

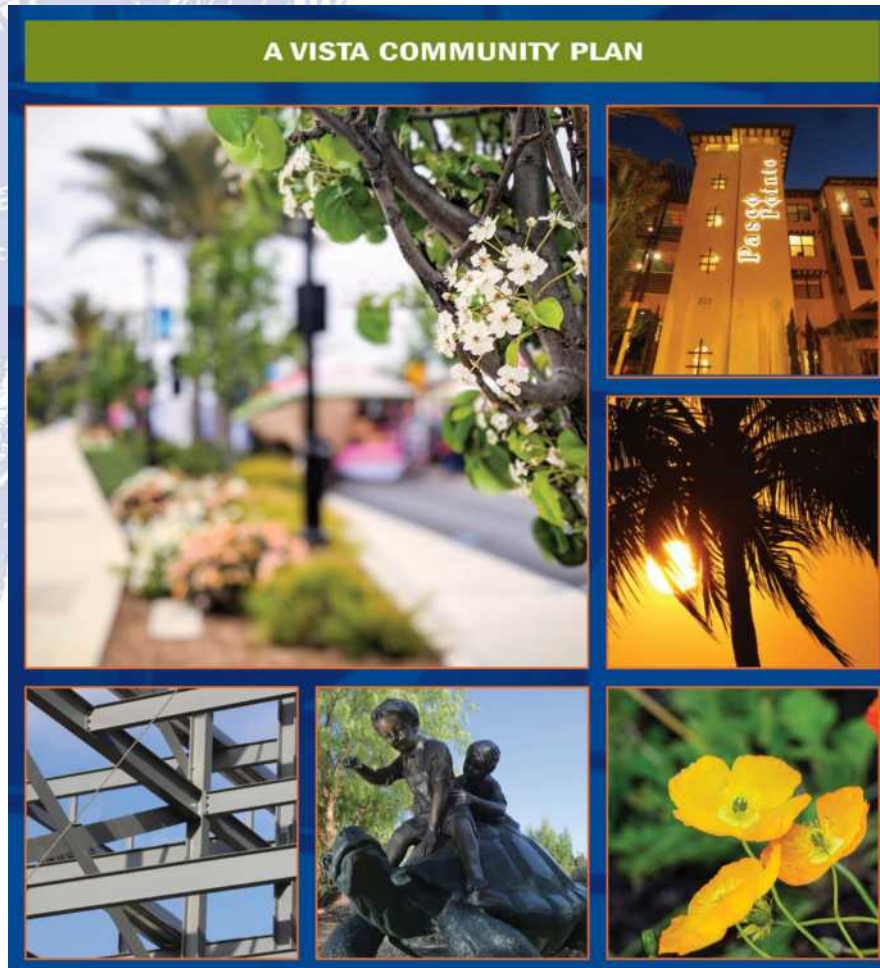
STRATEGIC PLAN TO ADDRESS HOMELESSNESS

A VISTA COMMUNITY PLAN



STRATEGIC PLAN TO ADDRESS HOMELESSNESS

March 10, 2020



MISSION STATEMENT

The City of Vista is dedicated to providing exceptional services, to improving Vista's quality of life, and to enhancing the uniqueness of the Vista community.

VISTA CITY COUNCIL

Mayor	Judy Ritter
Deputy Mayor	Amanda Young Rigby
Council Member	John B. Franklin
Council Member	Joe Green
Council Member	Corinna Contreras

CITY ADMINISTRATION

City Manager	Patrick Johnson
Assistant City Manager	Aly Zimmermann
Assistant to the City Manager	Amanda Lee
Consultant	HG Consulting Group

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EXECUTIVE SUMMARY

Homelessness is one of the most challenging social issues of our time. To significantly prevent and/or reduce homelessness, any community needs to be able to **implement a systematic, long-term response that ensures homelessness is prevented whenever possible or, if it cannot be prevented, is a rare, brief and one-time experience.** Homelessness is not unique to Vista; however, Vista does have a distinct character that requires a plan that reflects the City's values and goals.

In June 2018, the City hired HG Consulting Group (Consultant) to assist with creating a Strategic Plan to address the needs of our community. Working closely with staff, the Consultant spent over a year investigating the impact of homelessness in Vista; conducting multiple community meetings and meetings with service providers, homeless individuals and other stakeholders; examining best practices and approaches to help those at risk of and experiencing homelessness; and sharing and testing ideas that could be feasible in Vista. Throughout this effort, the City Council provided feedback and direction on the inquiry and appropriate approaches and outcomes. Additionally, it was recognized through this process that communities need to work collaboratively to develop plans that promote assistance to those experiencing homelessness, while also protecting all community members' health, safety, and welfare.

Although there is not one single cause to becoming homeless, there are commonalities that include substance abuse, mental health, shortage of affordable housing, lack of adequate or stable income, and domestic violence. The multiple causes demand a varied response including prevention, diversion, reduction, and enforcement activities. In addition, approaches vary depending upon the types of homelessness, for example chronic homelessness requires different tactics than situational homelessness. Veterans have unique needs, as do homeless youth and/or families. Regardless of the reason for becoming homeless, **the community's goal is for homelessness to be a rare, brief, and one-time experiences**, and in the case of chronic homelessness, to move people into shelter and connected to services, as soon as possible.

The community's goal is for homelessness to be a rare, brief, and one-time experience.

This strategic plan is designed to address homelessness through programs and practices that have proven successful in other places, but are tailored for this community. It is intended to be a living document that requires ongoing review and regular updates based on changes in legislation, community priorities, program outcomes, enforcement, and new funding opportunities.

This action plan focuses on three primary goals for addressing homelessness as directed by the City Council: 1) Prevent homelessness, 2) Improve quality of life, and 3) Reduce homelessness.

In addition to the leadership of the City Council, many members of City staff, social service providers, other public agencies, Vista residents, business owners, and representatives of faith-based organizations assisted with the creation of this Strategic Plan. Throughout the process, the following principals were followed and are cemented in the Strategic Plan:

- We believe a **shared framework among all stakeholders** with a **clear plan of action** will ensure we are all working together towards the goals of preventing and reducing homelessness and improving quality of life for our community.
- We are striving to develop and implement **fiscally responsible approaches** that lead to **meaningful, measurable outcomes** and we will assess the effectiveness of our plan to address homelessness by **tracking those outcomes**.
- We believe the **safety and well-being of the community is a priority**, including residents and business owners along with people experiencing homelessness.
- While we recognize that an approach that includes both law enforcement and supportive services is essential, we also recognize **homelessness is not a crime**.
- **We support long-term solutions** that help each person experiencing homelessness find **permanent housing with supportive services**.
- We recognize that each person experiencing homelessness is **unique** with diverse needs requiring a **tailored case management approach** founded **on trust and respect**.
- We understand **community awareness and involvement** in the initiatives is critical to our success.
- We recognize that addressing homelessness requires a **regional approach and resources**, and we will work with regional partners to leverage resources for Vista.
- We recognize homelessness represents a **complex social problem**. The plan must be **flexible**, and we will regularly review outcomes to improve our plan and **adapt to changing conditions**.



At the 2018-2020 goal setting workshop, the City Council identified a need to develop a strategic plan to address homelessness. On June 4, 2019, the City Council held a workshop to discuss potential strategies to address homelessness and identified three specific desired outcomes: (1) preventing homelessness; (2) improving quality of life, outreach, education, and legislative advocacy programs; and (3) reducing homelessness. After reviewing a variety of programs and approaches used in other cities, the City Council directed staff and the consultant to return with more information on specified programs within the three designated goals.

These three goals and accompanying recommendations are the product of many months of research into best practices, data collection, public meetings with Vista community members, businesses, faith based organizations, service providers and other stakeholders, County homelessness professionals, City staff, and those experiencing homelessness. After reviewing a range of programs, the City Council identified the goals and recommendations listed above as the best options to make an impact on homelessness in Vista.

Measuring Homelessness

A Continuum of Care (CoC) is a regional planning body that is required by the United States Department of Housing and Urban Development (HUD) to promote a communitywide plan and coordinate housing and services for families and individuals experiencing homelessness. The Regional Task Force on the Homeless (RTFH) is the San Diego region's CoC, which includes the 18 incorporated cities and all unincorporated areas. The RTFH is governed by a countywide board of stakeholders that includes representatives from the nonprofit and public sectors.

The RTFH uses two primary tools for collecting data on those who are experiencing homelessness. One is the Point-in-Time (PIT) count. Each year in January, cities nationwide conduct an annual PIT count to estimate the number of people who are experiencing homelessness on a specific night. In 2019, Vista's PIT count identified 122 unsheltered homeless and 174 sheltered, a drop of 21% from the 2018 count (154 unsheltered and 336 sheltered)¹. Many officials and service providers believe the 2019 PIT count underestimates the number of unsheltered persons because of a change in methodology and challenges in locating unsheltered people in hard to reach areas such as canyons and/or riverbeds. Although these numbers only represent a one day snapshot, they are helpful in providing the demographics of the population and the tentative size.

The second tool utilized in the region is the Homeless Management Information System (HMIS). HMIS is a HUD required technology information system used to collect client-level data and track progress of programs and services utilized by people experiencing homelessness and/or at risk of becoming homeless.

¹ Vista's 2019 Point-in-Time Count Report is attached as Appendix B

Per HMIS, in the first three quarters of 2019, approximately 498 clients were provided either emergency shelter and/or permanent or transitional housing in Vista. Of those 498 clients, 447 are people in families, 40 are single adults, and 11 are unaccompanied minors. Additionally, out of the 498 clients, eight identified as veterans and 40 are considered chronically homeless.

Causes of Homelessness in Vista

There are three classifications of homelessness: chronic, transitional, and episodic; each classification is defined by the duration of homelessness and the range of supportive services needed. Chronically homeless is defined as a person who has experienced homelessness continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Transitionally homeless is defined as persons experiencing homelessness for a short period of time with one brief stay in a shelter or temporary housing system. Episodically homeless is defined as a person who has experienced homelessness for up to 60 days, have had two or more moves in the last 60 days, or who are likely to continue to be unstably housed because of disability or multiple barriers to employment. Chronic homelessness has a greater environmental and economic impact on cities than short term homelessness, and engenders more complaints and community concerns. However, more resources are directed to those experiencing short-term homelessness; especially families, who appear more sympathetic and are easier to assist.

Many of the Vista homeless population suffer from mental illness, a substance use disorder, and/or some form of disability. This underscores the need to address homelessness from an approach led by those with experience in trauma, addiction and mental illness, such as specially trained social workers, working in conjunction with law enforcement. Recent data from across the country shows significant improvement in communities that are employing Homeless Outreach Teams (HOT) lead by social workers.

Because Vista has no shelter beds for the single men who make up the majority of our community's chronically homeless, we have limited resources to impact its unsheltered population. Moreover, while Operation Hope and Solutions for Change operate in Vista and provide excellent services, they serve primarily or solely families who are willing to enter a high barrier shelter and agree to their rules. The definition of a high-barrier shelter is one where people commit to no alcohol or drug usage and agree to enter programs to deal with addiction. Without available low-barrier shelter beds for single men and women, law enforcement and the City are limited in their ability to impact the unsheltered population and deal with community complaints concerning visible homelessness, as well as environmental and criminal/enforcement issues.²

² A report on available shelter beds in the Bridges to Housing North County Shelter network is attached in Appendix C. Other shelters do not participate in the network, and as such are not included in the report. 7

North County Bridge Shelter Network

Below is a table that identifies the shelters currently operating in the North County, the number of beds available in each, entry requirements, and days the shelter is operational. Operation Hope operates a high barrier family and women with children shelter in Vista.

Shelter Name / Location	Population Served	Number of Beds	Entry Requirements	Days Shelter is Operational
Interfaith Shelter Network Escondido	Families and women	12	Drug and alcohol testing	December 26 – March 18
Interfaith Shelter Network Encinitas	Families and women	12	Drug and alcohol testing	October 23 – April 9
Catholic Charities La Posada De Guadalupe Carlsbad	Men	50	No entry requirements	Year round
Operation Hope Vista	Families and women	45	Drug and alcohol testing	Year round
Haven House Escondido	Single men and women	49	No entry requirements	Year round



CITY OF VISTA HOMELESSNESS FUNDING SOURCES AND SERVICES

Available Funding Sources. The following ongoing funding sources are currently, or in the future will be, available for implementation of the Strategic Plan:

- Affordable Housing Funds (AHF): Starting immediately, up to \$250,000 per year can be used for homelessness assistance, including the construction of homeless shelters.
- State funding via SB 2: Beginning in Calendar Year 2020, the City anticipates receiving approximately \$350,000 per year that can be used for the same purposes as the AHF. This funding source is a grant that will be provided to the City on an annual basis. Both AHF and SB 2 funding can be allocated towards the development of permanent affordable housing.

Vista may also be eligible for Homeless Housing Assistance and Prevention (HHAP) funds in 2020. Information on HHAP funds is not yet available from the RTFH.

Funded Services. The City allocates Community Development Block Grant (CDBG) Public Service funds to various service providers who assist low-income individuals and/or families, people who are experiencing homelessness, and/or people who are at risk of becoming homeless. Below is a chart outlining organizations currently providing homelessness-related services in Vista, and the amount allocated to each by the City in Fiscal Year 2019/20.

Organization	Allocation Amount	Services Provided
Operation Hope	\$26,000	Is an emergency shelter and provides services and case management for families and women
Alpha Project	\$14,300	Street outreach, housing navigation, and support services
Legal Aid	\$40,000	Fair Housing representation and landlord mediation for Vista residents
North County Lifeline	\$14,950	Provides basic needs, financial assistance, and case management services to families that are or are at risk of becoming homeless.

City Services. The City Manager's office has led the efforts to develop a Strategic Plan by providing policy recommendations and overseeing the coordination and direction to the Housing Division, Code Enforcement, Economic Development, Engineering/Stormwater, Fire Department, Public Works, Recreation & Community Services, and the Sheriff's Department. The Housing Division implements the direction from the City Manager's office by collaborating and supporting organizations that work directly with people who are homeless or at risk of becoming homeless. The Code Enforcement Division provides private property owners with instructions of removal of homeless encampments and responses to community complaints. The Economic Development Department addresses issues affecting businesses, including homelessness, and promotes economic development activities that are aimed at reducing the number of poverty-level families in the City through increased skills and opportunities. Engineering/Stormwater oversees different activities that help prevent and reduce stormwater pollution that are direct impacts from people experiencing homelessness. The Fire Department accompanies the Sheriff's Department in outreach efforts to conduct health assessments for those experiencing homelessness. The Public Works Department leads efforts in encampment abatement on public property and removing abandoned shopping carts throughout the City. The Recreation & Community Services Department assists with homeless in Vista parks. The Sheriff's Department coordinates with service providers and county governmental agencies in providing outreach services to persons experiencing homelessness, oversees the removal of debris at encampments, and is responsible for ensuring public safety by enforcing laws. The cost of these City services and the number of hours devoted to these services is not currently quantified.

Collaboration. The City of Vista has a long history of communicating and collaborating with other governmental and non-governmental agencies to address housing, health, and other related issues. The Housing Authority of San Diego County administers the City of Vista's Section 8 Housing Choice Voucher program and other rental assistance services. Vista is a member of the HOME Consortium, North County Alliance for Regional Solutions, the Regional Task Force on Homelessness, CDBG Coordinators Group, and the San Diego Housing Federation. Staff works closely with the County of San Diego Health and Human Services Administration as well as not-for-profit health and mental health providers, including Vista Community Clinic and Palomar Family Counseling. Other non-governmental agencies the City works closely with include, but are not limited to, the Boys and Girls Club, Meals on Wheels, and Mama's Kitchen.

The availability of affordable housing is closely tied to poverty reduction as it allows low-income families to avoid cost burden and other housing problems such as overcrowding. In the last five years, the City has partnered with four developers, Affirmed, Community HousingWorks, Solutions for Change, and Wakeland Housing, to negotiate and/ or develop affordable housing complexes. Each of these developments also provide support services to residents to ensure long-term financial stability.

PLAN SUMMARY



Prevent Homelessness
Homelessness prevention programs focus on promoting self-sufficiency and stabilizing housing and/or employment for people who are at risk of becoming homeless.

Improve Quality of Life
The City works to improve the quality of life for all in our community, which includes assisting those who are experiencing homelessness and mitigating public health and public safety impacts.

Reduce Homelessness
Reduction of homelessness programs focus on long-term, lasting solutions to connect people to housing in order to make homelessness a rare, brief, and a one-time experience.

STRATEGIES TO ADDRESS HOMELESSNESS
SYSTEM COORDINATION

SYSTEM COORDINATION	
<p>Internal Homelessness Task Force</p> <p>The formation of the Task Force promotes better cooperation and coordination among City staff and departments, as well as staff education and development of innovative ideas to improve the delivery of City services related to homelessness. The goals of the task force include:</p> <ul style="list-style-type: none"> • Develop uniform messaging and coordination among all departments • Identify unmet needs of each department • Define priority actions and develop strategies to achieve them • Identify necessary funding resources or means of accomplishing goals • Create metrics to assure progress is being made towards achieving priority goals • Establish metrics to quantify costs incurred by the City associated with homelessness 	
<p>Background: Following the June 4, 2019 Homeless Workshop, City staff formed an Internal Homelessness Task force to increase effectiveness and efficiency. In May of 2019, the Task Force held its first meeting, and is comprised of the Sherriff's Department and all City departments and/or divisions, (excluding internal services).</p>	
Lead Agency	Housing Division
Estimated & Cost Funding Source	City staff time
Timeline	Ongoing
Next Steps	<ul style="list-style-type: none"> ➤ Oversee implementation and evaluation of the Strategic Plan to Address Homelessness. ➤ Invite outside agencies to participate in Task Force meetings. ➤ Update the City Council on Task Force activities via quarterly updates.

STRATEGIES TO ADDRESS HOMELESSNESS
 PREVENT HOMELESSNESS

PREVENT HOMELESSNESS	
<p>Homelessness Prevention Pilot Program</p> <p>Homelessness prevention and diversion is targeted to people who are at risk of becoming homeless and focuses on self-sufficiency and stabilization. Considered a national best practice, prevention is far less expensive than providing shelter beds with accompanying services.</p> <p>Typical services include rental assistance, first/last month rent and/or deposit, utility assistance, transportation assistance, hotel/motel vouchers to those with no significant barriers to permanent housing, case management, and housing navigation and supportive services.</p>	
<p>Background: In June 2019, the State adopted their Fiscal Year (FY) 2019/20 Budget, which includes a line item to provide homeless prevention and intervention funding to cities within Assembly District 76. Vista, Encinitas, Carlsbad, and Oceanside have each been allocated \$250,000 for homelessness prevention and intervention services in partnership with the Community Resource Center (CRC).</p>	
Lead Agency	Housing Division
Estimated & Cost Funding Source	<ul style="list-style-type: none"> ➤ \$250,000 one-time ➤ Funding source includes one-time State Budget allocation ➤ Going forward, eligible funding sources include SB2 and AHF
Timeline	One year pilot program, possibly ongoing if successful.
Next Steps	Establish program guidelines and metrics with service provider.

STRATEGIES TO ADDRESS HOMELESSNESS
 PREVENT HOMELESSNESS

PREVENT HOMELESSNESS	
<p>Home Share Coordination Services</p> <p>Home Sharing is an increasingly popular way to match people looking for low-cost housing with homeowners in a more formal and accountable manner than via social media or other informal means.</p> <p>Home Share Coordinators match home providers with home seekers, conducts outreach in the community, locates housing inventory, assists with shared living agreements, and provides ongoing supports to home providers and home seekers.</p>	
<p>Recommendation: Contract with a coordinator to match people looking for low-cost housing with homeowners that have available space. The coordinator will oversee leasing, conduct landlord outreach, match home-seekers with homeowners, and provide conflict resolution.</p>	
Lead Agency	Housing Division
Estimated & Cost Funding Source	\$25,000 - \$50,000 annually Funding source include SB2 and AHF
Timeline	Start program by Summer 2020
Next Steps	<ul style="list-style-type: none"> ➤ Contact neighboring cities to collaborate for a regional coordinator ➤ Contract with provider to begin matching home-seekers with homeowners. ➤ Establish protocols and evaluation metrics.

STRATEGIES TO ADDRESS HOMELESSNESS

IMPROVE QUALITY OF LIFE

IMPROVE QUALITY OF LIFE

Historic Downtown Daytime Outreach Program

On weekdays, a full-time trauma-trained paraprofessional will make contact and build relationships with unsheltered homeless men and women, and offer transportation to a North County Day Center. At the Day Center, people are required to participate in some therapeutic intervention and sign a contract with agreed upon goals, and are not permitted to bring alcohol, drugs or weapons on site. Participants will have access to meals and showers. They would return to Vista at night unless through the Day Center they are able to access a shelter or other housing. The transportation vehicle can accommodate up to seven individuals with limited possessions.

Background: Vista’s chronically unsheltered population has no place to go during the day and thus can be found loitering in downtown areas, parks, riverbeds, and other areas of open space. The impact on the community and on people experiencing homelessness will be greatly improved with an alternative to remaining on the street during the day.

Currently, a service provider in North County provides Day Centers where people experiencing homelessness can access services, meals, and showers. People at these centers are connected to employment and vocational training, addiction services, mental health supports, and housing. This program will improve quality of life for those experiencing homelessness as well as community members and tourists frequenting downtown and give greater options to law enforcement.

Recommendation: Delay implementation of the Daytime Outreach Program up to 12 months, until the City’s contracted social worker can assess the prospective Outreach Program utilization among the Downtown homeless community.

Lead Agency	Housing Division
Estimated & Cost Funding Source	The approximate cost of the program is \$90,000 annually ³ Funding sources include SB2, AHF, and CDBG
Timeline	Begin program upon recommendation from contract social worker
Next Steps	Develop formal agreement with a provider

³ A cost breakdown is available in Appendix C

STRATEGIES TO ADDRESS HOMELESSNESS
 IMPROVE QUALITY OF LIFE

IMPROVE QUALITY OF LIFE	
<p>Encampment Clean-Up</p> <p>Vista currently conducts encampment clean-ups quarterly. Within the past eight months, the City has removed 18 tons of debris. Encampment clean ups are costly and each clean-up generally results in moving persons experiencing homelessness from one open space in Vista to another. Increasing clean- ups will allow broader enforcement of City ordinances for environmental impact and open areas and riverbanks.</p>	
<p>Recommendation: Increase the frequency of encampment clean ups to occur on a regular as-needed basis</p>	
Lead Agency	Public Works Department
Estimated & Cost Funding Source	FY 2019/20 budget \$60,800, FY 2020/21 \$70,000. General Fund
Timeline	Ongoing
Next Steps	Create a City protocol for address encampments and update any related policies

STRATEGIES TO ADDRESS HOMELESSNESS

Governmental and Legislative Advocacy

GOVERNMENTAL AND LEGISLATIVE ADVOCACY

Governmental and Legislative Advocacy

Many times, actions taken at the Federal or State level, whether legislative or in the courts, have a significant impact on how local governments can plan and implement important actions. In 2018, a federal court ruling, *Martin v. Boise*, set significant restrictions on enforcement of public loitering and camping laws, requiring that a shelter bed be available in order to do any enforcement. At the state level, homelessness prevention and reduction has increased in importance, and more programs have been created and funding made available. However, in many cases the resources and funding come with requirements that not all agencies will want to agree to, such as weakening zoning laws and mandating certain types of housing. At the October 22, 2019 City Council meeting, by consensus the City Council directed staff to establish a process to successfully advocate for legislation, funding, programming, and other tools that will assist the City in the prevention and reduction of homelessness.

Recommendation: Establish a process to successfully advocate for legislation, funding, programming, and other tools that will assist the City in the prevention and reduction of homelessness. Collaborate with neighboring cities on shared issues; conduct statewide outreach to identify like-minded cities interested in financially supporting efforts to address legislative and ballot initiative challenges to address homelessness.

Lead Agency

City Manager's Office

Estimated & Cost
Funding Source

Staff time

Description: Staff will research options and continue to work with county, state, and federal agencies to advocate for funding and other resources, and a maintenance of local control. Staff will conduct outreach statewide to identify like-minded cities interested in financially supporting efforts to address state legislative and ballot initiative challenges to addressing homelessness. If needed, any changes to the City's approved Legislative Platform would be brought before the City Council for consideration.

Staff will work individually as well as with our neighbor cities to establish relationships with County officials to work towards regional solutions. Meet regularly with state Senate and Assembly district staff and with the members when they are in the district, to continue to advocate for the City's position and needs. Establish similar relationships and meetings with Congressional staff for both the City's House Representative and two Senators; meet with the members of Congress when in the District.

Next Steps

Create a program to successfully engage partners to collectively address issues, including statewide communications.

STRATEGIES TO ADDRESS HOMELESSNESS
REDUCE HOMELESSNESS

REDUCE HOMELESSNESS	
Secure Shelter Beds	
<p>Background: According to service providers, the number one need in the region is shelter beds. The Alliance for Regional Solutions: Shelter Provided to the Homeless in North San Diego County Bridge Housing Between 07/1/2018 – 06/30/2019 (Alliance Report) states that shelters in North County are at capacity 90 percent of the time throughout the year, with Operation Hope in Vista at 100 percent capacity. In Vista, there are beds for families and for single women with children at Operation Hope, although these beds are rarely available and no beds are available in Vista for single men. In order to impact the visible homeless population in Vista, shelter beds need to be available to be offered to those living on the streets or in encampments.</p> <p>The data from the Alliance Report identifies that a majority of the homeless population in North County are single adult males. A majority of shelters beds in North County are prioritized for families and/or women and some are operational only during winter months. Per the 2019 PIT count, Vista would theoretically need to provide an additional 122 beds to meet current demand; however, it should be noted that this amount will likely change (either higher or lower) after the 2020 PIT count, as well as each year going forward. While the ideal scenario would be to have as many available beds as there are persons experiencing homelessness, having some beds available would greatly improve the conditions for the homeless and the options for the City to affect the visible homeless on public streets and in other areas. It may also give the City more options for encampment clean ups as well as for enforcing anti-camping ordinances which are currently unenforceable under the Martin v. Boise, 9th Circuit Court of Appeals decision. Under Martin, the City cannot enforce its anti-camping ordinances unless there is a shelter bed available which is reasonably refused.</p>	
<p>Recommendation: Work with the Regional Alliance Solutions to secure up to ten low-barrier shelter beds that accommodate single persons.</p>	
Lead Agency	Housing Division
Timeline	Ongoing
<p>Description: The City will enter into an agreement with the Alliance for Regional Solutions (Alliance) to secure up to ten beds per night in existing low-barrier shelters that are a part of the Alliance Bridge Shelter Network. A low barrier facility is defined as a facility which will accept individuals who may have an addiction problem so long as they are not using drugs or alcohol in the facility. Case management is provided to people, and options to deal with addictions are available; however, the services are not required to enter the shelter. Once accepted into the shelter, a person can remain for 60-90 nights, and perhaps more, if involved in supportive programs. The Alliance will coordinate with City staff and contractors to arrange intake and transportation to a shelter.</p>	
Estimated & Cost Funding Source	<ul style="list-style-type: none"> ➤ The costs associated with securing a bed with these additional services is approximately \$19,345 per bed; 10 beds would be approximately \$200,000. ➤ Funding sources include SB2 and AHF
Next Steps	Negotiate and enter into an agreement with the Alliance.

STRATEGIES TO ADDRESS HOMELESSNESS

REDUCE HOMELESSNESS

REDUCE HOMELESSNESS	
<p>Full-Time Social Worker with Flex Funds</p> <p>Background: Nationwide research and local outcomes achieved by neighboring North County cities are demonstrating that chronically homeless people are reluctant to accept services from law enforcement; rather, teams reaching out to chronically homeless people with a trauma informed care approach led by a social worker are showing more success. Carlsbad, Oceanside, and Escondido are each employing social worker led teams to reach out to their unsheltered homeless population and each report success in moving individuals into shelter and/or programs. Currently, Vista Sheriff's Community Policing and Problem Solving (COPPS team focuses on quality of life issues, which includes homelessness. The COPPS deputies respond to homelessness by engaging people in an attempt to connect them to services. The COPPS deputies do not report much success, even with the once per month addition of a mental health service provider or paramedic. They also do not systematically collect data related to homeless activities and responses.</p>	
<p>Recommendation:</p> <ul style="list-style-type: none"> ➤ The City will contract with a service provider to engage a full-time social worker who will outreach with the Sheriff's Department, County Health and Human Services Agency representatives, mental health providers, and other local service providers. ➤ The contracted social worker will provide a bi-annual report to the City Council that includes anonymized client data, detailed program activities, and itemized expenditures. 	
Lead Agency	Housing Division
Timeline	Ongoing
<p>Description: Vista will contract with a service provider to engage a full-time social worker with extensive experience with mental health and addiction issues. The social worker will lead a team that includes law enforcement officers, County Health and Human Services Agency representatives, mental health providers, and other local service providers. The HOT team, using a trauma-informed approach, will focus on addressing chronic homelessness and gathering data for evaluation.</p>	
Estimated & Cost Funding Source	<ul style="list-style-type: none"> • The costs associated with securing a bed with these additional services is approximately \$19,345 per bed; 10 beds would be approximately \$200,000. • Funding sources include SB2 and AHF
Next Steps	Enter into a contract with a service provider

SOURCES

U.S. Interagency Council on Homelessness

Homeless Management Information System

Regional Task Force on Homelessness

U. S. Department of Housing and Urban Affairs

Department of Veterans Affairs

Newspaper Articles

County and other local municipalities

Service Providers

2018/19 Alliance for Regional Solutions Report

Martin v Boise, 902 F.3d 1031 (9th Cir. 2018)

APPENDIX A: Costs, Approaches and Metrics

Strategic Plan Cost Summary

Strategy	Estimated Cost	Funding Source
Prevent Homelessness		
Homelessness Prevention Pilot Program	\$250,000	FY 2019/20: One-time State Budget allocation 2020-beyond: SB2, AHF
Support Home Share Coordination Services	\$25,000 - \$50,000	SB2, AHF
Improve Quality of Life		
*Daytime Downtown Outreach Program	\$90,000	SB2, AHF
Encampment Clean-Up	Annual Cost \$70,000 – Ranges between \$1,500 to \$30,000 per site, depending on size of cleanup	General Fund
Robust Education and Outreach Program	N/A	City staff time
Governmental and Legislative Advocacy	N/A	City staff time
Reduce Homelessness		
Secure Shelter Beds	\$200,000	SB2, AHF
Full-Time Social Worker with Flex Funds	\$100,000	SB2, AHF
Total:	\$760,000 – includes one-time State budget allocation of \$250,000	

*Pending Social Worker recommendation.

- Affordable Housing Funds (AHF): Starting immediately, up to \$250,000 per year can be used for homelessness assistance, including the construction of homeless shelters.
- SB2: Beginning in Calendar Year 2020, the City anticipates receiving approximately \$350,000 per year that can be used for the same purposes as the AHF. This funding source is a grant that will be provided to the City on an annual basis. Both AHF and SB 2 funding can be allocated towards the development of permanent affordable housing.
- Vista may also be eligible for Homeless Housing Assistance and Prevention (HHAP) funds in 2020. Information on HHAP funds is not yet available from the RTFH.

Internal Task Force

Details: The membership includes a representative from the following departments and/or divisions:

City Manager	Assistant City Manager, Assistant to the City Manager
City Manager	Grant Writer
City Attorney	Assistant City Attorney
City Planning	Principal Planner
Code Enforcement	Division Manager, Senior Code Enforcement Officer
Economic Development	Economic Development Specialist
Engineering	Right-of-Way Agent, Stormwater Division Manager
Fire Department	Deputy Chief
Housing	Division Manager
Public Works	Public Works Supervisor
Recreation & Community Services	Program Manager
HOT Team Coordinator	Contracted Social Worker
Sheriff's Department	Lieutenant, Sergeant

The meetings are held monthly and are led by the Housing Division Manager.

