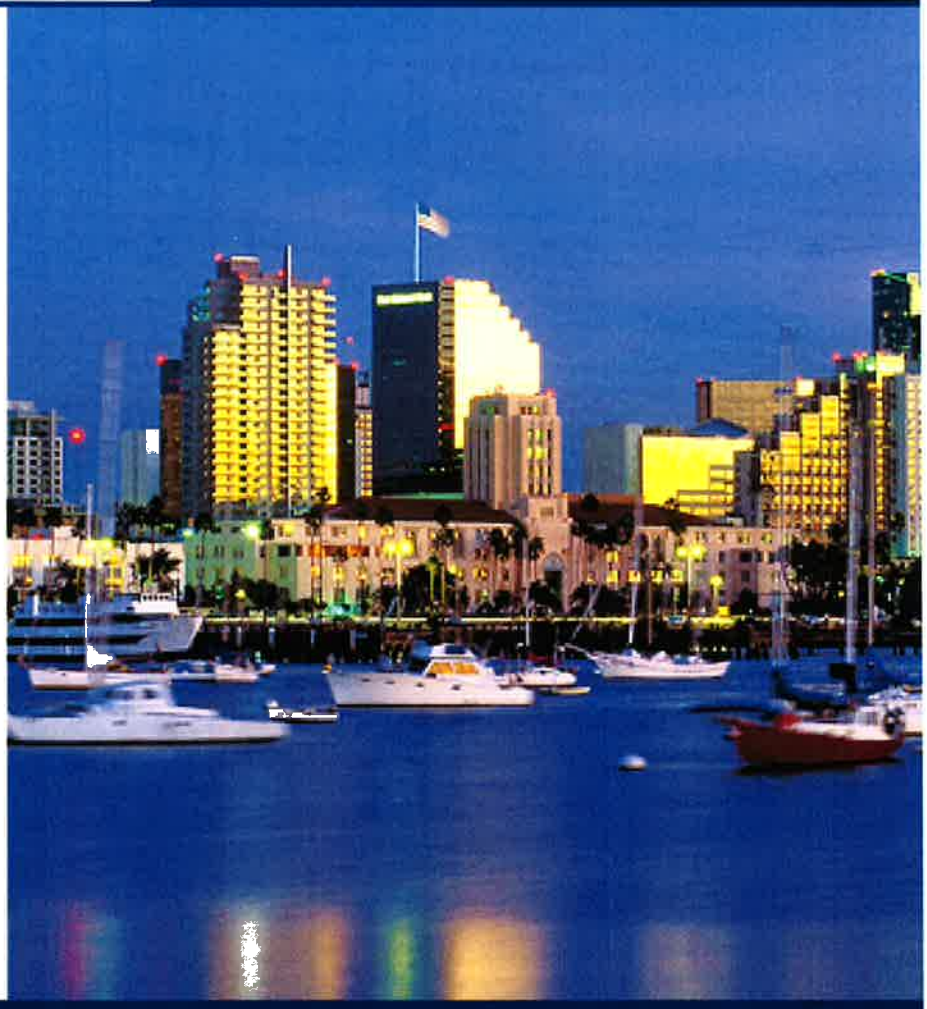
COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

Community Action Plan

Helping People. Changing Lives.
community Action
PARTNERSHIP
COUNTY OF SAN DIEGO

2014 — 2015



BOARD OF SUPERVISORS

Greg Cox, District 1

Dianne Jacob, District 2

Dave Roberts, District 3

Ron Roberts, District 4

Bill Horn, District 5

LIVE WELL SAN DIEGO

Phone: 619-338-2799
Fax: 619-338-2778
www.sdcountycap.org

1255 Imperial Avenue
Suite 743
San Diego, CA 92101

COMMUNITY ACTION PLAN
2014 – 2015
CHECKLIST

The following is a check list of the components to be included in the Community Action Plan. The CAP Plan is to be received by CSD no later than **June 30, 2013**:

X Cover Page and Certification

X Table of Contents

X Vision Statement

X Mission Statement

X Community Information Profile

X Needs Assessment

X Statewide Priority

X Federal Assurances

X State Assurances

X Documentation of Public Hearing(s)

X Monitoring and Evaluation Plan

X CSBG/National Performance Indicators (NPI) CAP projections

X Appendices (Optional)

I. Cover Page and Certification

COMMUNITY SERVICES BLOCK GRANT
2014/2015 PROGRAM YEAR COMMUNITY ACTION PLAN COVER PAGE

TO: Department of Community Services and Development
Attention: Field Operations Unit
2389 Gateway Oaks Drive #100
Sacramento, CA 95833

FROM: Community Action Partnership
Office of Strategy and Innovation
Health and Human Services Agency
County of San Diego
1255 Imperial Avenue, Suite 743
San Diego, CA 92101

Agency Contact Person Regarding Community Action Plan

Name: Dale Fleming
Title: Executive Director, Community Action Partnership
Phone: (619) 685-2214
Fax: (619) 338-2778
Email: dale.fleming@sdcounty.ca.gov

Certification of Community Action Plan and Assurances

The undersigned hereby certify that this agency complies with the Assurances and Requirements of this 2014/2015 Community Action Plan and the information in this CAP is correct and has been authorized by the governing body of this organization.

Jasmin Kirkland, Board Chairperson — May 20, 2013 Date

Dale Fleming, Executive Director — May 23, 2013 Date

II. Table of Contents

I. Cover Page and Certification 2

II. Table of Contents 3

III. Vision Statement 4

IV. Mission Statement 4

V. Community Information Profile 4

VI. Needs Assessment 18

VII. Statewide Priority 24

VIII. Federal Assurances 26

IX. State Assurances 41

X. Documentation of Public Hearings 43

XI. Monitoring and Evaluation Plan 47

XII. CSBG/NPI CAP Projections 51

XIII. Appendices 69
Appendix A (San Diego Characteristics) 70
Appendix B (Refugee Population in San Diego County) 71
Appendix C (Health and Human Services Agency Regional Areas) 72
Appendix D (San Diego Labor Market Information) 75
Appendix E (Community Survey Results) 76
Appendix F (Summary of Public Hearings Testimony) 90
Appendix G (Public Hearing Cluster Document) 98
Appendix H (Health Status in County Regions) 99
Appendix I (Proof of Publication) 105

III. Vision Statement

The Community Action Partnership (CAP) San Diego is part of the County of San Diego's Health and Human Services Agency. The vision of CAP San Diego is aligned with the national vision below.

> *Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.*

IV. Mission Statement

The CAP San Diego mission is to *"Empower economically disadvantaged individuals and families to achieve their highest level of self-sufficiency and well-being."*

This mission aligns strongly to the County of San Diego's Health and Human Services Agency mission to *"To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County"* and to the County of San Diego's mission to *"To efficiently provide public services that build strong and sustainable communities."*

CAP promotes its Vision and Mission through the integration of regional initiatives and priorities that assist low-income families and individuals acquire skills and knowledge, increase income, and promote asset building to achieve self-sufficiency.

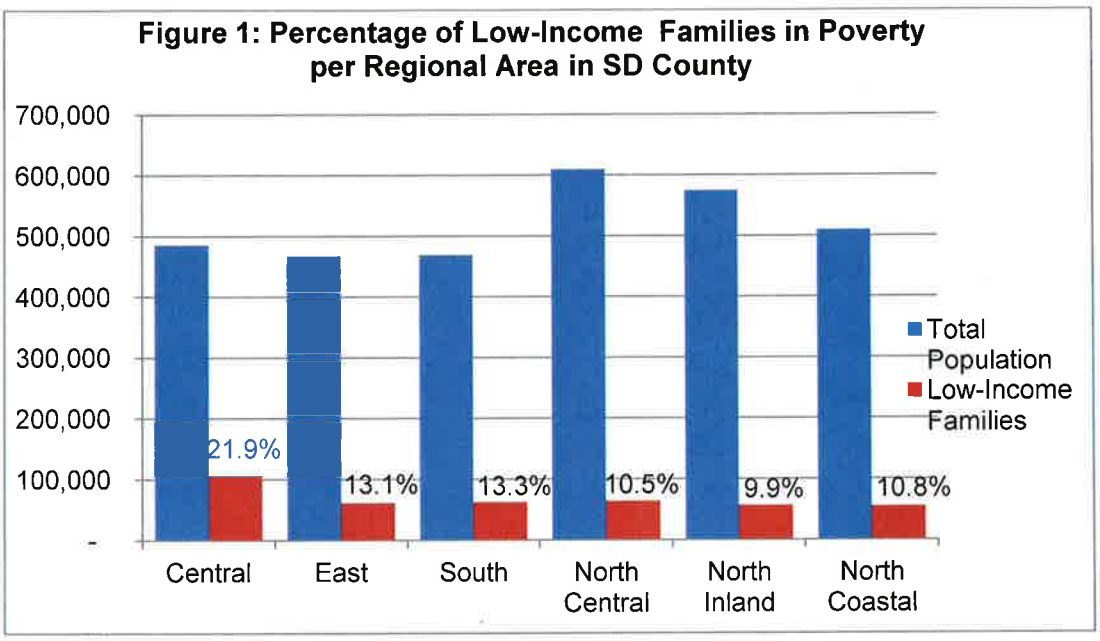
V. Community Information Profile

The Health and Human Services Agency (HHSA) divides the county into six geographic regions enabling each region to develop strong public-private partnerships to meet the needs of families in the county. The regions are: Central Region, South Region, East Region, North Central Region, North Coastal Region, and North Inland Region. Central Region includes the City of San Diego with a multitude of diverse culture and population. South Region has four cities, seven communities and is bordered on the south by Mexico. North Central Region includes 35 diverse communities, three military installations and two major universities. North Coastal consists of six cities, Camp Pendleton (a military base) and more than a dozen communities. North Inland Region includes four cities, remote desert communities, historic mountain towns, rural homes and farms, and numerous Indian Reservations. Depending on data sources, information will be provided by these six regions. For more demographic information about each region, see Appendix A. For overall characteristics, see Appendix B.

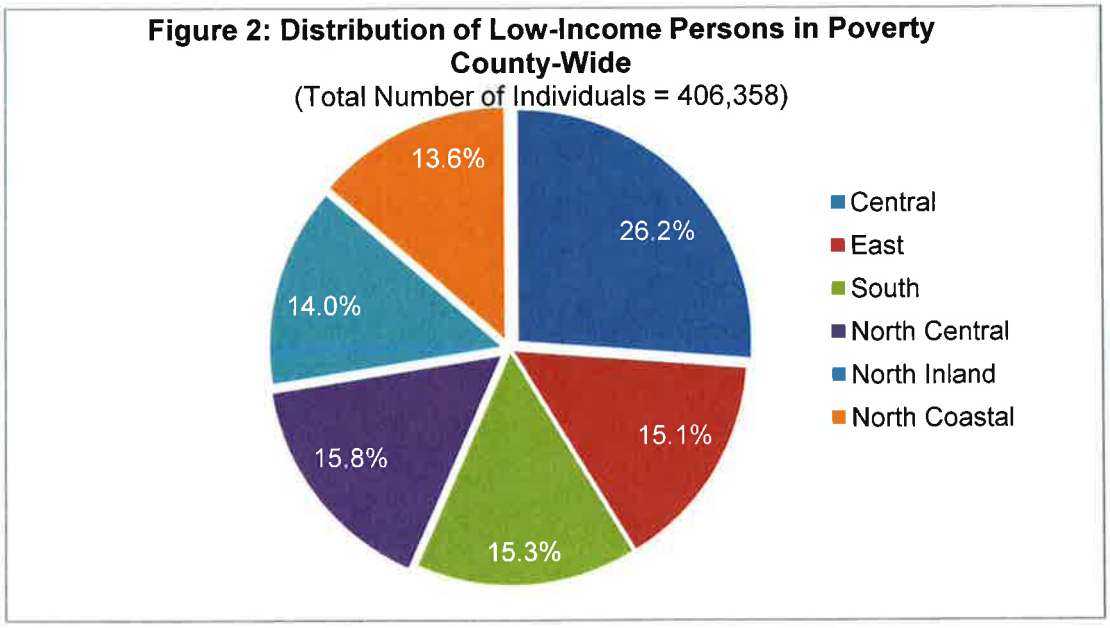
A. Poverty, Cost of Living, and Income Distribution

According to the American Community Survey, the poverty rate in San Diego County rose to 15.1% for individuals and 11% for families in 2011 (up from 14.8% in 2010). Of the over 462,000 persons living below the federal poverty level (FPL), more than 137,000 were children (under 18 years) which puts the childhood poverty rate at 19.1%. Also, 117,408 persons below the FPL ($22,350 for a family of four in 2011) were employed either full-time or part-time.

To put this in perspective, over one in four persons living in poverty was employed in 2011. African American and Hispanic individuals were disproportionately affected. Among African-American individuals, the poverty rate was 23.5% and among Hispanics it was 21.1%. The average percentage of low-income families in poverty for each region range from 9.9% in North Inland Region to 21.9% in Central Region. See Figure 1.



The distribution of all low-income persons in the county show that compared to the rest of the county, Central Region has the largest percentage of its population as low-income, basically one out of every four residents. See Figure 2.



Because of the high cost of living in this region, the Center on Policy Initiatives (CPI), a local research and advocacy organization, uses a different measure of income needed for basic sustenance. This measure is 200% of the FPL. Using this measure, more than one third of the County's population suffered economic hardship in 2011. For a family of four to achieve self-sufficiency, it would take two earners each working 54 hours per week at minimum wage ($8.00 per hour in California.) Alternatively, a single earner would have to earn $21.49 to provide his or her family with the essentials for living in San Diego. Those living below self-sufficiency represent a significant cross-section of San Diego residents, cutting across ethnicity, age, education and gender lines.

