

**FY 2021 San Bernardino County Continuum of Care
Letter of Intent to Renew CoC Project**

Instructions: Please complete one letter for each renewal application. Complete, sign, scan and email the complete Letter of Intent (LOI) to Betty.Aguirre@hss.sbcounty.gov on or before 12:00 noon on Thursday, September 9, 2021.

Agency Information

Data Universal Numbering System (DUNS)# / Unique Entity Identifier (EUI)#: 198953929 / 4DNE7

Legal Agency Name: Lutheran Social Services of Southern California (LSSSC)

Agency Address: 247 E. Amerige Ave.

City: Fullerton

State: CA

Zip: 92832

Phone: 714-685-1800

Fax: 909-366-3287

email: grantsccclm@lsssc.org

Grant/Application Contact Person:

Name: Jessica Esquivel

Phone: 909-381-6921

Email: jesquivel@lsssc.org

Agency Director:

Name: Dr. LaSharnda Beckwith

Phone: 714-244-4270

Email: lasharnda.beckwith@lsssc.org

Homeless Management Information System (HMIS) Contact Person:

Name: Jessica Esquivel

Phone: 909-381-6921

Email: jesquivel@lsssc.org

Project Information:

Name of Project: Permanent Housing for Homeless with HIV/AIDS

Project Address: 1354 N. G Street, San Bernardino, CA 92405

Grant Amount: \$81,989

Grant Term: 1 Year

Expiration Date: 4/30/2022

Program Type: Permanent Supportive Housing

Primary Population: Chronically Homeless Individuals Living With HIV/AIDS

Annual Renewal Amount for Project: \$81,989

Total Number of Units: 29

Have there been changes to the project since the last award? If yes, describe briefly: **None**

Does the Applicant intend to request changes to this renewal? If yes, indicate the type of change by checking the appropriate box(es):

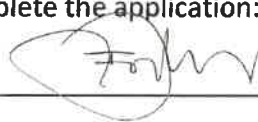
Item	Description	Intended Change Described
Budget Change	Change line items; change in total budget	N/A
Housing	Reduction in beds or units / Services	N/A
Target Population	Change in population focus	N/A
Location	Change in location of housing or service area	N/A
Project Expansion	Potential Request to Expand Project: serve more clients; add housing; add services	N/A
Other		

Previously approved budget amounts by activity:

Activity:	Budget Amount:	Budget if Intended Change is Approved
Leased Units		
Leased Structures		
Rental Assistance		
Supportive Services	\$50,000	
Operations	\$30,080	
HMIS		
Administration	\$1,909	
Total:	\$81,989	

Name and Signature of Person who will complete the application:

Ricardo Forbes



Name and Signature of Person authorized to sign the HUD application:

Dr. LaSharnda Beckwith

LaSharnda Beckwith

I certify, on behalf of my agency that all information contained in this application is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on our overall review and may result in removal from the Continuum of Care Application to HUD. I also understand that agencies not submitting their Letter of Intent for their projects by the deadline may be reallocated.

LaSharnda Beckwith

Executive Director/CEO/President

9/7/2021

Date

Background Information:

The Continuum of Care (CoC) will consider the need to continue funding for projects expiring in Calendar Year (CY) 2022 as required by the U.S. Department of Housing and Urban Development (HUD). However, as noted by HUD, renewal projects must meet renewal threshold requirements, minimum project eligibility, capacity, timeliness, and performance standards identified in the FY 2021 Continuum of Care (CoC) Program Competition Notice of Funding Opportunity (NOFO) (https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf) or they will be rejected from consideration for funding.

While considering the need to continue funding for projects expiring in CY 2022, the Grant Review Committee (GRC) and Office of Homeless Services (OHS) will review the information that HUD noted in the 2021 HUD CoC Competition NOFO which is as follows:

1. When considering renewal projects for award; HUD will review information in HUD's Line of Credit Control System (eLOCCS), Annual Performance Reports (APRs), and information provided from the local HUD CPD field office; including monitoring reports and audit reports as applicable, and performance standards on prior grants, and will assess projects using the following criteria on a pass/fail basis:
 - a. Whether the project applicant's performance met the plans and goals established in the initial application, as amended;
 - b. Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met;
 - c. The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; and,
 - d. Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.
2. HUD reserves the right to reduce or reject a funding request from the project applicant for the following reasons:
 - a. Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
 - b. Audit/Monitoring finding(s) for which a response is overdue or unsatisfactory;
 - c. History of inadequate financial management accounting practices;
 - d. Evidence of untimely expenditures and unspent funds on prior award;
 - e. History of other major capacity issues that have significantly affected the operation of the project and its performance;
 - f. History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and

- g. History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.¹

Project Eligibility Threshold Requirements:

The GRC and OHS will review all renewal projects to determine if they meet the following eligibility threshold requirements on a pass/fail standard. If the GRC and the OHS determines that the applicable standards are not met for a renewal project, the project will be rejected. Renewal project threshold requirements include; a) Participation in Coordinated Entry System; b) Practicing Housing First and Low Barriers; c) Hearth Act Compliance; d) The extent to which the proposed project fills a gap in the community's CoC and addresses an eligible population; and e) Meets match requirements as noted at 24 CFR 578.73.