The task force will be responsible for oversight of the Strategic Plan to Address Homelessness. The goals include:

- ❖ Develop uniform messaging and coordination among all departments
- ❖ Identify unmet needs of each department
- ❖ Define priority actions and develop strategies to achieve them
- ❖ Identify necessary funding resources or means of accomplishing goals
- ❖ Create metrics to assure progress is being made towards achieving priority goals
- ❖ Establish metrics to quantify costs incurred by the City associated with homelessness

Homelessness Prevention Pilot Program

The City will accept one-time state funding of \$250,000 and work with partner agencies to administer homelessness prevention services, and flex funding to assist with rental and deposit support, financial literacy and self-sufficiency, rapid rehousing, support with auto repairs, and utility assistance, etc.

Status Update: City Council approved the acceptance of these funds on January 14, 2020.

Start Date and End Date: One year pilot program to begin in FY 2019/20 and operate until funding is fully expended.

Target Population: People at risk of homelessness or who have been homeless for under 30 days. This initiative is not targeted at the chronically homeless, severely mentally ill, or those with serious substance abuse issues.

Partners: The language in the legislation requires some relationship with the Community Resource Center in Encinitas, however, the intention is to work through the CRC with other local partners. A Request for Proposals (RFP) will be developed outlining the types of expenses that could be covered, as well as requirements for participation in the programs funded by this allocation and evaluation requirements.

Requirements for organizations applying for funds will likely include:

- ❖ A trauma-informed approach to case management
- ❖ Participation in the Community Information Exchange (CIE)
- ❖ An element of financial literacy training
- ❖ Tracking of housing status of participants, with follow-up at six and 13 months

People applying for funds are generally asked to provide income verification and housing status, and complete an intake process that includes a “self-sufficiency” matrix to determine the level of need and existing support.

Evaluation metrics will include:

- Number of people assisted
- Number of people prevented from eviction
- Number of people rapidly rehoused
- Consistency of stable housing after assistance, at six and 13 months
- Number of people completing financial literacy programs and/or job training programs

Home Share Coordination

The City will contract with a part-time coordinator who will match people looking for low-cost housing with homeowners with available space. The coordinator will oversee leasing, conduct landlord outreach, match home seekers with home providers and provide conflict resolution, at a cost of approximately \$25,000 - \$50,000 annually.

Next Steps:

1. Determine best model for pilot program (contract directly with part time coordinator or enter into regional agreement -likely through the Alliance for Regional Solutions- to cover partial costs for shared coordinator).
2. Enter into agreement and establish year one program goals.

Evaluation metrics will include:

- Number of matches and people housed
- Housing Stability at six and 13 months
- Strength of social connections
- Benefits to homeowner (income, household support)

Historic Downtown Daytime Outreach Program

Based on the feedback from the City's contracted social worker recommendation, the City would enter into an agreement with Mental Health Systems (MHS) to launch a pilot program that will be able to transport up to seven homeless people a day from downtown Vista to an MHS Clubhouse. MHS runs two North County "Clubhouses" that offer services to chronically homeless people (with a mental health or substance abuse diagnosis), and has agreed to supervise a trained paraprofessional driver (paraprofessional). The clubhouses are open from 8am to 4pm Monday-Friday. The paraprofessional will engage chronically homeless people in the historic downtown Vista area, providing transportation to and from the Day Center where participants would receive food, case management and other supports, including housing support as appropriate; all clubhouse members are required to participate in some sort of therapeutic intervention. While the Day Center is a housing first program, no drugs or alcohol are allowed on site. At the end of the day, the individuals would be transported back to Vista unless connected with housing.

The funding will support:

- ❖ The leasing of a seven passenger van and any necessary insurance
- ❖ Salary and benefits for the paraprofessional
- ❖ Direct costs to MHS

Supportive services offered at the Clubhouse would be provided through MHS's existing funding. The program will be assessed on an on-going basis to determine any program modifications.

Evaluation metrics will include:

- Number of homeless people utilizing services and the types of services
- Calls for service related to homelessness in the historic downtown area
- Number of persons obtaining employment
- Number of persons receiving vocational training
- Types of and frequency of services accessed
- Housing outcomes

Encampment Clean-Up and Enforcement

Encampment Clean-Ups and appropriate enforcement of environmental ordinances will take place on an as-needed basis, led by Public Works and the Sheriff's Department. The addition of shelter beds and a contracted social worker will produce a more robust and successful enforcement of anti-camping and encampment clean-ups.

Evaluation metrics will include:

- Frequency
- Trash tonnage removed
- Homeless people connected to services
- Water quality
- Prevention of recurrence

Education and Outreach

Evaluation metrics will include:

- People reached (through web traffic, social media, calls, inquiries, and other measures)
- Public feedback
- Number of trainings provided and # of people trained
- Number of referrals
- Speed of connection to relevant services

Secure Shelter Beds

The City will enter into an agreement with the Alliance to secure up to ten beds per night in shelters that are part of their Bridge Shelter Network. This agreement would involve an annual allocation of approximately \$200,000 for the Alliance Bridge Shelter Network to support the ten beds for homeless individuals, including possible expansion if needed.

- ❖ This arrangement would **ensure a minimum of ten shelter beds be prioritized year-round for referral from the City of Vista** for homeless people, including single men and women with substance abuse and serious mental issues.
- ❖ The Alliance Bridge Shelter Network providers commit to bed prioritization for at least ten adult referrals, primarily at Escondido Haven House Shelter operated by Interfaith Community Services (Men & Women) and Carlsbad La Posada operated by Catholic Charities (Men).
- ❖ Placements at other Alliance Bridge Shelter Network facilities will be made as need and availability allows. (Operation Hope in Vista and two 12-bed rotational shelters run by Interfaith Community Services).
- ❖ Referrals will be made by the City and its designees, in coordination with the Alliance Bridge Shelter Network providers and their designees.
- ❖ Intake and transportation to shelters will be overseen by the Vista HOTA team social worker, and determined by mutual agreement between the City and the Alliance Bridge Shelter Network.
- ❖ Trauma-informed services will be provided to all individuals for up to 90 days and longer if they are actively participating in programs.
- ❖ All Alliance Bridge Shelter Network facilities offer case management, housing navigation, and wrap-around services to support successful graduation to stable housing and self-reliance, including:
 - Employment services including temporary day-labor, resume assistance and job coaching, and permanent employment opportunities
 - Direct referral to Residential and Outpatient Substance Use Disorder treatment programs
 - Connection to healthcare resources, including on-site medical services in the City where the shelter is located and transportation to services
 - Disability benefits application fast-track and support programs
 - Individualized Service Plans with an emphasis on housing stability
 - Outcomes to be tracked and customized per City of Vista requests

Evaluation metrics will include:

- Number of people assisted (beds utilized)
- Demand level
- Short, medium and long-term health, housing and employment outcomes for homeless individuals
- Impact on number of chronically homeless people residing in Vista

Full-Time Social Worker

Vista will contract with a service provider to engage a full-time social worker with extensive experience with mental health and addiction issues (This approach is considered a national best practice in dealing with chronic homelessness). The social worker will be based in Vista and will lead a team that includes local law enforcement and will be reconstituted as a Homeless Outreach Team. The team, using a trauma-informed approach, will focus on chronic homelessness and gathering data for evaluation. This recommendation will cost approximately \$100,000 annually.

- ❖ Staff will develop an RFP describing the position and desired activities and outcomes, including bi-annual reporting at a City Council meeting.
- ❖ Once a provider has been selected, Staff will enter into a one-year contract with the provider.
- ❖ Program reports will be prepared after six months and at the end of the first year at which point a determination will be made as to year two and whether the program should be continued, modified, or expanded.

Evaluation metrics will include:

- Impact on number of chronically homeless persons residing in Vista
- Length of time persons remain homeless
- Number of contacts/relationships with homeless people
- Number of successful referral connections to services
- Number of people housed in shelters
- Number of family reunifications

APPENDIX B: 2019 Regional Task Force on the Homeless Annual Report on Homelessness in the San Diego Region

2019



Regional Task Force on the Homeless

Annual Report on Homelessness



2019 RTFH Annual Report on Homelessness in the San Diego Region

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SAN DIEGO
**Regional Task Force
on the Homeless**

Letter from the Chair and CEO

Our goal is straightforward: Homelessness in San Diego should be rare, brief, and non-recurring. The housing units, interventions, outreach and services needed to accomplish this goal require diverse collaboration, detailed data, and of course, funding. That's why in 2019, the Regional Task Force on the Homeless has taken a strategic, stakeholder-informed approach to reducing homelessness for the most vulnerable in our community. This Annual Report serves as a review of the state of homelessness in the San Diego region and provides an overview of our work at the RTFH to connect individuals with the stable housing and services they need.

By design, 2019 was a transformative year across homeless services in the San Diego region. That began with the annual Point-in-Time Count in January, where we pioneered a new methodology for San Diego that directly engaged individuals and allowed us to better understand each person's homelessness. With more than 1,500 volunteers over the course of three days, community members surveyed a record 47% of the population. Though the Point-in-Time Count is critical to our work addressing homelessness, it is just a one-day snapshot of those experiencing homelessness.

With the improved data dashboards released this year, stakeholders now have access to our dynamic homeless response system and a comprehensive look at all of those utilizing the region's programs with up-to-date information year-round. Combined with our upgrades to the Homeless Management Information System at the beginning of the year, we have made our regionwide systems more user-friendly for our providers and frontline staff, ensuring warm handoffs and a smoother path to housing.

In addition to improving our systems, we expanded our response. With new funding this year, the RTFH administered \$18 million in state emergency grants and \$7.5 million in federal youth grants to homeless programs. The awarded contracts promoted collaborative applications that break down silos and foster the sharing of talent and resources among providers. This expanded network of outreach and interventions is being folded into ongoing programs through training courses for staff and national experts offering guidance on best practices.

As you will see in this report, this summary only begins to describe the work of the community to effectively end homelessness in San Diego. The system-level changes made by the RTFH are intended to support each organization, municipality, business, or individual that wants to play a role in our region's most critical issue. Through trust, collaboration, and ingenuity, we will continue to transform our system to meet the needs of the most vulnerable.

Thank you for your continued partnership,



Councilmember Christopher Ward
Chair



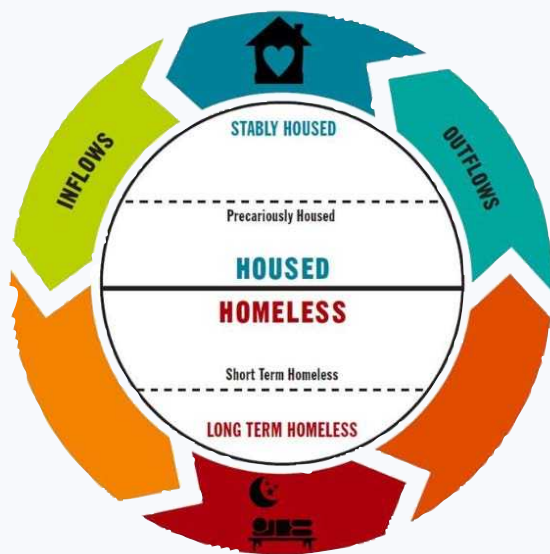
Tamera Kohler
Chief Executive Officer

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Executive Summary

There were a minimum of 8,102 persons experiencing homelessness in San Diego County on a single night in January 2019, with nearly 5,000 of them living unsheltered – on the streets, in vehicles, in canyons, or in other places not meant for human habitation. The Point-in-Time (PIT) Count represent a one-night snapshot of homelessness in the region however, over the course of the year more than 20,000 people experience homelessness in San Diego County.



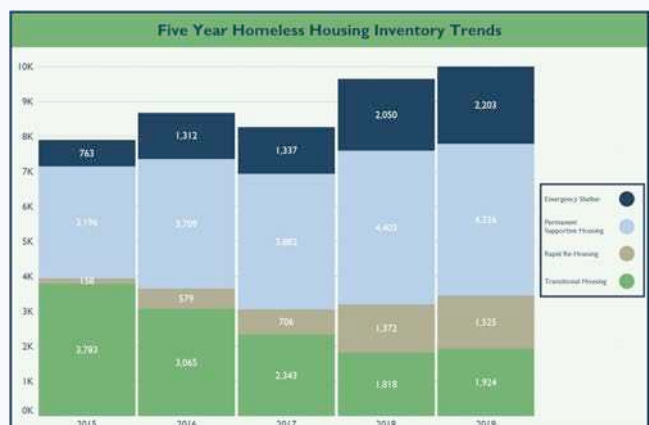
While significantly higher than the point in time count, this figure accounts for the additional 12,000 people who fall into homelessness during the year. Fortunately, providers in San Diego County are lifting a similar number of people back up and out of homelessness during the year. The region would see drastic increases in the annual point in time figures without these continued efforts to help people move on to stable housing.

Although homelessness dipped slightly from 2018 to 2019, the conditions impacting homelessness have not improved. The cost of housing is significant, vacancy rates remain low, and the overall cost of living is increasing. According to 2017 data from the US Census Bureau, 57% of the county's renters were considered burdened by their housing costs, meaning they spent 30% or more

of their income on rent and utilities. 28% spent more than half of their income on rent and utilities. Affordable housing remains a critical issue impacting all San Diegans, and a key factor in driving the homelessness crisis in the region.

The Regional Task Force on the Homeless (RTFH) has evolved significantly over the last few years from an entity primarily responsible for administering the regions Homeless Management Information System (HMIS) to absorbing full duties for operating the Continuum of Care (CoC) and now providing regional leadership, oversight of the homeless crisis response system, and acting as a direct funder through the states Homeless Emergency Aid Program (HEAP) and HUD's Youth Homeless Demonstration Program (YHDP). The overall goal and vision of the RTFH is to reduce and end homelessness across San Diego by creating a housing focused, person centered, data informed, and efficient homeless crisis response system.

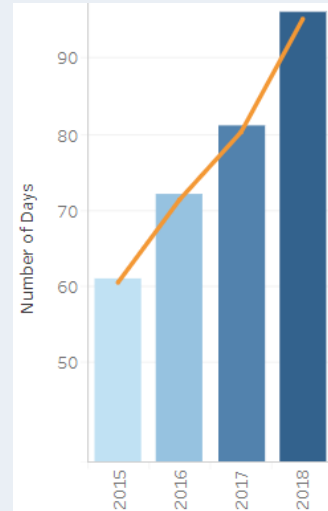
The region's homeless crisis response system, which is the community structure that rapidly connects individuals, families, and youth experiencing homelessness with the appropriate housing and supports to exit homelessness is evolving too. Over the last five years San Diego has seen an overall increase in the number of beds for emergency shelter; rapid re-housing, and permanent supportive housing, and a decline in the number of transitional housing beds.



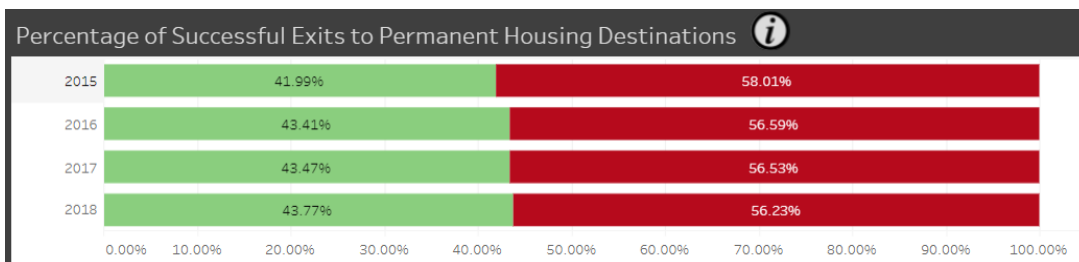
As of the drafting of this report the RTFH is engaged in finalizing a regional community plan to prevent and end homelessness and in 2020 will finalize and use as the platform for further aligning the leadership, partnerships, and coalitions to solve homelessness in the region in the long-term.

The overall performance of the system can be evaluated with the aid of the RTFH System Performance Measurement dashboards.¹ These dashboards, which utilize data submitted annually to the US Department of Housing and Urban Development (HUD), help to identify a few areas in need of attention.

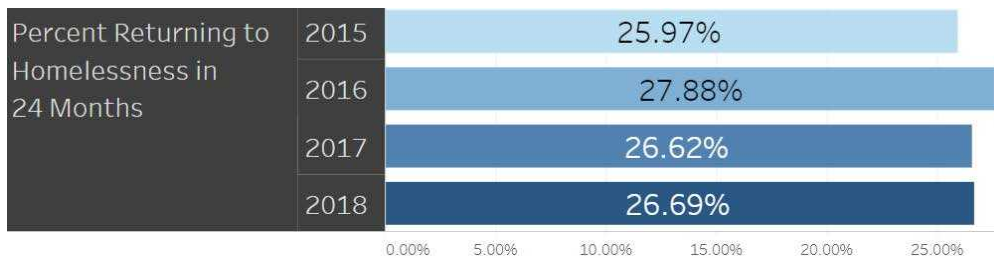
San Diego has seen an increase in the average length of time people are residing in emergency shelters from 2015 to 2018.



Over forty (40) percent of the people who exit shelter move on to a stable living situation...



...yet 26% of those who were enrolled in permanent housing returned to homelessness within two years. Unfortunately, this is the highest rate of returns to homelessness among the major West Coast CoC's.



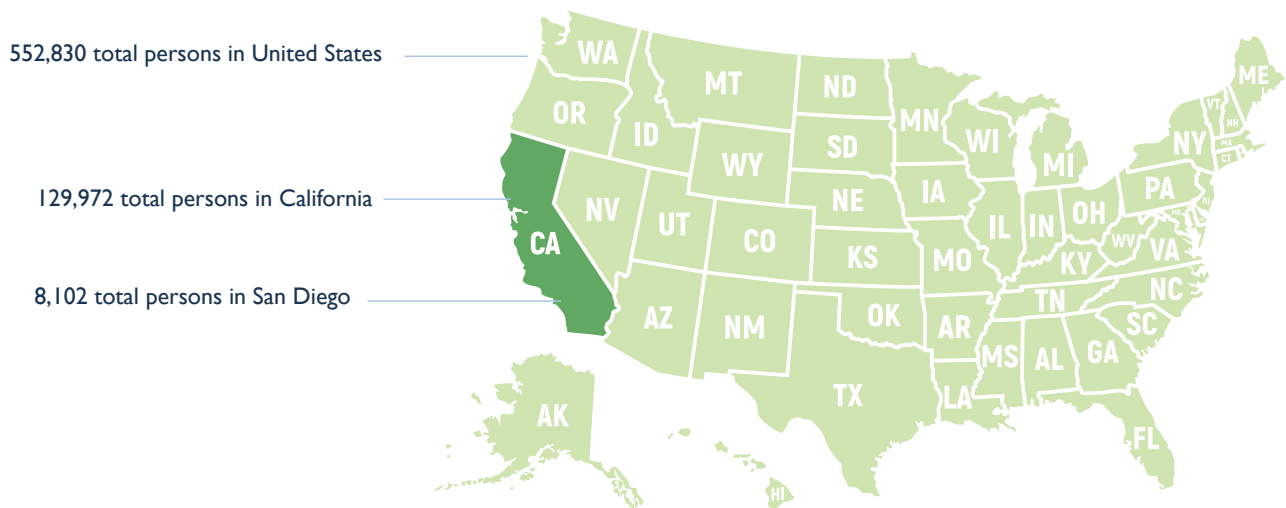
It is evident that there is increased momentum to address homelessness across the County. The RTFH is actively completing activities within its 2019 work plan and was a key participant in the creation of the City of San Diego's recently adopted Community Action Plan on Homelessness². The RTFH is utilizing the findings from these performance measures to develop a regional community plan to prevent and end homelessness that will serve as the platform to further align the leadership, partnerships, and coalitions to address homelessness throughout the San Diego region.

¹ <https://homelessdata.com/dashboard/rtfh/spm/>
² https://www.sdhc.org/wp-content/uploads/2019/10/SD_Homeless_CSH_report_final_10-2019.pdf

Introduction

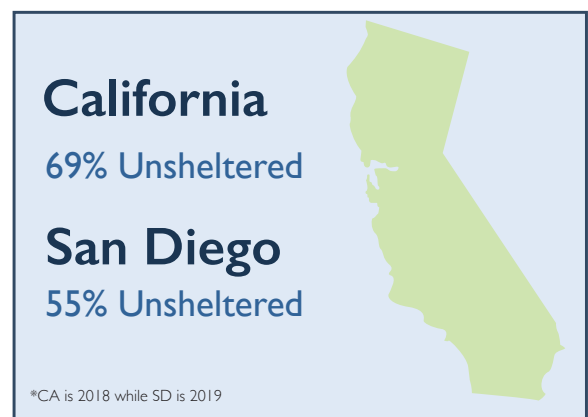
Although this year's total point in time homeless count decreased slightly, San Diego County has consistently ranked among the regions with the highest rates of homelessness nationwide.

In 2018, San Diego had the fourth largest homeless population in the nation, only behind New York City, Los Angeles, and Seattle.



* San Diego figure reflects 2019 data while CA and US are 2018 data.
 *decrease may be attributable to methodological changes in enumerating people this year

In 2018, nearly a quarter of the over 550,000 people experiencing homelessness nationally resided in California. Additionally, the majority of individuals experiencing homelessness in California are living unsheltered – living on the streets, in vehicles, in canyons, or in other places not meant for human habitation. While 2019 data show that San Diego had a lower unsheltered rate at 55%, compared to 69% of the homeless population in California in 2018, it is still extremely troubling to know that on any given night minimally 5,000 San Diegans experience the trauma and health risks associated with living outside.



Homelessness in San Diego and across the nation has reached a tipping point however, it can be argued that that the homeless crisis San Diego and others face, is decades in the making. According to the United States Interagency Council on Homelessness (USICH), modern day homelessness began in the early 1980s as the result of four key factors:

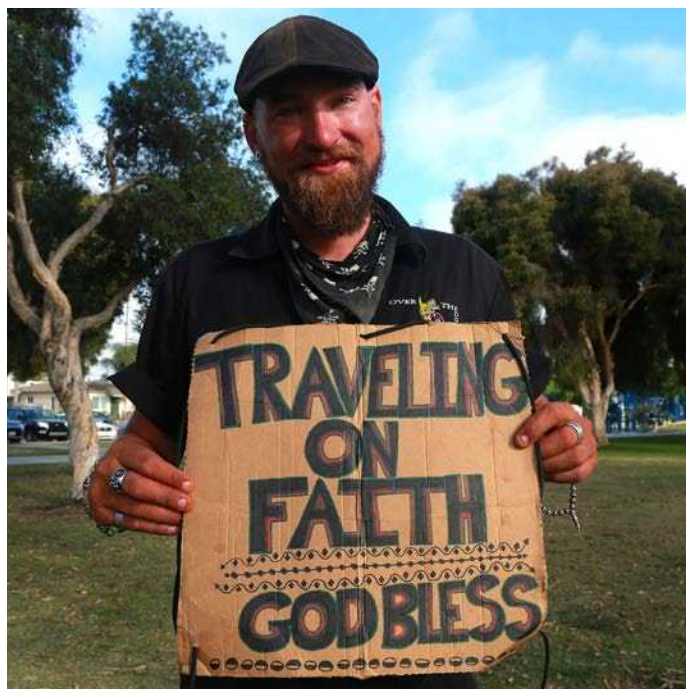
- 1) The loss of affordable housing and an increase in foreclosures
- 2) Wages and public assistance have not kept pace with the cost of living
- 3) Closures of state psychiatric institutions without the creation of sufficient community-based housing and services
- 4) Rapid increases in income inequality that contributed to changes in local housing markets, driving up the cost of renting even a modest home or apartment.¹

This report primarily refers to the U.S. Department of Housing and Urban Development's (HUD) definition of literal homelessness as defined in the Final Rule of the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), as described in the following four categories:

- 1) Individuals and families who lack a fixed, regular, and adequate nighttime residence, including a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution
- 2) Individuals and families who will imminently lose their primary nighttime residence
- 3) Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition
- 4) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member

What is clear is that the impact of these changing economic, social, and political forces have resulted in the larger public policy issues that San Diego County and the nation must now address. Currently, the average rent for a one-bedroom apartment is out of reach for many, thousands of individuals are on affordable housing waiting lists, and estimates show that San Diego needs nearly 140,000 more affordable rental homes to meet current demand.

With fewer homes at prices people can afford, many San Diegans are experiencing homelessness for the first time. 2-1-1 San Diego recently found that one-quarter of San Diegans who experienced housing instability and reached out to 2-1-1 for help ended up homeless four months later.² Although there have been efforts to increase wages in San Diego, on average an individual in California needs to make \$35 an hour to afford a two-bedroom apartment³. In addition, state Supplemental Security Income (SSI) for those who are elderly, disabled, or blind only provides a little over \$900 a month—well under the amount needed to afford the region's most basic housing. It is no surprise that 38% of the adult general population in San Diego lives in shared housing situations with roommates just to be able to afford the rent.⁴



Lastly, in 2019, 22% of the individuals experiencing unsheltered homelessness reported a mental health issue. Although efforts are underway to improve and enhance behavioral health services delivery, the most effective solution to address homelessness for individuals with severe mental illness and other disabilities—permanent supportive housing—is significantly lacking in San Diego compared to other similar sized regions.

While addressing homelessness is challenging, not addressing it does and will continue to have severe repercussions for both homeless individuals and the public. Traumatic and potentially dangerous at any age, homelessness can also be seriously detrimental to the development and education of children and young adults, as well as to their eventual career attainment.

Homelessness also has significant economic costs. Within San Diego, these costs are borne by the physical and behavioral health care systems, law enforcement, parks and recreation, and sanitation and trash removal. The business community also bears the costs of protecting and maintaining their facilities, and homeless is both impactful to businesses and tourism.

At the end of the day, however, homelessness is solvable. More than 78 communities nationwide, including three states, have effectively ended homelessness among Veterans, and a few have ended chronic homelessness.⁵ Achieving these goals will not be easy. It will take commitment, hard work, and collaboration but a vision of reducing and ending homelessness in San Diego is achievable.

1 United States Interagency Council on Homelessness (2015) Opening Doors: Federal Strategic Plan to Prevent and End Homelessness

2 2-1-1 San Diego (2019) Housing Instability in San Diego County; Policy Brief Series

3 National Low Income Housing Coalition <https://reports.nlihc.org/oor/california>

4 Zillow (2017) Share of Adults Living with Roommates Higher than Ever

5 National Alliance to End Homelessness



About this Report

The purpose of this report is to provide an overview of the state of homelessness in San Diego County. The report includes traditional data from the 2019 Point-In-Time (PIT) Count data while also providing a more holistic view of the performance of the current homeless crisis response system, the housing resources currently available within the region, and updates on key activities outlined in the Regional Task Force on the Homeless (RTFH) 2019 Work Plan as well as next steps. Through this report, RTFH intends to offer the community a more comprehensive understanding of the extent of homelessness in the region and the system, including the many partners, that are working together to tackle the issue.

The Regional Task Force on the Homeless

Over the last few years, the RTFH has evolved from primarily serving as the Homeless Management Information System (HMIS) lead for the region to now providing a leadership role as the backbone organization for the San Diego County Continuum of Care (CoC). The United States Department of Housing and Urban (HUD) development describes a CoC as:

“A Continuum of Care (CoC) is the group organized to carry out the responsibilities prescribed in the CoC Program Interim Rule for a defined geographic area. A CoC should be composed of representatives of organizations including: nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.”⁶



HUD requires each CoC across the country to perform the following functions:⁷

- Establish a board to act on behalf of the CoC
- Hold meetings of the full membership, with published agendas, at least semi-annually
- Establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services
- Establish and consistently follow written standards for providing CoC assistance
- Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers
- Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the CoC program
- Designate a single Homeless Management Information System (HMIS) for the geographic area and an HMIS lead
- Plan for and conduct, at least biennially, a point-in-time count of homeless persons
- Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a NOFA published by HUD

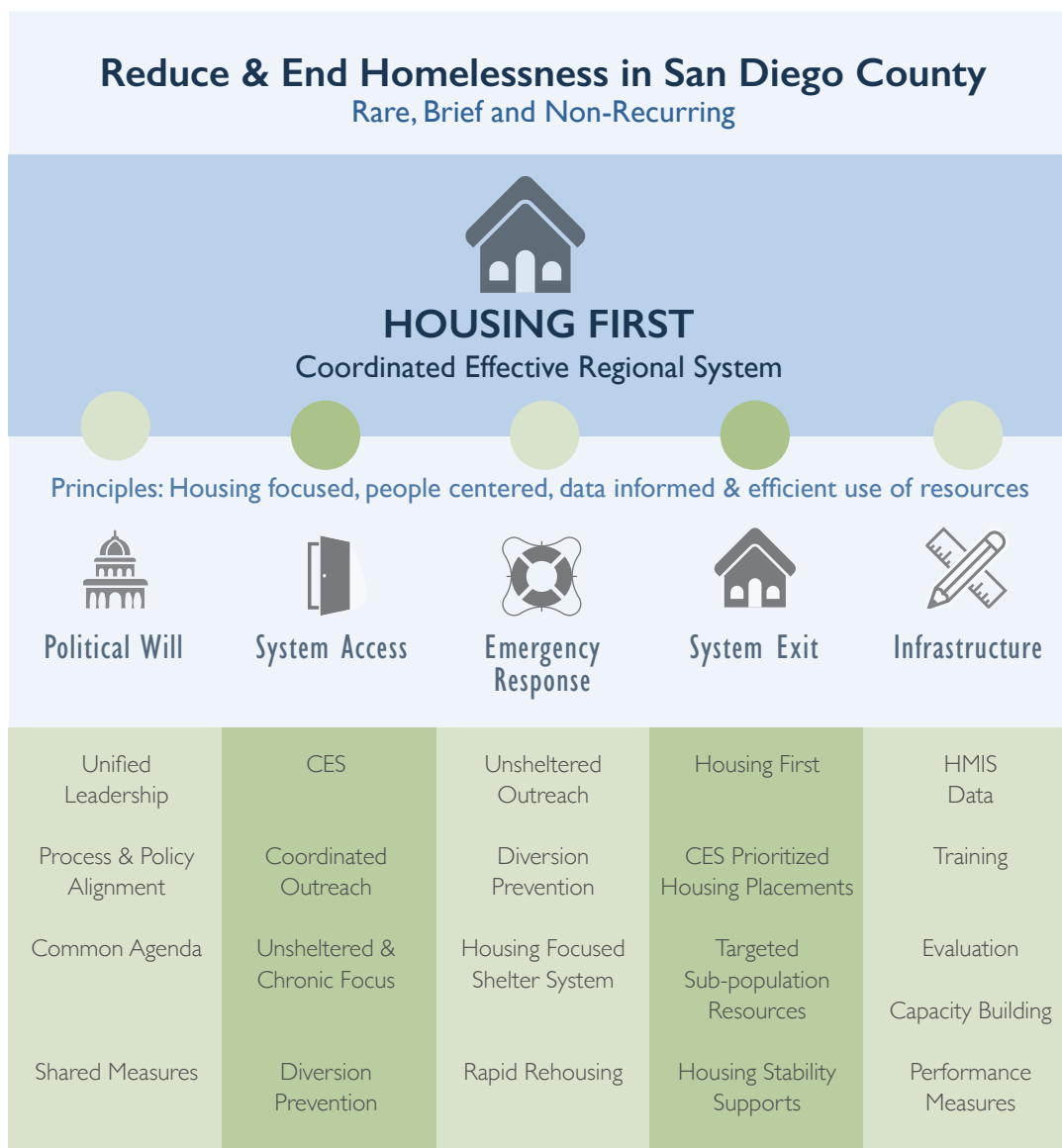
⁶ <https://www.hudexchange.info/faqs/1545/what-is-a-continuum-of-care/>

⁷ Homeless Emergency Assistance and Rapid Transition to Housing Act (2009) CoC Program Interim Rule

A few years ago, the RTFH was only responsible for a few of these items while other community partners fulfilled additional duties. Through intentional changes to the RTFH infrastructure in recent years, the agency has absorbed the full duties of operating the CoC, and for the first time has taken a key role in providing regional leadership, promoting best practices, creating regional policies, using data to drive decision making, and convening and coordinating the homelessness crisis response system. The goal of the RTFH is to reduce and end homelessness across San Diego by creating a housing focused, person centered, data informed, and efficient homeless crisis response system.