Most significantly, purchasing power for all households fell by an average of $2,337 from 2010 to 2011. Approximately 529,130 people or 17.4% of the population were without health insurance. This number includes 136,249 people who worked full-time, year-round.

Table 1 below presents a snapshot of population and housing estimates by each of the six regions and the county overall.

Table 1: Population and Housing Estimates Region vs. Countywide (SANDAG, Current Estimates - 2009)

	Central Region	East Region	North Central Region	North Coastal Region	North Inland Region	South Region	County
Population	513,543	470,898	620,502	556,872	579,151	460,739	3,224,432
Median Income (adjusted for inflation)	$34,839	$44,433	$54,558	$52,146	$54,658	$44,191	$52,032
Ethnic Background							
White	27%	64%	62%	59%	58%	25%	49%
Hispanic	42%	22%	13%	28%	28%	54%	31%
Asian	14%	4%	17%	5%	8%	13%	11%
African American	13%	5%	3%	4%	2%	5%	5%
American Indian	<1%			<1%			<1%
Other	4%	5%	5%	4%	4%	3%	4%

The median non-family income in the county dropped from $53,553 in 2010 to $42,994 in 2011. Median household income declined from $81,832 to $78,835 during the same period. This represents a 3.8% decline in inflation adjusted dollars. The percentage of employed persons with health coverage decreased from 80.7% to 79.5%.

The San Diego region has approximately, more than one million households. In 2011, among these households, 457,315 had an annual household income less than $50,000. This number represents an increase over the previous year which reflects a decline in income among the bottom earners in the economy. Recent income data extracted from the American Community Survey for the San Diego area are summarized on Table 2 (next page).

Table 2. Decline in Income Among San Diego Households		
	2010	2011
Households receiving less than $14,999 ($7.21/hr)	111,427	126,266
Households receiving between $15,000 & $24,999 (12.01/hr)	92,325	98,678
Households receiving between $25,000 & $49,999 ($24.04/hr)	240,895	232,371
Total households receiving less than $50,000	444,647	457,315

The analysis by the Center on Policy Initiatives determined that the quality of jobs created by major industries in the region failed to keep pace with the cost of living creating shrinkage in middle income earnings with people becoming mired in poverty. African American and Hispanic families and women were disproportionately affected. Full-time employees in most industries earned the same or less than they did five years ago.

Poverty is closely associated with homelessness and in San Diego the high cost of housing has added to the homeless problem. Data from the San Diego Regional 2012 Point-In-Time Count study conducted by the San Diego Regional Task Force on the Homeless shows that, in contrast to California, the homelessness trend is up in San Diego. Homelessness in the County has steadily increased from 7,892 in 2009 to 9,638 in 2012. This is an increase of 22% for the period and 6.9% over the preceding year. Many of the homeless fall into the chronically homeless category. These are adult individuals with disabling conditions which significantly impairs their ability to live independently and who have experienced at least a year of continuous homelessness or have had at least four episodes of homelessness in the past three years. Of the estimated 7,393 homeless adult Individuals, about 31% met the definition of chronically homeless and 2,093 remained unsheltered.

In general, low-income families living in San Diego will continue to struggle with the declining economy as they attempt to regain jobs and resources to meet their most basic needs. Community service providers and local government agencies will continue providing services with already stretched resources and hope to reach at a minimum, those families and individuals that need them most.

B. Ethnicity

The county has a highly diverse population of native born Americans, immigrants, and refugees. San Diego is now a minority-majority county where no single ethnic group comprises more than 50% of the population. Whites make up 48% of the racial/ethnic groups followed by Hispanics, 32%, and Asians 11%. Almost one-in-five African Americans, Latinos and Native Americans live below the Federal poverty level. Table 3, on the next page, provides the ethnic breakdown for San Diego county in 2010.

Table 3. Ethnic Breakdown in San Diego	
Race	**% of population in 2010**
White	48%
Hispanic	32%
Asian/Pacific Islander	11%
African American	5%
American Indian	<1%
Other	4%

What these numbers do not reveal is the extent and diversity of the refugee community. Data from the State of California, Refugee Programs Bureau, show that between 1975 through November 2012 a total of 75,179 refugees resettled in San Diego. In 2009, San Diego overtook Los Angeles as the number one destination for refugees and is now seen as the "refugee capital" of the United States. In the past five years alone, approximately 15,000 refugees have made San Diego their home. See Appendix B for more detail information on Refugees.

C. Health

In 2010, the County Board of Supervisors adopted a comprehensive innovative strategy on wellness, called *Live Well, San Diego*! This long-term plan to advance the health and overall well-being of the region is being built with community involvement in a phased approach. The first phase – Building Better Health – was adopted on July 13, 2010. The second phase – Living Safely – was adopted by the Board on October 9, 2012. To achieve the overarching goal of a community that is healthy, safe, and economically secure, a third phase – Thriving – will be rolled out in the future. For more information go to:

www.sdcounty.ca.gov/hhsa/

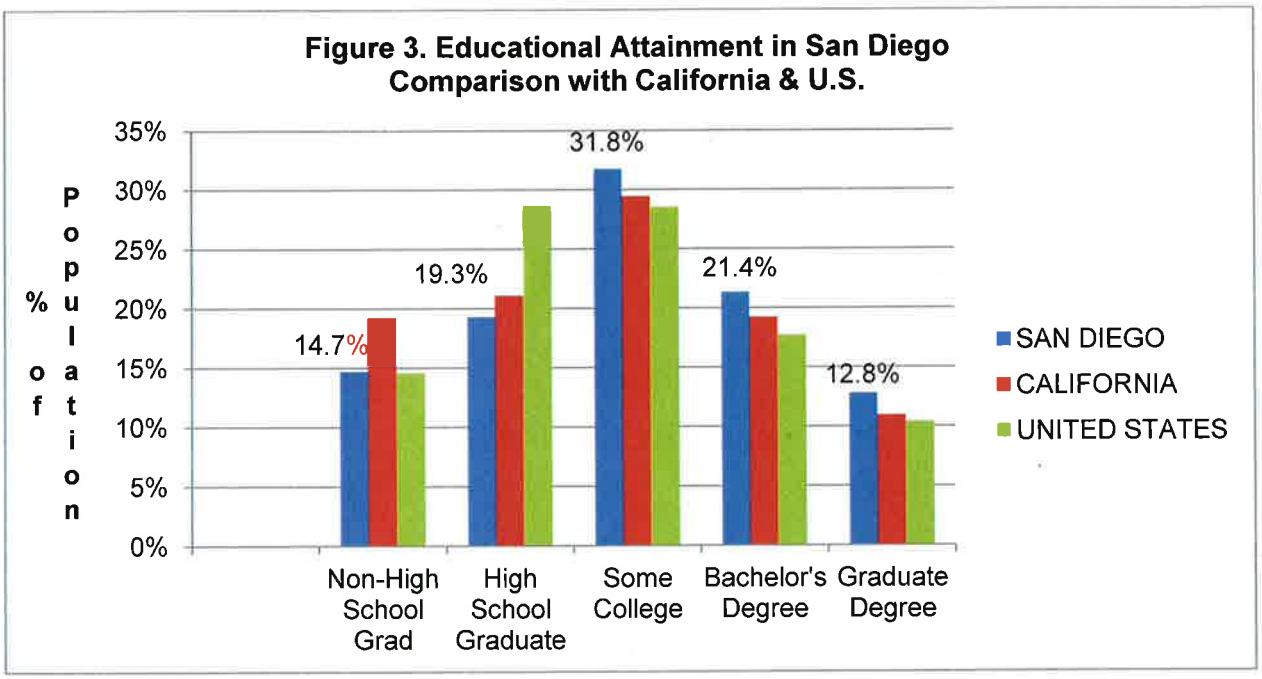
A key aspect of the Building Better Health phase is the "3-4-50" concept. What this means is that throughout the nation and locally, three behaviors– poor nutrition, physical inactivity and tobacco use - lead to four diseases. Those diseases are heart disease/stroke, cancer, type 2 diabetes and respiratory conditions, such as asthma, which account for more than 50% of deaths in the San Diego region.

Changing these three behaviors can help prevent the four diseases and reduce the number of deaths due to chronic disease. The County plans to improve the region's preventive healthcare system by expanding collaboration with the healthcare provider community, residents, and business partners. A healthier community leads to a better quality of life and helps reduce the costs of healthcare and insurance.

D. The County's Health and Human Services Agency (HHSA) provides regionalized services. There are six service regions in San Diego. HHSA's Community Statistics Unit maintains detailed health and demographic information for each region. For a summary of each HHSA region's chronic disease status, see Appendix H.

E. Education

When it comes to educational attainment, San Diego County is ahead of California and the country (source American Community Survey 2007 – 2011). The county has fewer non-high school graduates (14.7%) than the state and the United States and more persons with bachelor's and graduate degrees than California and the U.S. See Figure 3 below:



According to the California Department of Education, more high school students are earning diplomas within four years. The most recent data from the Department show that the graduation rate based on a cohort of students who began as freshmen in 2007 was 77.5% up from 75.2% the prior year.

The Union-Tribune (June 28, 2012) reported that state education officials highlighted significant gains made by Hispanics, African Americans and English learners in graduation rates. But most of the school districts in the county are still far from achieving the state's graduation target of 90%. Six districts in the county met or exceeded the state's 90% benchmark.

San Diego Unified School District (SDUSD), the county's largest high school district and the second largest in the state, did not achieve the benchmark but showed major improvement, especially when compared with other large urban districts educating large populations of students facing poverty and language barriers. Its year-over-year graduation rate improved from 80.9% to 83.7%, while the dropout rate fell from 8.4% to 5.9%. The 2010-11 dropout rate for SDUSD was the best among big-city districts. Of the state's nine large urban districts, San Francisco's 10.4% dropout rate was second-best behind San Diego's.

Data from the SDUSD as reported by KPBS News (June 27, 2012) are encouraging. The class of 2011 had an 83.7% graduation rate representing an increase of 2.8% from the prior year.

Out of California's nine largest urban school districts, only one other district (Garden Grove) had a higher graduation rate. Graduation rates for the district's African American, American Indian, Hispanic and Pacific Islander students increased more than SDUSD's overall rate but continue to lag rates for White and Asian students.

F. Employment and Unemployment

Labor market information from the State of California Employment Development Department shows a downward trend in unemployment. In December 2012, the unemployment rate in the San Diego County was 8.1%, down from 9.1% a year ago and 8.4% in November 2012. This compares with an unadjusted unemployment rate of 9.7% for California and 7.6% for the country during the same period.

Between December 2011 and December 2012, total non-farm employment increased from 1,259,300 to 1,279,600 jobs, a gain of 20,300 jobs. Agricultural employment remained unchanged at 8,300 jobs. Professional and business services showed the greatest annual gain, adding 7,000 jobs. Seven other sectors also added jobs over the year. The most significant gains were in trade, transportation and utilities (up 4,300), educational and health services (up 3,500), and leisure and hospitality (up 2,800).

The statistics are encouraging but don't convey the whole picture. The Union-Tribune reported on May 12, 2012 that the county had added 2,600 jobs in April 2012. However, in the same period, 12,400 San Diegans who were considered unemployed stopped looking for work and stopped being counted in the unemployment figures. Hence the unemployment rate is going down at least in part because former job seekers are discouraged and leaving the job market. Alan Gin, an economist from the University of San Diego who was quoted in the report said "the market is slowly getting better. However, for a real impact, the county should be adding 20,000 to 25,000 jobs every year instead of the 9,200 that were added for the year ending in April." For detailed view of San Diego's labor market see Appendix D.

G. Housing

In the latter part of 2011, the average rent in the county reached $1,364. To afford this rent, an individual would have to earn approximately $26 per hour. In a service based economy where minimum wage jobs are predominant, this is not realistic. According to a study commissioned by the San Diego Housing Commission in November 2010, San Diego, the largest incorporated city in San Diego County, is the most unaffordable city for rental housing among 50 comparable U.S. cities. Rents in San Diego have skyrocketed since 2001 growing an estimated 67% in the last decade, the second largest increase of any region in the study. The Department of Housing and Urban Development (HUD) estimated that in 2010 the median rent for a three-bedroom apartment in San Diego was $2,083, making it one of the most expensive rental areas in California. There were only three more expensive metropolitan areas – San Francisco, San Jose, and Orange County.

There is a scarce supply of available housing units in the county. Multi-family units accounted for only 40% of housing in the City of San Diego compared to the study-wide average of 43%. The Union-Tribune (December 1, 2011) found that unoccupied rentals in the fall of 2011 were only 4.3% of the available supply. Vacancies have gradually declined since 2009. The vacancy rate varies in the County; in 2011 it ranged from a low of 3.8% in the City of San Diego to a high of 5% in the South Bay area.

In the county 41% of renters in the county are exceeding the established standard of 30% of income being spent on housing. Low and very low income renters are particularly hard hit with as many as 72% of them overpaying. This outlay of rent places low-income families in jeopardy because it does not leave them adequate money for other essential items such as food and healthcare.

Prospects for affordable housing dimmed in December 2012 (Union Tribune, December 19, 2012) when the State of California announced it would cut $73.1 million from the $160.3 million request for redevelopment funding in the county. Fifteen of the cities in the county were impacted. Previously 20% of redevelopment funds were automatically set aside for affordable housing. Now future affordable housing projects will have to seek funding elsewhere.

At the local level, the main funding sources for affordable housing programs have been cut by the downturn in the economy. These funds are essential to attract outside funding to the region for the construction of new homes. In fact, Housing Trust Fund revenues have been leveraged at a rate of 30 to one over the life of the program. The impact is two-fold – aside from affecting the building of new affordable housing it is a loss to the local economy.