I. Participation in Coordinated Entry System

CoC funded projects are **required** to participate in the local Coordinated Entry System. As defined by HUD:

"Coordinated entry is a key step in assessing the needs of homeless individuals and families and prioritizing them for assistance. In addition to engaging people who are seeking assistance, Coordinated Entry processes should be integrated with communities' outreach work to ensure that people living in unsheltered locations are prioritized for help. Coordinated Entry should achieve several goals:

- make it easier for persons experiencing homelessness or a housing crisis to access the appropriate housing and service interventions;
- prioritize persons with the longest histories of homelessness and the most extensive needs;
- lower barriers to entering programs or receiving assistance; and,
- ensure that persons receive assistance and are housed as quickly as possible.

The definition of Centralized or Coordinated Assessment can be found at 24 CFR 578.3. Provisions at 24 CFR 578.7(a)(8) detail the responsibilities of the CoC with regard to establishing and operating such a system. In addition to the definition, HUD also posted on the HUD Exchange the Coordinated Entry Policy Brief in February 2015 that helps inform local efforts to further develop CoCs' coordinated entry processes.

1. **How many households (a household can be a single individual or family) entered your program during the past 12 months?** 3
 - a. **How many of the households that you stated in the question above entered your project through the coordinated entry system?** 0

2. If any households entered your program during the past 12 months that were not referred through the coordinated entry system, please explain why in the box below (expand box as needed).

All client entered the program through reciprocal referrals or located during outreach.

Note: this information will be verified through HMIS.

II. Housing First and Low Barriers Approach

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). It is an approach to: **1)** quickly and successfully connect individuals and families experiencing homelessness to permanent housing; **2)** without barriers to entry, such as sobriety, treatment or service participation requirements; or **3)** related preconditions that might lead to the program participant's termination from the project. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry; however, participation in supportive services is based on the needs and desires of program participants. For more information see the Housing First in PSH brief at: www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/

1. Does the project quickly move participants into permanent housing?

- ☒ Yes
☐ No

Select **"Yes"** to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing before moving to permanent housing). If you are a domestic violence (DV) program you should select **"Yes"** if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent situation and would move into PH once the dangerous situation has been addressed). Select **"No"** if the project does not work to move program participants quickly into permanent housing.

2. Has the project removed the following barriers to accessing housing and services?

- ☒ Having too little or little income
- ☒ Active or history of substance abuse
- ☒ Having a criminal record with exceptions for state-mandated restrictions
- ☒ Fleeing domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement)
- ☐ None of the above

(Select ALL that apply): Check the box next to each item to confirm that your project has removed (or never had) barriers to program access related to each of the following: 1) Having too little or little income; 2) Active or history of substance abuse; 3) Having a criminal record with exceptions for state-mandated restrictions; and 4) Fleeing domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement). If all of these barriers to access still exist, select "None of the above."

3. Has the project removed the following as reasons for program termination?

- ☒ Failure to participate in supportive services
- ☒ Failure to make progress on a service plan
- ☒ Loss of income or failure to improve income
- ☒ Fleeing domestic violence
- ☒ Any other activity not covered in a lease agreement typically found in the project's geographic area
- ☐ None of the above

Check the box next to each item to confirm that your project has removed (or never had) reasons for program participant termination related to each of the following: 1) Failure to participate in supportive services; 2) Failure to make progress on a service plan; 3) Loss of income or failure to improve income; 4) Fleeing domestic violence; and 5) Any other activity not covered in a lease agreement typically found in the project's geographic area. If all of these reasons for program termination still exist, select "None of the above."

Additional Required Attachments: *Please attach the following supporting documentation that shows that your agency provided staff training and policies and procedures so that staff fully understands how to implement the Housing First approach: a copy of the agency's Policies and Procedures, staff training materials, and any forms or other related documents.*

Please see the attached LSSSC PSH policies and procedures.

III. HEARTH Act Compliance

This section of the Letter of Intent (LOI) asks questions of all renewal projects to ensure compliance with the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act): Continuum of Care (CoC) Program Interim Rule. (Please note, this section does not encompass all changes under the HEARTH Act and it is recommended that all projects should review the Act in its entirety).

1. Participation of homeless individuals

The HEARTH Act CoC Program Interim Rule states that the recipient or subrecipient must document its compliance with the homeless participation requirements under § 578.75(g), which is as follows:

(g) Participation of homeless individuals.

(1) Each recipient and subrecipient must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if a recipient or subrecipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions.

(2) Each recipient and subrecipient of assistance under this part must, to the maximum extent practicable, involve homeless individuals and families through employment; volunteer services; or otherwise in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project.

- a. Does your agency provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient or sub recipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if a recipient or sub recipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions?**

☒ Yes

☐ No

If not, please provide an action plan/timeline on when your agency will be compliant with this requirement in the box below (expand box as needed).

N/A

b. Does your agency, to the maximum extent practicable, involve homeless individuals and families through employment; volunteer services; or otherwise in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project?

☒ Yes

☐ No

If not, please provide an action plan/timeline as to when your agency will be compliant with this requirement in the box below (expand box as needed).

N/A

2. Faith-based activities

The HEARTH Act CoC Program Interim Rule states that the recipient or subrecipient must document its compliance with faith-based activities requirements under § 578.87(b), which is as follows:

(b) Faith-based activities.

(1) Equal treatment of program participants and program beneficiaries.