The RTFH currently has a 31-member board that is diverse in composition and includes representatives from local

government, homeless services providers, individuals with lived experience, healthcare, law enforcement, education, business, the faith-based community, and the philanthropic sector. Lastly, the RTFH now also functions as a funder. Although the RTFH has always served as the region's collaborative applicant to HUD for the CoC program (the San Diego CoC received \$21.3 million in 2018), it never operated as a direct funder. However, in 2018, the RTFH received \$18.8 of funding through the state's Homeless Emergency Aid Program (HEAP) to distribute locally and received \$7.94 million in funding for the Youth Homeless Demonstration Program (YHDP). Both the HEAP and YHDP programs are described further in the report.



Goal



With these additional systems-level responsibilities, the RTFH has expanded exponentially. One of the newest and most exciting committees to form under the umbrella of the RTFH is the Youth Action Board (YAB). The YAB is comprised of youth and young adults who have current or former experiences of homelessness. The committee was formed as a task group of the CoC with a focus on creating policies that relate to preventing and ending youth homelessness.

In addition to the YAB, the RTFH is increasingly staffing and leading other CoC committees and work groups and participating in sub-regional efforts such as helping to create the City of San Diego Community Action Plan on Homelessness, participating in the East County Homeless Task Force, and co-facilitating the Regional Homeless Outreach Meeting (RHOM) with the County of San Diego.

As an organization, the RTFH understands that one of the most powerful collective learnings are demonstrations in Communities of Practice. The strength of the Community of Practice (CoP) model is in the people who share common sets of problems and concerns, who come together to contribute experiences and best practices to guide mutual solutions. An example of this is the RTFH new Rapid Rehousing Learning Collaborative as well as their emerging Outreach and Diversion work.

While the RTFH as an organization continues to grow and evolve, the RTFH staff remain passionate about and committed to ending homelessness throughout the region in collaboration with excellent leaders and an extensive network of partners.

2019 Point-in-Time Count Results

The Point-in-Time (PIT) Count, conducted annually in San Diego during the last week in January, is a physical count of all homeless persons who are living in emergency shelters, transitional housing, safe havens and on the streets on a single night. This count provides a snapshot of homelessness on a single night. The PIT is the result of extraordinary community collaboration and includes a countywide effort to engage and assess the unsheltered population. The PIT requires participation by all shelters in the County, including shelters that do not normally participate in the HMIS data collection. After the PIT is conducted, the data is carefully analyzed and validated to meet HUD's high data quality standards.

From the data collected from the 2019 Point-in-Time count (PIT), also known locally as #WeAllCount, we know that at a minimum there were 8,102 people experiencing homelessness on any given night in San Diego County.



Changes to WeAllCount 2019

With HUD's guidance, the RTFH updated its PIT Count methodology in 2019. The guidance was to survey a higher percentage of those experiencing homelessness where you meet them and to count people rather than structures or vehicles. The RTFH changes required the use of more advanced quantitative tools, such as drones to perform heat mapping analysis, and the refinement of the RTFH engagement approach to include people living in vehicles and RVs, abandoned buildings, and hand built structures.

To strengthen engagement, the RTFH trained outreach workers on how to lead teams of volunteers to survey homeless individuals where we found them on the night of

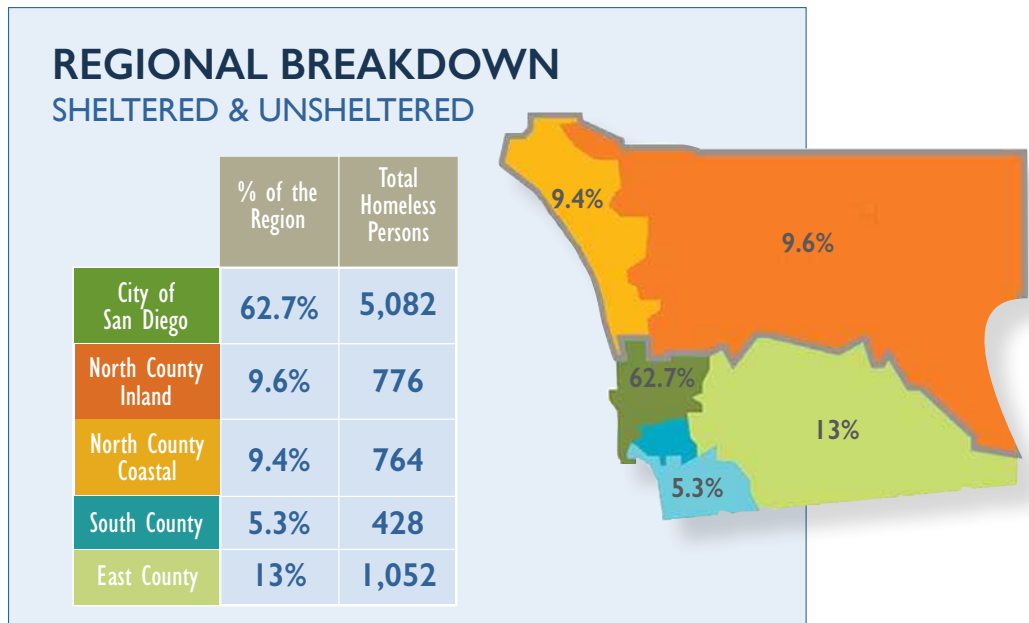
the count, whereas previously people had to come and be surveyed at different sites at a later date and time.

Additionally, the RTFH did not use a multiplier when counting structures or vehicles as in previous years. People were only counted when volunteers engaged with or could visually see people sleeping in structures and vehicles.

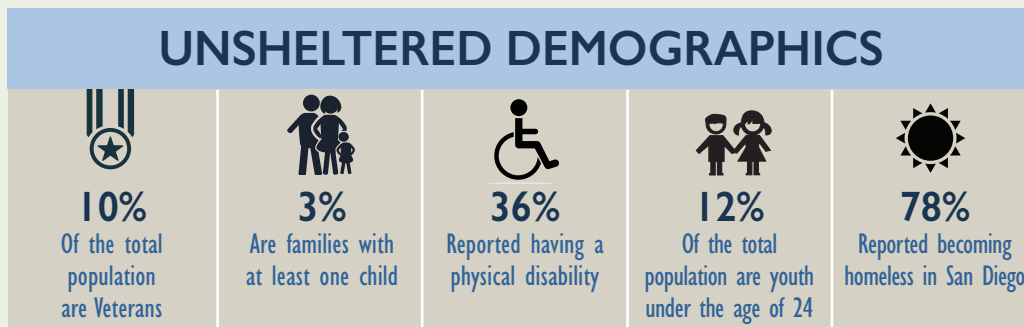
To gain more robust data, an observational survey asked enumerators to observe key demographic information as part of the count. Volunteers to the best of their abilities verified the age, gender, race, and ethnicity of each person experiencing homelessness they encountered. This took the place of simply making a mark on the census tract of the location the person was experiencing homelessness.

2019 Point-in-Time Count Results

The following includes results from the 2019 PIT Count



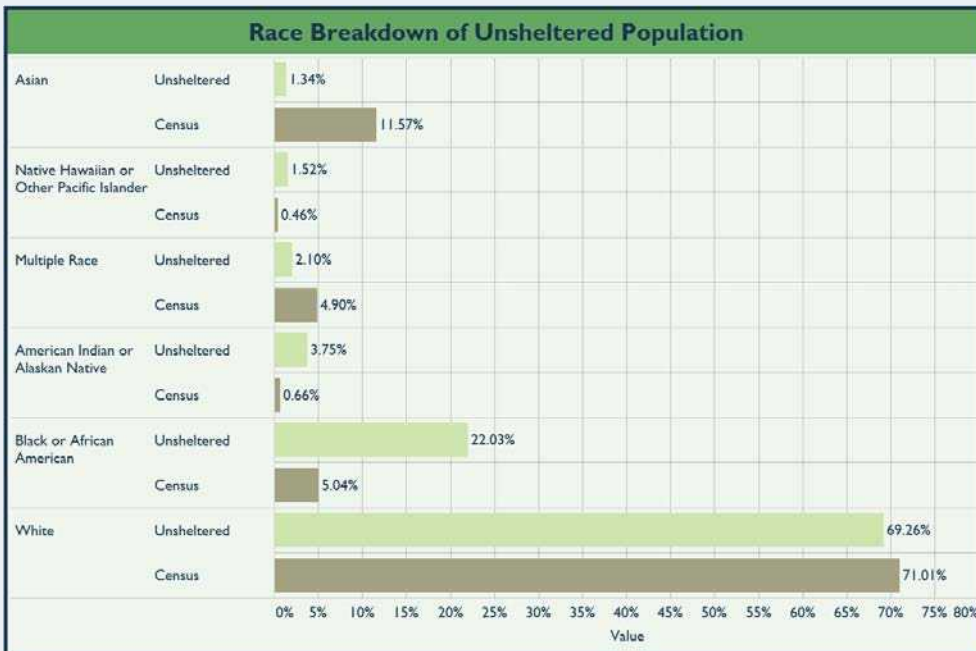
The following results are from the unsheltered count



446	86	114	917
Veterans Living Unsheltered	Families Living Unsheltered	Unsheltered Youth	Unsheltered Chronically Homeless Individuals

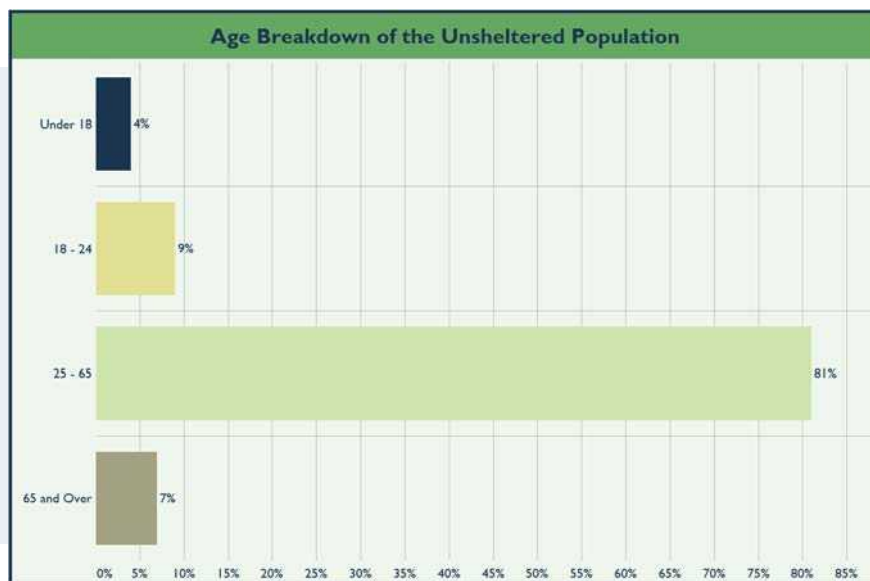
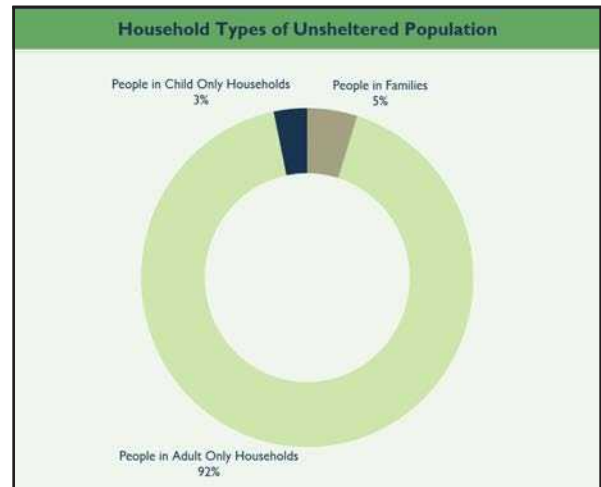
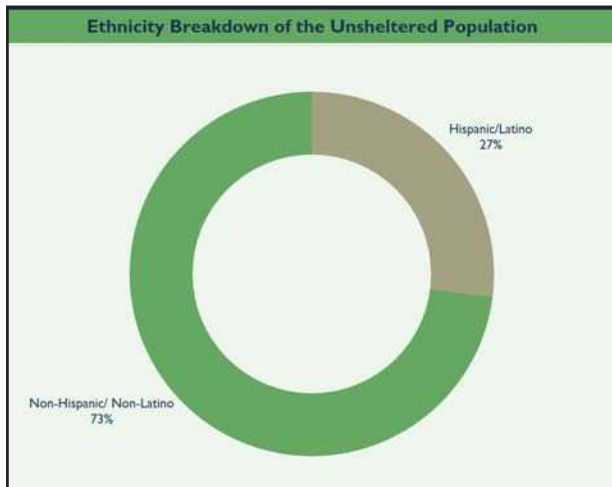
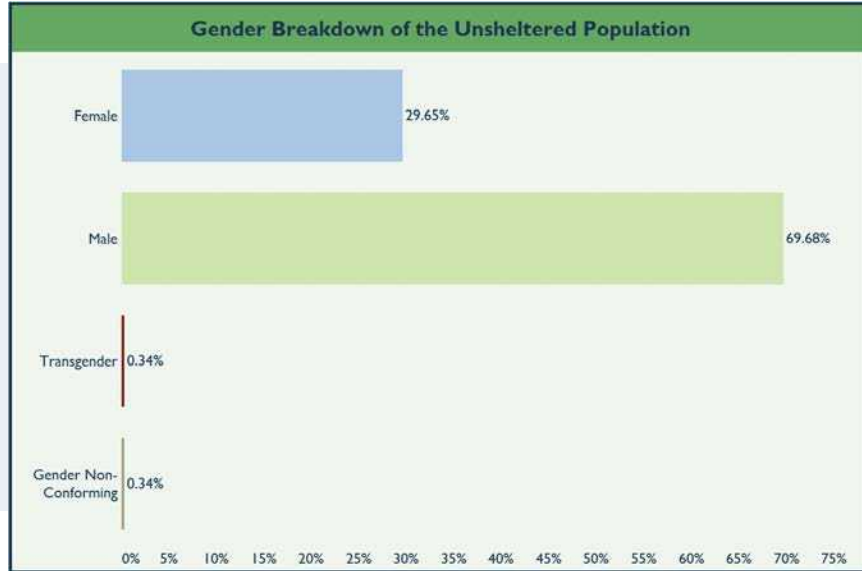
2019 Point-in-Time Count Results

When asked “where did you sleep the night of the count?”, nearly 50% of the respondents said they slept on the street or sidewalk.



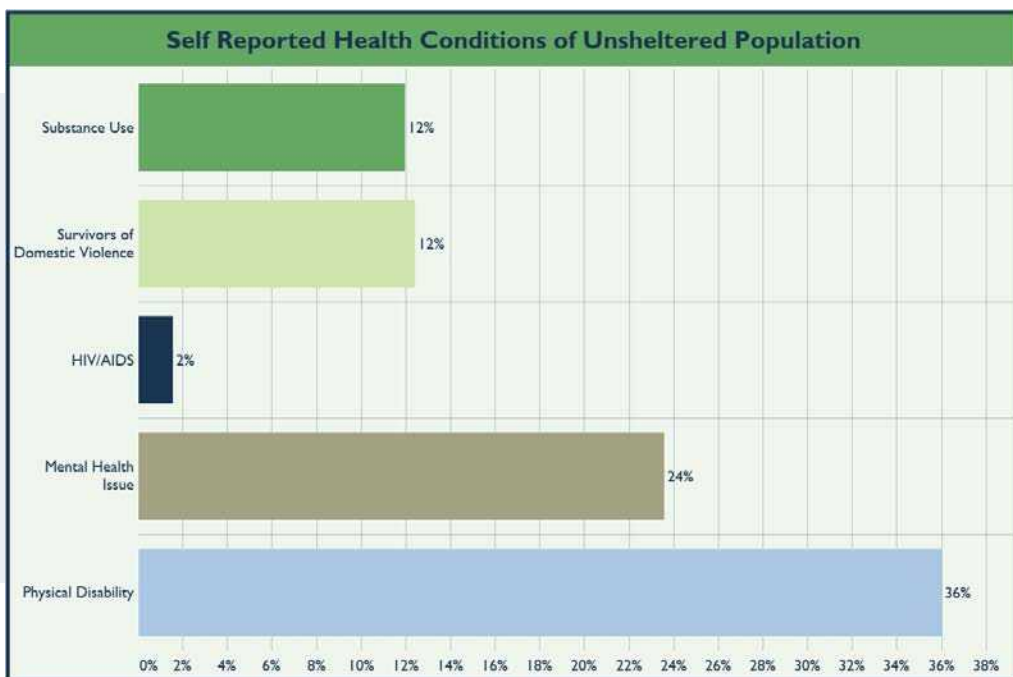
According to the 2017 US Census Bureau data, African-Americans represent 5% of the general population in San Diego County whereas the 2019 Point-in-Time homeless count revealed 22% of the unsheltered population are African-American. Conversely, the US Census found that nearly 12% of the general population is Asian however only 1.3% of the homeless population are indicated to be Asian.

2019 Point-in-Time Count Results



2019 Point-in-Time Count Results

5 year trend of the percentage of unsheltered population age 55 and up



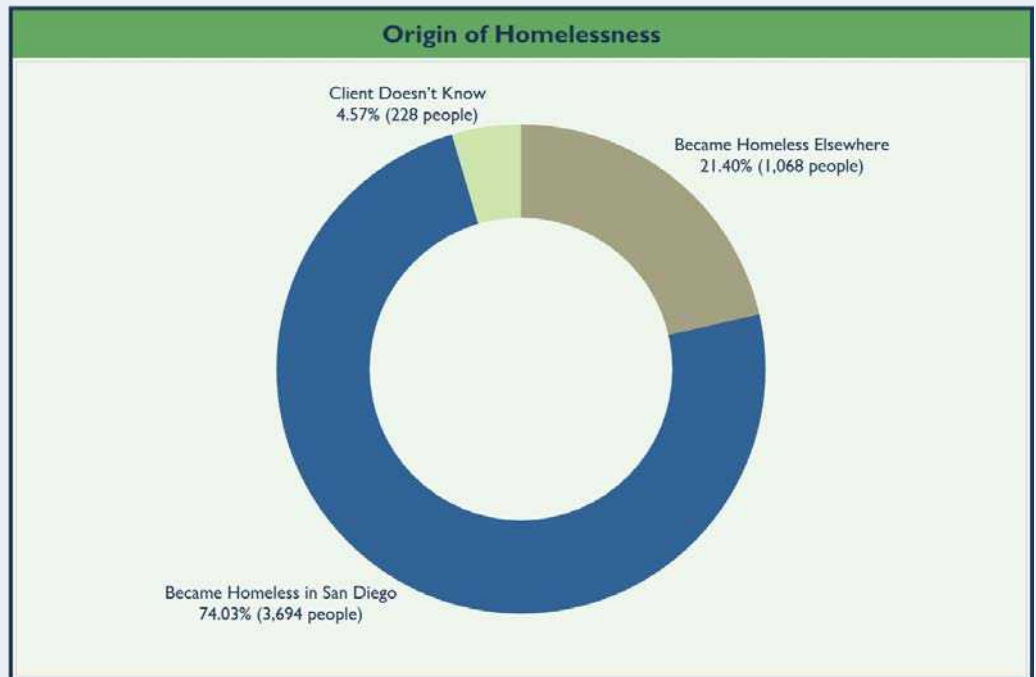
Self Reported Health Conditions of Unsheltered Population



Homelessness Prior to Incarceration

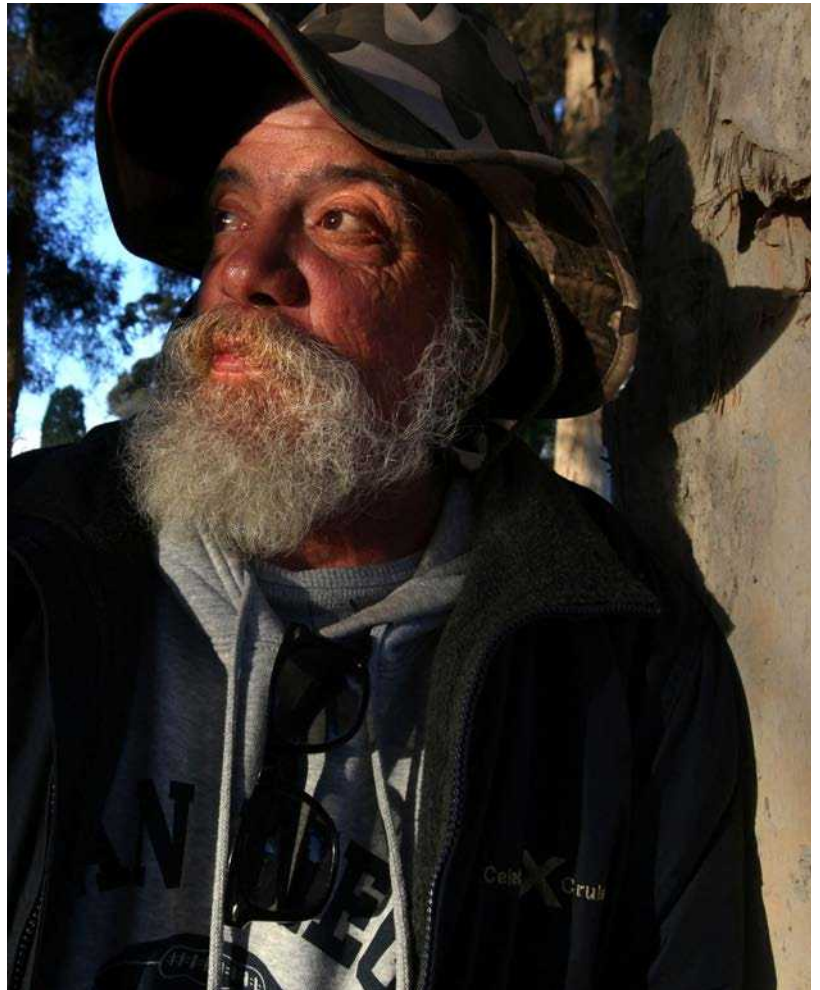
To better understand the correlation between incarceration and homelessness, for the past three years San Diego County has collected survey data from the County jails for the PIT. With the assistance of the County jail staff, a jail survey was conducted in seven different facilities during the PIT. A total of 18% of the jail population or 1,018 inmates were asked “Where did you sleep the night before you were arrested?” Of those that agreed to take the survey, a total of 639 inmates, 29% stated that they were unsheltered and homeless the night they were arrested.

Nearly 3/4 of the homeless population surveyed reported becoming homeless while living in San Diego. Another 21% of the homeless population reported becoming homeless while living elsewhere and have since migrated to San Diego.



Veterans

In 2015, there was a national drive to end Veteran homelessness by the end of the year. Like many communities, San Diego invested in resources and interventions using both federal and community support. As of 2019, we find that minimally on any given night there are 446 homeless veterans in our region. Nearly half of the homeless Veterans are chronically homeless. Making them more vulnerable and in need of higher level of case management to find them housing, mainly Permanent Supportive Housing, and help them keep it.



Veterans Healthcare Service

Breakdown	2019	% of Unsheltered Veterans
Chronically Homeless Veterans	210	47%
VA Medical/Health Care Services	174	39%
Receives VA Compensation or pension	85	19%

Veterans

Arthur Lute has served in three branches of our military: Marines, Army and Navy. Throughout his career in the military he has experienced both trauma and success. He spent five years in the Marines, in recon, first in Kuwait, then Beirut in 1983. He was there when terrorists bombed the Marine compound killing 241 service personnel. After he joined the Army Reserves he worked as a surgical technician at a reserved hospital and during his time in the Navy he was a squad leader for 15 people.

Outside of the military, Arthur trained as an EMT until his role caring for gunshot victims or people with head trauma triggered flashbacks to battlefield experiences. Unable to manage the flashbacks and depression that came with it he started to withdraw from his wife and young daughter. This eventually led to them divorcing and leaving him unable to see his daughter.

As his depression increased, Arthur started going in and out of homelessness. After two years here and seven years in New Mexico experiencing on and off again



homelessness, he then tried to access his VA benefits discovered someone had screwed up his paperwork.

For the next eight years he was unable to collect benefits until a savvy VA social worker in Chula Vista saw the clerical error that had caused the hold-up, and fixed it for him.

Today, Arthur is remarried and he and his wife Lisa have two sons, Evan and Camden. Currently, thanks to a VASH housing voucher, his small military pension is supplemented to carry the rent at their two-bedroom Imperial Beach apartment. These days, Arthur is up at 6 a.m. to get the kids their vitamins, clothes, food, and off to school by 7:40 a.m. Baths are dictated at least three nights a week and bedtime is enforced by 6:30 p.m. He walks them to and from school. Ever the Marine, he smiles, "being a dad to two young boys is my new battlefield."



Families

Characteristics of Homeless Families with Children

There are many different crises that can send a family into homelessness with loss of a job and domestic violence at the top of the list. Nationally the data shows that there has been progress on ending family homelessness. The 2019 point in time count found 461 households, consisting of 1419 people, that were homeless in San Diego. These are families who are no longer able to maintain unaffordable housing, who have already been asked to leave doubled up situations, and those who have no other choice but to enter a shelter or to go without when one cannot be found.



Breakdown	Families	Individuals in Families
Unsheltered	86	218
Sheltered	375	1201
Total	461	1419

2019 Youth Count

Starting in 2015, the RTFH has been conducting a separate youth count from the general count in an effort to reach this hard to find 'hidden' population of people experiencing homelessness. The methodology for the youth count is different than the general count because of the difficulty locating homeless youth. For the youth count, dedicated outreach workers lead teams to canvas the county accompanied by homeless or formally homeless youth who have a personal knowledge of where to find 'hidden' youth. This week-long effort includes outreach as well as event-based approaches to reach as many youths as possible. Additionally, the providers and outreach teams survey youth who are sheltered, unsheltered, and unstably housed.



Homeless Youth Unsheltered Survey Results

In 2019, 190 of the 304 youth who completed the survey were unstably housed the night of the count. Unsheltered homeless youth are most often sleeping on the street or sidewalk (13%) and Unstably housed youth most often are couch surfing (35%).

When asked about their gender, the youth response varies from the general population with a significantly higher number of female youth (40%) as compared to the general survey (27%). A total of 2% identify as transgender and 2% as gender non-conforming compared to less than 1% of the general population.

Breakdown	2019	Percentage
Unsheltered	917	20%
Sheltered	747	21%
Total	1664	21%



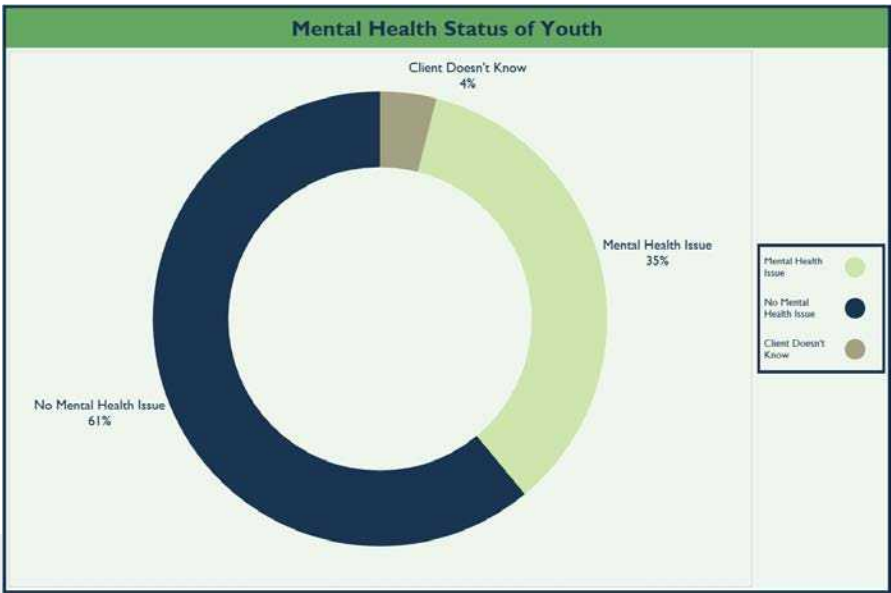
Of the 115 unstably housed youth interviewed, 39 % were couch surfing, 36% were in transitional housing, and 16 % were in an emergency shelter on the night of the WeAllCount.

Financial issues are the primary cause of youth homelessness with 21% of youth raising this concern. Nearly one in five—19%—identified being kicked out/ran away as their

primary cause of homelessness, and 2% of youth stated that their homelessness was due to aging out of foster care.

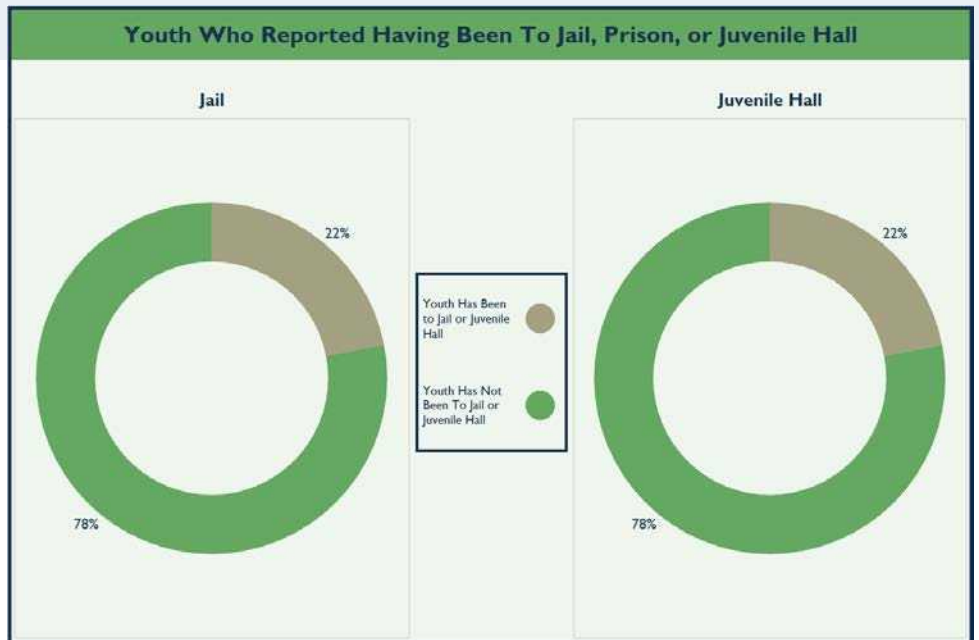
When youth were asked whether they suffered from mental health issues, 35% responded that they did. When asked have you ever been to jail, prison or juvenile hall, 22% of youth reported having been in jail and another 22% in juvenile hall.