SANDAG estimates the City of San Diego will need to construct 39,000 units of affordable housing before the decade ends to house the city's poorest residents. To do so, it would require an annual investment of $50 million, which would need to be leveraged by significant outside funds.

The American Taxpayer Relief Act of 2012 (HR 8) was signed into law in January. HR 8 is intended to prevent personal income tax rate increases for most Americans. HR 8 moved the sequester to March 1, 2013 but failed to replace across-the-board cuts to domestic spending. As reported by the Regional Continuum of Care Council, the cuts would substantially impact HUD's McKinney-Vento Homeless Assistance Grants. They would also have a significant effect on Section 8 housing.

Even without sequestration, HR 8 additionally decreases spending for Fiscal Year (FY) 2013 by $2 billion. This could result in funding cuts to programs within HUD, in the finalized FY 2013 funding bills. This may result in service reductions across the country.

In addition to local government housing programs, community based organizations offer HUD funded housing programs and own and operate privately funded low-income housing complexes. Despite these publicly funded resources and privately funded programs that include housing units, there continues to be insufficient resources to meet the affordable housing needs of low-income families and their children and the homeless populations.

On February 24, 2013, as viewers all across the U.S. watched, homelessness in San Diego was given a very human face. The documentary, *Inocente*, about a homeless teenager, won the Academy Award for best documentary short. Inocente Izucar, the subject of the film, was on stage with the film's director when the award was presented.

Inocente is a young (she was 15 at the time the film was made) girl who aspires to be an artist. She refuses to let her dream fade away with the challenges of being both homeless and undocumented. *Inocente's* story describes in graphic detail the difficulties that the homeless must contend with every day.

H. Food and Hunger

The U.S. Department of Agriculture (USDA) defines a food insecure household, as one that experiences periods when the household is uncertain of having, or unable to acquire, enough food to meet the needs of all its members because they have insufficient money or other resources for food. The San Diego Food Bank reported that, in 2010, about 14.5% of U.S. households experience food insecurity.

The county has over 462,000 low-income residents. The rate of food insecurity among persons who are below the federal poverty level is 40.2% – substantially higher than the overall rate.

San Diego Food Bank data show that over 462,000 San Diego county residents are low-income. More than 137,000 of these persons are children under the age of 18. The declining economy has had a significant impact on the county's low-income population. Members of these vulnerable groups, particularly children and the elderly continue to be at risk of adverse health outcomes from poor nutrition which can lead to life threatening health issues such as high blood pressure and diabetes. CalFresh (formerly known as Food Stamps) is a resource that is available to low-income families and individuals.

There are other resources for food in San Diego. The largest relief organization for food in San Diego county is the Jacobs and Cushman San Diego Food Bank. The Food Bank served, on average, 350,000 persons per month in 2011. The Food Bank receives food from the USDA, the agricultural sector, food drives, food manufacturers and retailers, and private contributions. The Food Bank distributes food directly to families and individuals and also provides food to over 350 community based organizations that distribute food to people in need.

Fresh produce is key to good nutrition. A significant barrier to access fresh produce is the existence of "food deserts." These are local communities which lack access to full service grocery stores. People living in these communities are forced to purchase food at convenience stores which have limited stock and/or expensive produce. An up and coming innovative method of addressing this concern is the concept of community gardens. Community gardens are designed to empower communities, promote health and nutrition and provide access to healthy, fresh local produce.

There are over 60 community gardens in San Diego. One of these, the New Roots Community Farm, a 2.3 acre garden on city-owned land, made the news when First Lady Michele Obama visited San Diego in April 2010. Ms. Obama praised the International Rescue Committee supported urban farm/community garden and called it, "a model for the nation and for the world."

I. Transportation and Mobility

Low-income families and individuals face additional challenges with finding transportation. Auto ownership rates among public assistance recipients and other low-income persons are substantially lower than among the general population. Therefore, there is a greater dependence upon public transportation. However, there is a disconnect between the location of jobs and the residences where low-income families live. Many of the jobs are concentrated in the northern part of the County of San Diego.

It can take over an hour to commute one way to work. To further complicate matters, this population is disproportionately represented by single mothers who often have to transport children to daycare facilities before making the trip to work.

According to U.S. News (February 9, 2011), San Diego ranks eighth among the top 10 U.S. cities with the best combination of public transportation investment, ridership and safety. However, this ranking does little to accommodate the needs of the region's low-income families. Low-income individuals and those on public assistance are more likely to work off-hours and part-time or in some cases work multiple jobs. Public transit hours of service and routes often do not match the needs of these low-income workers with non-traditional hours. During off peak hours and weekends the frequency of bus schedules can change from 30 minutes apart to more than one hour apart. And a missed connection can add hours to an already challenging commute.

Another study (*Walk Score*) ranked San Diego towards the bottom in a list of public transit rankings of the 25 largest U.S. cities. The study found that on average, San Diego had few nearby public transportation options.

According to the San Diego Association of Governments, San Diego region's residents and visitors will have more choices on how they travel to work, shopping, recreation, and other destinations by the year 2020, if the Regional Transportation Plan is implemented. The plan is to increase more trolley lines, commuter bus services, improved rail services and new and widened freeways.

While plans to improve San Diego County's public transportation are laudable, there is a need for greater emphasis on how transportation and mobility is analyzed when it comes to areas serving low-income families and their children. Based on the most recent needs assessment conducted for this plan, the cost of transportation is a major issue for families working in low-wage jobs and those looking for jobs.

Currently, under CAP San Diego's Family Self-Sufficiency program, transportation is a supportive service as part of finding and retaining employment. Transportation support is also available for CalWORKs families participating in the Welfare-to-Work and Refugee Employment Services programs. This support was identified by the community as one of the high priorities in our region. CAP will be looking closely at the needs and possible solutions to help support our families as we move them forward into employment and self-sufficiency.

J. Community Resources and Services Other Than CSBG

CalWORKs Program

The CalWORKs (CW) program is designed to transition people to self-sufficiency. It provides temporary cash assistance to eligible families with minor children, to move families with children from dependency to self-sufficiency through employment. In San Diego County, the CW program is administered by the Health and Human Services Agency.

The Welfare-to-Work (WTW) component of CW is a mandated statewide employment and training program that is administered in each county under a State approved plan. WTW employment services are coordinated regionally, through four contracted geographic regions – North, East, Central and South. Contracted service providers are responsible for case management and for developing linkages to resources in each region necessary to provide training and support to WTW participants. Core activities include: job search; work study; work experience; self-employment; and vocational education and training.

The CW program also provides supportive services to assist clients with other needs related to employment and program participation. Supportive services include payment for childcare, transportation costs, and authorized work or training related expenses. With limited exceptions, CW recipients must be engaged in employment-related activities at least 32 hours per week. In a two-parent household, the participating parents must complete 35 hours per week of WTW activities. Participation includes employment hours and other approved WTW activities designed to eliminate barriers to employment.

Child Care Services

After housing, child care continues to be the next highest expense for working parents. Parents entering the job market in low paying jobs must pay the high cost of child care and still have enough to live on. For those in low paying jobs, it can actually be more economical not to work. Family Self-Sufficiency clients report that affordable quality child care is often found in locations not easily accessible via public transportation, creating an additional hardship.

CW Stage 1 Child Care, is a subsidized child care program administered by the County's Health and Human Services Agency, and is available for CW families until they become stable in employment or training and have a licensed childcare provider.

Families that are not currently receiving CW may receive Stage 1 Child Care if not more than 24 months have lapsed since they left CW cash aid and childcare is not available in Stage 2 or Stage 3. To be eligible for Stage 1 Child Care services, an active CW family must participate in CW activities or a post-aid family must have limited income and participate in work activities. Child care subsidies are available until a child reaches age 11 (11 and 12-year olds may receive services if funds are available and afterschool programs are not.) Exceptions to the age requirements are available for a child up to 21 years of age if the child has special needs or is under court supervision.

CW families who have become stable and/or have been off aid for more than two years are eligible for Stage 2 and Stage 3 Subsidized Child Care. These programs are administered by private agencies in the county.

A locally funded Centralized Eligibility List (CEL) is available for low-income parents who are not enrolled in CW to apply on-line for assistance to pay for child care. The CEL provides Generalized Alternative Payment Program subsidized child care to some low-income working families who need child care while working or in training. Priority is given to children at risk of abuse and then to the lowest-income families.

To be eligible for non-CW subsidized child care, a family must register on the CEL. Each time an agency pulls names from the list, it is re-sorted. Hence the families with the lowest income for their family size are always at the top of the list. Families can register for this State-subsidized program at the CEL website accessible at www.ChildCareSanDiego.com or phone (800) 521-0560.

CalFresh Program (Formerly known as Food Stamps)

In April 2009, the San Diego County Board of Supervisors adopted the Nutrition Security Plan to increase CalFresh participation rates amongst our most vulnerable populations, children and seniors. HHSA's implementation of the Plan was successful and there were 257,067 total recipients, including 149,125 children and seniors enrolled in CalFresh as of January 2013.

San Diego County has leveraged technology to improve access to benefits. All physical case files were converted into electronic case records, creating a virtual caseload that can be served from any county CalFresh office. Additionally, the community may now call 2-1-1 San Diego and complete the CalFresh applications over the phone. San Diego is one of the first counties in the state to use telephonic signatures to complete the application process remotely. Additionally, San Diego has implemented online enrollment in CalFresh and Medi-Cal.

San Diego County has worked closely with community partners to help enroll more people into the CalFresh program. Application assistance is offered at some community resource centers using teleconferencing interviews linking the clients directly with the Health and Human Services Agency – Family Resource Centers and assistance with completing paper applications.

San Diego Workforce Partnership

The San Diego Workforce Partnership, Inc. (Workforce Partnership) has been in operation since 1974, when a joint powers agreement between the City and the County of San Diego created what is now a non-profit public benefit corporation.

The Workforce Partnership funds job training programs to meet the region's demand for qualified workers. The programs benefit local employers, unemployed and recently laid-off adults, and at risk youth ages 14 to 21. In addition, the Workforce Partnership invests a significant amount of time and resources in studying and analyzing our local economy. These important findings, trends and labor market needs are highlighted in studies, community forums and on websites.

The Workforce Partnership's funding philosophy emphasizes an understanding of regional workforce needs to ensure the funding of the most relevant and effective job training programs. The Workforce Partnership funds a network of career centers and community partners to assist eligible job applicants through subsidized job training.

The Workforce Partnership's success depends on strong relationships in the community to enhance a sustainable workforce, while maintaining financial integrity and transparency of government funds. A list of the initiatives the Workforce Partnership is currently funding and overseeing can be found at: www.sandiegoatwork.com.

The Community Action Partnership's contracted Family Self-Sufficiency (FSS) services include a requirement for service providers to build and sustain a partnership with the Workforce Partnership and develop a cost effective service integration strategy with the One Stop Career Centers in their respective regions. The goal is to promote job opportunities for FSS customers.

San Diego – CAP Linkages With Service Networks

CAP San Diego utilizes the Community Services Block Grant (CSBG) funding allocation to procure countywide Family FSS services for low-income families and their children through contracts with community-based, non-profit organizations. In addition, CAP leverages resources through partnership efforts, requires Memorandums of Agreement with other community based agencies and organizations including other County departments such as Housing and Community Development, Child Welfare Services, and Aging and Independence Services.

As part of the Family Self-Sufficiency program CAP also manages and leverages homeless services, juvenile diversion, child passenger safety programs, and has a strong partnership with 2-1-1 San Diego. CAP with United Way of San Diego and 2-1-1 San Diego has a leadership role with the Earned Income Tax (EITC) Coalition through the annual EITC campaigns.

In addition to helping people claim their EITC, CAP's free tax preparation sites also offer assistance with completing online CalFresh and Medi-Cal applications as indicated above under the CalFresh program Volunteer Income Tax Preparation sites (VITA). In 2012, over 47,000 tax returns were prepared for local residents and $25M were refunded through the efforts of hundreds of EITC volunteers; $10M of these were EITC refunds.

CAP actively engages in collaborative activities and forms linkages with community partners to enhance service delivery to FSS clients. Several examples of this service partnership exist and include CAP's serving on the Regional Continuum of Care Council and the Nutrition Security Task Force, which focuses on improved nutrition and community outreach.

In addition CAP interfaces with the County of San Diego Health and Human Services Agency to access programs such as CW, WTW, Medi-Cal and the CalFresh programs to provide wrap around services for low-income families in our communities. San Diego CAP actively supports the County's *Live Well San Diego!* initiative. CAP is also involved in numerous other on-going efforts within HHSA and their committed partners to improve access to food, physical and mental health, as well as nutrition and employment assistance and employment supports.

CAP utilizes its partnerships to support two other major County initiatives: 1) Thrive San Diego, an initiative that was developed in partnership with United Way San Diego, San Diego Alliance Healthcare Foundation, San Diego Workforce Partnership, Local Initiatives Support Corporation, American Association of Retired Persons, San Diego State University and local area community colleges through which graduate and under-graduate college interns and volunteers have an opportunity to be involved with their communities; and 2) Expanded Access and Increased Enrollment – CalFresh Program, and federally known as the Supplemental Nutrition Assistance Program, to enhance a food budget and put healthy and nutritious food on the tables of low-income families in the San Diego region.

In addition, CAP staff engage in developing and strengthening working relationships countywide. CAP staff works closely with both internal and external partners as well as a variety of community collaborative groups. CAP uses established collaborative networks to gather input and to disseminate information to community groups and residents advocating for services in their own communities.

Additional details on CAP's service linkages and community collaboration are provided in Section X, Documentation of Public Hearings, and Section XII, CSBG CAP PI Projections.