(i) Program participants. Organizations that are religious or faith-based are eligible, on the same basis as any other organization, to participate in the Continuum of Care program. Neither the Federal Government nor a State or local government receiving funds under the Continuum of Care program shall discriminate against an organization on the basis of the organization's religious character or affiliation. Recipients and subrecipients of program funds shall not, in providing program assistance, discriminate against a program participant or prospective program participant on the basis of religion or religious belief.

(ii) Beneficiaries. In providing services supported in whole or in part with federal financial assistance, and in their outreach activities related to such services, program participants shall not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.

(2) Separation of explicitly religious activities. Recipients and subrecipients of Continuum of Care funds that engage in explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization, must perform such activities and offer such services outside of programs that are supported with federal financial assistance separately, in time or location, from the programs or services funded under this part, and participation in any such explicitly religious activities must be voluntary for the program beneficiaries of the HUD-funded programs or services.

(3) Religious identity. A faith-based organization that is a recipient or subrecipient of Continuum of Care program funds is eligible to use such funds as provided under the regulations of this part without impairing its independence, autonomy, expression of religious beliefs, or religious character. Such organization will retain its independence from federal, State, and local government, and may continue to carry out its mission, including the definition, development, practice, and expression of its religious beliefs, provided that it does not use direct program funds to support or engage in any explicitly religious activities, including activities that involve overt religious content, such as worship, religious instruction, or proselytization, or any manner prohibited by law. Among other things, faith-based organizations may use space in their facilities to provide program-funded services, without removing or altering religious art, icons, scriptures, or other religious symbols. In addition, a Continuum of Care program-funded religious organization retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

- a. **Does your proposed renewal program use direct program funds to support or engage in any explicitly religious activities, including activities that involve overt religious content, such as worship, religious instruction, or proselytization, or any manner prohibited by law?**

☐ Yes

☒ No

3. Involuntary family separation

The HEARTH Act CoC Program Interim Rule states that the recipient or subrecipient must document its compliance with involuntary family separation requirements under § 578.93(e), which is as follows:

(e) Prohibition against involuntary family separation. The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives funds under this part.

- a. Does the project accept all families with children under age 18 without regard to the age of any child? In general, under the HEARTH Act, any project sponsor receiving funds to provide emergency shelter, transitional housing, or permanent housing to families with children under age 18.**

Note there is an exception outlined in the Act: Project sponsors of transitional housing receiving funds may target transitional housing resources to families with children of a specific age only if the project sponsor: (1) operates a transitional housing program that has a primary purpose of implementing evidence based practice that requires that housing units be targeted to families with children in a specific age group; and (2) provides assurances, as the Secretary shall require, that an equivalent appropriate alternative living arrangement for the whole family or household unit has been secured.

☒ Yes. Project certifies that it accepts all families with children under age 18 without regard to the age of any child.

☐ No. Project does not comply with this requirement. A narrative is attached explaining how the project will comply with this HEARTH Act requirement.

☐ No. Project does not comply with this requirement but qualifies for an exception because it is implementing an evidence based practice that requires housing units targeted to families with children in a specific age group. A narrative is attached explaining how the project will comply with the exception, including identification of the evidenced based practice being utilized.

☐ N/A. Project does not serve families.

☐ N/A. Project is new and has not started yet.

4. Discrimination Policy

Federal and California State laws note that discrimination can be based on race, color, national origin or gender. Discrimination can also be based on age, religion, disability, familial status or sexual orientation.

Does your program deny services to potential recipients based on any of the following:

- Age ☐ Yes ☒ No
- Color ☐ Yes ☒ No
- Disability ☐ Yes ☒ No
- Familial Status ☐ Yes ☒ No
- Gender ☐ Yes ☒ No
- Marital Status ☐ Yes ☒ No
- National Origin ☐ Yes ☒ No
- Race ☐ Yes ☒ No
- Religion ☐ Yes ☒ No
- Sexual Orientation ☐ Yes ☒ No

If you answered “yes” to any of the above, please explain why in the box below (expand box as needed).

N/A

5. Active participation in local Continuum of Care meetings

HUD states that a successful CoC will have involvement from a variety of organizations representing the public and private sectors, as well as interested individuals within the CoC jurisdiction(s). These organizations should have an active role in the CoC.

- a. Describe what local Continuum of Care committees, subcommittees, and/or working groups that your agency participates in on a regular basis in the box below (expand box as needed). Please include the names and titles of those participating as well as their level of involvement/participation.**

LSSSC is an active participant in the following local CoC committees, subcommittees and working groups:

1. San Bernardino County Interagency Council on Homelessness meetings – Our designated representative is Ujima Moore, Housing Case Manager.
2. San Bernardino County Homeless Partnerships Homeless Provider Network meetings – Our designated representative is Ujima Moore, Housing Case Manager; Jessica Esquivel, Area Director and Ricardo Forbes, Director of Grants.
3. CES Case Conference – Our designated representative is Jessica Esquivel, Area Director and Ujima Moore, Housing Case Manager.
4. Regional Steering Committee: Our designated representative is Ujima Moore, Housing Case Manager.