Breakdown	Under 18	18-24	Total
Unsheltered	25	89	114
Sheltered	17	91	108
HUD Totals*	42	180	222
Unstably Housed	22	60	82
Total**	64	240	304

*HUD totals include the total of unsheltered and sheltered youth homeless **Total includes the summation of unsheltered, sheltered, and unstably housed youth



Chronic Homelessness Breakdown



Breakdown	2019	Percentage
Unsheltered	917	20%
Sheltered	747	21%
Total	1664	21%

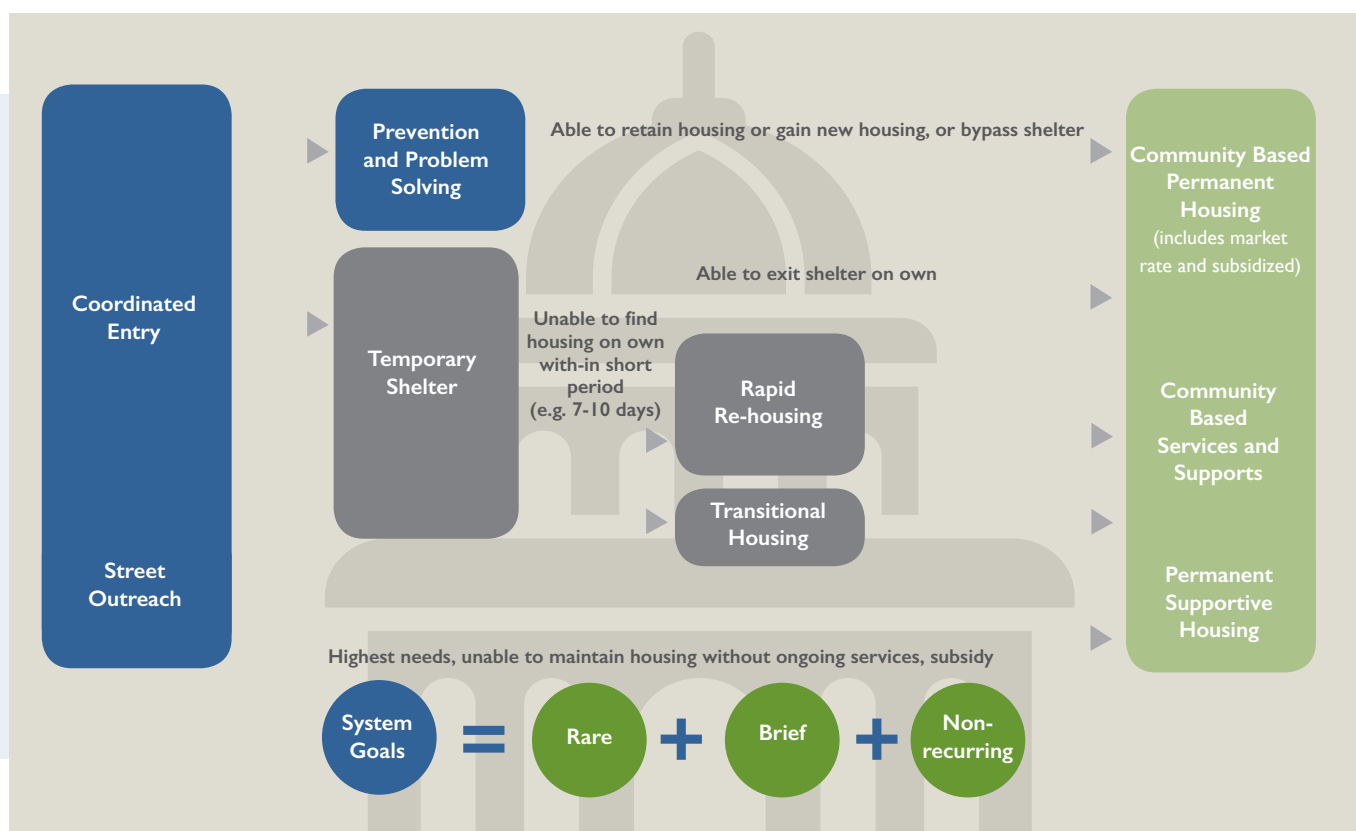
HUD Chronic Homeless Definition

HUD defines a chronically homeless individual as someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and also has a diagnosed disability that prevents them from maintaining work or housing. This definition applies to individuals as well as household members. The disability could be a serious mental illness, substance use disorder, or a physical disability. They could have been living in emergency shelter, a safe haven, or a place not meant for human habitation.

Overview and Performance of The Homeless Crisis Response System

The homelessness crisis response system is San Diego's structure to ensure those who are experiencing or at-risk of homelessness can quickly access housing and services that best meet their needs. San Diego continues to improve its crisis response system with an emphasis on building a housing-oriented, holistic, and systematic response to which all leaders, stakeholders, and programs are committed to preventing homelessness whenever possible and ensure that it is otherwise rare, brief, and non-recurring. Specifically, the system should:

1. Quickly identify and engage people experiencing and at-risk of homelessness.
2. Intervene to prevent the loss of housing and divert people from entering the homeless services system.
3. Provide immediate access to shelter and crisis services, without barriers to entry, while permanent, stable housing and appropriate supports are secured.
4. When homelessness does occur, quickly connect people to housing assistance and services, tailored to their unique needs and strengths, to help them achieve and maintain stable housing.¹⁴



Coordinated Entry System

One of the key system components of a homeless crisis response system is the Coordinated Entry System (CES), which HUD requires each CoC to implement within its geographic area. These resources aid in establishing and implementing a standardized process for assessing individuals' and families' needs and referring them to appropriate housing and services to achieve housing stability.

The CES enables RTFH to fulfill the following functions

- Access. Ensure that anyone experiencing a housing crisis can easily access the crisis response system and resources
- Assessment. When appropriate, staff at access sites or street outreach staff may assess individuals, families, and youth using a standardized assessment to understand their strengths and challenges and to inform the type of housing intervention that best meets their needs.
- Prioritization. Based on assessment results and other factors such as length of time homeless and self-report of a disability, households are prioritized for housing intervention.
- Referral. Facilitate exits from homelessness to stable housing in the most rapid manner possible.

To achieve these objectives, Coordinated Entry includes

- A standard progressive engagement and assessment process to be used for all households who are seeking assistance, and procedures for determining the appropriate next level of assistance;
- Uniform guidelines among emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing programs regarding eligibility for services, screening criteria, prioritized populations, and expected outcomes; and
- Policies and procedures detailing the operations of Coordinated Entry.

Definitions of Key Homeless Crisis Response System Components

Prevention

Homelessness Prevention services are designed to assist individuals and families who are at imminent risk of becoming homeless. Services include temporary cash assistance, case management, and landlord mediation.

Diversion

Diversion services, also called housing problem solving or rapid resolution, are designed to assist individuals and families who recently entered homelessness. Using a conversational approach, staff help people determine whether they have any existing housing resources where they can live. Services may include assisting with family reunification, landlord mediation, case management, and temporary financial assistance.

Housing First

Housing First is a philosophy or approach that prioritizes rapid placement of households into a permanent housing setting first without preconditions, and then ensures individuals and families are provided voluntary flexible services to ensure housing stability and support households with increasing overall quality of life. Using a Housing First approach is a state law and required for all programs receiving state funding for homeless assistance.

Street Outreach

Street outreach is an intervention that focuses primarily on supporting individuals with accessing permanent or temporary housing by building trusting relationships and ongoing rapport. Street outreach seeks to engage individuals living unsheltered in a culturally competent and trauma-informed manner, provide links to mainstream services including health or behavioral health care, and use diversion and problem solving techniques to connect people with safe housing options whenever possible.

Emergency Shelter/Bridge Housing

Emergency Shelter or Bridge Housing is a facility-based program that provides temporary beds for individuals and families to stay while they are assisted with entering permanent housing. Best practice models include using low-barrier entry criteria that do not require sobriety or participation in services and also allow pets.

Rapid Re-Housing

Rapid Re-Housing is a permanent housing intervention targeted to individuals and families who do not require intensive ongoing supports. This intervention assists people in locating an available housing unit in the community

and provides short- to medium-term rental assistance and case management. Services are designed to promote housing stability and specifically help with increasing people's incomes to eventually work toward paying the full rent on their own.

Transitional Housing

Transitional Housing is a facility-based temporary shelter program that provides individuals and families a place to stay for up to 24 months. Transitional Housing programs include supportive services designed to help individuals and families successfully transition into permanent housing without ongoing supports.

Permanent Supportive Housing

Permanent Supportive Housing (PSH) is defined as subsidized affordable housing with wrap-around supportive services to meet the needs of homeless individuals who are the hardest to serve, specifically those who are chronically homeless. PSH can take the form of an actual building (Project-Based) or be in the form of a voucher (Tenant-Based) that an individual or family can use to rent a unit in the existing rental market. PSH is not time-limited and length of time in the program is determined individually.

Definitions of Additional Homeless Crisis Response System Components

Day Centers

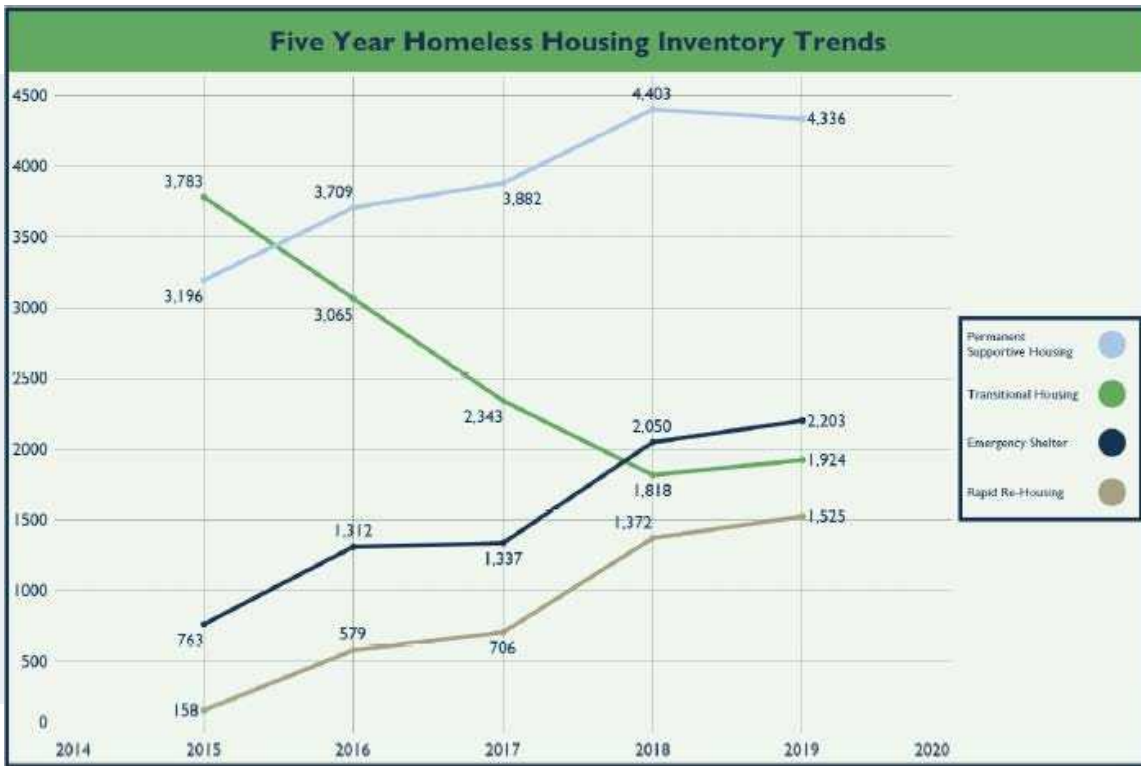
Provide a stable and safe place for homeless individuals to pick up their mail, attend to hygienic needs, do laundry, get a meal, and receive case management services.

Safe Parking Lots

Safe Parking programs offer a safe and secure lot for unsheltered San Diegans who are living out of their vehicles to park. These programs provide not only safety but resources to help people connect back to stable housing.

Navigation Center

The Navigation Center is a homeless service hub. It is an access point where people experiencing homelessness can connect to counseling, housing assistance, job training and other services.



Current Supply of Homeless Housing Resources

The chart above provides an overview of changes in the number of total beds/units for homelessness-dedicated housing interventions such as Emergency Shelter (ES), Rapid Re-Housing (RRH), Transitional Housing (TH), and Permanent Supportive Housing (PSH). In general, the region has seen an increase in the total ES, RRH, and PSH beds while the number of TH beds has decreased over the last five years.

Utilization Rates of Housing Resources

Utilization rates are based on the total number of beds available in San Diego County and the percentage of those beds that are in use the night of the Point-in-Time Count. The percentages below show a snap shot of how effective shelter programs are matching people with beds on any given night.

Year	Emergency Shelter	Safe Haven	Transitional Housing	Permanent Supportive Housing	Rapid Re-Housing	Other Permanent Housing
2015	85%	85%	83%	87%	100%	52%
2016	71%	89%	80%	87%	100%	45%
2017	90%	10%	82%	87%	100%	32%
2018	89%	70%	87%	85%	100%	91%
2019	86%	88%	89%	86%	100%	91%
Acceptable Utilization Rates*	75% - 105%		80% - 105%	85% - 105%		

System Performance

A critical aspect of the HUD McKinney-Vento Homeless Assistance Act is a focus on viewing the local homeless response as a coordinated system of homeless assistance options as opposed to homeless assistance programs and funding sources that operate independently in a community. To facilitate this perspective the Act requires communities to measure their performance as a coordinated system, in addition to analyzing performance by specific projects or project types.

The Act has established a set of criteria for HUD to use in awarding CoC funding that require CoCs to report to HUD their system-level performance. The intent of these criteria are to encourage CoCs, in coordination with ESG Program recipients and all other homeless assistance stakeholders in the community, to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD.¹

System performance is evaluated based on all homeless programs in the community that participate in HMIS, regardless of whether they receive public or private funding. The following provides an overview of key system performance measures: length of time homeless, returns to homelessness, and successful placements. Data for these measures are only available for 2015 through 2018 and are based on HUD's annual October to September reporting period. SPM data for 2019 will be available in February 2020.

¹ <https://www.hudexchange.info/programs/coc/system-performance-measures/#guidance>

HUD 7 SPMs

- Measure 1** - Length of time persons remain homeless
- Measure 2** - Extent to which persons who exit homelessness return to homelessness
- Measure 3** - Number of homeless persons
- Measure 4** - Employment and income growth for persons in CoC funded projects
- Measure 5** - Number of persons who become homeless for the first time
- Measure 6** - Not applicable to our region
- Measure 7** - Successful placement into, and retention of, permanent housing





Length of time homeless is calculated by looking at the average length of stay in emergency shelter (ES), Safe Haven (SH), and Transitional Housing (TH). HUD looks at two measures - length of homelessness in ES and SH, and separately including TH projects in the length of time homeless calculation.

Over the last four years, the length of time homeless in ES and SH programs has been steadily increasing while the average length of time has slightly decreased when including TH projects.

The rate of returns to homelessness is calculated based on only those households who exited to a permanent housing destination and returned to the homeless system within 6 months, 12 months, and 24 months.

In general, the rate of returns to homelessness at 6 months, 12 months, and 24 months have remained relatively stagnant with some fluctuations year over year. For every 10 people placed into a permanent housing situation, however, two will return to the homeless system within a year and over a quarter will return in two years.





Successful Exits from Emergency Shelter (ES), Safe Haven (SH), Transitional Housing (TH), or Rapid-Rehousing (RRH) in the chart above include any exit to a permanent housing destination. For Street Outreach (SO) projects, a successful outcome includes any exit off of the streets to temporary shelter or stable housing situation. People who exit to hospitals or jails are excluded from this measure altogether. Successful Retentions or Exits from Permanent Housing looks solely at clients enrolled in permanent housing projects and whether they either exit to other stable living situations or stay within the project.

Comparing rates of successful placements over the last four years yields some concerns as well as some successes. In general, the rates of successful placements from ES, SH, TH, and RRH have remained flat, which can be viewed as positive given the tough rental market in San Diego; however, it also demonstrates that the system has not made much progress in addressing the availability of rental housing. Successful placements from street outreach have also sharply declined over the last four years. While it is unknown at this time what is contributing to this trend, it can be assumed that street outreach programs most likely have some data quality issues. While several new street outreach programs were created in 2018, which may have affected outcomes, the reality may also be that 2018 figures are a truer gauge of the actual performance of street outreach programs than in 2015 when programs demonstrated that nearly 40% were exiting successfully.

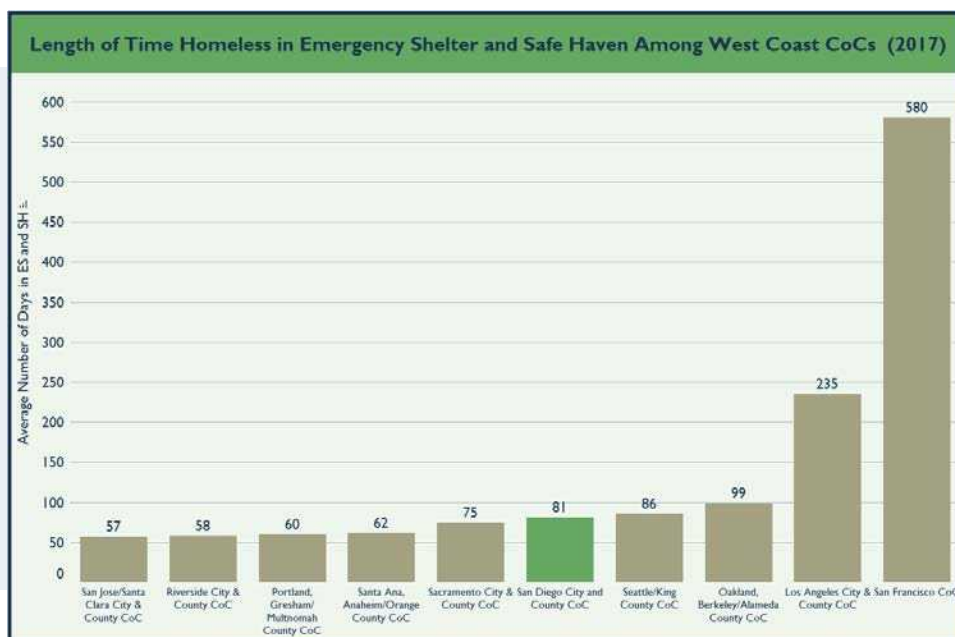


Comparison to other West Coast CoC's

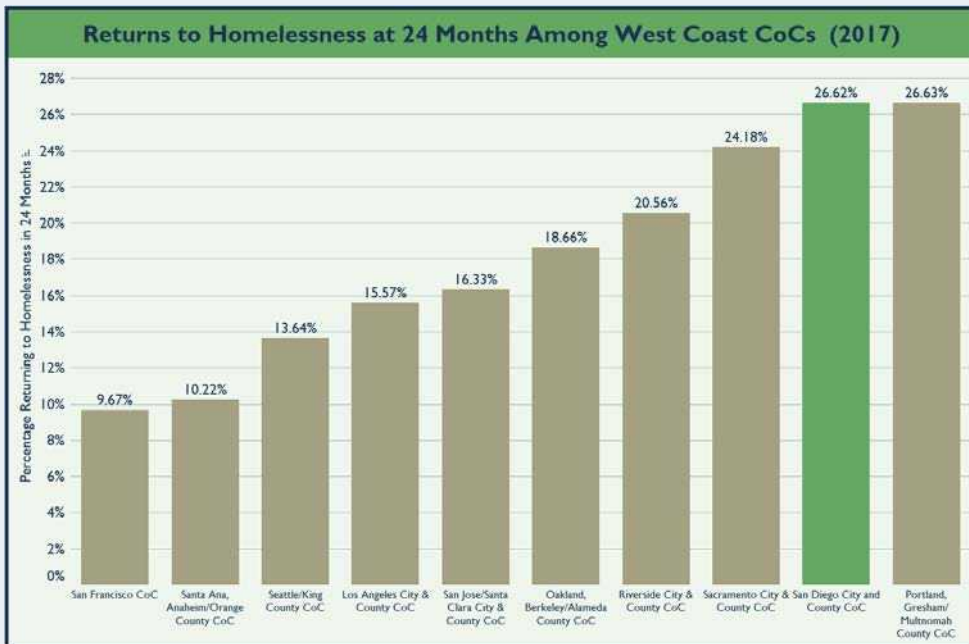
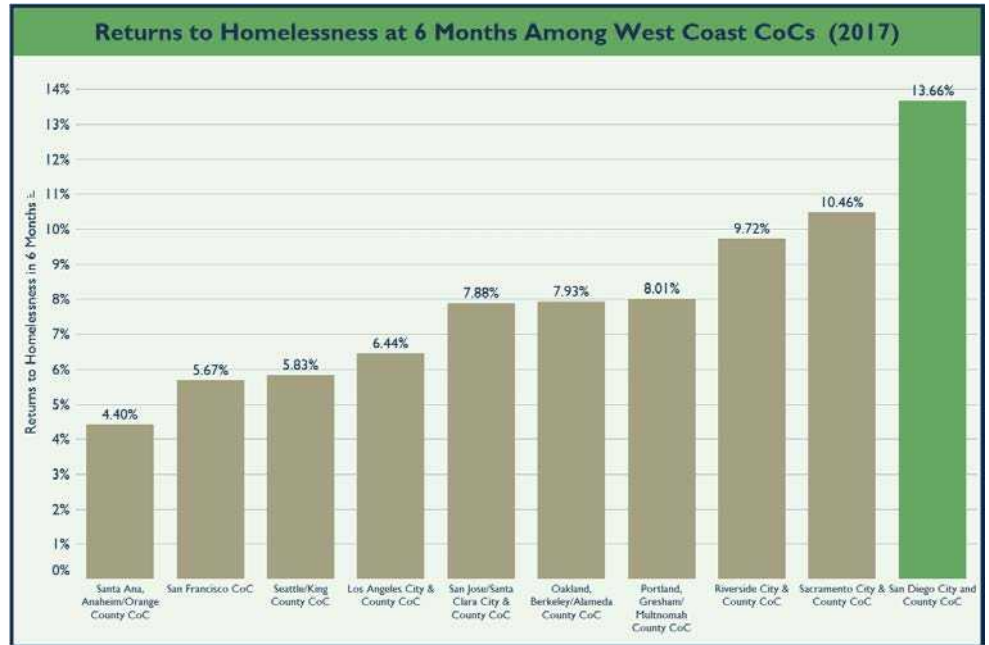
HUD has emphasized that a CoC should compare their system performance year over year to understand if their activities are resulting in improvement. SPMs were not set up to measure CoCs to each as each CoC is different in structure, population, and resources; however, the SPMs are standard indicators and allow San Diego to compare how it is faring in relation to other West Coast markets that have similar challenges with housing affordability and availability.

The following comparisons only look at certain 2017 SPMs, which comprise the most recent publicly available data through HUD.

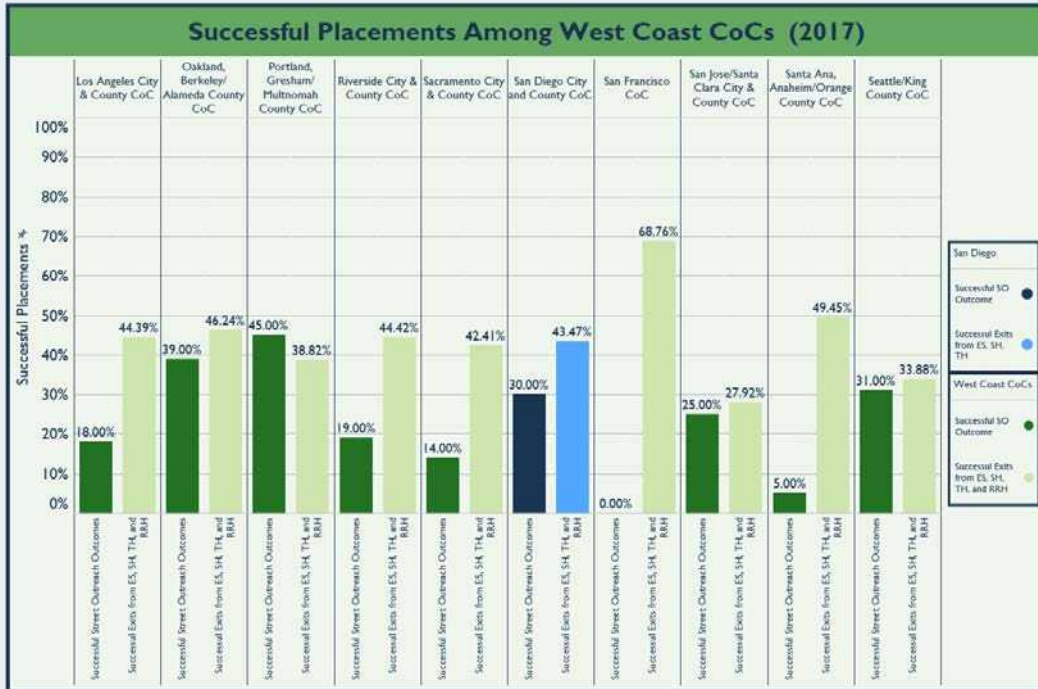
Compared to its West Coast counterparts, San Diego's performance was average in 2017; however, the length of time people experience homelessness continues to increase. Additionally, the Los Angeles and San Francisco figures for ES and SH projects appear outside the norm and it is unknown whether these figures are accurate or whether they indicate significant data quality issues.



In 2017, San Diego had the highest percentage of people who exited to permanent housing and then returned to homelessness within six months among West Coast CoCs. This result is concerning and the RTFH and its partners need to better understand why such a high percentage of returns are occurring and identify strategies to reverse the trend.



Similar to returns to homelessness at six months, San Diego had the highest percentage along with Portland, Oregon, of people returning to homelessness within two years of exiting successfully.



When looking at successful placements of West Coast CoCs, San Diego is fairly average. San Diego performed above average in successful placements from street outreach programs in 2017; however, in 2018 that figure dropped significantly.

As far as successful placements from other projects, San Diego's performance was average and is tempered by very high rates of returns to homelessness. Although San Diego has decent placement rates compared to other CoCs, a larger percentage are ultimately unsuccessful and return to homeless at higher rates.



System and Project Performance Monitoring

The information on the previous pages provide a basic assessment and understanding of our region's system performance. Improving performance of the overall system and programs that compose the system is critical and actively in process. In collaboration with Simtech Solutions, Inc., the RTFH has developed two dashboards for the benefit of our community to understand performance, begin to interpret data, and then use data to help drive decision making. These dashboards have been created with the purpose of providing a lens into our homeless system that can be viewed both at the system and individual project level.

The first dashboard is a visualization of the regions System Performance Measures¹. Although information in this report used a static calendar year, the dashboards allow the RTFH and partners to view performance at different intervals and ongoing. The SPM dashboard acts as an executive summary of the overall HMIS by following the same seven performance measures that HUD requests in their annual reporting of the same name. This dashboard

uses the information that the RTFH sends to HUD annually and visualizes it in such a way that historical trends over time can be seen from a regional, system-wide perspective. From an analysis perspective, these dashboards are useful for helping to identify both areas of strength and weakness in our homelessness response system.

The Project Performance Dashboard² is the second set of data visualization tools that provides a fresh lens into the San Diego homeless system for all providers that participate in HMIS. These dashboards provide an overview of the quality of the data, details on the demographics of clients served, as well as key metrics that can be used to measure how well each project is doing to support the clients they serve.

The dashboards were produced using an approach that protects the privacy of the clients being served by only displaying aggregate counts, not client-specific information. These interactive tools enable the user to evaluate disparities in the outcomes for people with different racial and ethnic backgrounds and filter the results to monitor progress of initiatives targeted to subpopulations such as veterans, youth, and those who are considered chronically homeless.

1 RTFH System Performance Measurement Dashboards - <https://homelessdata.com/dashboard/rtfh/spm/>
2 RTFH Project Performance Measurement Dashboards - <https://homelessdata.com/dashboard/rtfh/>



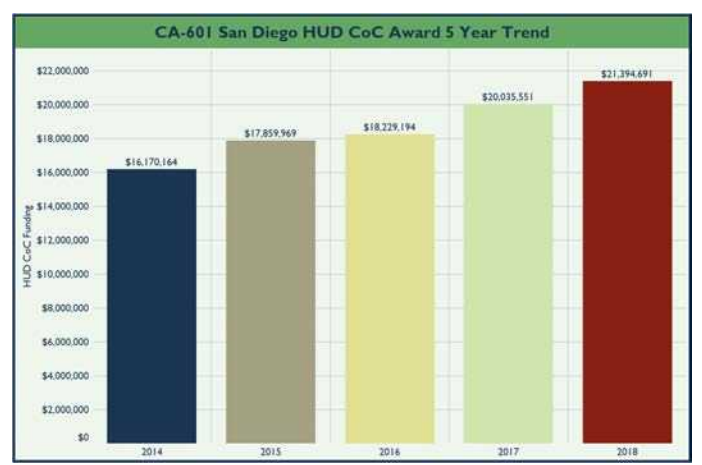


While one metric, such as length of homelessness, is useful for establishing how well a project is performing in a single area, a variety of key measures must be looked at in unison to evaluate the overall performance of the project. For example, clients may be residing in a shelter project for less time when compared to other shelters, however there may be other factors to consider such as... The percentage of clients who exit to positive destinations; The total costs involved in order to achieve those outcomes; If the project is serving the population it was intended to serve; If clients who moved to housing were able to retain it; The difficulty of the caseload.

The RTFH is moving from simply monitoring the performance of providers towards a performance management framework. Through the usage of customizable project evaluation scorecards, the RTFH will be able to identify areas of strength and weakness while helping to align the efforts of providers with established community priorities that have been informed with the aid of the dashboards.

The foundation for this work was laid during the recent project rating and ranking process for the annual HUD Notice of Funding Availability (NOFA) competition. While annual funding from HUD continues to increase year over year, as demonstrated in the chart below, it is vital that these resources are allocated in a manner that will maximize their impact.

The Rating and Ranking Committee identified the scoring criteria to be included within Project Evaluation Scorecards and assigned maximum point values for each criterion within the scorecard. By looking at all performance factors in unison the committee was able to evaluate projects based on their overall progress towards supporting established community priorities.



In addition to the dashboards and scorecards, the RTFH convened an Ad Hoc Committee in 2019 focused on performance and analytics to understand the region's baseline performance, create system and project performance targets, and provide recommendations for ongoing performance management that compliments the new data tools created by Simtech Solutions. The RTFH plans to implement an enhanced performance monitoring and management process in 2020.

Next Steps for Ending Homelessness in San Diego

There is strong momentum currently for creating a system to effectively end homelessness in San Diego. In 2018 the RTFH board adopted a regional system framework that highlighted five core areas needed to build an effective system as well as a first set of steps the region needed to take. Over the last year the RTFH has been working towards completing the steps outlined in the strategic framework and created a 2019 work plan to outline tasks and timelines.

2019 RTFH Workplan

The RTFH 2019 workplan 20 identified areas of focus for the year that build on the strategic framework tasks from 2018. The 20 activities in the workplan include the following:

1. Continue to incorporate enhanced strategies to the Point in Time Count

Activities: Incorporate enhanced strategies to Achieve as accurate of a census as possible; Be transparent with the community in our assumptions and methodologies; Prepare our annual report; and Seek board members to audit our work. Provide recommendations for further improvements ahead of 2020.

2. Begin the process of completing the regional Community Plan

Activities: Tailor the findings of the City of San Diego's Strategic Plan, the work Focus Strategies, and analyses provided by Simtech into a regional community plan.

3. Make improvements to the CoC By-Laws, Charter, and Policies

Activities: Align individual Board members with their specific contribution interests. Allow board meetings to focus on collective impact deliberation vs nonprofit governance. Include more individuals with lived experience on the Board of Directors and Committees.

4. Broaden the inclusion in the CoC with people with lived experience

Activities: Identify Board position updates to include greater numbers of those with lived experiences. Encourage participation of those currently or formerly experiencing homelessness at key discussions about program development and evaluation and decision making.

5. Convene an Intergovernmental Committee composed on elected officials from various public agencies and municipalities across San Diego

Activities: Convene a quarterly gathering of public officials from all 18 local municipal jurisdictions to review the most up-to-date information on homelessness, system needs, gaps, and opportunities by jurisdiction. Share the resources and availability of RTFH staff to help jurisdictions provide constructive programs and solutions to address their homelessness.

6. Continue improving data systems

Activities: Publish project and system-level dashboards to produce federal, state and local requests. Use upgraded systems to develop client-centric data, mobile technology, and improved data interpretations. Achieve utilization by all of the region's homeless service providers and system touch points.

7. Develop system for conducting ongoing system and project performance

Activities: Use the implementation of new data systems and establishment of an Ad Hoc Standards and Measurement Committee to: Develop measurement approaches consistent with HMIS / CES; Propose metrics and implementation strategies; Compare strategies for effectiveness; Review and analyze data for consistency with our community plan efforts; and Communicate efforts with regular reports back to Board.

8. Fund and implement activities through the HEAP and YHDP programs and measure impact

Activities: RTFH as the CoC received \$18.8 M from the State to provide one-time flexible block grant funds to address immediate needs for people experiencing homelessness or at imminent risk of homelessness.

In July 2018, HUD awarded the Youth Homeless Demonstration Program Funds in the amount of \$7.94 million. This is the largest award made during Round 1 and Round 2 of this n

9. Enhance coordination of Street Outreach services

Activities: Model and increase coordinated street outreach regionwide. Develop model as best practice for the region, with the RTFH leading training and education.

