessment tools include strength-based measures, case plans works towards survivor defined goals and aspirations</p>

LA will continue to utilize our strengths-based case management tool that is client-driven and focused on addressing needs ranked on a scale from “in crisis” to “thriving.” Needs will be assessed using this tool at 30 days, 60 days, and 90 days to show progress over time. Advocates will actively partner with clients to identify the goals and aspirations most important to them, as well as resources and options available. Case management will continue to be rooted in empowerment and evaluation will be focused on outcomes over outputs.

e. Center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed

LA recognizes that marginalized communities are at an increased risk for experiencing IPV. In addition to maintaining robust anti-discrimination and accessibility policies, and extensive trainings mentioned previously, our organization will continue to partner with Dr. Joy Pederson to develop a detailed DEI Action Plan. This plan will include the development of a staff-led committee which will adapt our agency-wide DEI statement to individual departments, and as informed by our strategic plan. Further, we are in the process of planning for and recruiting members to our inaugural Survivor Advisory Board, which will inform agency-wide policies and practices to ensure all programs and operations are survivor-centered, inclusive, and accessible.

f. Provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs

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

g. Offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services

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

IV. PLAN FOR INVOLVING SURVIVORS IN POLICY AND PROGRAM DEVELOPMENT (All Projects)

<p>23. Describe how the new project will involve survivors with a range of lived expertise in policy and program development throughout the project’s operation.</p>
<p>LA will recruit past clients and community members to participate on a Survivor Advisory Board, which will guide agency-wide decision-making related to policies, programming, and best practices that impact survivor services. LA will research best practices in order to delineate the primary functions of the Survivor Advisory Board in relation to staff, the Board, and volunteers; primary roles and responsibilities; and strategic objectives and measurable outcomes. LA will prioritize recruiting a diverse membership, including survivors from distinct socio-economic, cultural, regional, and professional backgrounds. This Advisory Board will have a direct hand in informing program implementation related to the Continuum of Care and LA’s housing programs.</p>

IV. Design of Housing & Supportive Services

<p>24. (RRH & Joint TH-RRH Projects) Describe the type and scale of all the supportive services that will be offered to program participants to ensure successful retention in or help to obtain permanent housing, regardless of funding source, meets the needs of clients to be served.</p>	
<p>Support services offered will include financial literacy education, safety planning, case management, peer counseling, individual and group therapy, advocacy, legal assistance, emergency and transitional housing, and financial assistance. Advocates will offer a voluntary, comprehensive financial literacy training to residents, which will include lessons on personal finance and credit. Safety planning is a critical service offered individually with every client. All safety plans will be comprehensive, meeting basic needs and providing a life plan, not just strategies to respond to physical violence. The safety plan will be re-evaluated and revised as needed. Case management assistance will also be offered with translating/interpreting, goal setting, providing referrals and transportation to needed community resources, assisting with employment searches, job readiness and educational/ vocational activities, permanent housing readiness, budgeting and financial counseling. Peer counseling and clinical therapy will be nonjudgmental and a safe place for survivors to talk about their experiences, fears, beliefs and goals in order to build rapport and trust. Advocacy, including legal assistance, will be provided in association with housing and social services (i.e. entitlement benefits such as SSI, CalFresh food stamps, WIC, and other programs), counseling, medical, banking support, job training and connection with workforce development agencies, as well as other community resources. All support services will be provided on a voluntary basis and offered repeatedly to housing program residents on an ongoing basis throughout their participation in the housing program.</p>	
<p>25. For the proposed project, please estimate the expected % of households that will experience an increase in earned income from program start to program exit:</p>	<p>25 %</p>

FY22 HUD COC COMPETITION – SUPPLEMENTAL APPLICATION

<p>26. For the proposed project, please estimate the expected % of households that will experience an increase in non-employment income from program start to program exit:</p>	<p>55 %</p>
<p>27. For the proposed project, please estimate the expected % of households that will experience an increase in total income from program start to program exit:</p>	<p>80 %</p>

IV. Leveraging Housing Resources

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

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

LA will work closely with HASLO to utilize Set-Asides and Emergency Housing Vouchers, as well as local homeless shelters, nonprofit homeless service agencies, and the County of San Luis Obispo to coordinate housing resources and referrals through the Coordinated Entry System. Additionally, LA also participates in the Housing Consortium meetings and advocates for our clients to obtain permanent supportive housing through organizations such as Transitions Mental Health Association (TMHA) and People’s Self-Help Housing. Finally, LA receives funding through the Office of Violence Against Women and the California Office of Emergency Services to fund emergency shelter and transitional housing programs, including rental and deposit assistance through our Housing First project.