K. Plan for Reviewing and Updating the Community Information Profile

Many different informational sources were utilized in the compilation of the Community Informational Profile. These sources include the San Diego Association of Governments (SANDAG), HHSA's Community Statistics Unit, the Family Self-Sufficiency program and other local and national resources. CAP staff meets periodically with FSS provider managers. As new client trends and issues are identified and new data are obtained, CAP planners will evaluate the need for updating the Profile. CAP will collaborate with the *Live Well San Diego!* team on planning activities as appropriate.

VI. Needs Assessment

A. Methodology

CAP San Diego's Needs Assessment included review and analysis of data from a variety of sources including census data, SANDAG, a public agency that serves as the forum for regional decision making, other County needs assessments such as those conducted by the Public Health Services of the Health and Human Services Agency, public hearings, a survey of customer needs, and labor market reports. Where specific studies are quoted in the Plan, the source of the information is cited.

This comprehensive approach ensures that the needs assessment process more accurately reflects the current priorities of the low-income populations in the San Diego service area. The results of the needs assessment support the services, activities and priorities identified in this plan. The services are aligned to the Community Services Block Grant (CSBG) National Performance Indicators.

The two primary methods for assessing need were the public hearings held by CAP and the customer needs assessment survey. The Public Hearings are discussed in Section C below and in greater detail in Section X. The survey tool was designed to gather input on current needs and barriers in the region's communities. The tool was developed to solicit input from all sectors of the community including staff and management of community-based organizations, FSS provider agency staff, and service customers (both FSS and users of other service programs).

The survey tool was comprised of 15 questions including an open-ended question under the heading of "Other Comments" which provided respondents with the opportunity to provide any information or suggestions that were not included in the rest of the survey. These comments along with the proposed resolution are listed in Section E.

B. Identification of Priority Service Areas

Labor market information indicates that San Diego's economy has improved in the past two years with the unemployment rate declining from 10.1% in December 2010 to 8.1% in December 2012.

However, other indicators show that the region's low-income families continue to reel from the economic downturn. For example, homelessness in the county increased from 7,892 in 2009 to 9,638 in 2012 (an increase of 22%).

San Diego County was faced with one of the largest numbers of foreclosures in the nation and many families lost their jobs. San Diego saw a surge in the number of homeless families which steadily increased during 2009 and 2010.

Responses from customers on the needs assessment surveys which included demographic data, anecdotal information and public testimony continue to stress the importance of employment assistance. Approximately half of the survey respondents who were service customers indicated that they were unemployed and that employment assistance was a priority.

Other areas of need identified during the needs assessment process centered on increasing income for low-income persons. These included, for example, free assistance with filing taxes and applying for the Earned Income Tax Credit, and financial education. Therefore these areas will continue to be service priorities in the 2014-2015 Community Action Plan and will be operationalized in CAP's Family Self-Sufficiency contracts.

The need for assistance with employment and housing as well as homeless services became evident. As the economy slowly recovers, having their needs met in these areas remains an on-going challenge for families still facing foreclosures and unemployment. The identification of these high priority needs were confirmed again by the results from the public hearings and surveys. Other areas identified from the Public Hearings are the need to continue to modify the social service networks so as to be more responsive to the needs of customers. Information obtained in this regard applies to both the County's own services and those provided by community based organizations.

C. Public Hearings Summary

CAP San Diego conducted a series of public hearings between December 2012 and January 2013 to assess community priorities and needs within the context of the National Performance Indicators and County Strategic Initiatives. The Public Hearings used a modified focus group setting in which attendees formed small groups to discuss specific topics or clusters related to needs and services for low-income families and individuals.

The discussion was guided by a specially designed instrument to facilitate the dialogue. Each small group then reported their appraisals and recommendations to the larger group. Section X discusses the public hearings in greater detail and provides a summary of the testimony received.

D. Survey Results

The results of the needs assessment which were obtained through public hearings and the community survey tool mentioned above indicate that low-income communities in San Diego see the following as priority areas where the needs and barriers are more prevalent:

- Employment:
  - Finding and keeping a job and promoting within their current job
  - Some respondents expressed that they lost their jobs recently and finding a new one is challenging
- Better Employment:
  - Assistance with employment related expenses such as child care
  - Transportation assistance was one the most common areas of need identified for keeping a job
- Housing Assistance/Homeless Services
- Health Care Assistance
- Other Emerging Areas:
  - Need for assistance (financial) to avoid foreclosure
  - More supportive services to find employment
  - Additional help in finding food resources to make ends meet

E. Resolution/Response to Identified Needs and Comments

Responses to comments are addressed below.

Employment/Employment Training, Supports: CAP San Diego provides employment services and related supports as identified in the National Performance Indicators (CSD 801) through its FSS contractors. Specific strategies to assist low-income families obtain jobs are described in Chapter VIII, Federal Assurances and Chapter XII, CSBG NPI CAP Projections.

Housing/Shelter: CAP supports housing/shelter assistance by utilizing the Family Self-Sufficiency (FSS) contracts in conjunction with hotel/motel voucher program. In addition, CAP will support the Interfaith Shelter Network, Rotational Shelter Program, continue working with 2-1-1 San Diego and other community based partners to leverage housing and shelter resources for families receiving services through the FSS program. Specific strategies to assist low-income families with housing/shelter needs are described in Chapter VIII, Federal Assurances and Chapter XII, CSBG NPI CAP Projections.

Healthcare Access: FSS contractors are required to assist customers in applying for CalFresh and/or Medi-Cal online through the different available resources able to help, for example 2-1-1 San Diego, community family resources centers and County Family Resource Centers.

Additionally, HHSA is working with key stakeholders including hospital, clinics, physicians, the Consumer Center for Health Education and Advocacy, mental health organizations and other healthcare partners to redesign the existing County Medical Services (CMS) system which currently serves the eligible adult indigent population, with the goal of containing costs and providing optimal medical services to the indigent adult population.

The goal of the program redesign is to enroll patients with chronic health conditions into Medi-Cal or the Low Income Health Program (formerly Coverage Initiative) and have a medical home assigned to them. The new "Covered California" program will also be utilized as a resource.

Service Access Issues: Several concerns were identified in the needs assessment surveys as well as the public hearings related to accessing public assistance programs including Medi-Cal and CalFresh. Some of these concerns related to the HHSA Family Resource Centers. The issues related to other HHSA programs and services have already been conveyed to appropriate HHSA management. CAP's contracted FSS providers will also be instructed to bring to CAP's attention any issues or concerns raised by FSS customers and/or encountered by contract staff in assisting customers. These concerns will then be relayed to the appropriate management staff. Additionally, as noted under Healthcare Access, FSS providers will be assisting customers to apply online for Medi-Cal and CalFresh.

Transportation: Transportation was identified as a need in the surveys. CAP San Diego and the Health and Human Services Agency provide funding for transportation services within the employment service programs.

Social Services: Several comments were included in the surveys that indicated the need for one or more of the following services: mental health, alcohol and drug services, ex-offender services, parenting, and life skills. CAP's contracted FSS providers conduct assessments as the initial part of developing plans for achieving self-sufficiency. When an assessment indicates the need for one of these services, the FSS case manager will make a referral to an appropriate agency. Some important resources for these services are the contracted HHSA CalWORKs behavioral health providers whose focus is to assess individual mental health needs and assist in eliminating barriers to be able to maintain employment, family and community connections.

One of the suggestions was to build stronger connections between programs to ensure smooth transitions for families and individuals. CAP San Diego actively engages in service network coordination and collaboration. Activities are detailed throughout the Plan. For additional details of public hearing results see Appendix E and for community survey results see Appendix F.

F. Additional Services for Low-Income Families

Through direct services from the Health and Human Services Agency (HHSA), and local faith and community based organizations, low- income residents are able to access social services such as Social Security, Medicare/Medi-Cal, food and nutrition programs, legal assistance, mental health, substance abuse, child care, homeless services, health services, self-sufficiency services, domestic violence assistance, intergenerational services, free tax preparation, and subsidized housing.

These services include the following activities:

I. The County offers disabled and indigent individuals assistance with completing applications for Supplemental Social Security Income (SSI). This SSI Advocacy program assists applicants with obtaining necessary medical and other supporting information. Another example is the Thrive San Diego initiative. Customers have access to free tax preparation and assistance in claiming the Earned Income Tax Credit as well as access to online benefit screening and other resources available in their communities. (See Chapter 12 - NPI 1.3 for more information).

II. The Family Self-Sufficiency (FSS) program addresses participating families' housing and food needs, employment and job readiness, employment supports such as child care, transportation, free income tax assistance and financial education, including assistance in opening and maintaining bank accounts and access to benefits.

Part of the assessment process includes service agreements that delineate client responsibilities and program requirements. FSS service providers must explain the application process to all applicants and reinforce the rights and responsibilities outlined by San Diego County. These rights and responsibilities are included in all FSS application packets.

III. CalWORKs Welfare-to-Work supportive services provide families with transportation assistance for parents and their children. Bus tokens are also made available by community based organizations to clients participating in their programs.

IV. HHSA provides funding to 2-1-1 San Diego to enhance their information and referral services so that community members receive resource information via a call center and the internet. While 2-1-1 San Diego indicates that there are more than 2,000 social service agencies providing more than 3,500 social service programs in San Diego County, the reality is that more families with children and individuals are living in poverty today.

Additionally, with the current economy, high unemployment rates and low-wages for those employed, there is a high number of San Diego County families who are living below the federal poverty level.

V. The ACCESS Customer Service Center, the County of San Diego's centralized eligibility call center, is an extension of the County's Family Resource Centers (FRCs). ACCESS serves residents, providers, and other government agencies with questions or needs related to Family Resource Center programs and services, including providing case management services for existing FRC customers. ACCESS customer service representatives are experienced eligibility workers that provide assistance via phone, e-mail, and fax.

CAP establishes its priorities through the integration of the County of San Diego, Health and Human Services Agency initiatives and the priorities established by the community to assist low-income families and individuals to acquire skills and knowledge, increase income, and promote asset building to achieve self-sufficiency.

G. Assessment of Existing Resources

1. *Services to help the poor complete the various required application forms, and when necessary and possible, to help them gather verification of the contents of completed applications*

There are community-based organizations in San Diego County that assist clients in completing applications for services such as CalFresh. For example, 2-1-1 San Diego has a Benefits and Enrollment Department in which Certified Application Assistants complete CalFresh applications over the phone with clients.

After completion, the caller can then send the application to the County via One-e-App with a telephonic signature, for processing. This is particularly helpful for those who are disabled, elderly, homebound, or who lack transportation or child care and cannot get to the County office to apply during office hours.

CAP San Diego through contracted Family Self-Sufficiency providers offers application assistance for FSS customers including online application assistance through the Benefits CalWIN system to apply for CalFresh and Medi-Cal.

2. *Services to explain program requirements and client responsibilities in programs serving the poor*

2-1-1 San Diego is an information and referral center that connects people with community, social and disaster services through a free, 24/7 stigma-free confidential phone service and searchable online database. These services are of particular importance to families who are poor and struggling to maintain a safe, healthy and thriving environment.

Employment case managers, who work for agencies on contract with the County's HHSA, provide employment assistance to CalWORKs participants and explain their rights and responsibilities to them related to CalWORKs and employment services.

CAP, through the Family Self-Sufficiency program provides customers with application assistance which includes explaining participants' rights and responsibilities to them. Each of the contracted FSS providers in the six service regions employs a full-time benefits application assister to help clients with all phases of the application processes for Medi-Cal and CalFresh.

3. *Services to provide transportation, when necessary and possible*

The County provides transportation assistance through the CalWORKs program for employment related activities.

The FSS program also provides this service as one of the employment supports for participants who receive employment assistance.

4. ***Services which do all things necessary to make the programs accessible to the poor, so that they may become self-sufficient***

CAP's Family Self Sufficiency program is designed to be completely accessible to low-income individuals and families in need of services. During procurement of services, successful offerors must establish that their service sites are located in areas that are conveniently accessible by public transportation and that services are available in all geographic sections of the regions. To further facilitate access, many of the FSS service providers provide off-site services at other agencies/programs (e.g., transitional housing programs and low-income housing complexes) in the community.

Volunteer Income Tax Assistance (VITA) sites operated in partnership with CAP are located throughout the county and also offer customers financial assistance and access to other community resources at these venues. Additionally, bilingual and bicultural competence is a requirement in the provision of FSS services.

5. ***Amount and effectiveness of assistance being provided to deal with these problems***

Services in the FSS program are based on a complete needs assessment, including public hearings, conducted biennially. Prioritization of services is dependent upon identified client needs. In addition to the biennial need assessment, CAP receives feedback through client surveys and discussions with FSS contractors.

CAP also utilizes a pay-for-performance system to closely monitor the services that clients are provided. This added tool allows for periodic re-assessments of how effectively clients' needs are being met and efficient use of resources.

VII. Statewide Priority

Does the Agency accept the Family Self-Sufficiency Statewide Priority?

X **YES** ☐ **NO**

A. Agency Definition of Family Self-Sufficiency

CAP defines self-sufficiency as the condition of not needing or being eligible for public assistance or public social services or supports. A family is considered self-sufficient when their combined household income and resources can provide for their basic needs without having to rely on public assistance. The definition is expanded to include some individuals such as the elderly or disabled who rely on family and/or community supports to function but who maintain their independence from public assistance.

It encompasses self-reliance and assumes that the individual or family who is self-sufficient earns an adequate income and has sufficient resources to meet his and/or her family basic needs.

B. Strategies to Support and Achieve the Family Self-Sufficiency Priority

CAP San Diego utilizes multiple strategies to achieve the family self-sufficiency priority. One of the lynchpins of CAP's approach is the emphasis on outcomes such as obtaining and/or retaining employment that facilitates self-sufficiency rather than the mere provision of services. The Plan is implemented through performance-based contracts with local community based organizations. These contracts emphasize measureable performance objectives or outcomes rather than process. To further enhance this service pathway to self-sufficiency, contractor payments are based on achievement of specified pay points which closely parallel the desired outcomes.