10. Update the Coordinated Entry System

Activities: Community lead re-orientation to be more intentional – using Diversion/Prevention to reduce first time homelessness. Use targeted efforts to right size RRH and prioritizing PSH, connecting highly vulnerable clients to available housing resources throughout the region. Client-focused case conferencing from targeted by-name lists.

11. Create a Flexible Housing Subsidy Pool

Activities: Create public private partnership to provide flexible funds for housing related expenses to move people experiencing homelessness into stable housing. Increase housing capacity by master leasing or other options to secure units for a homeless population regardless of rental subsidy.

12. Continue to develop the Rapid Re-Housing and employment model

Activities: The RRH/Employment Pilot started in late 2018 is bringing together San Diego Workforce Partnership and homeless service providers. New research and on-the-ground experiences show that these efforts are most effective when homeless service and public workforce systems have a close partnership.

13. Implement the 2019 Workplan

Activities: Provide clear description for all RTFH Board and staff of annual workplan and associated timelines to keep our work focused, meaningful and productive. Further develop transparency with community about what the RTFH seeks to accomplish this year.

14. Ongoing CoC Planning

Activities: Strategic regional planning to coordinate a system of service providers, housing resources and other supports. Coordinate and align funding around goals and outcomes.

15. Serve as the Collaborative Applicant for the San Diego Region

Activities: Complete collaborative annual application for HUD Continuum of Care awards In 2018, San Diego received awards of \$21,394,691.

16. Training and Technical Assistance

Activities: Serve as the regional hub for training and technical assistance on a wide-range of homeless programs and best-practices. HMIS & CES Training; Diversion/Prevention; Rapid Rehousing Learning Collaborative; Best Practices on coordinated street outreach and engagement; Case manager training on best practices; Homeless system understanding and programs; Empowering homeless consumer with information on homeless system.

17. Public Information and Communications

Activities: Position the RTFH to be recognized as the lead regional expert on program guidance and resource management. Enhance the RTFH's public information tools, including website dashboards and materials. Proactively conduct outreach to cities and community stakeholders. Monitor homelessness related community programs or meetings. Participate/facilitate media partner efforts.

18. Proactively Seek Volunteers

Activities: Identify lead agency to recommend objectives to centralize and coordinate volunteer capital for complementary support to service providers and homeless programs. As part of this partnership, generate portal of information to capture volunteer interest, direct users to opportunities, and connect needs of RTFH members seeking volunteer support. Develop Ambassador Program for volunteers wishing to invest significant time in the communities.

19. Better Partner with Community and Faith-Based Organizations

Activities: Educate organizations on best practices and opportunities to appropriately enhance services. Provide ongoing collaboration and coordination as a community partner. Research certification programs in other communities to model, if available. Use as a challenge tool to increase participation and collaboration.

20. Enhance the RTFH Organization and Staff

Activities: Improve understanding of RTFH organizational needs and plan of action to promote excellence in the workplace, proper levels of staffing, and staff support to ensure expectations can be achieved. Increase fundraising capacity to support organizational initiatives & implement strategic plans.



The City of San Diego Community Action Plan on Homelessness

In addition to the 2019 RTFH workplan, the City of San Diego set out in 2019 to create a homeless action plan to set goals and drive decision making in the City of San Diego, which has implications for the region. The San Diego Housing Commission (SDHC) contracted with the Corporation for Supportive Housing (CSH) to work in partnership with SDHC and its City partners to develop a new plan to guide the City's work on homelessness. Four key partners that manage public homeless funding and policy - SDHC, the Office of the Mayor, the City Council and the Regional Task Force on the Homeless (RTFH) – formed a steering committee to guide the development of the plan. This plan is the result of the community-driven engagement process led by this committee and CSH.

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

Overview of the Action Plan

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

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

1. Implement a systems-level approach to homeless planning.
2. Create a client-centered homeless assistance system.
3. Decrease inflow into homelessness by increasing prevention and diversion.
4. Improve the Performance of the Existing System.
5. Increase the Production of/Access to Permanent Solutions.

Regional Community Plan on Homelessness

As 2019 comes to a close, the RTFH is working with Focus Strategies and using the City of San Diego plan as the roadmap for the Regional Community Plan. The Community Plan is being developed in two phases. The first phase is the creation of this Strategic Framework, which sets forth the vision of a regional system. This framework describes the features and elements of what that system will look like and identifies the strategies needed to make the shift from what is currently in place to the new system. In the second phase, a detailed multiyear implementation plan to create the new system is being developed. The second phase is being informed by a comprehensive data analysis and predictive modeling effort that will allow the RTFH to pinpoint what is working, where there are opportunities for improvement, and where to focus efforts to have the maximum impact.

Focus Strategies through community engagement, information gathering and strategy alignment will develop a regional plan on homelessness that coordinates with the City of San Diego's plan. Community engagement will include:

1. Focus groups with consumers of the homeless system.
2. Conducting community input and listening sessions.
3. The development and distribution of an online input survey for stakeholders unable to attend community sessions.
4. Analyzing the data from the engagements to draft the plan.

The RTFH looks forward to completing the Community Plan in 2020 and using it to align leadership, resources, and the community to make significant strides in addressing homelessness in the coming year and setting the path towards ending homelessness in the near future.



2019 San Diego

Regional Community Totals

City	Sheltered				UnSheltered		Total	% of Total
	ES	SH	TH	Subtotal	Individual	Sub-Total		
San Diego City	1579	54	849	2,482	2,600	2600	5,082	62.7%
Carlsbad	59	0	0	59	102	102	161	2.0%
Chula Vista (Sweetwater)	30	0	49	79	242	242	321	4.0%
Coronado	0	0	0	0	1	1	1	0.0%
El Cajon	152	0	337	489	298	298	787	10%
Encinitas (San Deiguito, Solana Beach & Del Mar)	26	0	15	41	79	79	120	1.5%
Escondido (NC Metro & Hidden Meadows)	70	9	30	109	241	241	350	4.3%
Imperial Beach	0	0	0	0	12	12	12	0.1%
La Mesa	0	0	0	0	46	46	46	0.6%
Lemon Grove	0	0	0	0	35	35	35	0.4%
National City	0	0	0	0	94	94	94	1.2%
Oceanside	70	0	132	202	193	193	395	5.0%
Poway	0	0	0	0	9	9	9	0.1%
San Marcos	0	0	0	0	46	46	46	0.6%
Santee	0	0	0	0	35	35	35	0.4%
Vista (Bonsall)	31	0	143	174	122	122	296	4%
TOTAL	2,009	64	1,553	3,626	4,252	4,252	7,878	96.9%
TOTAL WITH UNINCORPORATED AREA						4,476	8,102	100%



Unincorporated	Sheltered	Unsheltered	Total	% of Total
		Individual		
Alpine(Crest-Dehesa)	0	10	10	0.1%
Fallbrook	0	61	61	0.8%
Lakeside	0	72	72	0.9%
Ramona	0	14	14	0.2%
Spring Valley (Casa de Oro)	0	67	67	0.8%
TOTAL	0	224	224	2.8%

San Diego County



2019 Point-in-Time Data

City of San Diego			
Emergency Shelter	Safe Haven	Transitional Housing	Unsheltered
1579	54	849	2600
Total: 5082			

Housing Inventory	Beds	Utilization
Emergency Shelter	1639	96%
Safe Haven	59	92%
Transitional Housing	1107	77%
Permanent Supportive Housing	2599	82%
Rapid Re-Housing	877	100%
Other Permanent Housing	630	81%

Homeless Profile	% of Unsheltered Homeless	Total Homeless Persons
Chronically Homeless	22%	572
Veteran	13%	338
Female	25%	776
Families	2%	56
Youth	11%	353

San Diego City



2019 Point-in-Time Data

City of Carlsbad			
Emergency Shelter	Safe Haven	Transitional Housing	Unsheltered
59	0	0	102
Total: 161			

Housing Inventory	Beds	Utilization
Emergency Shelter	60	98%
Safe Haven	0	0
Transitional Housing	0	0
Permanent Supportive Housing	0	0
Rapid Re-Housing	0	0
Other Permanent Housing	0	0

Homeless Profile	% of Unsheltered Homeless	Total Homeless Persons
Chronically Homeless	45%	46
Veteran	12%	12
Female	29%	28
Families	2%	2
Youth	5%	5

Carlsbad



2019 Point-in-Time Data

City of Chula Vista			
Emergency Shelter	Safe Haven	Transitional Housing	Unsheltered
30	0	49	242
Total: 321			

Housing Inventory	Beds	Utilization
Emergency Shelter	32	94%
Safe Haven	0	0
Transitional Housing	71	69%
Permanent Supportive Housing	0	0
Rapid Re-Housing	26	100%
Other Permanent Housing	0	0

Homeless Profile	% of Unsheltered Homeless	Total Homeless Persons
Chronically Homeless	18%	44
Veteran	5%	12
Female	26%	64
Families	6%	15
Youth	16%	38

Chula Vista



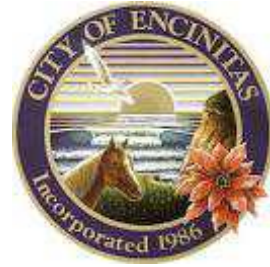
2019 Point-in-Time Data

City of El Cajon			
Emergency Shelter	Safe Haven	Transitional Housing	Unsheltered
152	0	337	298
Total: 787			

Housing Inventory	Beds	Utilization
Emergency Shelter	155	98%
Safe Haven	0	0
Transitional Housing	357	94%
Permanent Supportive Housing	0	0
Rapid Re-Housing	229	100%
Other Permanent Housing	0	0

Homeless Profile	% of Unsheltered Homeless	Total Homeless Persons
Chronically Homeless	36%	107
Veteran	5%	14
Female	39%	116
Families	1%	3
Youth	13%	37

El Cajon



2019 Point-in-Time Data

City of Encinitas			
Emergency Shelter	Safe Haven	Transitional Housing	Unsheltered
26	0	15	79
Total: 120			

Housing Inventory	Beds	Utilization
Emergency Shelter	36	72%
Safe Haven	0	0
Transitional Housing	15	100%
Permanent Supportive Housing	0	0
Rapid Re-Housing	78	100%
Other Permanent Housing	0	0

Homeless Profile	% of Unsheltered Homeless	Total Homeless Persons
Chronically Homeless	28%	22
Veteran	0%	0
Female	9%	7
Families	0%	0
Youth	4%	3

Encinitas



2019 Point-in-Time Data

City of Encinitas			
Emergency Shelter	Safe Haven	Transitional Housing	Unsheltered
70	9	30	241
Total: 350			

Housing Inventory	Beds	Utilization
Emergency Shelter	89	74%
Safe Haven	14	83%
Transitional Housing	34	97%
Permanent Supportive Housing	146	90%
Rapid Re-Housing	109	100%
Other Permanent Housing	0	0

Homeless Profile	% of Unsheltered Homeless	Total Homeless Persons
Chronically Homeless	42%	100
Veteran	6%	15
Female	30%	72
Families	2%	6
Youth	10%	25

Escondido



2019 Point-in-Time Data

City of La Mesa			
Emergency Shelter	Safe Haven	Transitional Housing	Unsheltered
0	0	0	46
Total: 46			

Housing Inventory	Beds	Utilization
Emergency Shelter	0	0%
Safe Haven	0	0%
Transitional Housing	0	0%
Permanent Supportive Housing	0	0%
Rapid Re-Housing	0	0%
Other Permanent Housing	0	0%

Homeless Profile	% of Unsheltered Homeless	Total Homeless Persons
Chronically Homeless	47%	22
Veteran	17%	8
Female	24%	11
Families	0%	0
Youth	7%	3

La Mesa



2019 Point-in-Time Data

National City			
Emergency Shelter	Safe Haven	Transitional Housing	Unsheltered
0	0	0	94
Total: 94			

Housing Inventory	Beds	Utilization
Emergency Shelter	0	0%
Safe Haven	0	0%
Transitional Housing	0	0%
Permanent Supportive Housing	0	0%
Rapid Re-Housing	4	100%
Other Permanent Housing	0	0%

Homeless Profile	% of Unsheltered Homeless	Total Homeless Persons
Chronically Homeless	24%	23
Veteran	12%	11
Female	19%	18
Families	0%	0
Youth	2%	2

National City



2019 Point-in-Time Data

City of Oceanside			
Emergency Shelter	Safe Haven	Transitional Housing	Unsheltered
70	0	132	193
Total: 395			

Housing Inventory	Beds	Utilization
Emergency Shelter	82	85%
Safe Haven	0	0%
Transitional Housing	156	85%
Permanent Supportive Housing	157	59%
Rapid Re-Housing	0	0%
Other Permanent Housing	0	0%

Homeless Profile	% of Unsheltered Homeless	Total Homeless Persons
Chronically Homeless	36%	69
Veteran	18%	15
Female	30%	58
Families	0%	0
Youth	18%	36

Oceanside



2019 Point-in-Time Data

City of San Marcos			
Emergency Shelter	Safe Haven	Transitional Housing	Unsheltered
0	0	0	46
Total: 46			

Housing Inventory	Beds	Utilization
Emergency Shelter	0	0%
Safe Haven	0	0%
Transitional Housing	0	0%
Permanent Supportive Housing	0	0%
Rapid Re-Housing	0	0%
Other Permanent Housing	0	0%

Homeless Profile	% of Unsheltered Homeless	Total Homeless Persons
Chronically Homeless	8%	4
Veteran	13%	6
Female	20%	9
Families	0%	0
Youth	9%	4

San Marcos



2019 Point-in-Time Data

City of Vista			
Emergency Shelter	Safe Haven	Transitional Housing	Unsheltered
31	0	143	122
Total: 296			

Housing Inventory	Beds	Utilization
Emergency Shelter	45	69%
Safe Haven	0	0%
Transitional Housing	143	100%
Permanent Supportive Housing	9	100%
Rapid Re-Housing	0	0%
Other Permanent Housing	200	100%

Homeless Profile	% of Unsheltered Homeless	Total Homeless Persons
Chronically Homeless	17%	20
Veteran	8%	9
Female	18%	20
Families	11%	12
Youth	4%	5

Vista

SAVE THE DATE!

2020 #WeAllCount

Thursday January 23, 2020



Sign up to volunteer here:
<https://www.rtfhsd.org/get-involved/weallcount/>



**APPENDIX C: Alliance for Regional Solutions –
Shelter Provided to the Homeless in North San Diego County
Bridge Housing Between 07/1/2018 – 06/30/2019**

Alliance for Regional Solutions

Shelter Provided to the Homeless in North San Diego County Bridge Housing Between 07/1/2018 - 06/30/2019



SAN DIEGO
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Acknowledgements

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The authors greatly appreciate the efforts of the member agencies and staff operating the ARS Bridge Housing. In particular we would like to commend the data collection and data entry staff, whose thoroughness and attention to detail has made this report meaningful and rich.

In addition, the RTFH would like to acknowledge the Institute for Public Health (IPH) at San Diego State University. The IPH prepared the winter shelter report for the past several years investing time and thought into the development of a basic report template and analysis methodology.

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Introduction

The Alliance for Regional Solutions (ARS) collected client shelter stay data during its 2018-2019 Bridge Housing homeless services in North San Diego County. This report describes the number of clients that were sheltered, the demographic characteristics of these clients, the length of shelter provided to these clients, as well as a brief review of clients served during both the 2017-2018 and the 2018-2019 year.

The ARS commissioned the Regional Task Force on the Homeless (RTFH) to analyze the 2018-2019 Bridge Housing data. The data was entered by Bridge Housing staff into a secure online database and extracted for analysis in July 2019.

Background

A. Data Collection

Shelter staff collected information about the residents that stayed in their respective bridge housing shelters. This information included client demographics and information. The staff members entered the data into a secure online homeless management information system (HMIS) database called Clarity which is the designated HMIS for the San Diego City and County Continuum of Care region. In 2019 RTFH changed the HMIS software from ServicePoint to Clarity on January 4th, 2019 which was during the operating year. Data was migrated from ServicePoint to Clarity and all data used in this report was extracted from the post-migration data in Clarity. Data represents ARS bridge housing program entries recorded in clarity between July 1 2018 and June 30 2019.

B. Data Analysis

Most of the data manipulation was done using Looker and various HUD reports which generated the final numbers used in this report. Looker is the data analysis tool which is integrated into Clarity's web-based HMIS. Clarity also has a number of HUD reports built into the system. All graphs and charts were created using Looker and Microsoft Excel.

C. Limitations

Any time data is collected there can be errors in the data collection or the data entry process. During collection data may not be completely collected or it may be recorded erroneously. In cases where clients already are present in the data system, changes to their data may not be fully updated in the database due to user error or inaccuracy. The error rate for data collection and data entry for this data set is largely unknown due to the system being a system of record. While we can analyze the system's recognized errors logically, we cannot guarantee accuracy of the system compared to actual services given. Another limitation is that most questions primarily rely upon client self-report, which may or may not be truthful. Self-report, however, is often the only method available.

D. Scope

These findings apply only to the persons who used these bridge housing shelter services and not to the homeless population at large in North San Diego County nor to all sheltered clients in San Diego. Whether or not these sheltered clients were similar to those served in other bridge housing in San Diego or to the general homeless population was not examined.

Results

A total of 1142 distinct clients were recorded from the six 2018-2019 North San Diego ARS bridge housing. The three largest Alliance North San Diego Bridge Housing provided shelter service to 1046 clients which is about 92% of the total number of clients (Catholic Charities-La Posada De Guadalupe, Interfaith Community Services-Haven House Bridge Housing, and Operation Hope Vista-ARS North county) (Table 1).

A. Location and Length of Service

A total of 228 ARS beds were available to temporarily house homeless individuals in the North San Diego area throughout the year (Table 1). Together these beds enabled 63,934 bed-nights to be provided (Bed Nights Available) between the 1142 distinct clients. Program utilization (bed-nights used / bed-nights available) ranged from 81% to 100%.

The 1142 distinct client stays in the North San Diego Bridge Housing averaged forty-five nights, although the number of nights varied from 1 day to more than 1 year. Fifty two percent (52%) of the clients were sheltered for 30 nights or less and another forty eight percent (48%) for more than 30 nights (Graph 1). 99 of the 1142 unique clients (9%) utilized more than one shelter location during the year, those 99 clients account for 207 separate clients stays during the year. 157 of the 1142 unique clients (14%) exited and re-entered the North San Diego Bridge Housing system more than once during the year (not graphed).

Table 1. Shelter Capacity and Shelter Provided, 2018-2019 North San Diego Bridge Housing

Program Name <i>Clients served</i>	Program Capacity			Shelter Provided			
	Number of Beds ¹	Number of Operating Nights ²	Bed-Nights Available ³	Bed-Nights Used ⁴	Bed-Night Utilization	Clients enrolled in the programs	Client count
Interfaith Shelter Network-North County Inland <i>Men, women and families</i>	12	97	1164	992	85%	45	43
Interfaith Shelter Network-North County Coastal <i>Men, women and families</i>	12	125	1500	1561 ⁶	100%	46	45
Catholic Charities -La Posada De Guadalupe ⁵ <i>Men</i>	10	121	19,460	18,328	94%	488	487
	50	365					
Operation Hope Vista-ARS North county <i>Families and women</i>	45	365	16,425	17,555 ⁶	100%	250	225
Bread of Life Rescue Mission- ARS North county Shelter <i>Men and women</i>	50	150	7,500	6,165	82%	121	116
Interfaith Community Services-Haven House Bridge Housing <i>Men and women</i>	49	365	17,885	14,405	81%	364	334
Total	228	1,588	63,934	59,006		1314	1142 ⁷

¹ Number reported by project staff.

² Dates of operation reported by project staff; operating nights were calculated based on what was reported to the RTFH during the 2019 Housing Inventory Count (HIC).

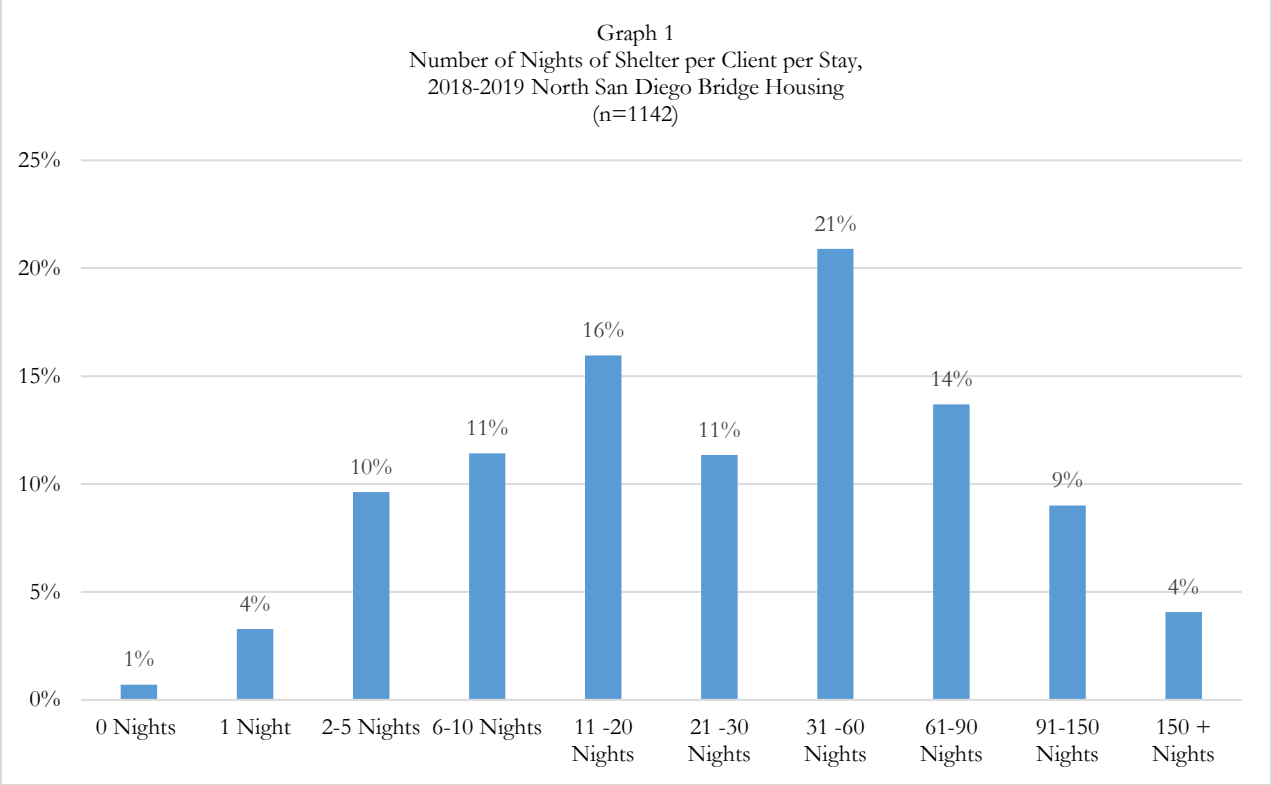
³ The number of beds multiplied by the number of operating nights.

⁴ One person staying one night is a bed-night. It is calculated using the sum of enrollments days in project for each providers.

⁵ La Posada operated under two Inventory count (HIC), one with 10 seasonal beds which were open for 121 days and the other 50 beds for 365 days.

⁶ Beds calculated based on the bed nights used. Family units/beds by nature are variable and this does not necessarily indicate over-utilization.

⁷ Total distinct client count may not add up the listed provider's client count since duplicate clients are served in different programs.



B. Demographic and Prior Living Situation Information

Demographic and prior living situation information for the clients served is presented below. Most data was collected on both adults and children entering the shelter.

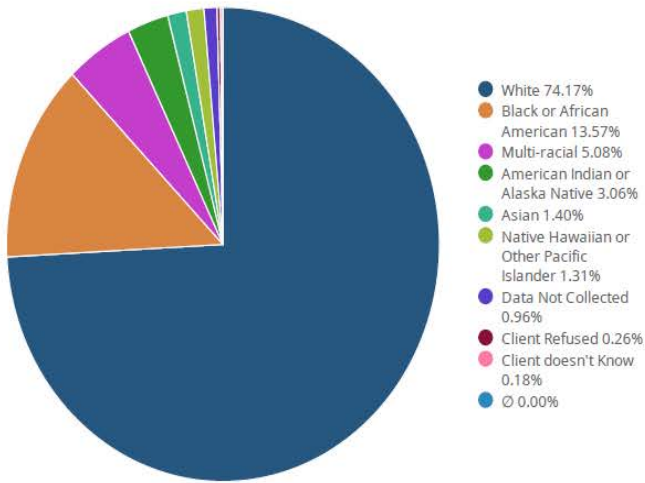
1. Information Collected from All Clients

As seen in the graph that follows, most sheltered individuals were males and Non-Hispanic/Non-Latino (70% and 67% respectively). The large majority (74%) identified as White, followed distantly by Black/African-American (14%) (Graph 2).

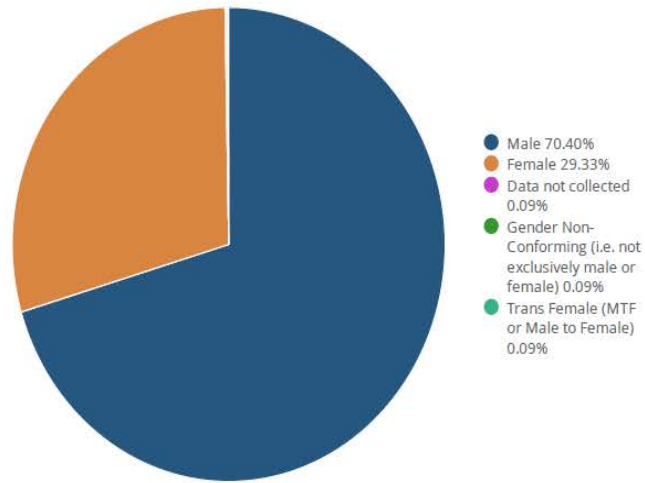
Graph 2
 2018-2019 North San Diego Bridge Housing
 (n=1142)

ARS 2018-2019 Ethnicity, Race and Gender

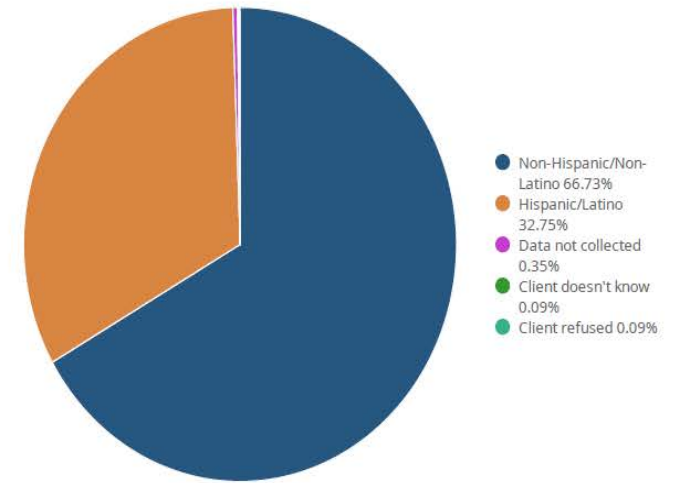
ARS 2018-2019 Race



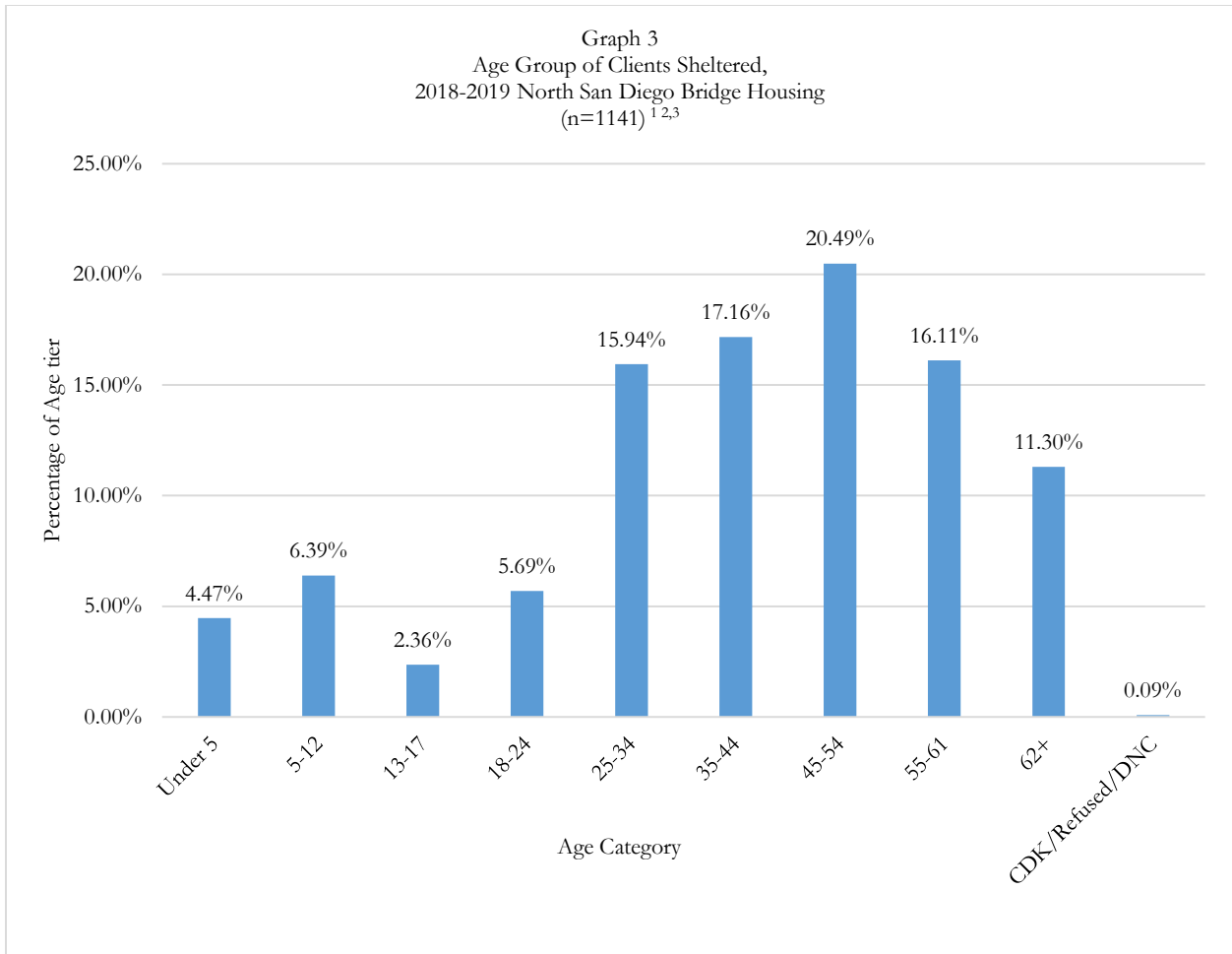
ARS 2018-2019 Gender



ARS 2018-2019 Ethnicity

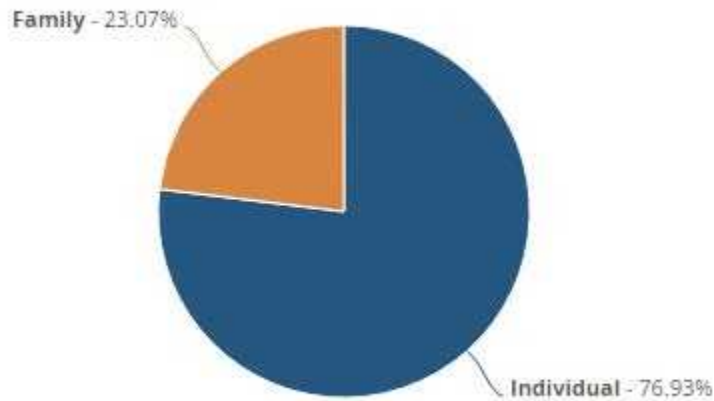


In total, around twenty percent (20.49%) of the clients sheltered were between the age 45 to 54 and 16.11% were between the age of 55-61 and 11.3% were 62 and above. Children (17 years or younger) made up 13% of those served. 75% of the total clients sheltered were between the ages of 18 and 61. (Graph 3).