6. Housing Quality Standards (HQS)

The HEARTH Act CoC Program Interim Rule states that the recipient or subrecipient must document its compliance with housing quality standards requirements under § 578.75(b), which is as follows:

(b) Housing quality standards. Housing leased with Continuum of Care program funds, or for which rental assistance payments are made with Continuum of Care program funds, must meet the applicable housing quality standards (HQS) under 24 CFR 982.401 of this title, except that 24 CFR 982.401(j) applies only to housing occupied by program participants receiving tenant-based rental assistance. For housing rehabilitated with funds under this part, the lead-based paint requirements in 24 CFR part 35, subparts A, B, J, and R apply. For housing that receives project-based or sponsor-based rental assistance, 24 CFR part 35, subparts A, B, H, and R apply. For residential property for which funds under this part are used for acquisition, leasing, services, or operating costs, 24 CFR part 35, subparts A, B, K, and R apply.

(1) Before any assistance will be provided on behalf of a program participant, the recipient, or subrecipient, must physically inspect each unit to assure that the unit meets HQS. Assistance will not be provided for units that fail to meet HQS, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the recipient or subrecipient verifies that all deficiencies have been corrected.

(2) Recipients or subrecipients must inspect all units at least annually during the grant period to ensure that the units continue to meet HQS.

a. Does your project meet applicable Housing Quality Standards?

- ☒ Yes
- ☐ No
- ☐ This is a new project and has not started yet

Please briefly explain your inspection process for HQS in the box below (expand box as needed).

Our HQS inspection process include:

1. Daily home visits and housing assessments by the designated Housing Case Manager.
2. Frequent follow-up and reporting of HQS by the Housing Case Manager.
3. Frequent housing assessments and monitoring by the Director of Facilities and Maintenance.

b. Has your project received HQS corrective action plan in the last 2 years:

☐ Yes

☒ No

☐ This is a new project and has not started yet

If you selected Yes, explain the nature of the concerns/issues and how it was resolved in the box below (expand the box as needed).

N/A

IV. Match Requirement

Match must equal 25 percent of the total grant request including Admin costs but excluding leasing costs (i.e., any funds identified for Leased Units and Leased Structures). Match must be met on an annual basis. HUD requires match letters to be submitted with the e-snaps application. Match contributions can be cash, in-kind, or a combination of the two; and, match must be used for an eligible cost as set forth in Subpart D of CoC Program interim rule. For an in-kind match, the recipient may use the value of property, equipment, goods, or services contributed to the project, provided that, if the recipient or sub recipient had to pay for such items with grant funds, the costs would have been eligible. If third party services are to be used as match, the third party service provider that will deliver the services must enter into a memorandum of understanding (MOU) before the grant is executed documenting that the third party will provide such services and value towards the project.

- Will your agency be able to provide the match requirement for your renewal project (including a commitment letter or MOU)?

☒ Yes

☐ No

Renewal Rating Factors:

If a renewal project passes the Project Eligibility Threshold as noted on pages 5 – 14 of this LOI, the project will be reviewed and scored by the GRC and OHS based on the following rating factors.

I. System Performance Measures (50 points)

The intent of the System Performance Measures (Sys PM) reports are to encourage CoCs to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD. HUD uses system-level performance information as a competitive element in its annual CoC Program Competition and to gauge the state of the homeless response system nationally.

Project-level Sys PM information will be used as an element to determine the effectiveness of local projects within the San Bernardino County CoC. **OHS will collect the following project level Sys PM for each CoC funded agency directly from the Homeless Management Information System (HMIS). There is not any action required on the part of the renewing agencies to complete Section I. System Performance Measures:**

- Persons Exit Homeless to Permanent Housing Destination and Return to Homelessness
- Employment and Income Growth for Homeless Persons
- Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

System Performance Measures		Submitted FY 2019	Submitted FY 2020	Difference
1.	The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness -This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.			
2.	Percentage of Income Growth for Homeless Persons			
3.	Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing			
	Change in SO exits to temporary destinations, some institutional destinations, and permanent housing destinations			
	Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations			
	Change in PH exits to permanent housing destinations or retention of permanent housing			

II. Recipient Compliance with Grants and Financial Management (30 points)

Per 24 CFR part 578 and the FY 2021 CoC Program Competition NOFA requires that Project Applicants specifically identify five benchmarks for grants and financial management that communities must reach to meet this standard, which are

1. On-time APR submission to HUD;
2. Resolved HUD/Office of Homeless Services monitoring findings, or Office of Inspector General (OIG) Audits, if applicable;
3. Monthly submission of claims, quarterly drawdowns;
4. The full expenditure of awarded funds; and
5. Cost Effectiveness of the project.

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?

APRs are due within 90 days after the grant term expires. Select **“Yes”** to indicate that an APR has been submitted for the grant term that has most recently expired (for some grants this will be the FY 2018 renewal, for others the FY 2019). Select **“No”** to indicate that an APR has not been submitted for the grant term that has most recently expired or if this is a first-time renewal for which the original grant term has not yet expired.

☒ Yes

☐ No

☐ This is a first-time renewal for which the original grant term has not yet expired.

If you selected **“No”** above, provide a brief explanation for why the APR was not submitted on time in the box below (expand box as needed). For those first-time renewals for which the original grant term has not yet expired, please write, “First-time renewal and grant term has not yet expired” and provide the date by which the APR must be submitted.

N/A

2. Does the recipient have any unresolved HUD or the Office of Homeless Services Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?