Another key component of the self-sufficiency strategy is asset enhancement. CAP achieves this through the Thrive San Diego initiative which supports the Earned Income Tax Credit (EITC) program. CAP has teamed up with United Way of San Diego County to lead a countywide coalition of community based organizations, government agencies, including the Internal Revenue Service and local banks to increase awareness of the tax credit and provide assistance with filing tax returns and applying for EITC. CAP further supports this strategy with our financial education service that recognizes that effective use of financial resources is essential for achieving self-sufficiency.

In recognition of the fact that not all our low-income families have the same needs and in all likelihood have different paths to self-sufficiency, CAP's Family Self-Sufficiency program design incorporates a three-tiered service system. This enables contracted service providers to tailor services to the needs of individual clients.

They can focus on resolving immediate safety needs for customers in Tier I (In-Crisis), address more long-term needs for families in Tier II (At-Risk) such as transitional shelter and financial education, and finally provide intensive employment, job development and other case management services to families in Tier III (Stable and Living Well). Regardless of which Tiers families fall in, case managers will work with engage them in a partnership to remove barriers to long-term self-sufficiency.

Given the intransigence of the problems that impede our low-income families in their quest for self-sufficiency, no single program can achieve success by itself. An essential element in the plan is a collaborative strategy. At both the CAP administrative level and the FSS service provider level, strong linkages with community partners have been formed and strengthened to provide a cohesive, integrated service package to our customers. The Plan details this collaborative strategy in several other sections.

VIII. Federal Assurances

Public Law 105-285 establishes federal assurances eligible entities are to comply with. Eligible entities are to provide a narrative description for the activities applicable to the services provided by the organization.

A. Applicable Assurances

1. Public Law § 676(b) (1) (A)

To support activities that are designed to assist low-income families and individuals, including families and individuals receiving assistance under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), homeless families and individuals, migrant or seasonal farm workers and elderly low-income individuals and families, and a description of how such activities will enable the families and individuals.

i. Remove obstacles and solve problems that block the achievement of self-sufficiency, (including self-sufficiency for families and individuals who are attempting to transition off a State program carried out under part A of title IV of the Social Security Act);

CAP will achieve this on two levels. At the family level, it will be achieved through our Family Self-Sufficiency Services (FSS) contracts with community-based organizations. The FSS program, through a three–tiered service delivery system, is designed to resolve the families' immediate safety needs such as food and shelter, then remove barriers and finally to assist them with obtaining income to achieve self-sufficiency. At the community level it will be achieved through continuing to strengthen the service network. CAP's contract administrators incorporate community liaison as an adjunct to their role in managing their respective program areas. The aim is to work with community agencies to attain service integration. For example, the FSS contract administrator actively participates in county-wide community collaboratives. Additionally, the CAP program manager acts as the lead person in furthering the goal of service integration.

CAP actively promotes the County's initiatives such as *Live Well San Diego!* and CAP's own Access to Benefits strategy related to self-sufficiency in the community. *Live Well, San Diego!* is the County's long-term plan to advance the health and overall well-being of the region and is being implemented with community involvement to achieve a community that is healthy, safe, and economically secure.

ii. Secure and retain meaningful employment;

Employment constitutes the foundation for CAP's self-sufficiency strategy. The FSS contracted services provide a wide array of employment services to low-income families and individuals. Services include employment assessments, employment plans, job search workshops, job development and work support. Contractors are required to develop and maintain an effective service integration with the local Workforce Investment Act funded One-Stop Career Centers and the County's CalWORKs Welfare-To-Work service providers.

iii. Attain an adequate education, with particular attention toward improving literacy skills of low-income families in the communities involved, which may include carrying out family literacy initiatives;

CAP addresses educational attainment in a variety of ways. CAP's FSS contracts, contain a provision that requires service providers to refer families who are unable to read and write to programs that offer literacy tutoring.

Education is addressed at two levels. At the youth level, School-Based Self-Sufficiency Services are provided at O'Farrell Community School, a charter middle school, in a low-income area. Working in partnership with the school, CAP provides a continuum of social services to students and their parents designed to facilitate the students' academic success.

At the adult level, FSS case managers conduct a comprehensive assessment to identify the families' barriers to self-sufficiency. For families with identified needs, assistance will be provided to enroll them in GED, English as a Second Language, or vocational training as appropriate.

iv. Make better use of available income;

Economic asset enhancement is an integral component of the FSS program. Services include financial education and assistance with opening and maintaining a bank account. Pre and post assessment help ensure that families increase their competence in personal finances.

Also, the County has a leadership role in a Volunteer Income Tax Assistance (VITA) program. The collaborative includes several community based organizations and the Internal Revenue Service. An important component of the VITA program is the Earned Income Tax Credit (EITC) which is coordinated by the County's EITC Thrive San Diego coordinator who helps ensure that there are no gaps in services.

v. Obtain and maintain adequate housing and a suitable living environment;

The San Diego region continues to have one of the highest cost housing markets in the nation. Obtaining affordable housing is a significant challenge. CAP assists FSS families with housing as part of the overall self-sufficiency strategy. Housing retention is offered as an employment support and participants may be provided with a grant of up to $1,200 to enter, retain or participate in work related activities.

CAP's contracted service providers work with the CalWORKs program to leverage housing assistance for CalWORKs families. CAP also partners with the County's Department of Housing and Community Development Department and the City of San Diego's Housing Commission to administer the Hotel/Motel Voucher program.

vi. Obtain emergency assistance through loans, grants or other means to meet immediate and urgent family and individual needs;

Emergency assistance is provided to all Family Self-Sufficiency clients who need it. Two types of direct assistance are offered to clients: 1) Emergency food distribution, where families may be provided a maximum of four food packets per year based on their need. Additionally, FSS providers leverage funds and supply food distributed from food pantries operated by churches and community based organizations as well as surplus food from grocery stores. 2) Emergency shelter – homeless individuals and families or those at-risk for becoming homeless are referred to shelters. To facilitate the referral process, FSS providers can issue vouchers for bed nights through CAP's Hotel/Motel Voucher program. An additional resource available to service providers is the County's partnership with the City of San Diego to provide homeless services through a rotational homeless shelter program operated by the Interfaith Shelter Network that uses local faith based organizations, including churches, to provide emergency shelter, food and employment case management to families in need.

In addition to the direct assistance described above, CAP takes an active role in strengthening the emergency services network. For example, CAP is on the local Emergency Food and Shelter Program board, along with representatives from Federal Emergency Management Agency, and community based organizations. CAP participates in the Regional Continuum of Care Council and other local homeless coalitions.

The FSS program also facilitates access to public benefits such as CalFresh. Services include initial screening for benefits, completion of online applications and assistance through all phases of the application process.

vii. Achieve greater participation in the affairs of the communities involved, including the development of public and private grassroots partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners to:

a) Document best practices based on successful grassroots intervention in urban areas, to develop methodologies for widespread replication;

CAP participates in several countywide collaborative efforts that enhance community capacity to assist low-income families with access to benefits, attaining and retaining employment, increasing assets, and achieving self-sufficiency. An example of this is CAP's participation in the San Diego Refugee Forum. CAP's contractor staff from the Pacific Safety Center attend the monthly Forum meetings to present information on how refugees can obtain child safety seats. CAP also serves on the Regional Continuum of Care Council (RCCC) which is comprised of the City of San Diego and County housing authorities, representatives from all 18 cities in the region, local community partners and service providers. The RCCC is tasked with identifying gaps in homeless services and developing a comprehensive approach to addressing homelessness.

CAP is also part of the Nutrition Security Task Force, a County work group which focuses on improved nutrition and community outreach. The Task Force networks with community based organizations and internal County divisions to increase CalFresh program participation. In addition, CAP works jointly with the County's Public Health Services to provide nutrition education to persons who are applying for CalFresh benefits through the SNAP-Education Grant. This grant is implemented in the FSS service delivery and FSS contractors are required to have a full-time SNAP educator as part of their staff.

b) Strengthen and improve relationships with local law enforcement agencies, which may include participation in activities such as neighborhood or community policing efforts;

CAP manages the Juvenile Diversion (JD) program which provides early intervention and prevention services for at-risk-youth engaging in delinquent behavior which are likely to result in involvement or re-involvement with the juvenile justice system. JD provides services as an alternative to more formal action with the juvenile justice and education systems. These services are a collaborative effort among public, private and non-profit organizations to address youth violence, and prevent more costly public or private interventions, such as juvenile hall, court, probation, and correctional camps. At least 55% of the youth served are referred by law enforcement agencies, the County Probation Department, the juvenile court system, and schools – for expellable or suspendable offenses and School Attendance Review Board actions.

Additionally, CAP leverages services with the Homeless Outreach Team (HOT) which provides outreach and resources to the homeless on the streets. HOT is composed of County social workers, the Psychological Emergency Response Team, providers of mental health services, and San Diego Police Department officers. These services are part of the partnership that CAP maintains as part of the continuum of care for the homeless.

2. **Public Law § 676(b) (1) (B)**

To address the needs of youth in low-income communities through youth development programs that support the primary role of the family, give priority to the prevention of youth problems and crime, and promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime, such as:

i. ***Programs for the establishment of violence-free zones that would involve youth development and intervention models (such as models involving youth mediation, youth mentoring, life skills training, job creation, and entrepreneurship programs);***

CAP addresses these needs in two specific ways:

School- Based Self-Sufficiency Services - These services are provided to students and their parents through a partnership with O'Farrell Community School, a charter middle school in a low-income neighborhood. The program is designed to assist the students in achieving academic success. Service provision is closely coordinated with school staff to ensure that a continuum of health and social services is available to students. Intervention is designed to help students resolve problems that interfere with academic achievement. Services include gang intervention, positive parenting, conflict resolution, drug abuse prevention and mentoring for children of incarcerated parents.

Services are designed to involve the family and the community which accomplish the twofold goal of enhancing educational opportunities for the children and strengthening the families. The goal of the program is furthered by providing a venue for collaborative group meetings to prevent children from engaging in risky behavior.

Juvenile Diversion Services - This program is designed to reduce the incidence of juvenile crime among at-risk and high risk youth and prevent entry or re-entry into the juvenile justice system. The target population for this program is youth aged 8 to 17 years of age. Services include: Skill building, community service, drug and alcohol education, and academic assistance.

ii. ***After-school childcare programs.***

N/A

3. Public Law § 676(b) (1) (C)

To make more effective use of, and to coordinate with, other programs related to the purposes of this subtitle (including State welfare reform efforts).

CAP is administratively housed within the County's Health and Human Services Agency (HHSA). HHSA also administers CalWORKs and other public assistance programs. Coordination and integration of services is a hallmark of HHSA. HHSA and strive to coordinate services with private community based organizations. CAP supports this service coordination by partnering with a broad range of community organizations such as 2-1-1 San Diego, United Way of San Diego and other private and non-profit organizations in the community. FSS contractors are required to detail how they will engage in and assume a leadership role in collaborative activities within the HHSA programs providing services to low-income families. Additionally contractors will describe how they engage regional community partners to address program outreach, participant recruitment, and resource sharing. Implementation of these commitments will be monitored by CAP staff. As noted in Section 1-ii, CAP also coordinates employment activities with the local Workforce Investment Act Agency. CAP participates in several collaboratives and partnerships in San Diego to enhance services for our customers.

B. Mandatory Assurances

4. Public Law § 676(b) (4)

Will provide, on an emergency basis, for the provision of such supplies and services, nutritious foods and related services, as may be necessary to_counteract conditions of starvation and malnutrition among low-income individuals.

As noted in Section 676(b)(1)(A).vi, emergency assistance is offered to all FSS clients in need. Emergency food packets are provided for a maximum of four times per year per family. Homeless families and individuals or those who are at-risk of becoming homeless are referred to shelters.

5. Public Law § 676(b) (5)

Entities will coordinate and establish linkages between governmental and other social services programs to assure the effective delivery of such services to low-income individuals and to avoid duplication of such services and a description of how the State and eligible entities will coordinate the provision of employment and training activities, as defined in section 101 of such Act, in the State and in communities with entities providing activities through statewide and local workforce investment system under the Workforce Investment Act of 1998.

Coordination and linkage establishment occurs at two levels: 1) at the service delivery level where contractors are required to coordinate with other entities, both public and private, in four major service areas; and 2) at the CAP administrative level.

Family Self-Sufficiency (FSS) Service Delivery

Employment Development: FSS contractors participate in joint partner meetings and maintain on-going effective communication with the County's Family Resource Centers and the Welfare-to-Work service providers to ensure that clients are provided with comprehensive employment services. Contractors are also required to implement a cost effective service strategy with the local Workforce Investment Act funded One-Stop Career Centers. Collaboration includes involvement with educators, businesses, and other service providers to increase the marketable skills of FSS families and individuals.

Shelter Services: FSS contractors provide shelter services using a community collaborative approach that includes establishing agreements with emergency and transitional housing agencies. These agreements provide prioritized placements for FSS customers on the wait list.

Earned Income Tax Credit (EITC): FSS contractors coordinate services with the EITC Coalition through the Thrive San Diego initiative. The Thrive San Diego initiative includes participation from United Way of San Diego, the Internal Revenue Services, local universities and many non-profit organizations in the county.

Thrive San Diego is a public/private partnership that links social services to under-utilized public resources such as CalFresh. Since many of the persons who qualify for EITC will also be eligible to receive CalFresh, benefit screening will be provided to help these individuals receive their full benefit entitlement. This program has received critical acclaim and has been cited locally by the IRS and San Diego State University as a role model for programs of its kind.