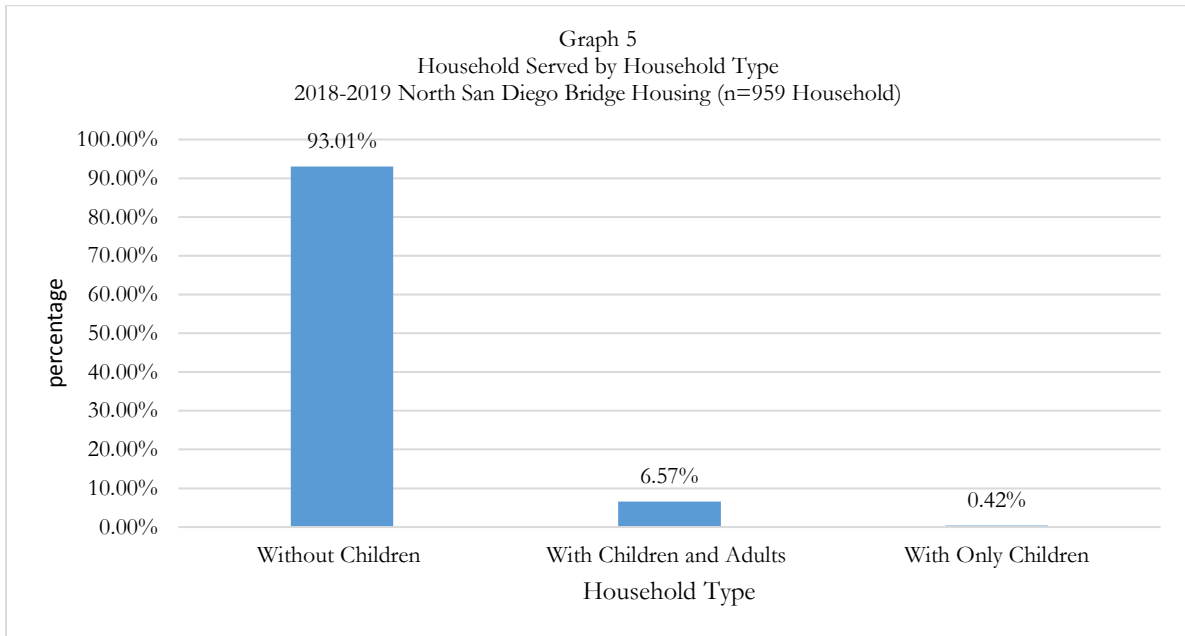


¹ Age of the client at the project start.
² There is one Client with age group undefined
³ CDK "Client Does Know" DNC "Data not collected"

Graph 4
 Entered with Family and Individually
 Clients,
 2018-2019 North San Diego Bridge Housing
 (n=1142)



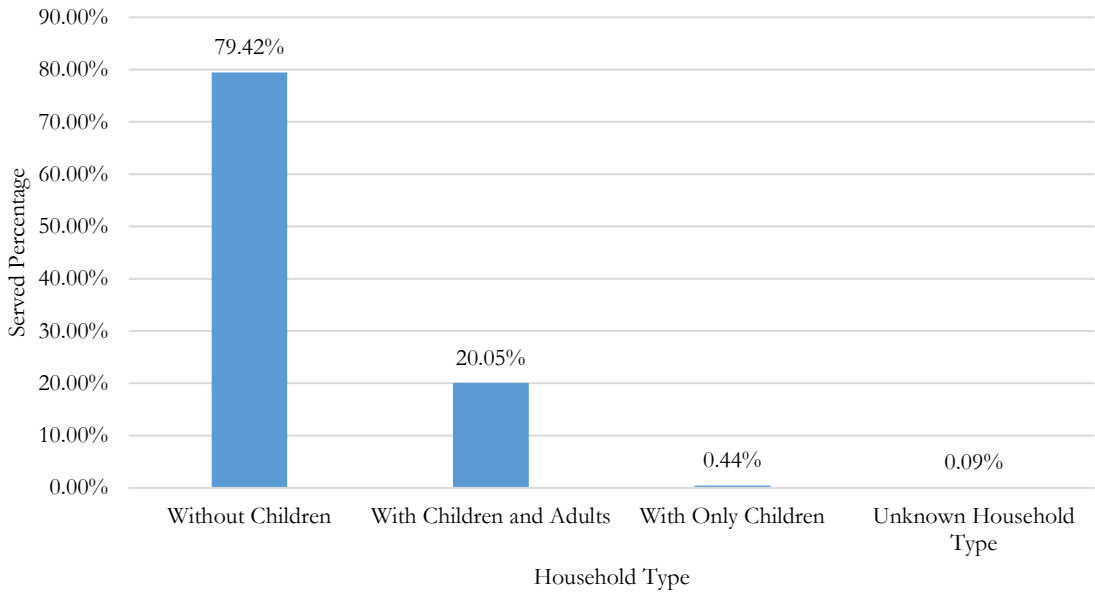
Graph 5
 Household Served by Household Type
 2018-2019 North San Diego Bridge Housing (n=959 Household)



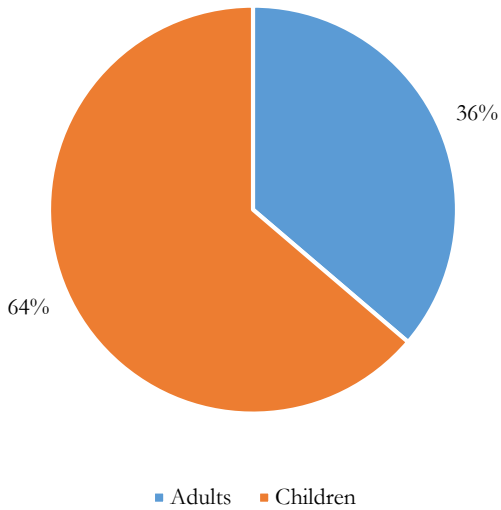
From the total clients around 23% of the clients enrolled with family and the rest 77% are enrolled individually. Among the Household served 93% are Household without children, 6.57% are household with children and adults and 0.42% are household with only children. (Graph 4 and 5).

Among the total clients served (1142 Clients) 79.42% are “household without children” household type, 20.05% are “Household with children and adults” household type and 0.44% are “with only children” household type. From the 229 served clients with “Household with children and Adults” household type 64% are adults and the remaining 36% are children. (Graph 6 and 7).

Graph 6
 Total Served Clients by household type
 2018-2019 North San Diego Bridge Housing
 (n=1142)



Graph 7
 Household with children and Adults served clients
 2018-2019 North San Diego Bridge Housing
 (n=229)

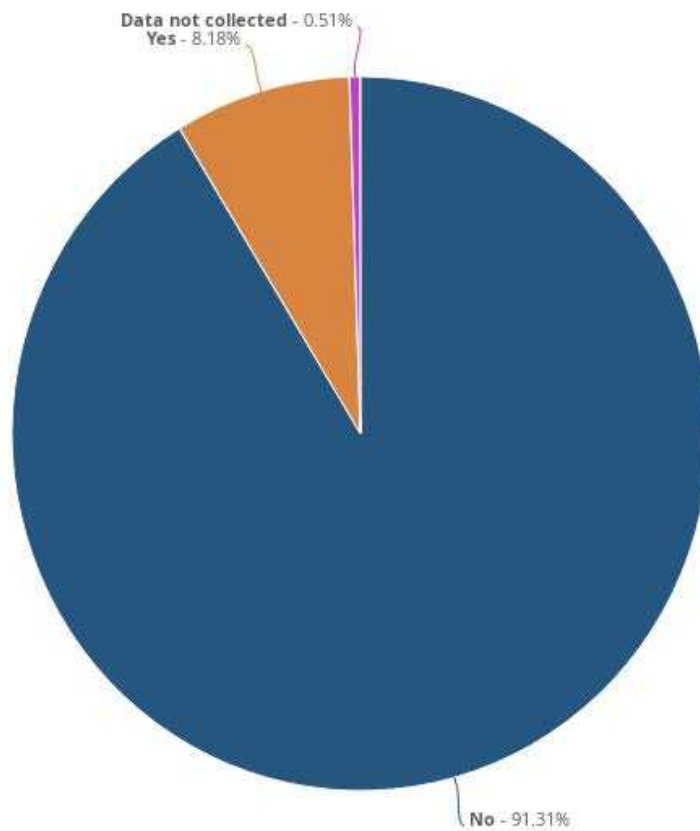


2. Information Collected from Adult Clients

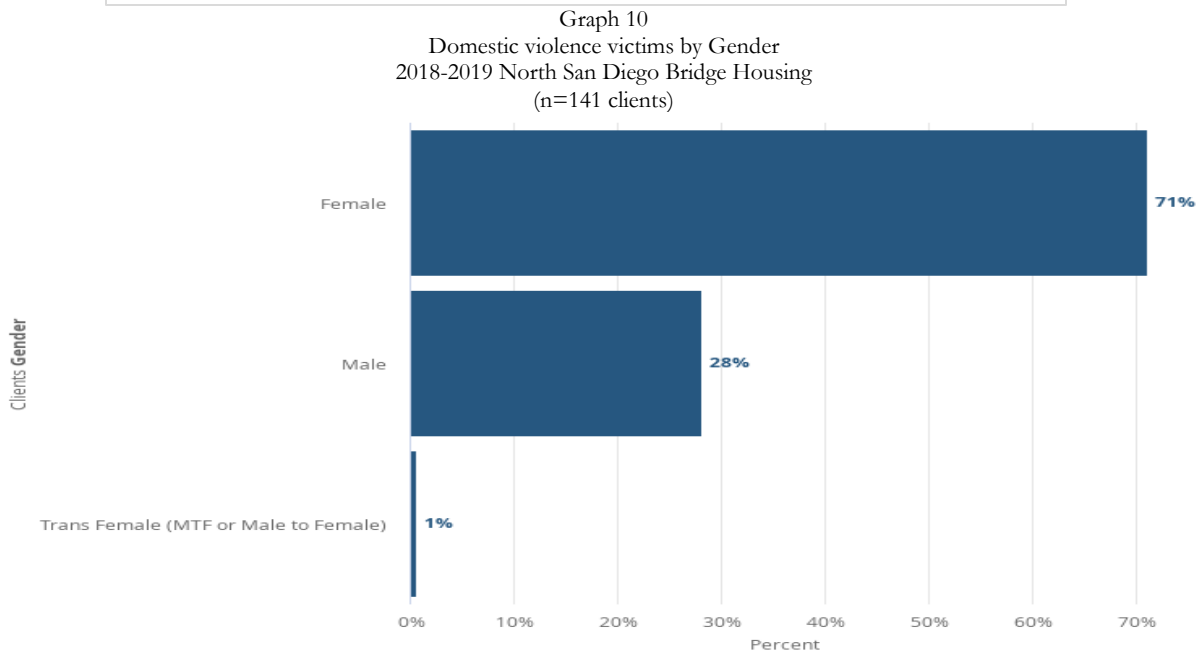
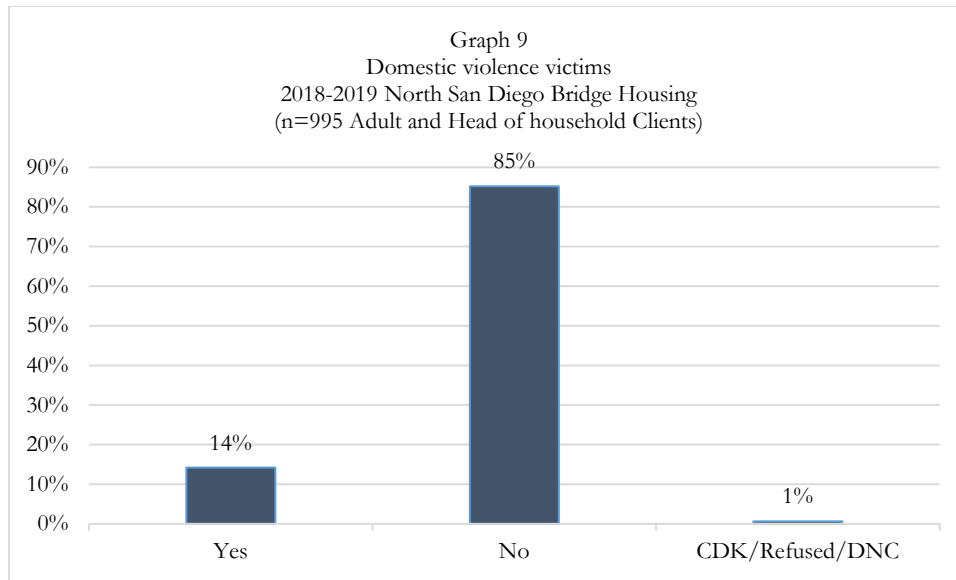
Some demographic information was collected only for adult clients aged 18 and older. Around eight percent (8.18%) of adults indicated a history of military service (Graph 9). Among them 93% are male and 7% are female. 31% of the veterans are chronically homeless. (Not graphed)

In general the total veteran population served in this year is similar with the previous 2017-2018 year (Alliance for Regional Solutions, August 2018).

Graph 8
Military History
2018-2019 North San Diego Bridge Housing
(n=990 Adult Clients)



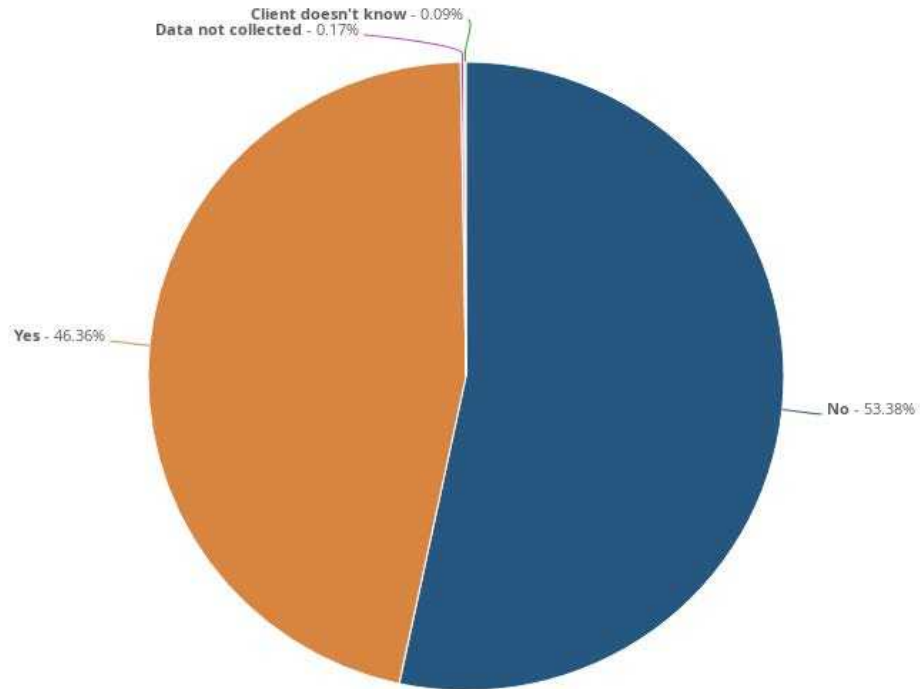
Fourteen percent (14%) of adults and Head of household reported being domestic violence victims/survivors (Graph 9). When examined by gender, among the victims (n=141) 71% are female, 28% are male and 1% are Trans female. (Graph 10).



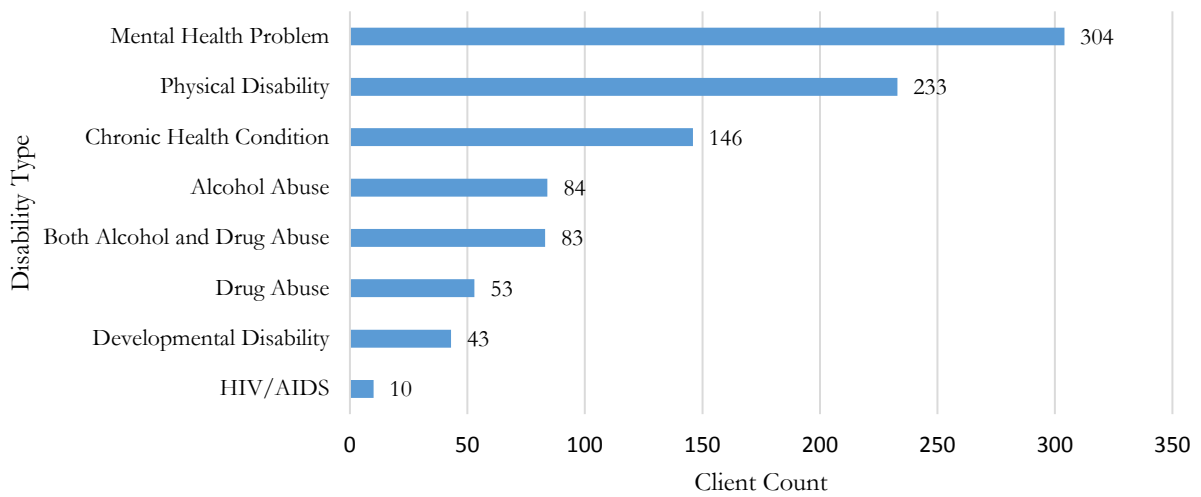
Fifty three percent (53%) of clients reported having a disabling condition (Graph 11). Physical and Mental health problem were most frequently cited (233 and 304 clients respectively) which is 20% and 27% out of the total clients served, followed by chronic health condition (146 clients), alcohol abuse (84 clients), both alcohol and drug abuse (83 clients), drug abuse (53 clients) and developmental (43 clients). Some reported HIV/AIDS (10 clients) (Graph 12).

292 Clients (which is around 26% out of the total clients served) reported with two or more co-occurring disabling conditions. 328 clients (29% of the total clients) reported having only one type of disability. 190 clients reported having two co-occurring disabling conditions. 102 clients (9% of the total clients served) reported having three or more disability types. (Graph 13).

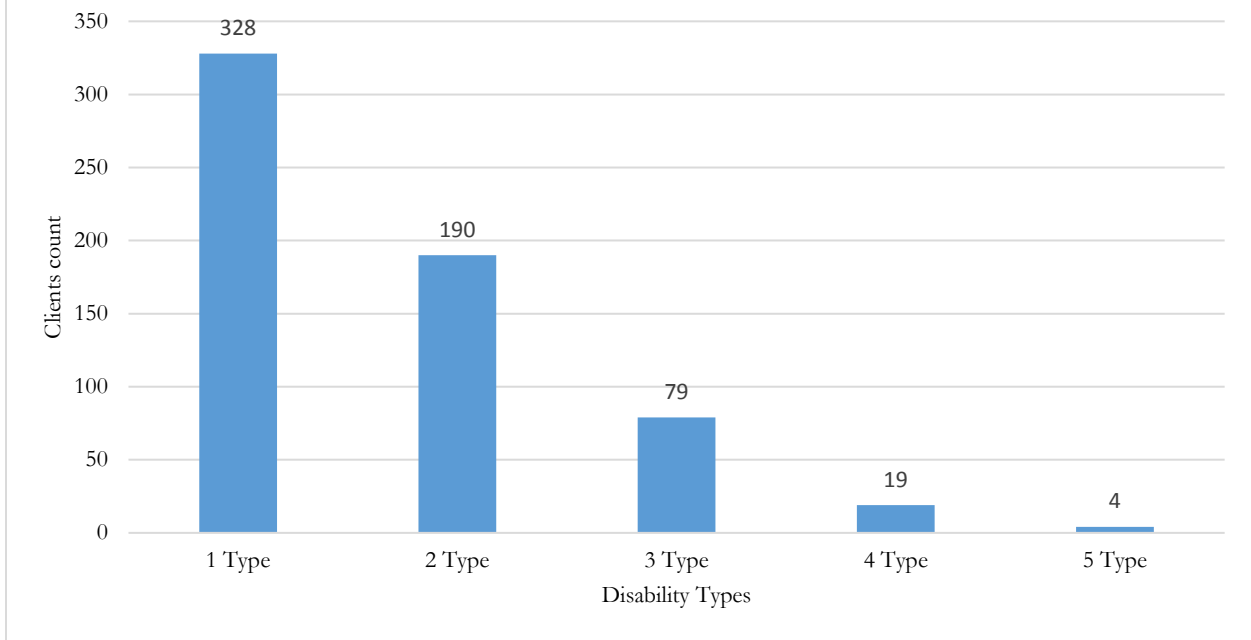
Graph 11
 Disabling Condition
 2018-2019 North San Diego Bridge Housing
 (n=1142 clients)



Graph 12
 Clients Physical and Mental Health Conditions at the time of project Start,
 2018-2019 North San Diego Bridge Housing
 (n= 1142)

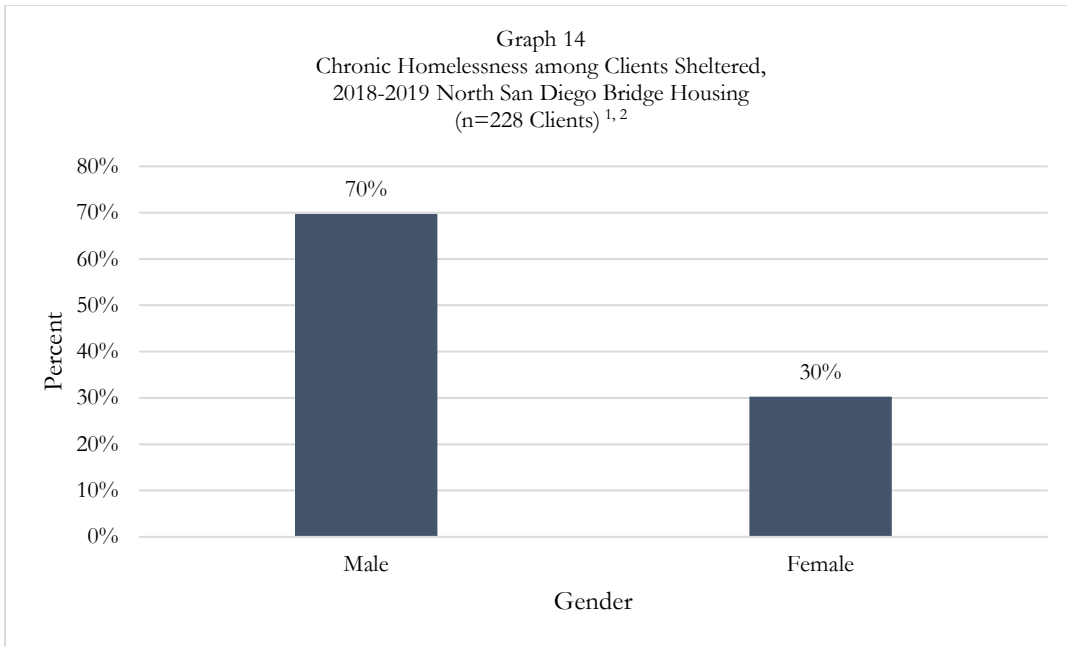


Graph 13
 Clients sheltered with one or more disability types
 2018-2019 North San Diego Bridge Housing
 (n= 1142)



Chronic homelessness is characterized by extended or frequent homelessness (living on the streets, in emergency shelters, or in a safe haven) plus the presence of a long-term disabling condition. In the 2018-2019 operating year, just around twenty percent (20%) of the total clients served were chronically homeless at the point of enrollment into the ARS shelter they were staying at. Among them 70% are male and the remaining 30% are female (Graph 14). 27% of chronic homeless clients are found in 45-54 age category and 133 chronic homeless persons reported with a mental health problem and 106 reported with physical disability at the project entry. (Appendix Data Tables, chronic)

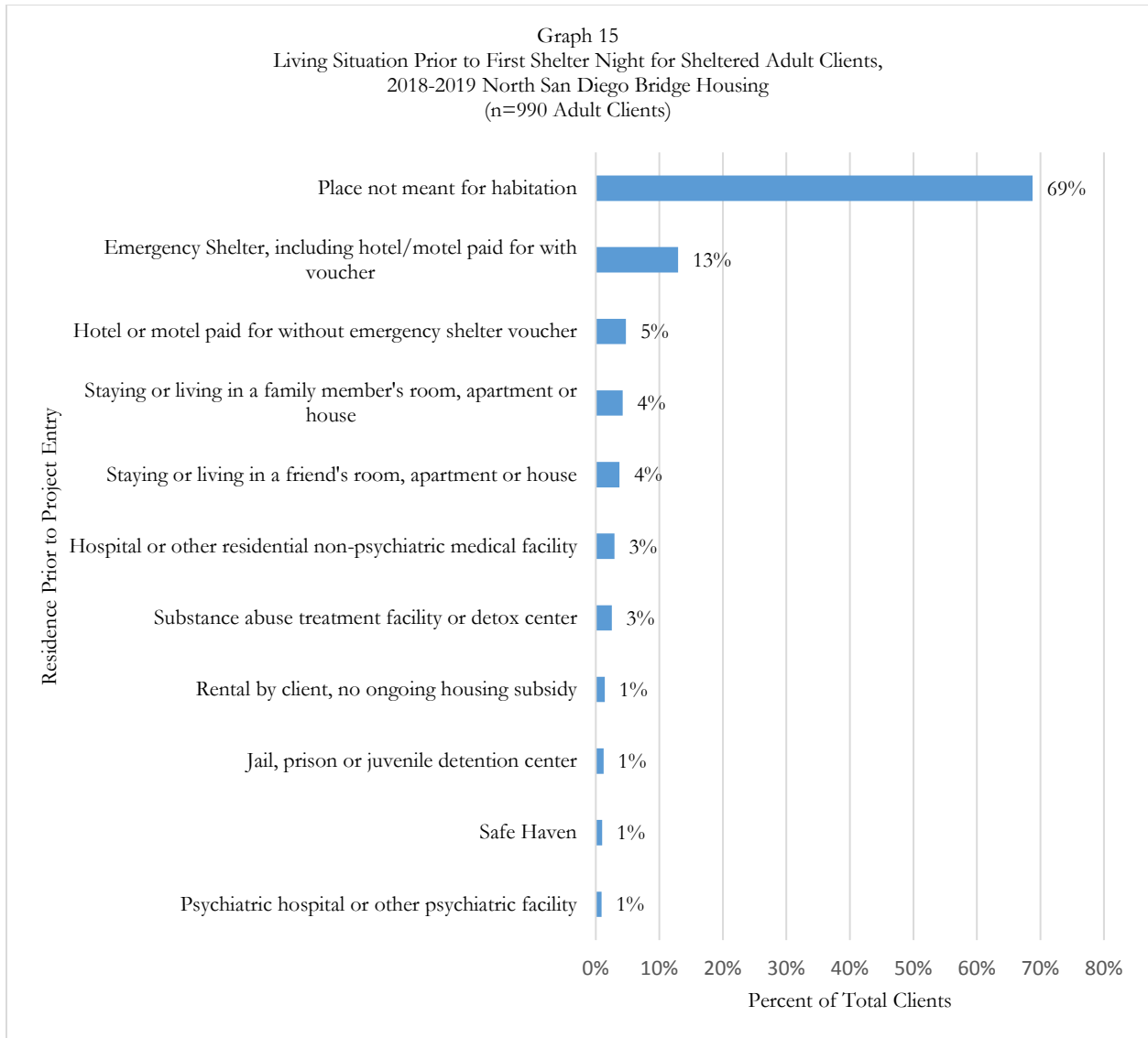
Information from other sources state that the chronically homeless spend a long period of time - often years - either living in shelters or on the streets or cycling between hospitals, emergency rooms, jails, prisons, and mental health and substance abuse treatment facilities. The chronically homeless have also been shown to be very expensive in terms of costs incurred by public systems of care, although they may only represent a small percentage of the entire homeless population.



¹ In this analysis, all adults were included without consideration for family status.

² HUD Chronic Homelessness Definition: an individual (1) with a disabling condition or expected to be of long-continued and indefinite duration and substantially impairs ability to live independently of physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem or substance abuse, and (2) who enter from streets, emergency shelter or safe haven, and (3) has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years, OR (4) a household member of a head of household (who may be a child) or any adult in the household meeting the previous disability & homelessness criteria outlined in 1, 2 and 3. (HMIS Standard Reporting Terminology Glossary, October 2015, Version 2.2).

Information describing clients' living situation the night before entry into a shelter program was recorded for most adult clients (n=990, Graph 15). The most commonly reported living situation was a 'place not meant for human habitation' (69%) and represents locations such as on the street, in a car, in an abandoned building, in a field, under a highway overpass, or any other similar place. Including places not meant for human habitation, the majority of clients came to the shelter from unstable or temporary living situations such as an emergency shelter, a hotel or motel (paid for by a shelter/organization or by the client), staying with family/friends, or coming from an institution.

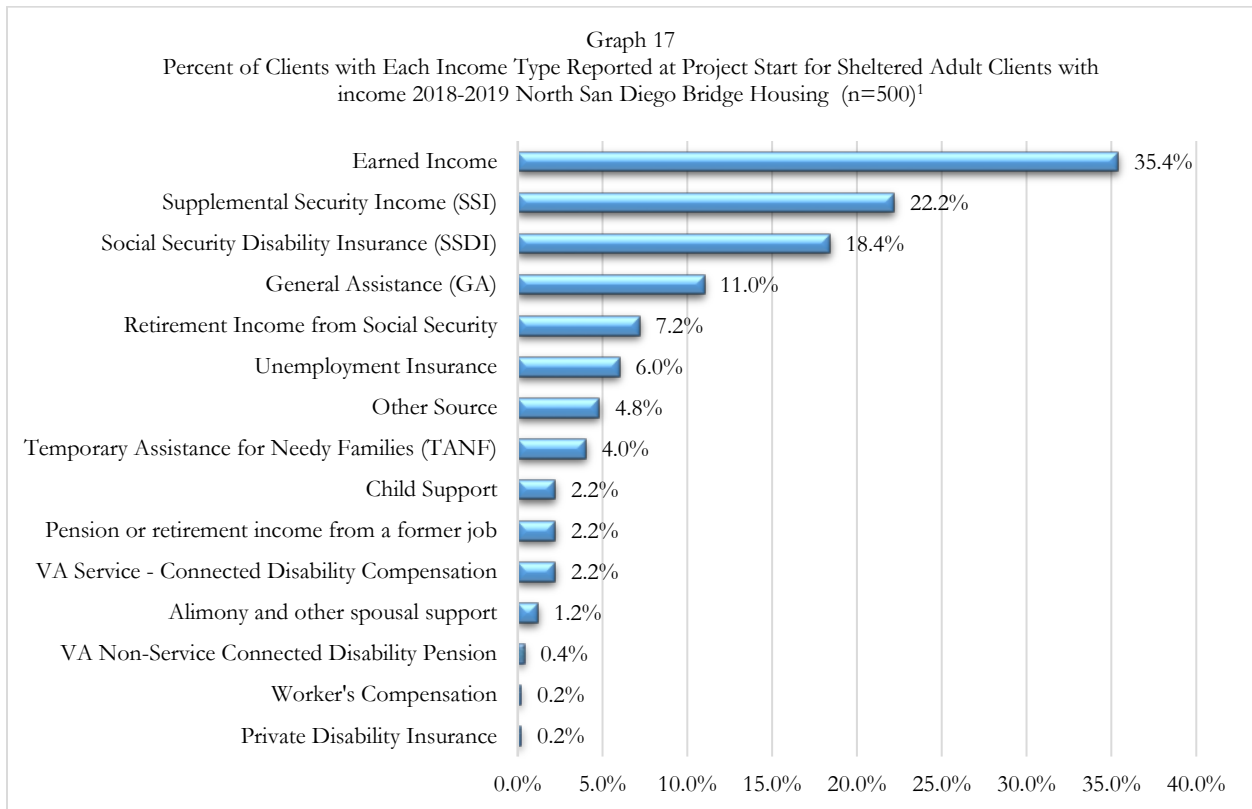
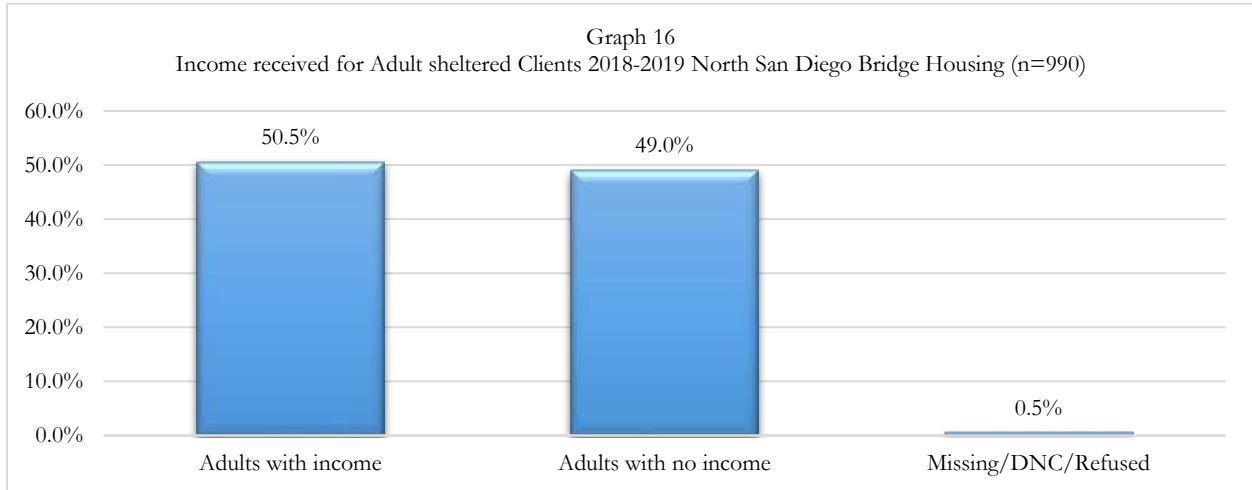


C. Income, Non-Cash Benefits, and Employment Situation

Information about a client’s income at project entry was recorded for adult clients served. Only clients who were adults at entry had their income recorded upon entry into the shelter (n=990).