- ☐ Yes
☒ No

Select **“Yes”** if there are any unresolved HUD Monitoring or OIG Audit findings, regardless of the funding year of the project for which they were originally identified. Select **“No”** if there are no unresolved HUD Monitoring or OIG Audit findings.

- a. **Date HUD or the Office of Homeless Services or OIG issued the oldest unresolved finding(s):**

If you selected **“Yes”** above, provide the date that the oldest unresolved finding was issued.

Date the oldest unresolved finding was issued: _____

- b. **Explain why the finding(s) remains unresolved:**

If you selected **“Yes”** above, provide a brief explanation in the box below (expand box as needed) for why the monitoring or audit finding remains unresolved and the steps that have been taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

N/A

3. Has the recipient maintained timely and consistent monthly submission of claims for the most recent grant terms related to this renewal project request?

- ☒ Yes
☐ No

CoC Program recipients are required to submit claims on a monthly basis. Select **“Yes”** to indicate that you have maintained monthly submission of claims for the most recent relevant grant term. For some grants, the standard will be applied to the FY 2019 renewal, for others the FY 2018, and for some multi-year first-time renewals a grant awarded in an earlier fiscal year. Select **“No”** to indicate that the recipient has not maintained consistent monthly claim submission for the most recent relevant grant term, or if this is a first-time renewal for which less than one quarter has passed.

- a. **Explain why the recipient has not maintained timely and consistent monthly claim submission for the most recent grant terms related to this renewal project request.**

If you selected **“No”** above, provide a brief explanation in the box below (expand box as needed) for why monthly claim submissions have not been maintained. Delays in draws due to a late HUD funding announcement and receipt of renewal grant agreement may be included in such an explanation.

- 4. Have any funds been recaptured by HUD for any of the three (3) most recently expired grant terms related to this renewal project request?**

- ☐ Yes
☒ No
☐ Project has not yet completed a grant term

Select **“Yes”** to indicate that funds have been recaptured, meaning that not all awarded funds were expended during the three previous completed grant terms. Select **“No”** to indicate that no funds were recaptured or if this is a first-time renewal for which the original grant term has not yet expired.

- a. **If you selected “Yes” above, explain the circumstances that led to HUD recapturing funds from any of the three (3) most recently expired grant term related to this renewal project request:**

Provide a brief explanation in the box below (expand box as needed) for why the total awarded funds were not expended and were recaptured. Include the amount returned for each year.

N/A

5. Determining Cost Effectiveness

Cost per permanent housing exit can be determined by dividing total project costs by the number of permanent housing exits. PSH projects may also include the number of clients that have maintained PSH for 6 months or more. These costs can be averaged across all projects within a project type to determine the average cost per permanent housing exit for the community for that project type.

5a. RRH Projects – Using the APR submitted for PY ending in 2019, divide the total project cost (excluding matching funds) by the number of positive housing exits.

5b. PSH Projects – Using the APR submitted for PY ending in 2019, divide the total project cost (excluding matching funds) by the number of positive housing exits and the number of clients that have retained PSH for 6 months or more.

\$3,068

III. Participation in Homeless Management Information System (HMIS) (10 Points)

The Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care (CoC) Program interim rule places a high emphasis on having a functioning and comprehensive HMIS in the CoC jurisdiction as it is critical to gathering unduplicated, aggregated data on homelessness in the community for both the CoC and Emergency Solutions Grant (ESG) Programs.

- Does this project provide client level data to HMIS? ☒ Yes ☐ No

If the project is providing participant data in the HMIS – indicate the total number of participants served by the project, and the total number of clients reported in the HMIS.

Total number of participants served by the project: 16

Total number of clients reported in the HMIS: 16

If the project is not providing participant data in the HMIS – indicate one or more of the four (4) reason(s) for non-participation:

- | | |
|---|---|
| <input type="checkbox"/> Federal law prohibits (please cite specific law) | <input type="checkbox"/> State law prohibits (please cite specific law) |
| <input type="checkbox"/> New project not yet in operation | <input type="checkbox"/> Other (please specify prohibition) |

Data Collection Requirements

All CoC Program funded projects are required to collect all of the Universal Data Elements and a select number of Program-Specific Data Elements. Complete and accurate records are required to ensure data quality. A 95% standard of completeness rate for all funded homeless projects is expected.

*** Indicate the percentage of error rate taken from your HUD Data Quality Report for the last 10 days of January 2021 (1/21/21-1/31/21)**

Universal Data Element	% of Error Rate
3.1 Name	0
3.2 Social Security Number	0
3.3 Date of Birth	0
3.4 Race	0
3.5 Ethnicity	0
3.6 Gender	0
3.7 Veteran Status	0
3.8 Disabling Condition	0
3.10 Project Entry Date	0
3.12 Destination	0
3.15 Relationship to Head of Household	0
3.16 Client Location	0
Program Specific Data Element)	% of Error Rate
4.2 Income and Sources (at Start)	0
4.2 Income and Sources (at Annual Assessment)	0
4.2 Income and Sources (at Exit)	0

IV. Supportive Services for Participants (5 points)

Please identify whether the project includes the following activities:

1. **Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?**

- ☒ Yes
☐ No

Select **"Yes"** if the project provides regular or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, or jobs. Select **"No"** if transportation is not regularly provided or cannot be provided consistently as requested.

2. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?