Health Insurance: FSS contractors refer families without health insurance to the HHSA Family Resource Centers or other agencies for enrollment in Medi-Cal, LIHP or other no-cost or low-cost insurance. Contractors are required to engage in and assume a leadership role in collaborative activities designed to increase outreach and recruitment to achieve this objective.

Administrative Level

The County Health and Human Services Agency has an ongoing working relationship with the San Diego Workforce Partnership. The Workforce Partnership is a joint powers agency with the City of San Diego and the County of San Diego. CAP operates under the perview of the County's Health and Human Services Agency which plays a lead role in working with the San Diego Workforce Partnership.

6. **Public Law § 676(b) (6)**

Will ensure coordination between antipoverty programs in each community in the State, and ensure, where appropriate, that the emergency energy crisis intervention programs under title XXVI (relating to low-income home energy assistance) are conducted in such community.

CAP San Diego is a department within the County's Health and Human Services Agency which manages the CalWORKs program. A substantial number of FSS participants are also CalWORKs customers. CAP maintains ongoing communication with CalWORKs administrative staff to address issues of mutual concern. Some FSS participants are sanctioned for non-cooperation with the CalWORKs program. FSS service providers work with these individuals to rectify the sanction. That is, they help these participants overcome the barriers that prevent them from fully cooperating with CalWORKs program requirements. There are also FSS participants who have "timed out" or exhausted their CalWORKs benefits. These persons are given priority to help ensure that their families do not incur additional hardships.

Since some of CAP's FSS customers are also Welfare-to-Work participants, CAP leverages supportive services for those participants through the County's CalWORKs program.

CAP also worked closely with HHSA's eligibility section that administers the CalFresh program to develop a plan to increase access to benefits for potentially eligible clients. The plan evolved into an online application assistance process which is also integrated with the County's EITC application process. Implementation of the plan is the responsibility of the Family Self-Sufficiency providers. In addition, three of HHSA's service regions – North Inland, North Coastal and South – offer the option for clients to apply for benefits through teleconferencing from local community based organizations to the County's Family Resource Centers.

Additionally, CAP achieves coordination with other antipoverty programs by partnering with community collaboratives in each of the six HHSA regions and requires FSS providers to establish collaborative agreements with other agencies serving the same population.

7. **Public Law § 676(b) (9)**

Entities will to the maximum extent possible, coordinate programs with and form partnerships with other organizations serving low-income residents of the communities and members of the groups served by the State, including religious organizations, charitable groups, and community organizations.

CAP maintains ongoing collaborative relationships with a wide range of community based and faith-based organizations in the county. Some of these collaboratives have a specific focus, such as services for the homeless while others have a broader thrust aimed at a developing a more cohesive network of services.

One example of the former type of relationship is CAP's long-standing partnership with the Interfaith Shelter Network, a faith-based collaborative where churches of various denominations come together to provide rotational shelter services to homeless families. This partnership facilitates the provision of case management services for homeless individuals and families, emergency shelter, transitional shelter and job placement assistance.

As mentioned earlier, the Thrive San Diego initiative is another example of CAP's coordination that addresses a specific need. Thrive San Diego is a private/public partnership which includes the Internal Revenue Service, several leading educational institutions, community-based organizations with the County, Internal Revenue Service, and the United Way of San Diego as leading entities. The partnership provides free tax preparation, including assistance with obtaining the EITC tax credit, to thousands of families across the county by using community volunteers and graduate and undergraduate students as interns and volunteers. The EITC program has returned several million dollars to the community.

CAP also actively participates in several regional collaboratives in the county. This type of coordination occurs in two ways. CAP staff is involved through their direct participation and attendance in the collaborative. Additionally, FSS providers are required to develop and maintain partnerships with service networks in their respective areas.

8. Public Law § 676(b) (10)

Each eligible entity to establish procedures under which a low-income individual, community organization, or religious organization, or representative of low-income individuals that considers its organization, or low-income individuals, to be inadequately represented on the board (or other mechanism) of the eligible entity to petition for adequate representation.

The Community Action Board (CAB) of the County of San Diego is a tripartite body in compliance with the federal statute and the California Government Code governing community action agencies. The County's Board of Supervisors appoints members of the public sector to the Board. CAB selects members from the economically disadvantaged sector and the private sector.

Procedures for nominating members are detailed in the by-laws. When vacancies occur, the CAB's Nominating Committee uses the collaborative networks, community-based organizations, and the Health and Human Services Agency to recruit new members.

Individuals seeking to represent the economically disadvantaged sector and organizations requesting representation in the private sector are considered for inclusion on the Board as long as there is no conflict of interest. Additionally, persons seeking to represent the low-income population must demonstrate a close connection to that population and the ability to represent their interests.

Individuals, groups or organizations can submit a letter to the Chairperson of the Community Action Board to petition for membership. The CAB Nominating Committee reviews these petitions and makes recommendations to the Board. This assures that CAB and the San Diego Community Action Partnership will continue to be responsive to the economically disadvantaged population.

9. Public Law § 676(b) (12)

All eligible entities will not later than fiscal year 2001, participate in the Results Oriented Management and Accountability System (ROMA), or another performance measure system for which the Secretary facilitated development pursuant to section 678E(b), or an alternative system for measuring performance and results that meets the requirements of that section, and a description of outcome measures to be used to measure eligible entity performance in promoting self-sufficiency, family stability, and community revitalization.

The County of San Diego passed Board Policy A-119, Outcome Based Measures for Health and Social Services Contracts which requires result-based measurement of performance. The San Diego Community Action Partnership has incorporated this policy in all service contracts.

CAP has been utilizing the National Performance Indicators (NPIs) since their introduction by the State Department of Community Services and Development. The Family Self-Sufficiency program employs outcome based objectives which closely parallel the NPIs. Also, the contract payment methodology is pay-for-performance with pay points that mirror the outcome objectives.

CAP also uses the NPIs and the contract outcome objectives for reporting and planning. Prior to each new service procurement, CAP staff review and analyze results. Based on this review, and with feedback from service providers, objectives are modified or replaced with more effective measures.

10. Public Law § 678D(a) (1) (B)

Ensure that cost and accounting standards of the Office of Management and Budget apply to a recipient of the funds under this subtitle.

The County of San Diego adheres to the highest standards of fiscal accountability and fully complies with the standards of the Office of Management and Budget (OMB).

There are two levels of controls involved with managing funds: the administrative level; and the contracting level. At the administrative level, the County follows OMB requirements in management of funds and ensures that single audits are conducted in accordance with the Single Audit Act of 1984 which requires that a single audit be conducted for non-federal entities that expend $500,000 or more a year in federal awards. Audits are conducted in compliance with the Government Auditing Standards issued by the Comptroller General of the United States and OMB Circular A-133.

The County's Auditor and Controller ensures that the financial transactions of all County departments are in conformance with generally accepted accounting principles and requirements prescribed by the State Controller and that they are adequate to record:

- All budgeted revenue and appropriations, together with additions or transfers thereto and expenditures or transfers there from;
- All amounts or unexpended appropriations which have been legally encumbered and the unencumbered, unexpended balances of such appropriations;
- All revenues accrued and liabilities incurred;
- All cash receipts and disbursements; and
- All transactions affecting the custody or disposition of County assets.

For contracting, a section within HHSA, Agency Contract Support (ACS), conducts fiscal reviews of contractors and also reviews CAP's adherence to its own contract administration policies. Contractor reviews are performed in accordance with the contract terms and conditions and OMB A-122, cost principles. Contractors are required to demonstrate that they have systems in place to ensure that invoices submitted to the County are for allocable, reasonable and verifiable costs or outcomes specified in their contracts. The County verifies that funds paid to contractors for services provided under contracts are properly claimed and documented.

11. Public Law § 676(b) (3) (A)

Provide a description of the service delivery system, for services provided or coordinated with funds made available through grants under section 675C (a), targeted to low-income individuals and families in communities within the State.

Recognizing that both societal and individual factors play a role in poverty, CAP's service delivery strategy focuses on providing opportunities for families, and enhancing community capacity to address systemic causes of poverty and promote healthy, self-sufficient communities.

The family level: The core strategy employed in the Family Self-Sufficiency program is to help families and individuals resolve barriers and achieve self-sufficiency using the family development model. This case management model, rather than focusing on needs alone, emphasizes family strengths and is tailored to the family's unique circumstances. Families are viewed as service partners instead of clients.

The model is further distinguished by the use of a three-tiered system which is derived from Results Oriented Management and Accountability (ROMA). CAP's decision to use the three-tiered system is based on feedback from community stakeholders, FSS providers, and community assessment results. Service history has demonstrated that FSS families tend to fall into three different categories. They are:

Tier1- In Crisis: Families in this tier have basic or immediate needs that must be met to assure their safety. These are generally food and/or emergency shelter needs but may also include health care needs or services for emotional issues. FSS contractors will typically provide emergency food/shelter, child care assistance, transportation assistance and access to public benefits such as CalFresh (formerly Food Stamps) and CalWORKs.

Tier II – At-Risk: In this tier, families generally do not have immediate safety issues. They do, however, require assistance in finding permanent, long-term solutions to achieve self-sufficiency. Families will usually receive transitional shelter, rental assistance, employment assistance and supports, application assistance for public benefits and training in SNAP-Ed which is nutritional training to facilitate a healthy lifestyle.

Tier III – Stable and Living Well: Here families are secure, generally have few barriers, are more self-reliant and demonstrate a commitment to achieve self-sufficiency. In this tier, families will typically receive the following services: job development and navigation; employment coaching; employment supports; and long-term permanent housing when available.

The Community or Macro Level: At this level, the focus is on enhancing community capacity to provide for the needs of low-income families. This is achieved through forming close working relationships with community agencies and regional service collaboratives. CAP's Community Services and Initiatives (CSI) section was formed for the express purpose of reaching out to the various communities of San Diego and actualizing the Community Action vision of changing peoples' lives and improving the communities of San Diego. CAP partners with HHSA and community stakeholders to support regional collaboratives and initiatives that align with anti-poverty strategies that support self-sufficiency. By developing common threads between the various organizations that serve the low-income population and emphasizing interactive relationships, CAP can help ensure that service gaps are minimized, an integrated approach to services is utilized, and the multiple needs of this group are met.

A prime example of how CAP assists low-income families using the two-level approach is the County's Earned Income Tax Credit (EITC). EITC has long been acknowledged as an effective weapon in the war on poverty. At the family level, the credit is a key component of income enhancement in the FSS program. For the 2011/2012 tax season, the EITC campaign resulted in enhancing the income of San Diego's low-income families by $10,009,151. EITC is coupled with asset development, which also includes financial literacy, through the Thrive San Diego initiative during the annual EITC campaign. At the community level, CAP plays an active role in expanding the service network that provides EITC assistance at Volunteer Income Tax Assistance (VITA) sites throughout the County. This is partially achieved through leveraging of CSBG funds used to fund the FSS providers.

Additionally CAP works with the IRS, local educational institutions, and other service partners to facilitate training for organizational entities interested in joining the EITC network.

As previously noted, CAP is a department of the County's Health and Human Services Agency (HHSA). Therefore, CAP has a role in supporting HHSA initiatives. These initiatives often reinforce the mission and vision of Community Action. Consequently FSS service delivery is complemented by the County's initiatives with the two serving to augment each other. The *Live Well San Diego*! initiative is a long-term plan to advance the health and overall well-being of the region. Therefore these concepts will be incorporated in FSS service delivery.

For a more detailed description of the service delivery strategy, refer to Chapter 12.

The FSS service delivery is regionalized in accordance with the County Health and Human Services Agency's practice of making health and social services more accessible. FSS services are provided in each of the six geographic service delivery regions.

Specific services provided by CAP are:

- Free tax preparation and EITC assistance for low-income families and individuals;
- Financial literacy services and asset building (including the formation of Individual Development Accounts) –funded by CSBG;
- FSS services, including emergency assistance, employment development, and access to benefits – funded by CSBG;
- Injury prevention including child safety seats;
- Homeless services; and
- Services to youth who are at-risk for entering the juvenile justice system.

12. Public Law § 676(b) (3) (B)

Provide a description of how linkages will be developed to fill identified gaps in the services, through the provision of information, referrals, case management, and follow-up consultations.

Since CAP's service delivery strategy is based on two levels – the family level and the community level – linkages will be developed to address both levels.

An example of this linkage development is in the area of employment. At the family service level, CAP's FSS providers will partner with the One-Stop Career Centers operated by the San Diego Workforce Partnership in each of the six HHSA service regions to optimize services for mutual customers.

The working relationships that evolve from these partnerships will help ensure that as jobs become available and our FSS participants are well positioned to be considered for the positions. At the organizational, or community level, CAP will engage with the Workforce Partnership to reinforce the existing collaboration and develop mutually beneficial activities to employ low-income families.

Also, public-private partnerships form the basis of the Thrive San Diego initiative. This is an academic partnership that brings together university and community college students as volunteers to serve their communities in a multitude of ways. Through Thrive San Diego, students receive academic credit and internship opportunities, and the community benefits. Thrive San Diego serves as an umbrella to provide EITC services and access to social services including public benefits. Each year the goals and objectives of this program are met through a network of public and private agencies. Linkages are established and enhanced throughout the year with leadership provided by CAP San Diego.

13. Public Law § 676(b) (3) (C)

Provide a description of how funds made available through grants under section 675C(a) will be coordinated with other public and private resources.

Community Service Block Grant (CSBG) funds are CAP's primary source of revenue. CAP leverages and coordinates these funds with public and private resources whenever possible. Coordination of funding is achieved primarily through coordination of services. This coordination begins with CAP planners who review existing and planned services and then identify similar or complementary services offered by other sections within the County or external organizations.