Just over fifty percent (50.5%) of adult clients reported having at least one source of income, and just forty nine percent (49%) said they did not have any source of income at entry into the shelter (Graph 16).

Of those with a source of income, a large plurality of clients reported receiving earned income from employment (35.4%), Social Security Income (SSI) (22.2%), or Social Security Disability Insurance (SSDI) (18.4%). Clients were able to report more than one source of income at entry into the shelter (Graph 17).



1 Percentages add up to be greater than 100% because clients could report more than one source of income.

The range of incomes varied greatly among clients at the ARS shelters. From a minimum monthly income value of \$11.50 to a maximum monthly amount of \$4016.00, the 2018-2019 client cohort displayed an array of income amounts. The mean reported income among the group was \$1126.44 and the median was \$987 monthly income. This shows a moderate positive skew of the data (Pearson's Coefficient (Median) = 0.58) meaning a few clients with large incomes are pulling the average income higher than would be otherwise expected in a normalized distribution. (Graph 18 and Table 2)

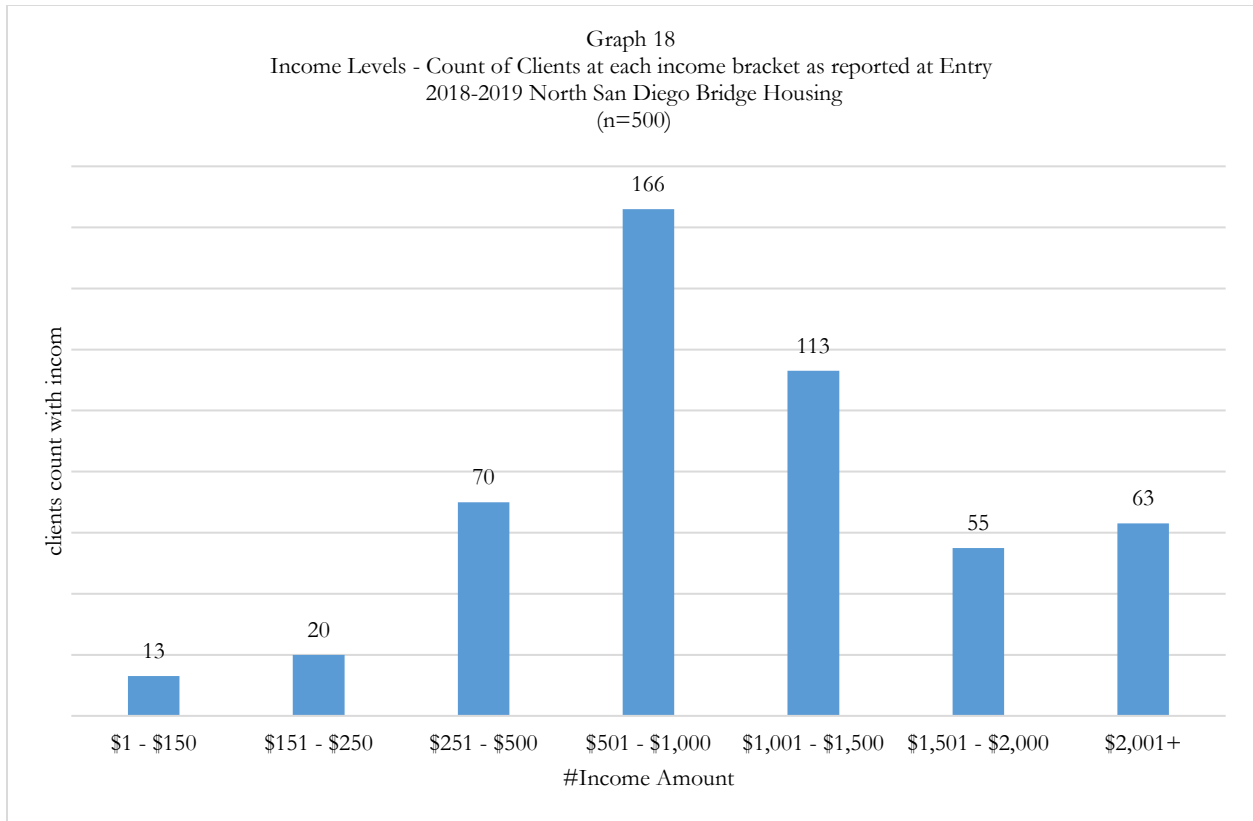


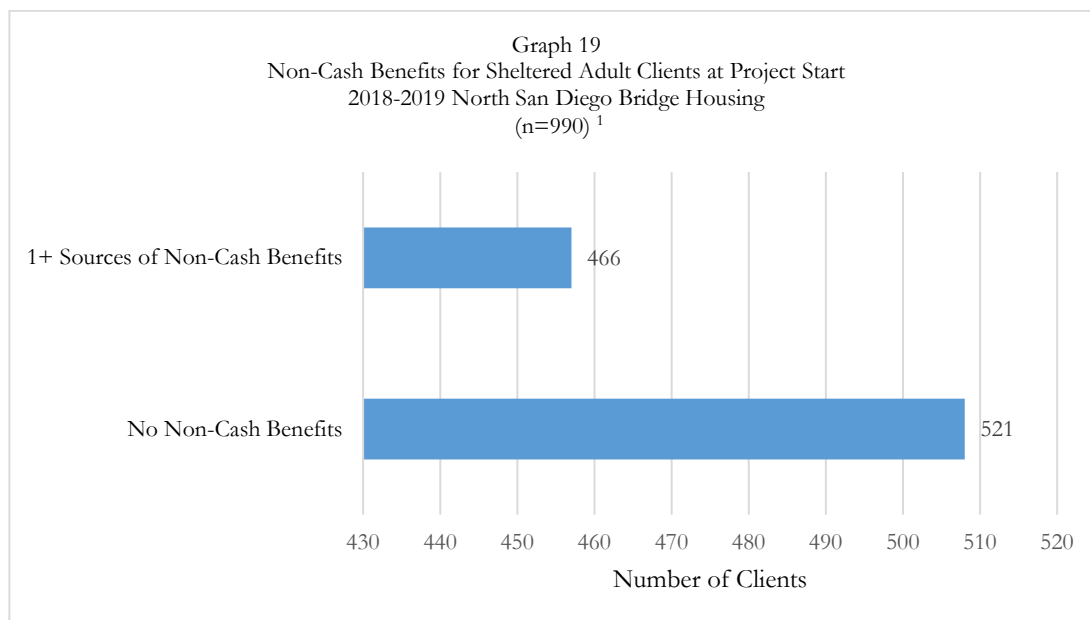
Table 2. Income Amount of Adult Clients Sheltered, 2018-2019 North San Diego Bridge Housing (n=500 adults with income amounts reported) ¹

Summary of Income Amounts Reported			
Minimum	Maximum	Median	Average
\$11.50	\$4,016.00	\$987	\$1,126.44

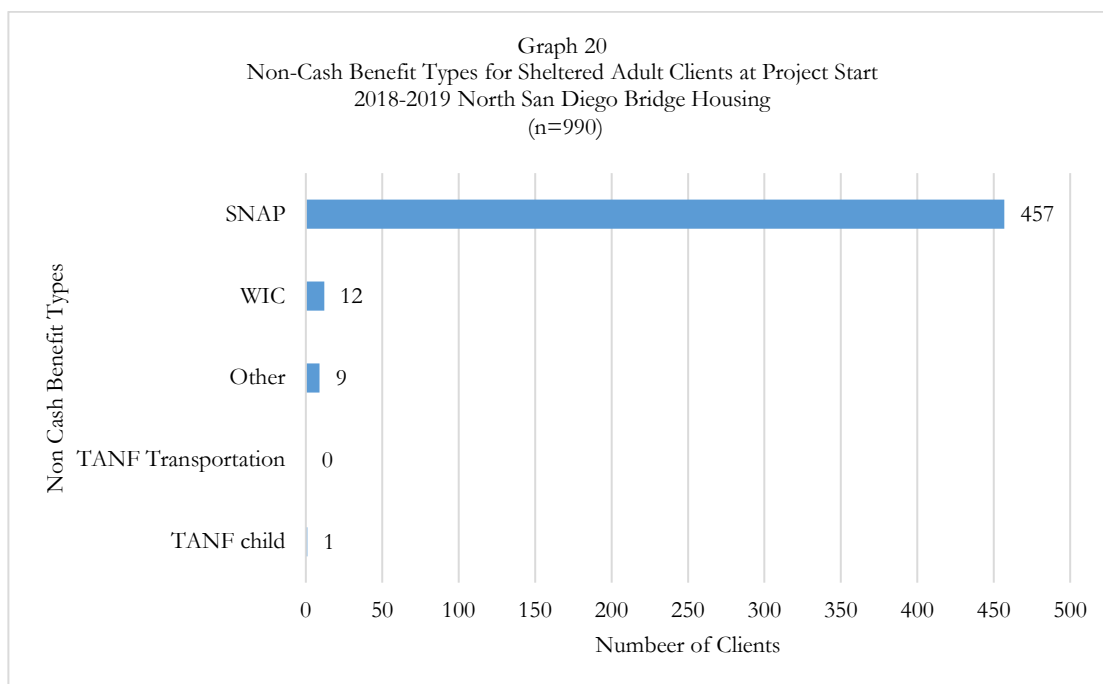
¹Income amounts from all sources totaled for each client.

Another valuable resource for clients is the availability of non-cash benefits. Just over forty-seven percent (47.1%) of adult clients reported that they were receiving non-cash benefits, while just over fifty-two percent (52.6%) responded they were not receiving non-cash benefits at project entry (Graph 19).

Every client served in the ARS shelters during operating year 2018-2019 who reported receiving non-cash benefits received SNAP (supplemental nutrition assistance program benefits colloquially known as food stamps). Among those, 12 also reported receiving WIC and 9 reported another source of non-cash benefits. The other sources of non-cash benefits were reported as Cash Aid and Section 8. (Graph 20)

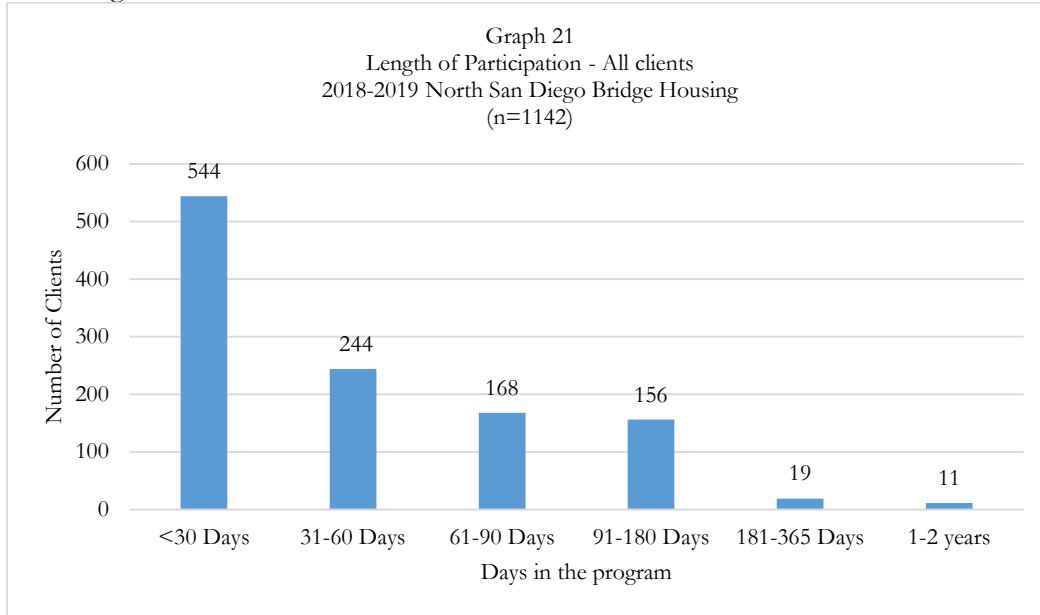


1 Total is off by three clients since there are 3 clients with "Data not collected" for non-cash benefit source

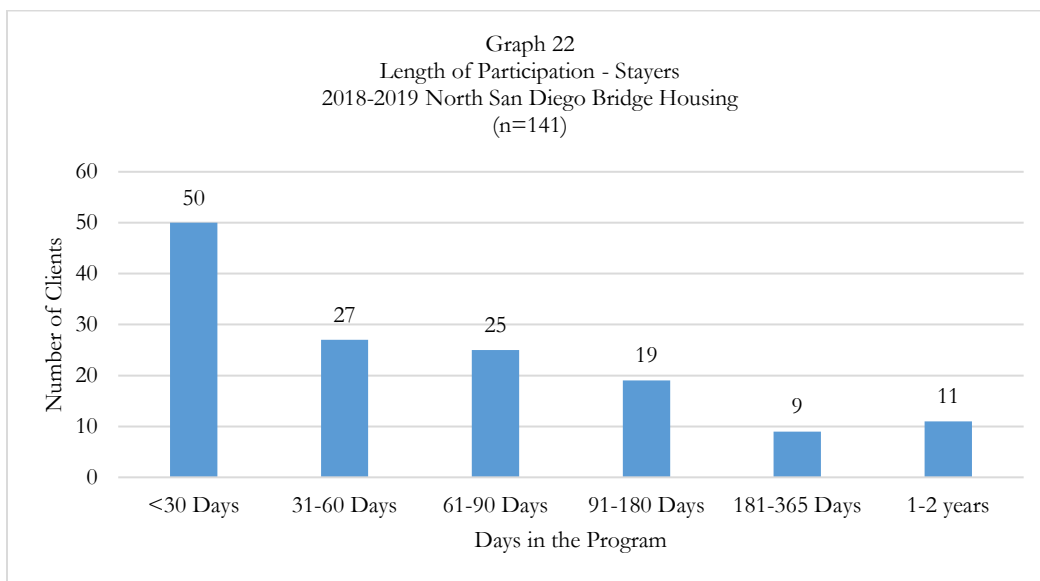


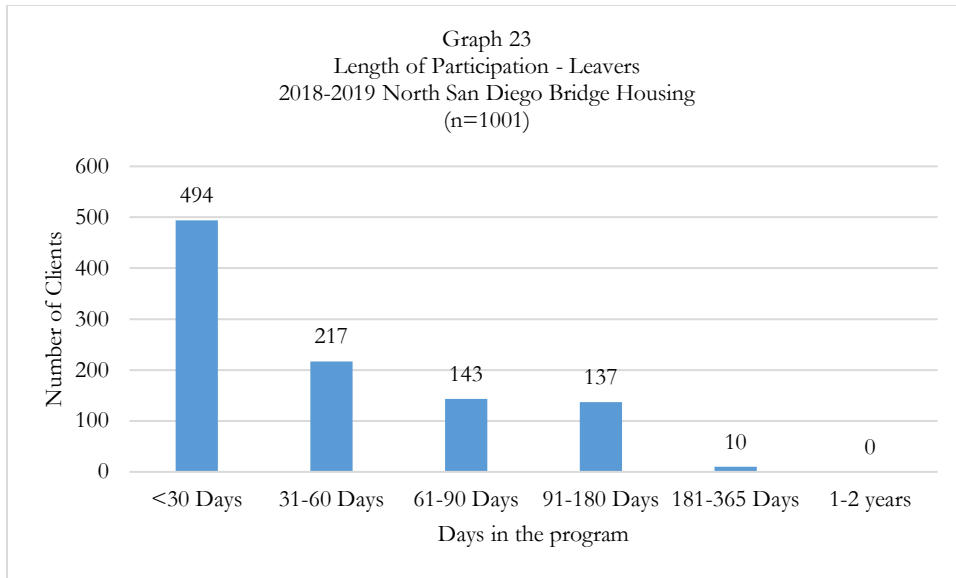
D. Length of Participation in Shelters

Utilizing HMIS data the length of distinct shelter stays was calculated for clients in the ARS North County emergency shelter programs. A very large percentage of clients have continuous stays that are less than 30 days (544 or roughly 48% of clients. Graph 21). As expected with an emergency shelter type program, longer stays are not as common. As time of stay increases, the number of clients decreases due to short-term stays and turnover being a common element of shelters.

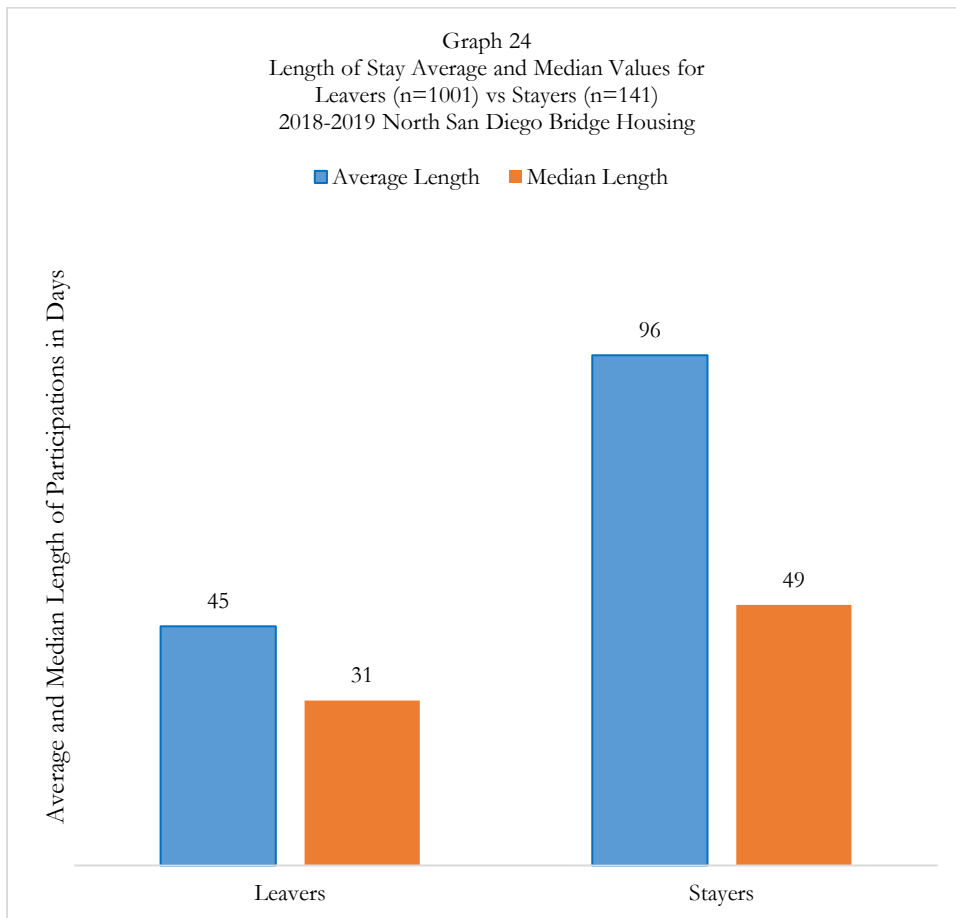


This finding is typically consistent regardless of the stayer or leaver status of a client (Graph 22 and 23). For the purposes of this report a stayer is a client who is still enrolled into an ARS shelter as of the last day of the report. A leaver is someone who had been enrolled during the reporting year, but as of the last day of the reporting period was no longer enrolled in any ARS shelter.



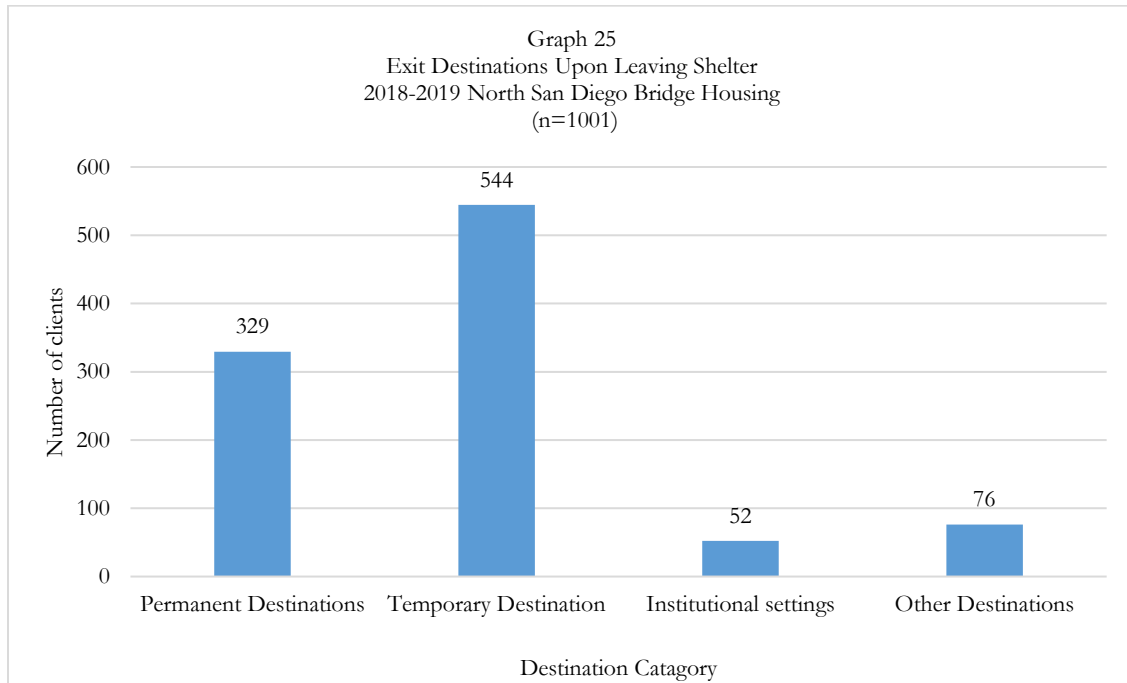


The mean and median length of stay differs between leavers and stayers. Those who remain in the program as of the last day of reporting tended to stay for a longer time than those who had exited sometime during the reporting year (Graph 24). This indicates long-term stayers rather than typical turnover near the end of the reporting year.

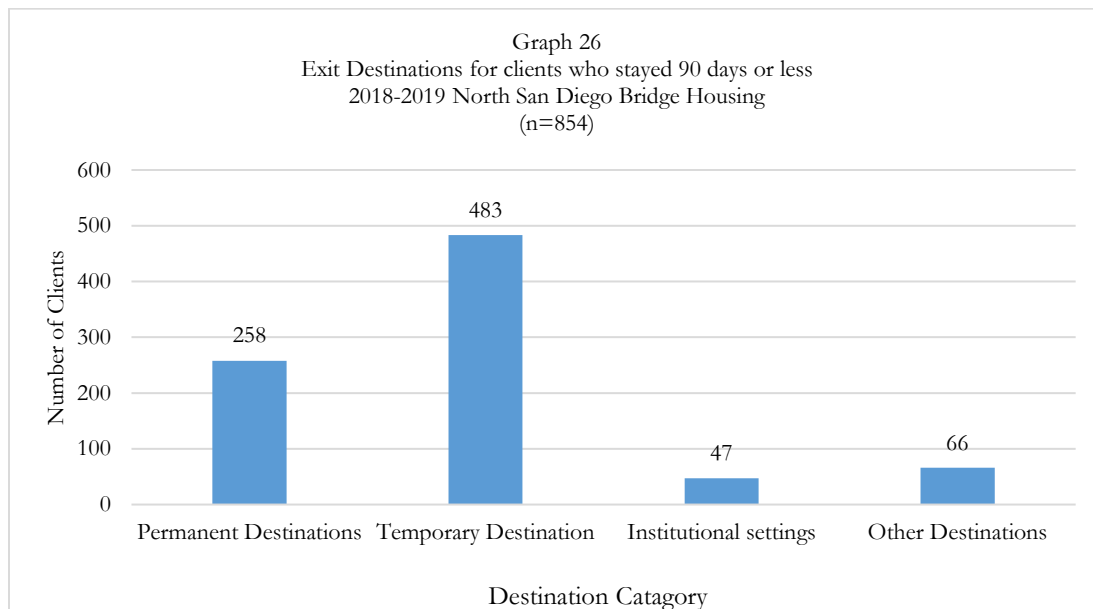


E. Destination upon Leaving Shelter

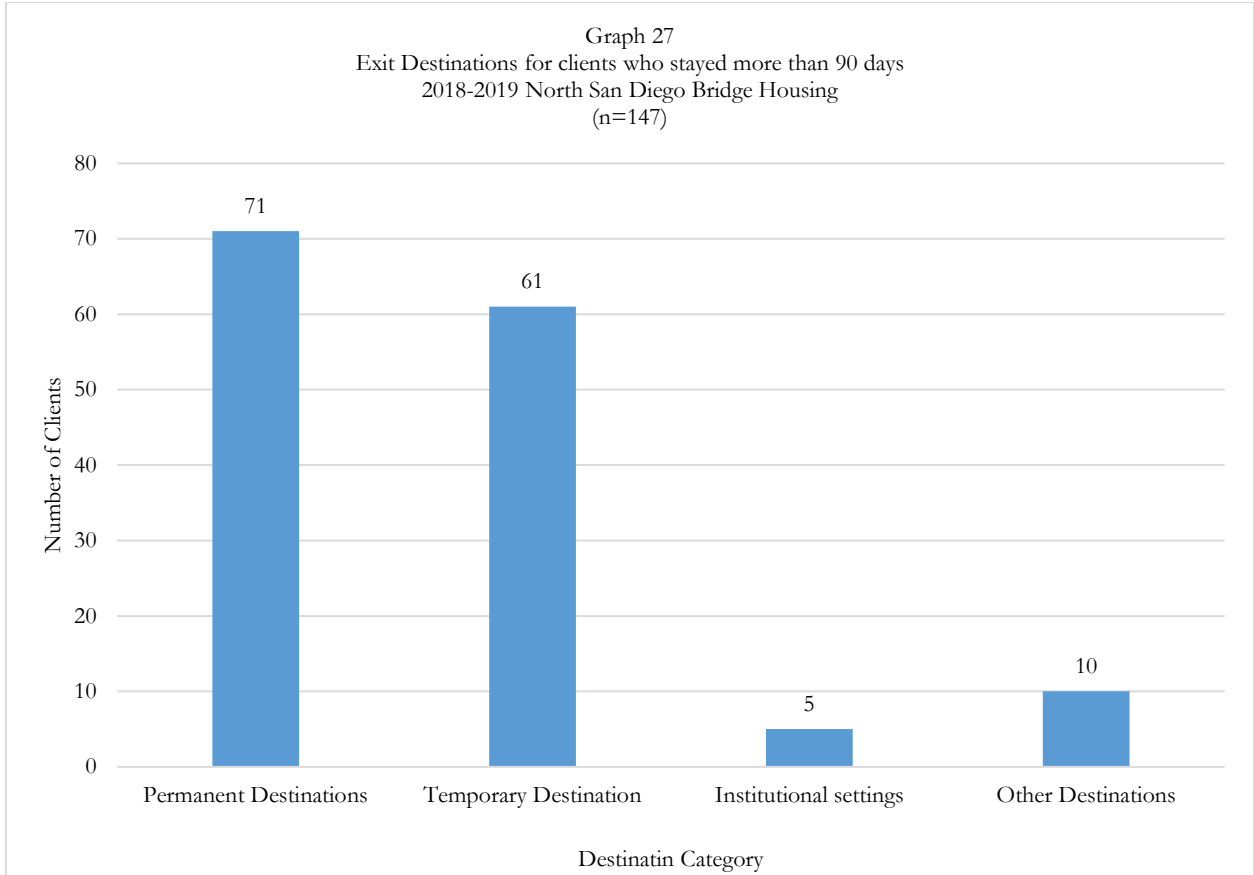
Throughout the 2018-2019 year information was collected on clients who exited the shelters in most cases. Out of 1001 clients who exited the shelters by the end of the reporting year, most 54% (n=544) went to temporary destinations such as another shelter, transitional housing, living on the street, or staying in a temporary lodging situation such as a hotel or with friends on a temporary tenure. The next most common exit destination was to a permanent destination 33% (n=329) such as an exit to a rental, staying with family on a permanent basis, or the client owning their own place of residence. (Graph 25)



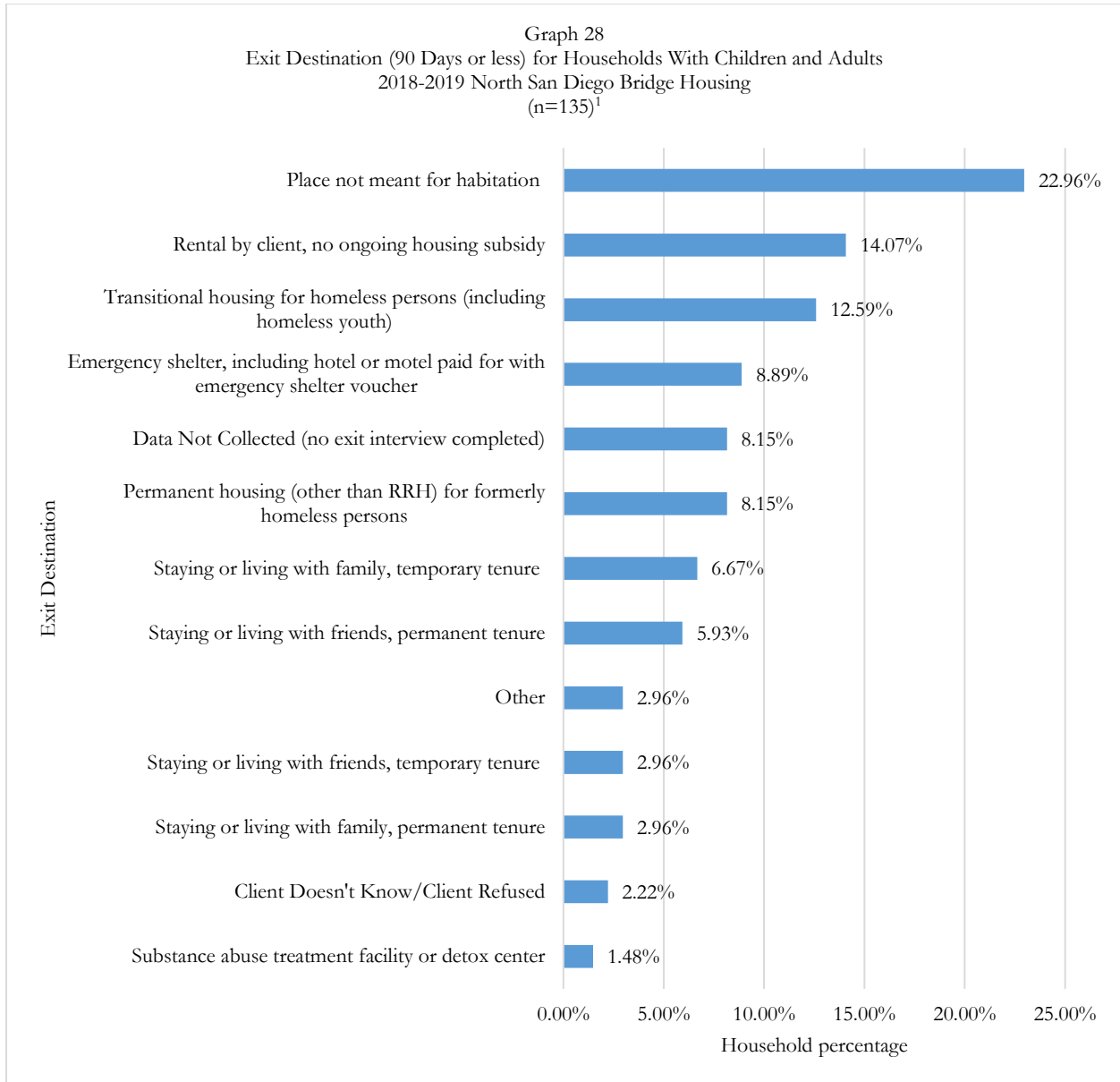
Within the 854 clients who exited with a length of stay less than 90 days, 30.21% (258) of these clients exited to permanent destinations. In that same group, 56.56% (483) of these clients exited to a temporary destinations such as another emergency shelter, transitional housing, or back to the streets. (Graph 26)



Within those 147 clients who stayed more than 90 days prior to exiting, 48.3% (71) exited to a permanent destination. Within that same group, 41.5% of clients (61) exited to a temporary destination or to the streets. (Graph 27)



Households with children and adults have been of particular concern in years past because shelters for families are limited in the San Diego region. The largest plurality of clients in households with children and adults exited within 90 days or less to the streets (23%). A combined of around 13% either did not complete an exit interview or did not know where they were going next. However, 31% of clients in households with children and adults went to some sort of permanent destination.