☒ Yes

☐ No

Select **“Yes”** if the project regularly follows-up with program participants at least annually to ensure that they have applied for, are receiving their mainstream benefits, and renew benefits when required. Select **“No”** if there is no or irregular follow-up concerning mainstream benefits.

3. Do program participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

☒ Yes

☐ No

Select **“Yes”** if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency—through a formal or informal relationship. Select **“No”** if there is no or significantly limited access to SSI/SSDI technical assistance

V. Utilization (5 points)

1. Permanent Supportive Housing Projects that serve Households with Children

Unit utilization rates are calculated by taking the number of households served on any given day and dividing by the number of units available.

From your most recent APR (Q. 02), complete the table below on the point-in-time count of households served on the last Wednesdays in

	*Total # of Units	Total # of Units occupied	Utilization Rate
January	29	10	100%
April	29	10	100%
July	29	10	100%
October	29	10	100%

*The total number of units should equal the number of units submitted in your application.

2. Permanent Supportive Housing Projects that serve Households without Children

A bed utilization rate is equal to the total number of people served on any given day divided by the total number of beds available on that day.

From your most recent APR (Q. 02), complete the table below on the point-in-time count of households served on the last Wednesdays in

	*Total # of Beds	Total # of Beds occupied	Utilization Rate

*Total number of beds should equal the number of units submitted on your application.

3. Rapid Rehousing

Rapid Re-Housing (RRH) provides short- or medium-term tenant-based rental assistance in community-based housing paired with necessary supportive services for homeless individuals and families (with or without a disability). RRH assistance usually begins prior to the client entering housing.

Unit utilization rates are calculated by taking the number of households served on any given day and dividing by the number of units available.

From your most recent APR (Q. 02), complete the table below on the point-in-time count of households served on the last Wednesdays in

	*Total # of Units	Total # of Units occupied	Utilization Rate
January			
April			
July			
October			

*The total number of units should equal the number of units submitted in your application.



Policy Title	Permanent Supportive Housing (PSH) Eligibility Determination & Documentation	Effective Date:	May 1, 2019
Functional Area	Programs	Revised Date:	May 28, 2021
Statement	The Permanent Supportive Housing (PSH) Eligibility Determination & Documentation policy ("policy") set forth in this document establishes Lutheran Social Services of Southern California's (LSSSC) procedures for the Continuum of Care (CoC) Chronically Homeless Eligibility Determination and Documentation.		
Philosophy	To maintain transparency, integrity, accuracy, and accountability in determining chronically homeless eligibility of a participant.		
Policy Scope	<p>This policy applies to the CoC PSH Program.</p> <ol style="list-style-type: none"> 1. LSSSC must assess each participant to ensure participant meets the eligibility requirements of Homeless Status as specified under article 24CFR 578.103 (a) (3)-(4). 2. LSSSC must obtain acceptable evidentiary documentation at intake that establishes and verifies participant's chronically homeless status per U.S. Department of Housing and Urban Development (HUD) definition including evidence: <ol style="list-style-type: none"> a. that the participant has experienced one (1) episode of homelessness for the last 12 months continuously or on at least four (4) occasions in the last three (3) years where those occasions cumulatively total at least 12 months; b. that the participant meets the target disability of HIV/AIDS; and c. of Income Verification. 3) The priority of evidence is as follows: <ol style="list-style-type: none"> a. Third-Party documentation b. Intake Worker Observations c. Self-Certification 4) LSSSC will document participant's current homeless status by the following categories: <ol style="list-style-type: none"> a. Literally Homeless b. At-Risk of Homelessness c. Homeless under other Federal Statutes d. Fleeing/Attempting to flee Domestic Violence 5) LSSSC must complete the Coordinated Entry System (CES) verification packet (See Exhibit A) including the Chronically Homeless Timeline and provide the evidentiary documentation. 6) LSSSC must submit all documentation in HMIS and obtain approval from CES for enrollment acceptance. 7) Accepted CoC participant will be enrolled into HMIS by an approved HMIS User. 8) In compliance with Notice CPD-16-11 (effective July 25, 2016), LSSSC will only deem eligible non-chronically homeless People Living with HIV/AIDS (PLWHA) participant if no eligible Chronically Homeless PLWHA participant is identified on the waitlist through CES. <p>Questions or concerns about this policy can be directed to our Programs Department.</p>		

Approved by:	<div data-bbox="409 191 933 378"><div data-bbox="409 191 933 315"><i>Gia R. Hamilton</i></div><div data-bbox="409 315 933 378">Dr. Gia R. Hamilton, Chief Program Officer</div></div> <div data-bbox="933 191 1421 378"><div data-bbox="933 191 1421 315">6/4/2021</div><div data-bbox="933 315 1421 378">Date</div></div>
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Exhibit A
CES Verification Packet

See Attachment (4 pages)

In-House Training

Permanent Supportive Housing Department

Date: 05/02/2021

Instructor: Jessica Esquivel, Area Director

Staff:

Ujima Moore

Vonda Fletcher

Ujima Moore
Vonda Fletcher



HOUSING FIRST

WHAT IS “HOUSING FIRST”?