Coordination with other County departments is facilitated by an essential component of the County's General Management System. This functional threading enables CAP to work across organizational lines to share information, maximize resources, solve problems and efficiently achieve goals. This enables CAP and County planners to strengthen service coordination by involving staff from all relevant programs during the development of any program plan.

An example of coordination with a private resource is the assistance offered by FSS providers with San Diego Gas and Electric's (SDG&E) Care Program. The Care Program extends discounts to income eligible SDG&E customers. Through a memorandum of agreement with SDG&E, FSS case managers assist participants with on-line applications.

Another example of coordination of services is the partnership with the Emergency Food and Shelter Program (EFSP) which allows for provision of longer-term services for homeless families through the hotel/motel voucher program.

An example of coordination and leveraging with a public resource is CAP's School-Based Family Self-Sufficiency program which provides support to middle school children and their families at a charter school in a low-income neighborhood. Here, San Diego Unified School District funds are used to supplement CSBG funding to assist the students in achieving academic success. Another instance of coordination with a public resource is CAP's partnership with City of San Diego and the County's Department of Housing and Community Development Department to augment CAP's homeless services program.

Numerous other instances of service coordination exist and are detailed in this Chapter as well as other sections of this Plan.

14. Public Law § 676(b) (3) (D)

Provide a description of how the local entity will use the funds to support innovative community and neighborhood-based initiatives related to the purposes of this subtitle, which may include fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging effective parenting.

CAP San Diego actively supports community and neighborhood-based initiatives. Two examples are presented here.

One is private-public partnership with San Diego's National Center for Conflict Resolution. Services resulting from this partnership strengthen several neighborhoods in the region by promoting the acquisition of an important skill – conflict resolution. Persons in low-income neighborhoods are taught how to manage disputes and resolve conflicts in their daily lives.

The second example is CAP's partnership with the San Diego Unified School District. CAP has joined forces with the District to provide School-based Family Self-Sufficiency services at O'Farrell Community School, a charter middle school in a low-income neighborhood. This academic partnership assists students with their social, intellectual, psychological and physical needs. Academic success is promoted and by involving the families of the students, family strengthening is achieved as well.

IX. State Assurances

Agencies are required to provide narrative descriptions of how the organization is meeting each assurance below.

Government Code § 12730(h): *"Eligible beneficiaries" means all of the following:*

(1) All individuals living in households with incomes not to exceed the official poverty line according to the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services, as defined in Section 9902 of Title 42 of the United States Code, as amended.

(2) All individuals eligible to receive Temporary Assistance for Needy Families under the state's plan approved under Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, and (Chapter 2 (commencing with Section 11200) of Part 3 of Division 9 of the Welfare and Institutions Code) or assistance under Part A of Title IV of the Social Security Act (42 U.S.C. Sec. 601 et seq.).

(3) Residents of a target area or members of a target group having a measurably high incidence of poverty and that is the specific focus of a project financed under this chapter.

CAP manages two programs that are funded with Community Services Block Grant funds. They are the Family Self-Sufficiency Services program and the School-Based Self-Sufficiency program at O'Farrell, a charter middle school. Providers determine client eligibility in accordance with Government Code 12730. They utilize current federal poverty income guidelines and view appropriate documentation such as client income information and/or public benefits (CalWORKs or Supplemental Security Income) award notification, to verify eligibility.

Government Code § 12747 (a): Community action plans shall provide for the contingency of reduced federal funding. Provide your agency's contingency plan for reduced federal funding. Also, include a description of how your agency will be impacted in the event of reduced CSBG funding.

CAP remains committed to sustaining self-sufficiency services for our low-income and vulnerable population. CAP has several strategies to continue services in the event of a reduction in federal funding. These are: (1) resource development by CAP staff; (2) creating and expanding service networks, collaboratives and public partnerships locally and statewide to strengthen and leverage services; (3) expanding activities with community and grassroots organizations to build a comprehensive collaborative delivery system to sustain FSS services; (4) continue to increase efficiency and improve cost effectiveness in FSS services.

These strategies have been operationalized as follows:

- Received blanket authority from the Board of Supervisors to apply for private and public funding that promote CAP's mission;
- Applied for and was awarded a grant from the California Office of Traffic Safety for vehicle child occupant safety;
- Responding to requests for proposals to enhance current programs or implement new services that support our Community Action Plan;
- Ongoing participation in local Emergency Food and Shelter Program (EFSP) and Regional Continuum of Care Council to leverage funding and coordinate program activities for CAP strategic initiatives;
- Lead role in the Thrive San Diego initiative with its core Earned Income Tax Credit program. Over the year this has been enhance by adding new partners and new services (e.g., access to public benefits);
- Coordinating a year-round emergency shelter program that provides homeless families with hotel/motel vouchers and intensive case management. By leveraging existing resources with EFSP, CAP is able to provide temporary shelter and a continuum of services throughout the year for homeless families;
- Partnered with Pacific Safety Center to expand CAP's child injury prevention program from a child safety seat distribution activity to a broader educational program to train parents and community service workers on child safety;
- Linked FSS providers with the County's six Health and Human Services regions and Family Resource Centers to provide improved outreach services to clients in need of low-cost health insurance.

CAP will continue efforts to achieve sustainability at the needed level for the clients we serve. In addition, CAP will continue to work towards new and innovative approaches to ensure sustainability of necessary services.

Government Code § 12760: Community action agencies funded under this article shall coordinate their plans and activities with other eligible entities funded under Articles 7 (commencing with Section 12765) and 8 (commencing with Section 12770) that serve any part of their communities, so that funds are not used to duplicate particular services to the same beneficiaries and plans and policies affecting all grantees under this chapter are shaped, to the extent possible, so as to be equitable and beneficial to all community agencies and the populations they serve.

In San Diego County, CAP San Diego is the only recipient of Community Services Block Grant funds. CAP does serve migrant farm workers and will ensure that services to this population are coordinated with Campesinos Unidos, Inc., the community action agency, in neighboring Imperial County, which serves the rural poor, including migrant and seasonal farm workers in Imperial, Riverside and San Diego counties.

CAP San Diego works with its collaborative networks to avoid duplication of services. The FSS program is designed to ensure that service duplication does not occur between entities (regardless of their funding source) serving our target population. This design element is operationalized in our contracts with community based organizations. Contract language guides provider staff in ensuring that duplication of services between CAP and other agencies, such as the San Diego Workforce Partnership does not occur.

X. Documentation of Public Hearings

In accordance with Government Code Section 12747, CAP planners considered poverty related needs and the available resources. As a department of HHSA, CAP considered the most effective ways of tapping into HHSA resources. HHSA services are regionalized; CAP coordinated the hearings with HHSA regional managers and included them in the planning process. HHSA regional staff also invited community partners to participate in the hearings.

CAP San Diego conducted a series of Public Hearings between December 2012 and January 2013 to assess community priorities and needs within the context of the National Performance Indicators (NPIs) and County Strategic initiatives.

The venues for the Public Hearings were public libraries, community centers, County facilities and non-profit partner locations. There were six Public Hearings held which covered all six of HHSA's service regions.

Notices of the Public Hearings were published in the San Diego Union Tribune, the North County Times, The Californian, and La Prensa. Community flyers were also through Family Self-Sufficiency agencies and partners throughout the County including internal County divisions. (See Appendix I for proof of publication.

The Public Hearings utilized a modified focus group setting to stimulate discussion and generate suggestions for improved service delivery and community needs. Attendees formed small groups to discuss specific topics or clusters related to needs and services for low-income families and individuals. Prior to the participants' breaking up into the small discussion groups, staff presented a brief background of the Community Action Partnership of San Diego, the history of Community Action and the purpose of the hearings. The intent was to provide a context for the hearings.

There were seven (7) clusters addressed by the participants as follows:

1. Employment: Involves issues related to obtaining and/or retaining a job, and obtaining an increase in income. It includes, for example, barriers to employment and the services needed to overcome those barriers.
2. Financial Education: Relates to strategies to help low-income families and individuals optimize resources to help them achieve self-sufficiency.
3. Housing: Relates to strategies to help low-income families and individuals obtain stable housing.
4. Emergency Needs: Addresses immediate needs of low-income individuals and families. It includes provision of emergency food and temporary shelter.
5. Access to Benefits: Addresses the problems low-income families and individuals experience in attempting to obtain benefits such as CalFresh.
6. Health and Social Services: Relates to strategies to help low-income families and individuals maintain healthy lifestyles and access support systems obtain stable housing.
7. Refugee: Most refugees are also low-income persons. Therefore they have in common all of the issues that face low-income families and individuals. Additionally, they face significant other barriers including language and cultural adjustment difficulties. This cluster relates to strategies to help refugees obtain jobs and achieve self-sufficiency.

   ***Note**: There are two HHSA service regions – Central and East – which have concentrations of refugees. The other regions have few or no new refugee arrivals. Therefore, Cluster 7 (Refugee) was only addressed in these two regions.*

In each group, participants first defined the problem or problems, progressed to detailing barriers that impeded problem resolution, and finally brainstormed solutions. Their efforts were guided by a specially designed instrument to facilitate the dialogue. And CAP staff also helped facilitate these small group dialogues. The discussion instrument was also used as reporting form (See Appendix G). Each small group then reported their appraisals and recommendations to the larger group.

After the small group reports were delivered, CAP staff invited additional comments from the participants who were asked to provide further input on issues/concerns that may not have been addressed in the surveys.

Approximately 72 persons attended the Public Hearings. Attendees included FSS customers, social service customers, stakeholders representing the FSS contract agencies, community based organizations, and other concerned members of the community. The participating agencies covered twenty-seven zip codes throughout the County of San Diego. For a list of Public Hearing Participants, contact the CAP program at (619) 338-2799.

Note: Results from the 7 clusters mentioned above are written in detail in Appendix F

Other Methods Used in Needs Assessment

Several other methods were used in completing the needs assessment:

- Surveys were completed by low-income individuals and representatives of community based organizations serving low-income families. Details of the survey questions and results are presented in Requirement 1, Section 2 – Needs Assessment.
- Review and analysis of U.S. Census Data.
- Review and analysis of data from the San Diego Association of Governments (SANDAG). SANDAG is the association of local governments in the San Diego region which serves as the forum for regional decision making.
- Input from the FSS providers, other community service providers, advocacy groups and service network collaboratives.
- Review of the County's Health and Human Services Agency's (HHSA) trends. HHSA is CAP's parent organization. The HHSA's mission is "to make people's lives safer, healthier and self-sufficient by delivering essential services." In pursuit of this mission, and in recognition of the fact social services organizations are challenged to provide greater assistance to their constituents with limited personnel and financial resources, HHSA seeks to optimize technology. The goals are to minimize administrative costs and increase the effectiveness of each dollar spent on services.

Responses to Comments, Concerns and Suggestions Presented during the Public Hearings

i. CAP provides alternative dispute resolution services through a contract with a local provider. The contract includes a Community Exchange program which provides skills and strategies for managing conflict in the community, and is geared toward community based organizations, youth groups, parent groups and community leaders. The leaders are then trained to serve as mentors to low-income individuals in the community. Training through this program has been provided to Welfare-to-Work providers and the refugee community.

ii. CAP through its FSS contractors provides employment assistance to participants. These providers also provide guidance to persons seeking to establish home-based businesses.

iii. Besides CAP's inclusion of financial literacy in the Family Self-Sufficiency contracts, there are other organizations such as United Way and smaller non-profits making these services available to the community.

iv. With housing issues, and other social service areas, it was evident that public hearing participants considered that comprehensive or wrap-around services were important in resolving customers' needs. CAP's FSS program begins with a comprehensive assessment and then an inclusive plan to address the identified needs.

v. One of the components of the Family Self-Sufficiency program includes a requirement under emergency assistance that addresses the hunger issues by providing emergency food packets and CalFresh application assistance for program participants.

vi. As mentioned in Chapter XII - NPI 4.1, CAP Community Services and Initiatives (CSI) unit provides a bridge to promote community efforts and form linkages to service delivery networks. CSI will continue to work with community partners to resolve service network issues and facilitate interagency coordination. To address issues within the County HHSA, CAP executive staff is in communication with other agency executives to share the community concerns and come up with a plan to internally address the needs of the community. In addition, in Chapter VI, Needs Assessment, Section 1B; Section 1D provides a description of the services available to low-income families through the Health and Human Services Agency, other organizations, and CSBG funded, contracted programs and the activities required to participate.

vii. CAP convenes regular contractor meetings with the FSS providers to discuss issues related to access and service provision. The specific issues raised during these Public Hearings will be share with FSS contracted agencies to ensure services meet the needs address by community members.

viii. The Health and Human Services Agency (HHSA) has developed an innovative project called the Resident Leadership Academy (RLA). The project helps build grassroots leadership to drive improvements in the health, safety and vitality of neighborhoods, in line with the County of San Diego's *Live Well, San Diego!* initiative. The project has two-phases—the first phase is a Train-the-Facilitator workshop followed by the second phase which is up to 6 Resident Leadership Academies. These RLAs—hosted by community based organizations, led by these newly trained facilitators and comprised of community members from low-income neighborhoods—will teach residents how to take action to create environments that improve healthy behaviors, systems and create more vibrant neighborhoods.

ix. While CAP does not have the capacity to provide loans and grants to individuals, the EITC free tax preparation described in Appendix A - NPI 1.3 does assist low-income families and individuals in enhancing income. Also, as described in Appendix A - NPI 1.1, CAP through its FSS contractors provides employment assistance to participants. These providers also, to the extent possible, provide guidance to persons seeking to establish home-based businesses.

x. Transportation problems are a recurring theme in San Diego County. For families enrolled in FSS services, transportation is an employment support. In addition, CAP leveraged transportation supportive services for CalWORKs clients enrolled in the Welfare-to-Work program.