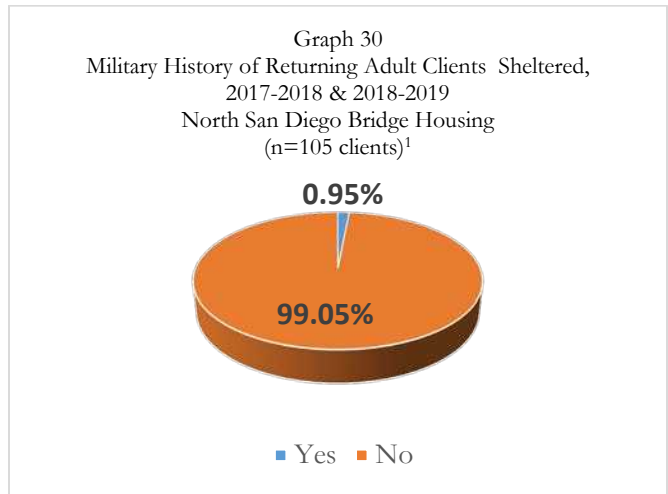
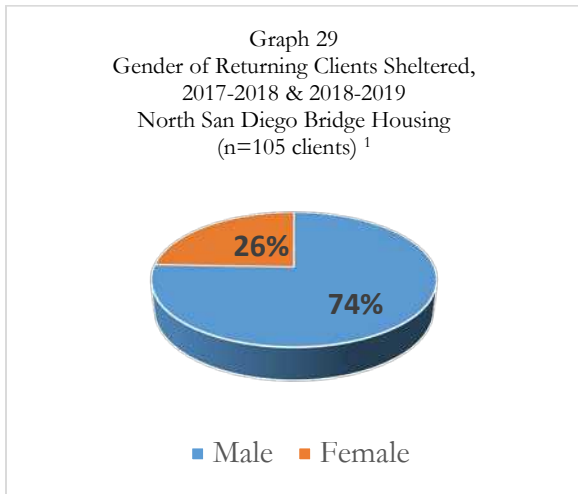


¹This count represents the number of exit destination response for all persons in households with children and adults who had an exit date prior to the end of the operating year.

F. Clients exiting 2017-2018 and returning in 2018-2019

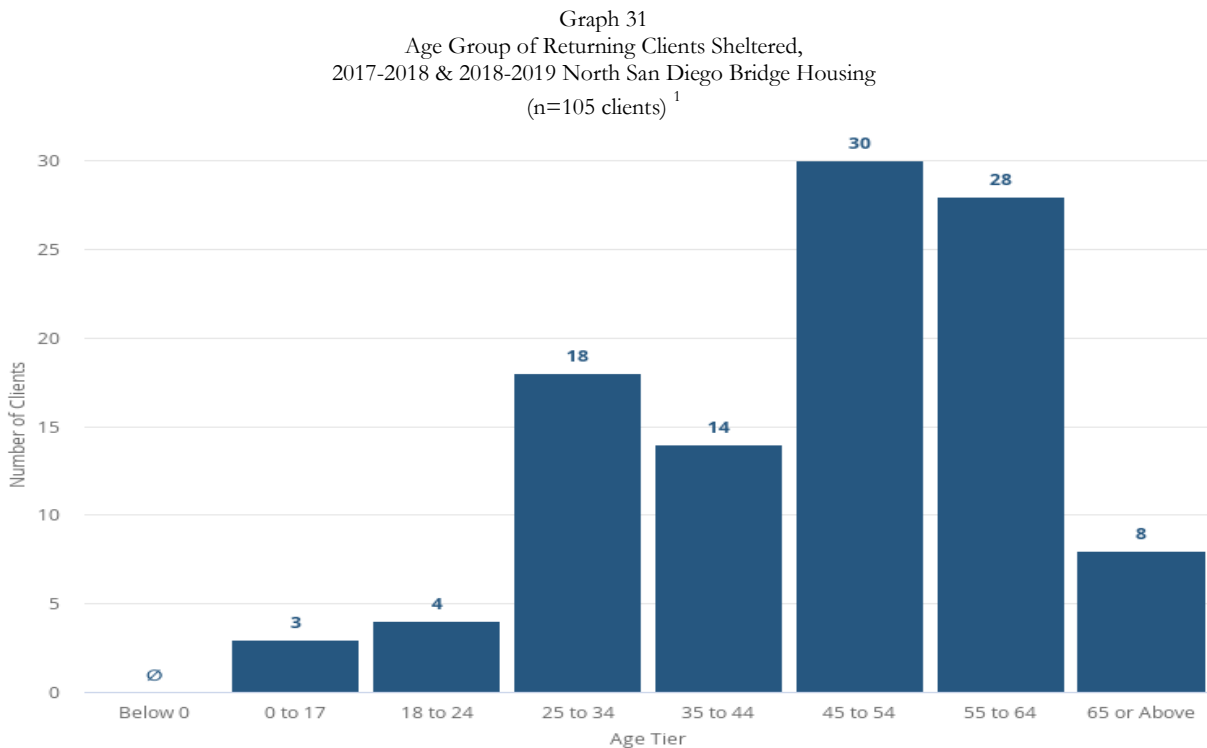
To get a more complete view of those being served by North San Diego Bridge Housing, the list of clients receiving shelter service during the 2018-2019 year was compared to that from the previous 2017-2018 year. In all, 9% (n = 105) of this year's 1142 clients were also served during the prior 2017-2018 year. Of this 105 of returning clients, 102 are adults and 3 are under the age of 18 (Graph 31).

Seventy-four percent (74%) of returning clients were male (Graph 29) and twenty-six percent (26%) were female. One client identified as a military veteran (Graph 30).



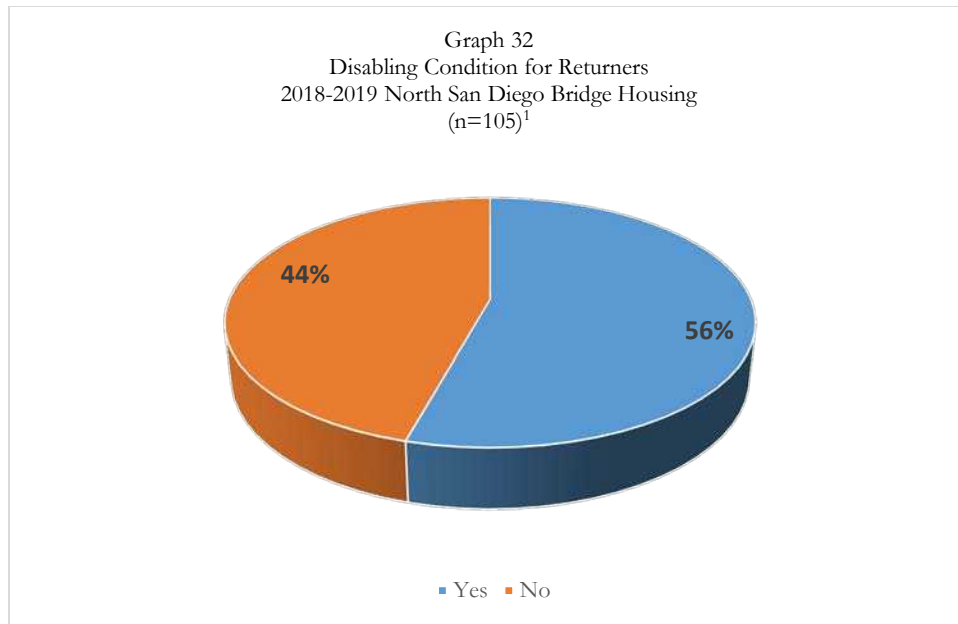
¹ Clients with shelter stay(s) during the 2017-2018 year returning for shelter stay(s) during the 2018-2019 year.

¹ Clients with shelter stay(s) during the 2017-2018 year returning for shelter stay(s) during the 2018-2019 year



¹ Clients with shelter stay(s) during the 2017-2018 year returning for shelter stay(s) during the 2018-2019 year.

Of this group of 105 returning clients, 56% of them reported a disabling condition which is defined as a disability that is long lasting or permanent and will interfere with their ability to live independently (Graph 32).

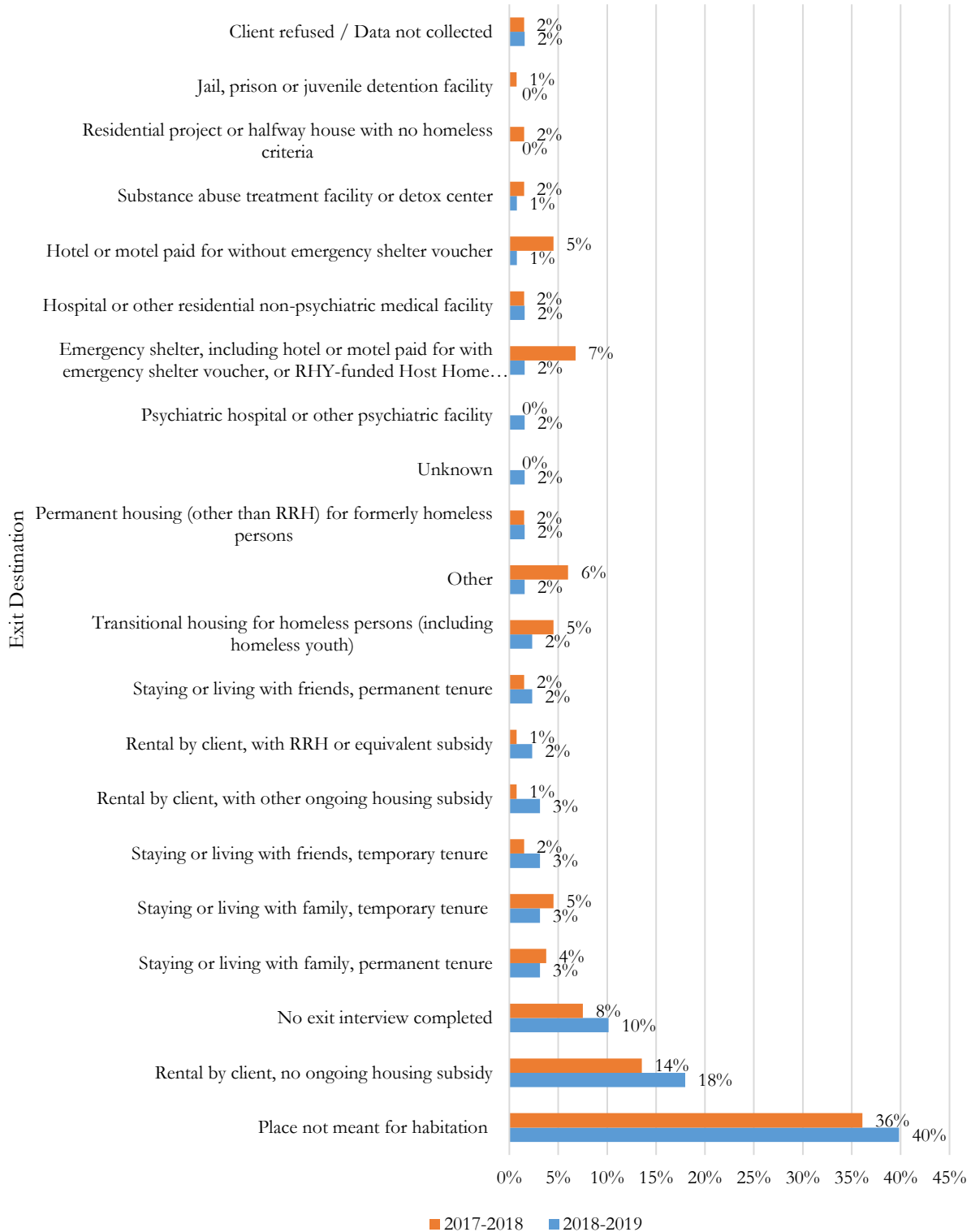


¹ Clients with shelter stay(s) during the 2017-2018 year returning for shelter stay(s) during the 2018-2019 year.

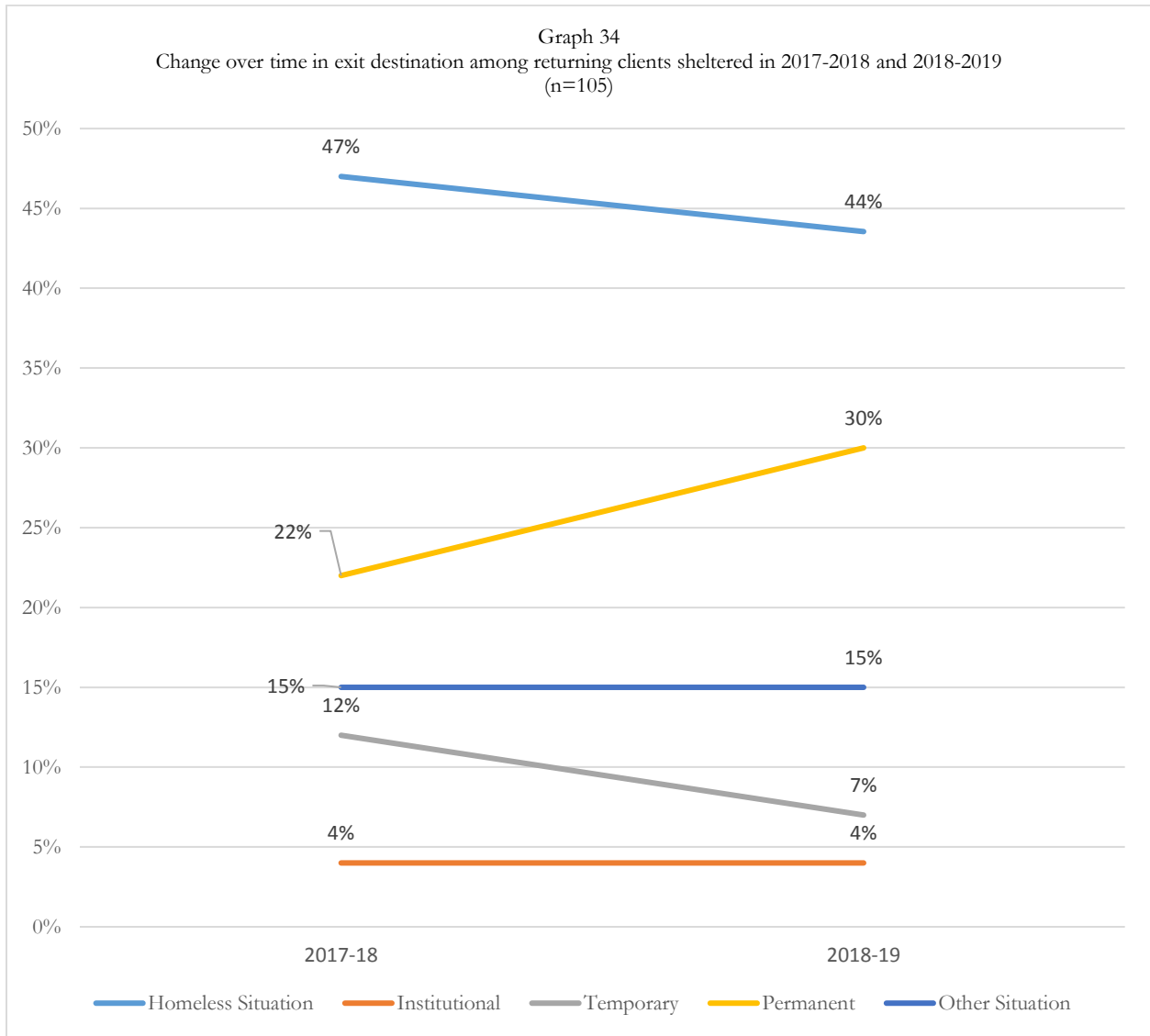
There was variation in responses for destination after exiting the shelter between the returners in the two years. (Graph 33). The percentage of exits was calculated from all enrollments associated with a cohort of 105 clients who had exited during the 2017-2018 operating year and had also returned and exited again in the 2018-2019 operating year. The number of enrollments and exits in the 2017-2018 year for this cohort of 105 was 150 exits. In 2018-2019 these 105 clients exited a total of 132 times.

The percentage of exits from the shelters to a place not meant for human habitation was 36% and 40% for the 2017-2018 and 2018-2019 respectively. Unfortunately there was an increase in the number of clients exiting without completing an exit interview between years (2% increase). Within this cohort of 105 there was also an increase of clients exiting to all types of rentals between the two years (a combined 7% increase).

Graph 33
 Destination Upon Leaving Shelter by Year,
 Returning Clients Sheltered
 2017-2018 & 2018-2019
 (n=105)



Graph 34 represents the change in exit destination for those returning year to year. There were 105 clients who had exited during operating year 2017-2018 and who had also returned and exited again in the 2018-2019 operating year. This cohort of 105 clients had 153 total enrollments and exits in the 2017-2018 year, but only had 131 enrollments and exits during the 2018-2019 year. Between the two operating years within this cohort of 105 there was an increase of 8% of clients exiting to a permanent destination (from 22% to 30%). Additionally, there were decreases in exits to homeless situations (3% decrease) and temporary situations (5% decrease) other types of exits including exits to institutional situations and other situations remained the same.



Summary

The North San Diego ARS Bridge Housing provided shelter service to 1142 unique individuals during the 2018-2019 year. Shelter recipients were more often white than any other race, more often male, more often non-Hispanic, and more often not part of a family.

The most commonly sheltered age group were 45-54 and 55-61 (20.49% and 16.11% of the overall population respectively). Around 46.4% of clients reported having at least one disabling condition. The most common disabilities reported were mental health problems (27% of the overall served clients) and physical disabilities (20% of the overall served clients). The least reported condition was HIV/AIDS (1% of responses). 14% of adult shelter stayers reported being survivors of domestic violence. Of these clients surviving domestic violence, 71% of them identified as female, 28% identified as male and the remaining 1% identified as Trans Female.

The most common exit destination from the ARS shelter system was to a temporary destination (54% of leavers) – this includes other shelters, transitional housing, and returning to the streets. However, the second most common exit destination was to permanent housing (33% of leavers). Bridge Housing shelters are emergency in nature with limited periods of operation, and often serve clients for very short times. This is reflected in that 85% of the stays in ARS shelters during the 2018-2019 operating year were less than 90 days long.

Exiting and re-entering into shelters is sometimes part of a client's path to solving their homelessness. It was found that 9% (105) of all of the clients served in the 2018-2019 operating year had stayed and exited from an ARS shelter in the previous operating year (2017-2018). This implies that the persons who stayed at these shelters in the 2017-2018 year were either not in the North County area or did not need shelter services in the current year. These clients who returned between the two operating years are more often male (75%), non-veteran (99%), and over the age of 45 (64%).

Another aspect to homelessness is whether or not a client is considered chronically homeless. Of those served this year at ARS Bridge Housing shelters, 20% were chronically homeless at shelter entry.

Overall, much can be learned about the ARS shelter system by identifying trends and developing a deeper understanding of the types of clients entering the shelter system in North County. Below recommendations will be made based on these data for consideration by the ARS Bridge to Housing Committee.

Appendix A – Recommendations

The ARS North County Bridge Housing did an impressive job at consistently completing data entry for data collected. The amount of missing data is very low in general, which shows great care in both completing the intake/assessment forms and performing the data entry into HMIS. We offer the following recommendations if feasible:

- Improve accuracy of data collection and data entry by:
 - The only high rate of error across data entry was destination values. It is recommended that regular check-ins be considered for implementation to more closely track client exit destinations.
 - Reviewing goes a long way in reducing data entry errors. Reviewing the entire data entry screen after saving the entry record to ensure data responses are stored in the database properly is key to good data quality. For instance, ensuring that rather than selecting “other” for destination, have staff review the entire list of options for accurate explanation of a client’s exit.
 - Incorporating or developing a cross-check between HMIS data and beds occupied at shelters for consistent data regarding length of stay, utilization, and possible exits which have yet to be entered.
 - Frequently run and review reports such as the Data Quality report or the APR to ensure timely entry of both enrollment and exit data at all shelters.
 - Incorporating quarterly data benchmarks for shelter staff and using HMIS reports to ensure regular checking of data quality and completeness
 - Continuing to ensure that staff who collect and/or record responses related to chronic homelessness are aware of the HUD definition and that staff are trained to collect and record disabling condition appropriately;
 - To use this performance reported in this document as a resource to continue the work that has been done by ARS to foster a culture of data competency and literacy in North County San Diego. Continuing to foster such a culture can reap great benefits in the following areas:
 - Using data to mitigate errors and increase accountability
 - Using data to manage service effectiveness
 - To prioritize and ensure the best use of resources
 - To measure the performance and oversight of shelter activity
- In conjunction with RTFH, explore additional training materials (provided by BitFocus) to best utilize the new features available to all users in the new HMIS software (Clarity) to address items such as possible exits not yet entered, data quality, and housing outcomes.
- Consider adding collection and subsequent analysis of services provided during clients’ program stays in HMIS as this data is currently not collected in a way that may be analyzed.
- Encouraging and incentivizing error-free data entry for those who collect and enter the data for making this type of analysis possible.

As a final recommendation, the RTFH suggests that continued work with RTFH CoC staff in analyzing, reviewing, and implementing conclusions gathered from this report will be an effective strategy in regards to capacity building, system planning, and implementation. ARS is a leader in building community commitment towards solving homelessness in North County and it is the RTFH's opinion that further and continued collaboration between ARS and the RTFH can enhance the entire region's response to homelessness using North County and ARS as an example.

Appendix B – Data Tables

Demographic Characteristics of Clients Sheltered, 2018-2019 North San Diego Bridge Housing (n=1142 clients)

Table 1. Gender

Demographic Characteristic	Number	Percent
Male	804	70%
Female	335	29%
Data not collected	1	<1%
Gender Non-Conforming (i.e. not exclusively male or female)	1	<1%
Trans Female (MTF or Male to Female)	1	<1%
<i>Total</i>	<i>1142</i>	<i>100%</i>

Table 2. Primary Race

Primary Race	Number	Percent
White	847	74%
Black/ African American	155	14%
Multi-racial	58	5%
American Indian/Alaskan Native	35	3%
Asian	16	1%
Native Hawaiian/Other Pacific Islander	15	1%
Data Not Collected	11	1%
Client Refused	3	<1%
Client doesn't Know	2	<1%
<i>Total</i>	<i>1142</i>	<i>100%</i>

Table 3. Ethnicity

Ethnicity	Number	Percent
Non-Hispanic/Non-Latino	762	67%
Hispanic/Latino	374	33%
Data not collected	4	<1%
Client refused	1	<1%
Client doesn't know	1	<1%
<i>Total</i>	<i>1142</i>	<i>100%</i>

Table 4. Age Group (Age at the project start)

Age Group	Number	Percent
Under 5	51	4.47%
5-12	73	6.39%
13-17	27	2.36%
18-24	65	5.69%
25-34	182	15.94%
35-44	196	17.16%
45-54	234	20.49%
55-61	184	16.11%
62+	129	11.30%
CDK/Refused/DNC	1	0.09%
<i>Total</i>	<i>1142</i>	<i>100%</i>

Table 5. Age - Adult versus Child

Age Group	Number	Percent
Adult (18+ Years)	990	87%
Child (0-17 Years)	151	13%
<i>Total</i>	<i>1141</i>	<i>100%</i>

¹ There is one Client with age group undefined

² Client age is at the project start

Table 6. Enrolled with family versus individually

Enrolled with Family/Individual	Number	Percent
Family	266	23%
Individual	887	77%
<i>Total</i>	<i>1142</i>	<i>100%</i>

Table 7. Household Served by Household type

Household type	Served count	Percent
Without children	892	93%
With children and adults	63	6.57%
With only children	4	0.42%
<i>Total</i>	<i>959</i>	<i>100%</i>

Table 8. Total Clients served by household type

Household type	Served count	Percent
Without children	907	79.42%
With children and adults	229	20.05%
With only children	5	0.44%
Unknown household type	1	0.09%
<i>Total</i>	<i>1142</i>	<i>100%</i>

Table 9. Military Veteran (n=990)

Military Veteran	Number	Percent
Yes	81	8%
No	904	91%
Data not collected	5	1%
<i>Total</i>	<i>990</i>	<i>100%</i>

Table 10. Chronic Status of Military Veteran (n=81)

Chronically Homeless Veterans	Number	Percent
Yes	25	31%
No	56	69%
<i>Total</i>	<i>81</i>	<i>100%</i>

Table 11. Gender distribution of Military Veteran (n=81)

Gender	Number	Percent
Male	75	93%
Female	6	7%
<i>Total</i>	<i>81</i>	<i>100%</i>

Table 12. Age distribution of Military Veteran (n=81)

Age tier	Number	Percent
18-24	3	4%
25-34	11	14%
35-44	12	15%
45-54	16	20%
55-61	19	23%
62+	20	25%
<i>Total</i>	<i>81</i>	<i>100%</i>

Table 13. Domestic Violence victim/Survivor (for Adults and Head of Households) (n=995)

Domestic Violence Victim	Number	Percent
Yes	141	14.17%
No	848	85.22%
Client does not know/refused/Missing	6	<1%
<i>Total</i>	<i>995¹</i>	<i>100%</i>

¹ Domestic Violence Data is collected for Head of Households and Adults (995=990(Adults) + 5(child and unknown age Head of household))

Table 14. Domestic Violence victim/Survivor (By Gender) (n=141)

Gender	Percent
Female	71%
Male	28%
Trans Female (MTF or Male to Female)	1%
<i>Total</i>	<i>100%</i>

Table 15. Disabling condition (n=1142)

Disabled (Has a Disabling Condition)	Number	Percent
Yes	541	46.36%
No	623	53.38%
Client does not know/refused/Missing	3	<1%
<i>Total</i>		<i>100%</i>

¹ Total number is greater than total unique client served since clients disabling condition is yes and no for different enrollments.

Table 16. Physical and Mental Health Conditions of Clients Sheltered, 2018-2019 North San Diego Bridge Housing (n=1142)

Disability Type	Number
Mental Health Problem	304
Physical	233
Chronic Health Condition	146
Both Alcohol and Drug Abuse	83
Drug Abuse	53
Alcohol Abuse	84
Developmental Disability	43
HIV / AIDS	10

Table 17. Number of clients with one or more disability types

Disability Type	Number
One Type	328
Two Type	190
Three Type	79
Four Type	19
Five Type	4

Table 18. Adults with and without Income (n=990)

Adult with/without Income	Number	Percent
Adults with Income	500	50.5%
Adults with no income	485	49.0%
Missing/DNC/Refused	5	0.5%
<i>Total</i>	<i>990</i>	<i>100%</i>

Table 19. Income type (n=500)

Income Type	Number	Percent
Earned Income	177	35.4%
SSI	111	22.2%
SSDI	92	18.4%
General Assistance (GA)	55	11.0%
Retirement Income from Social Security	36	7.2%
Unemployment Income	30	6.0%
Other Source	24	4.8%
Temporary Assistance for Needy Families (TANF)	20	4.0%
VA Service-Connected Disability Compensation	11	2.2%
Pension or retirement income from a former job	11	2.2%
Child Support	11	2.2%
Alimony and other spousal support	6	1.2%
VA Non-Service Connected Disability Pension	2	0.4%
Private Disability Insurance	1	0.2%
Worker's Compensation	1	0.2%
<i>Total</i>	<i>500</i>	

1 Percentages add up to be greater than 100% because clients could report more than one source of income.

Table 20. Length of Participation

Days in a program	All client count	Leavers count	Stayers count
<30 Days	544	494	50
31-60 days	244	217	27
61-90 days	168	143	25
91-180 Days	156	137	19
181-365 Days	19	10	9
1-2 Years	11	0	11
<i>Total</i>	<i>1142</i>	<i>1001</i>	<i>141</i>

Table 21. Exit Destination

Exit Destination	Client count with exit>90 days	Client count with exit<=90 days	Total
Permanent Destinations	71	258	329
Temporary	61	483	544
Institutional Settings	5	47	52
Other Destinations	10	66	76
<i>Total</i>	<i>147</i>	<i>854</i>	<i>1001</i>

Table 22. Destination for Household with children and Adults (within 90 days or less) (n=135)

Destination Type	Number	Percent
Transitional housing for homeless persons (including homeless youth)	17	12.59%
Substance abuse treatment facility or detox center	2	1.48%
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	4	2.96%
Staying or living with friends, permanent tenure	8	5.93%
Staying or living with family, temporary tenure (e.g. room, apartment or house)	9	6.67%
Staying or living with family, permanent tenure	4	2.96%
Rental by client, no ongoing housing subsidy	19	14.07%
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	31	22.96%
Permanent housing (other than RRH) for formerly homeless persons	11	8.15%
Other	4	2.96%
No exit interview completed/Data not collected	11	8.15%
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	12	8.89%
Client doesn't know/Client Refused	3	2.22%
<i>Total</i>	<i>135</i>	<i>100%</i>

Table 23. Number of chronically homeless persons by Household

Chronic status	Number	Percent
Chronically Homeless	228	20%
Not Chronically Homeless	905	79%
Client Doesn't Know/Client Refused/Data not collected	9	1%
<i>Total</i>	<i>1142</i>	<i>100%</i>

Table 24. Gender of chronically homeless persons

Gender	Number	Percent
Male	159	70%
Female	69	30%
<i>Total</i>	<i>228</i>	<i>100%</i>

Table 25. Age of chronically Homeless persons

Age group	Number	Percent
0-17	4	2%
18-24	6	3%
25-34	25	11%
35-44	36	16%
45-54	62	27%
55-61	53	23%
62+	42	18%
<i>Total</i>	<i>228</i>	<i>100%</i>

Table 26. Physical and Mental Health Conditions – chronically Homeless Persons

Disability Type	Number
Mental Health Problem	133
Alcohol Abuse	25
Drug Abuse	15
Both Alcohol and Drug Abuse	33
Chronic Health Condition	71
HIV/AIDS	5
Developmental Disability	17
Physical Disability	106

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