Housing First is an approach to serving people experiencing homelessness that recognizes a homeless person must first be able to access a decent, safe place to live, that does not limit length of stay (permanent housing), before stabilizing, improving health, reducing harmful behaviors, or increasing income. Under the Housing First approach, anyone experiencing homelessness should be connected to a permanent home as quickly as possible, and programs should remove barriers to accessing the housing, like requirements for sobriety or absence of criminal history. It is based on the “hierarchy of need:” people must access basic necessities—like a safe place to live and food to eat—before being able to achieve quality of life or pursue personal goals. Finally, Housing First values choice not only in where to live, but whether to participate in services. For this reason, tenants are not required to participate in services to access or retain housing.

WHAT TYPE OF HOUSING IS CONSIDERED “HOUSING FIRST”?

Programs using Housing First generally fall into two categories:

- Supportive housing, which is an apartment made affordable through long-term rental assistance, paired with intensive services promoting housing stability.
- Rapid re-housing, which connects a family or individual to an apartment affordable through short- to medium-term rental assistance, along with moderate services designed to allow that household to increase their income sufficiently to be able to afford the apartment over the long-term.

While Housing First recognizes housing is a necessary precursor to treatment, Housing First does not mean “housing only.” On the contrary, Housing First acknowledges social services and care coordination are necessary elements of housing stability and quality of life.

CORE COMPONENTS OF HOUSING FIRST UNDER CALIFORNIA LAW

In 2016, the California Legislature passed Senate Bill 1380 (Mitchell). It required all housing programs to adopt the Housing First model.¹ The Legislation defined Housing First with these “core components”:

- Tenant screening and selection practices promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.
- Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of “housing readiness.”

¹ Codified as California Welfare & Institutions Code § 8255.

- Housing providers accept referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness.
- Supportive services emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals.
- Participation in services or program compliance is not a condition of housing tenancy.
- Tenants have a lease and all the rights and responsibilities of tenancy.
- The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction.
- Funding promotes tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services.
- Case managers and service coordinators are trained in and actively employ evidence-based practices for engagement, including motivational interviewing and client-centered counseling.
- Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses.
- The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

EVIDENCE BASIS

The federal and State government recognize Housing First as an evidence-based practice. In fact, a settled and growing body of evidence demonstrates—

- Tenants accessing Housing First programs are able to move into housing faster than programs offering a more traditional approach.²
- Tenants using Housing First programs stay housed longer and more stably than other programs.³
- Over 90% of tenants accessing Housing First programs are able to retain housing stability.⁴
- In general, tenants using Housing First programs access services more often, have a greater sense of choice and autonomy, and are far less costly to public systems than tenants of other programs.⁵

² Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S., & Fishcer, S. Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First programs. 2003.

³ Tsemberis, S. & Eisenberg, R. Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities. 2000.

⁴ Montgomery, A.E., Hill, L., Kane, V., & Culhane, D. Housing Chronically Homeless Veterans: Evaluating the Efficacy of a Housing First Approach to HUD-VASH. 2013.

⁵ Tsemberis, S., Gulcur, L., & Nakae, M. Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis. 2004; Perlman, J. & Parvensky, J. Denver Housing First Collaborative: Cost Benefit Analysis and Program Outcomes Report. 2006.

HOUSING FIRST IN PERMANENT SUPPORTIVE HOUSING

What is Housing First?

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Housing First emerged as an alternative to the linear approach in which people experiencing homelessness were required to first participate in and graduate from short-term residential and treatment programs before obtaining permanent housing. In the linear approach, permanent housing was offered only after a person experiencing homelessness could demonstrate that they were “ready” for housing. By contrast, Housing First is premised on the following principles:

- Homelessness is first and foremost a housing crisis and can be addressed through the provision of safe and affordable housing.
- All people experiencing homelessness, regardless of their housing history and duration of homelessness, can achieve housing stability in permanent housing. Some may need very little support for a brief period of time, while others may need more intensive and long-term supports.
- Everyone is “housing ready.” Sobriety, compliance in treatment, or even criminal histories are not necessary to succeed in housing. Rather, homelessness programs and housing providers must be “consumer ready.”
- Many people experience improvements in quality of life, in the areas of health, mental health, substance use, and employment, as a result of achieving housing.
- People experiencing homelessness have the right to self-determination and should be treated with dignity and respect.
- The exact configuration of housing and services depends upon the needs and preferences of the population.

While the principles of Housing First can be applied to many interventions and as an overall community approach to addressing homelessness, this document focuses primarily on Housing First in the context of permanent supportive housing models for people experiencing chronic homelessness.

Housing First Effectiveness in Permanent Supportive Housing

Permanent supportive housing models that use a Housing First approach have been proven to be highly effective for ending homelessness, particularly for people experiencing chronic homelessness who have higher service needs. Studies such as HUD’s [*The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness*](#) have shown that Housing First permanent supportive housing

models result in long-term housing stability, improved physical and behavioral health outcomes, and reduced use of crisis services such as emergency departments, hospitals, and jails.