29. (RRH & Joint TH-RRH Projects), describe the current strategy used to recruit landlords and show how well it works at identifying units across the entire CoC area, including areas where the CoC has historically not been able to find units.

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

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

30. (RRH & Joint TH-RRH Projects), identify any new practices that have been implemented to recruit landlords in the past 3 years and the lessons learned from implementing those practices.

Due to the challenges presented by the COVID-19 pandemic, many landlords declined in-person meetings over the last two years. LA has shifted toward recruitment practices that involve phone and email. We have found these methods allow for greater flexibility on the part of landlords and allow us to reach more potential landlords at once.

31. (RRH & Joint TH-RRH Projects), describe how you will use data to update your landlord recruitment strategy.

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

IV. Leveraging Healthcare Resources

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

Applicants must attach formal written agreements and must include: value of the commitment and dates the healthcare resources will be provided. In the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or the value of assistance being provided is at least an amount that is equivalent to 50 percent of the funding being requested for the project, which will be covered by the healthcare organization.

FY22 HUD COC COMPETITION – SUPPLEMENTAL APPLICATION

In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.

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

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

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

V. Addressing Severity of Needs

33. Estimated percentage of participants to be served that are chronically homeless:	10	%
34. Estimated percentage of participants to be served that have low or no income:	93	%
35. Estimated percentage of participants to be served that have history of victimization/abuse, domestic violence, sexual assault, childhood abuse:	100	%

VI. Timeliness

36. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of

FY22 HUD COC COMPETITION - SUPPLEMENTAL APPLICATION

proposed activities for 60 days, 120 days, and 180 days after grant award. Please also estimate the average time from a client’s program entry to housing placement.

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

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

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

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

VII. Project Effectiveness

<p>37. Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals</p>	
<p>38. Projected number of households to exit to permanent housing</p>	<p>50</p>

VIII. Equity Factors

<p>39. Project has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions</p>	<p><input checked="" type="radio"/> YES <input type="radio"/> NO</p>
<p>40. Project's organizational board of directors includes representation from more than one person with lived experience (per 24 CFR 578.75(g) Participation of Homeless Individuals)</p>	<p><input checked="" type="radio"/> YES <input type="radio"/> NO</p>
<p>41. Describe how your organization has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population.</p>	
<p>Gradually over time, our organization has identified barriers to participation among monolingual Mixteco speaking populations who often do not know their rights or resources available to them, and are at higher risk of victimization. Calls to our crisis line by Mixteco speakers have grown over the past several years, and language barriers have challenged our staff to provide these survivors with all the resources normally afforded Spanish and English speakers. No LA staff speak Mixteco, and to our knowledge, nor do any partner agency staff participating in the Coordinated Entry System or CoC. Additionally, monolingual Spanish speakers make up approximately 50% of LA’s service recipients, and many are at greater risk of homelessness due to employment, education, and language barriers.</p>	

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

LA will continue to conduct outreach in rural areas, partnering with the Mixteco Indigena Community Organizing Project of Santa Maria (MICOP), to reach monolingual Mixteco speakers, and we are in the process of applying for a state grant that would allow us to recruit, train, and hire Mixteco speaking staff to serve this vulnerable population.

LA will continue to offer all survivor services – including written and web-based informational materials – in both English and Spanish. 100% of our client-facing staff are bilingual in English and Spanish.

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

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

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

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

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

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

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

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

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

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

46. Do you agree to work with the CoC’s Working Group for the Unsheltered Homelessness Set Aside

YES
 NO

X. Addressing the Needs of LGBTQ+ Individuals

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

LA has anti-discrimination policies in place. Please refer to the attachment.

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

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

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

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

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

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

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

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

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

Line of Effort 5: Strengthen regional collaboration.

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

X. Attachments

Attachment A – Organizations most recent audit (Required)

Attach a copy of the organizations most recent audit no later than August 31, 2022

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

Attach a copy of the project’s Housing First Policies and Procedures no later than August 31, 2022

Attachment C – Leveraging Housing Resources Commitment

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

Attachment D – Leveraging Health Care Resources Commitment

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

Attachment E – Supplemental Answers to Questions (Optional)

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

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

XI. APPLICATION SUBMISSION:

Supplemental Applications will be due to Homeless Services Unit, County of San Luis Obispo Department of Social Services, August 31, 2022, 5PM.

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

1. Soft Copy – email to SS_HomelessGrants@co.slo.ca.us
Subject line: FY 2022 HUD CoC Unsheltered Set Homelessness Aside Supplemental Application – (Applicant Name)
2. Hard Copies – Mail or Drop-off
Attn: Homeless Services Unit
County of San Luis Obispo Department of Social Services
3433 South Higuera Street
San Luis Obispo, CA 93403