Core Components of Housing First

The core features of Housing First in the context of permanent supportive housing models are as follows:

- ***Few to no programmatic prerequisites to permanent housing entry*** – People experiencing homelessness are offered permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program. People are also not required to first enter a transitional housing program in order to enter permanent housing
- ***Low barrier admission policies*** – Permanent supportive housing’s admissions policies are designed to “screen-in” rather than screen-out applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. Housing programs may have tenant selection policies that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments or the high utilization of crisis services.
- ***Rapid and streamlined entry into housing*** – Many people experiencing chronic homelessness may experience anxiety and uncertainty during a lengthy housing application and approval process. In order to ameliorate this, Housing First permanent supportive housing models make efforts to help people experiencing homelessness move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.
- ***Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability*** - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful. Harm reduction techniques can confront and mitigate the harms of drug and alcohol use through non-judgmental communication while motivational interviewing may be useful in helping households acquire and utilize new skills and information.
- ***Tenants have full rights, responsibilities, and legal protections*** – The ultimate goal of the Housing First approach is to help people experiencing homelessness achieve long-term housing stability in *permanent* housing. Permanent housing is defined as housing where tenants have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities. Landlords and providers in Housing First models abide by their legally defined roles and obligations. For instance, landlords and providers do not enter tenants’ apartments without tenants’ knowledge and permission except under legally-defined emergency circumstances. Many Housing First permanent supportive housing programs also have a tenant association or council to review program policies and provide feedback, and formal processes for tenants to submit suggestions or grievances.

- ***Practices and policies to prevent lease violations and evictions*** –Housing First supportive housing programs should incorporate practices and policies that prevent lease violations and evictions among tenants. For instance, program policies consistent with a Housing First approach do not consider alcohol or drug use in and of itself to be lease violations, unless such use results in disturbances to neighbors or is associated with illegal activity (e.g. selling illegal substances.) Housing First models may also have policies that give tenants some flexibility and recourse in the rent payment, which in many subsidized housing programs is 30% of the participant’s income. For example, rather than moving towards eviction proceedings due to missed rent payments, programs may allow tenants to enter into payment installment plans for rent arrearages, or offer money management assistance to tenants.
- ***Applicable in a variety of housing models*** – The Housing First approach can be implemented in different types of permanent supportive housing settings, including: scattered-site models in private market apartments, where rental assistance is provided, and tenants have access mobile and site-based supportive services; single-site models in which permanent supportive housing buildings are newly constructed or rehabilitated and tenants have access to voluntary on-site services; and set-asides, where supportive services are offered to participants in designated units within affordable housing developments.

Adopting a Housing First Approach in Permanent Supportive Housing

Providers of permanent supportive housing that do not already use a Housing First approach can adopt this approach by reviewing existing program policies and procedures, and by learning and implementing new services and practices through training and clinical supervision. A provider that would like to move to a Housing First program model should start with the following steps:

- ***Review current policies and procedures*** – Providers should undertake a systematic review of their current operating policies and procedures. First, providers should assess tenant selection and admission policies to ensure that they do not screen out applicants on the basis of rental, credit, or criminal histories, sobriety, income, etc. They should also evaluate the application and admission process to identify ways to streamline and shorten the process. They should review the lease terms, lease compliance, and eviction policies to ensure that they are consistent with Housing First principles and housing laws. Lease provisions that require participation in services or that deem alcohol use as lease violations or grounds for eviction should be removed. Providers should consider adding policies that help prevent eviction when a tenant falls behind on rent or experiences other lease violations.
- ***Learn and adopt Housing First services approaches and practices*** – Providers can adopt supportive services approaches and practices that creatively engage tenants to maximize and ensure housing stability. Through training around harm reduction approaches, services staff can learn to confront and mitigate the harms of drug and alcohol use through non-judgmental communication. Staff can also receive training to develop competency around techniques like motivational interviewing, wellness self-management, and trauma-informed care. Adoption of these practices often also requires continual reinforcement through effective clinical supervision, which is key to supporting housing stability.

Useful Resources on Housing First

- [USICH's Housing First Checklist](#) - An easy-to-use tool for policymakers and practitioners to identify and assess whether a program or community is using a Housing First approach. This three-page tool breaks down the Housing First approach into distinguishing components at both the program and community levels.
- [Housing First in USICH's Solutions Database](#) – A description of Housing First along with links to examples and resources from USICH's Solutions Database.
- [The Housing First Fidelity model index](#) - In the April 2013 edition of *Substance Abuse Treatment, Prevention, and Policy*, Watson and colleagues (2013) discuss the development and testing of their Housing First Fidelity instrument. The study finds that the instrument is effective in assessing the quality of Housing First programs and for making implementation decisions.
- [Organizational Change: Adopting a Housing First Approach](#) - The National Alliance to End Homelessness' tool-kit on adopting Housing First as a community-wide strategy.
- [Pathways to Housing - Housing First Model](#) - Pathways to Housing produced a step-by-step manual presents a comprehensive guide to Pathways to Housing's Housing First approach.
- [DESC's Seven Standards of Housing First](#) - Seattle-based Downtown Emergency Service Center has identified seven standards essential to their Housing First approach.
- [Unlocking the Door: An Implementation Evaluation of Supportive Housing for Active Substance Users in New York City](#) - The National Center on Addiction and Substance Abuse at Columbia University and the Corporation for Supportive Housing evaluated the implementation of nine scattered-site Housing First permanent supportive housing programs serving approximately 500 people experiencing chronic homelessness with active substance abuse disorders in New York City. The report concludes with useful lessons for what is critical to implementing a Housing First permanent supportive housing model. A full impact evaluation of these programs will be completed later in 2013. Preliminary findings indicate that the programs were successful in helping people exit homelessness, remain stably housed, and reduce their use of emergency services.