XI. Monitoring and Evaluation Plan

A. Data is Collected to Measure the Progress of Agency's Goals

The San Diego Community Action Partnership (CAP) develops, evaluates and monitors the program and fiscal performance of Family Self-Sufficiency (FSS) and other Health and Human Services Agency (HHSA) contracts. Monitoring, as practiced by the County of San Diego, is an on-going process of ensuring quality of service and contract compliance. The County has transitioned to performance based contracting in purchasing of services. CAP's contracts reflect this change in practice by developing Performance Work Statements which emphasize measurable performance objectives rather than process. CAP's procurement of services and monitoring of contracts also reflect this change in contracting methodology. Policies and procedures have been revised to align to the pay-for-performance methodology and, as a continuous improvement measure, a Quality Assurance component has been developed that outlines each step of the process that is tested and validated.

The 2014-2015 Community Action Plan will be referenced in continuing contracts with CAP's Family Self-Sufficiency providers. The National Performance Indicators selected for the Plan and detailed in the CSD 801 will be incorporated as objectives in the Performance Work Statements in the FSS contracts. Specific service requirements designed to realize the objectives will also be included. CAP staff conducts routine desk and on-site reviews to ensure satisfactory achievement of contract objectives.

In accordance with the Health and Human Services Agency's External Contracting Policies, CAP has established a Contract Administration Plan that governs the monitoring of all contracts. CAP performs the primary monitoring tasks, while certain functions such as administrative and fiscal reviews have been centralized and are the responsibility of the Health and Human Services Agency Contract Support division. The division of monitoring responsibilities is indicated below.

CAP Monitoring Responsibilities

i. Development of Monitoring Plan/Tool

Contract Administrators monitor contracts for compliance and are responsible for developing a monitoring plan specific to each contract assigned. The monitoring plan forms the basis for monitoring performance, determines the frequency of site visits, and serves as a roadmap for the contract administrator to measure contractor performance.

A critical aspect of the plan involves the development of monitoring tools for site visits. Monitoring tools mirror the Performance Work Statements and aid staff in determining whether the contractor is in compliance with the contract, and whether contractor systems produce reliable and accurate information.

ii. Contractor Orientation

CAP staff conducts contractor orientations for new contracts. The orientation provides a forum to discuss contractor and staff roles and responsibilities, contract requirements, scope of work and payment methods.

iii. Performance Monitoring

CAP uses the monitoring plan to ensure compliance with contract provisions through the following methods:

- Site Visits - Staff visit contractors and project sites periodically to evaluate contract compliance through observation, interviews, examination and verification of records. Site visits include entrance and exit conferences, and focus on compliance with the Performance Work Statement and the contractor's internal control systems and delivery processes. A minimum of one site visit per contract is conducted annually.
- Contractor Meetings – CAP schedules regular operational meetings with contractors to review/resolve issues on an as-needed basis.
- Desk Reviews – Reviews of Quarterly or Monthly Progress Reports to ensure completeness and accuracy of the report. Reports are reviewed upon receipt and outcomes are closely tracked to ensure desired results are achieved.
- Invoice Validation – As part of the transition to performance based contracting, the payment structure parallels the performance work statement. Payments are closely aligned with the outcomes. Therefore CAP's monitoring system now includes invoice validation as part of the routine monitoring. Invoice validation activities include:
    - Review of pay points claimed and supporting documentation to ensure validity of claim;
    - Checking accuracy of calculations and validity of costs against the contract budget for cost reimbursement line items;
    - Ensuring delivery of services or deliverables upon which payment is predicated;
    - Resolving any identified discrepancies;
    - Approving the claim and forwarding it for payment; and
    - Periodic on-site validation of contractor expenses for approved line items and pay points claimed.

- Technical Assistance – Contract staff clarifies and interprets policies and procedures, and makes referrals to appropriate resources to help contractors improve systems.
- Corrective Action Notices (CAN) – When contractor performance fails to meet acceptable standards and technical assistance does not achieve the desired results, notices of non-compliance are issued to ensure contract compliance. Contractor failure to respond to a CAN that specifies what actions need to be taken to address the area of non-compliance may result in suspension of reimbursement.

Agency Contract Support Monitoring Responsibilities

HHSA's Agency Contract Support Division (ACS) is responsible for three monitoring tasks: 1) reviewing contract standard terms and conditions; 2) conducting special reviews that are investigative in nature and usually result from allegations of misconduct; and 3) conducting reviews of contractors' fiscal systems. ACS reviews of CAP contracts are conducted in coordination with CAP.

B. Ensure Reports Are Prepared and Submitted to CSD in Accordance With Contractual Requirements

CAP's reporting system ensures that data are collected to document the progress of the projections detailed in the Programs Report (CSD 801) and that reports summarizing the data are prepared and submitted to CSD in accordance with contract requirements.

CAP uses the County of San Diego's Financial Reporting System to prepare the Expenditure/Activity Reports. These reports are also prepared and submitted to CSD in accordance with contract requirements.

CAP has instituted a comprehensive system to ensure accurate and timely reporting to funding sources. The system is comprised of the following components:

- Report templates for each of CAP's FSS providers. These templates mirror the projections detailed in the CSD 801.
- Conducting periodic checks of funding source, including CSD, websites to confirm report deadlines.
- A master grid that tracks all required reports and includes report periods, deadlines and other critical information.
- An automated tickler system to alert key individuals about approaching deadlines for completion of reports.
- Automated roll up of key data elements using linked spreadsheets.
- Designated staff with clearly defined reporting responsibilities.

Program Evaluation

Evaluation of the service providers will answer five questions:

a. Will the program achieve its intended outcomes?
b. What barriers, problems, or systemic factors blocked achievement of objectives?
c. What was the impact (that is, what difference did the achieved outcomes make)?
d. What changes in strategic direction, goals, and/or objectives need to be made?
e. What process changes need to be made?

XII. CSBG/NPI CAP Projections

2014-2015 CSBG/NPI CAP Projections

Contractor Name: San Diego County, Health and Human Services Agency - Community Action Partnership
Contact Person and Title: Juana S. Duenas, Program/Contracts Manager
Phone Number: (619) 338- 2202 Ext. Number:
E-mail Address: juana.duenas@sdcounty.ca.gov Fax Number: (619)338-2778

Goal 1: Low-income people become more self-sufficient

NPI 1.1: Employment

Problem Statement: (Continued from previous page.)

In the most recent community assessments that were conducted for the 2014-2015 Community Action Plan, it was evident that the community continues to struggle with the realization that self sufficiency in these economic times requires families to have full-time living wage jobs with the potential for upward mobility and medical benefits. Limited English proficiency, immigration issues, high cost of child care or limited child care resources, lack of affordable housing, adults timing out of CalWORKs, lack of transportation, limited skills/experience and education, substance abuse, cultural barriers and criminal convictions are examples of barriers facing low-income families.

Program Activities and Delivery Strategies: (Continued from previous page.)
The new contracts require contracted agencies to not only enter into MOU agreement with employment based organizations, but to engage and be at the table with these providers to come up with strategies on how to engage clients with local employment opportunities. The FSS program activities will be designed to address the multiple barriers experienced by the low-income target population. FSS services are provided by contractors in all six Health and Human Services Agency service regions of San Diego County. Services include assisting participants with Employment Readiness skills, including resume preparation and interviewing techniques, Employment Placement and Retention (30-day), Employment Upgrades, Employment Supports such as transportation and child care referrals, English as Second Language, Housing Retention, and referrals to substance abuse treatment programs. Application assistance for other public and non-public assistance programs is also provided, as accessing other available resources is also key in any process intended to lift people out of poverty and place them on the path to self-sufficiency. FSS contracts require service providers to leverage CSBG monies by collaborating with other local social service agencies and programs such CalWORKs Employment Services providers.

2014-2015 CSBG/NPI CAP Projections

Contractor Name: San Diego County, Health and Human Services Agency - Community Action Partnership
Contact Person and Title: Juana S. Duenas, Program/Contracts Manager
Phone Number: (619) 338-2002 Ext. Number:
E-mail Address: juana.duenas@sdcounty.ca.gov Fax Number: (619) 338-2778

Goal 1: Low-income people become more self-sufficient.

NPI 1.1: Employment

Problem Statement: (If additional space is needed, please attach a separate sheet.)
San Diego County's economy,while recovering slowly, is not yet providing the employment opportunities to help low-income families become employed. The low-income population served through CSBG funded programs continue to face many challenges and barries. The region's residents who are either unemployed or in low-paying, high turnover occupations are still not prepared to compete for the few jobs opening as the economy slowly recovers. Local jobs are being offered to college graduates and high skilled individuals. The low-income population served through San Diego's Family Self-Sufficiency program is not quite ready to compete in the job market therefore, the jobs offered to this population are minimum wage or lower pay.
(Con tinued)

(
In CY 2013, CAP San Diego conducted an RFP process that resulted in new Family Self-Sufficiency contracts being awarded. The new contracts focus on a three-tier structure that address barriers for families who enter the FSS program in crisis and allows the contracted agencies to address their urgent needs within the first two months of service. By the third month (Tier III), the contractors are required to engage the individuals or family into an employment-based plan by using an employment navigator model that will guide and link participating clients to local employment focus agencies such as the Workforce Partnership and its contracted career centers. (Continued)

National Performance Indicator 1.1 **Employment** The number and percentage of low-income participants who get a job or become self-employed, as a result of Community Action Assistance, as measured by one or more of the following:	**CAP 2 YEAR PROJECTIONS** **Number of Participants Expected to Achieve Outcome (#)**
A. Unemployed and obtained a job	1,896
B. Employed and maintained a job for a least 90 days	1,828
C. Employed and obtained an increase in employment income **and/or benefits**	1,942
D. Achieved "living wage" employment and/or benefits	

In the rows below, please include any additional indicators for NPI 1.1 that were not captured above.

2014-2015 CSBG/NPI CAP Projections

Goal 1: Low-income people become more self-sufficient.

NPI 1.2: Employment Supports

Problem Statement: (If additional space is needed, please attach a separate sheet.)
Barriers to obtaining and/or retaining employment are numerous. However, barriers generally fall into two categories: those that can be resolved by enhancing education and/or job skills, and those for which the lack of support systems such as child care and affordable reliable transportation constitute obstacles to employment. Based on the needs assessment, the current public transportation system is inadequate for low-income families to obtain/retain employment. The high cost of living, coupled with inadequate levels of income, often leaves few dollars for purchase and maintenance of reliable private transportation. The high cost of childcare, even with temporary subsidies available, continues to be a challenge for someone working at a minimum wage job, once that subsidy ends. High housing costs are also a barrier. Additionally, many of our low-income clients lack the knowledge and skills needed to maintain a household budget and make timely payments for life's basic necessities.

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)
The strategy to address employment supports encompasses several approaches. On one level CAP is working with regional service networks, key partners and stakeholders to develop new and link existing support structures that assist low income families and individuals. For example, the Community Action Partnership is leveraging efforts with the San Diego Workforce Partnership and Health and Human Services Agency, CalWORKs, Welfare to Work program to engage families in local programs focusing on building skills for individuals to become work ready. In addition, CAP has been supporting efforts through its Thrive San Diego initiative which oversees the annual Earned Income Tax Credit program offering not only free tax assistance as one of the main components to asset building, but also access to CalFresh and Medi-Cal benefits through electronic applications in addition to screenning for other essential programs that may be available to the families served.

National Performance Indicator 1.2 **Employment Supports** The number of low-income participants for whom barriers to initial or continuous employment are reduced or eliminated through assistance from Community Action, as measured by one or more of the following:	**CAP 2 YEAR PROJECTIONS** **Number of Participants Expected to Achieve Outcome** **. (#)**
A. Obtained skills/competencies required for employment	268
B. Completed ABE/GED and received certificate or diploma	24
C. Completed post-secondary education program and obtained certificate or diploma	
D. Enrolled children in "before" or "after" school programs	
E. Obtained care for child or other dependant	60
F. Obtained access to reliable transportation and/or driver's license	1,000
G. Obtained health care services for themselves or a family member	
H. Obtained safe and affordable housing	524
I. Obtained food assistance	
J. Obtained non-emergency LIHEAP energy assistance	
K. Obtained non-emergency WX energy assistance	
L. Obtained other non-emergency energy assistance (State/local/private energy programs. Do Not Include LIHEAP or WX)	

In the rows below, please include any additional indicators for NPI 1.1 that were not captured above.

2014-2015 CSBG/NPI CAP Projections

Goal 1: Low-income people become more self-sufficient.

NPI 1.3: Economic Asset Enhancement and Utilization

Problem Statement: (If additional space is needed, please attach a separate sheet.)
In this slow economy, family and individual low-income wages are insufficient to meet basic needs. To move out of poverty or become economically independent, low-income families need resources and assistance to expand their asset base. CAP San Diego continues its marketing campaign to increase awareness about services such as free tax preparation assistance. The goal of these efforts is to reach low and moderate income families and educate them about the benefits of accessing free tax services to get additional dollars and resources during the EITC campaigns. Some families continue to recover from past financial difficulties such as poor credit history and often fall prey to predatory lending practices. Compounding this problem is the fact that low-income families are not in situations that allow them to take full advantage of financial opportunities and many are not aware of or are unsure of how to access additional resources for which they may be eligible.

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.) (Continued
A key component in CAP's strategy for helping families increase their financial assets is through the Thrive initiative which encompasses an array of services including EITC free assistance and screening for an array of available resources. The Thrive initiative was implemented in February 2010 as an academic partnership between the County Health and Human Services Agency, United Way, IRS, Alliance Healthcare Foundation and local Universities. Thrive San Diego continues to be one of the most effective strategies in providing families with not only additional EITC tax credit refunds, but an opportunity to engage in financial education and learn about additional resources to address some of their barriers if not all. Complementing and supporting this strategy is CAP's Family Development approach which provides the additional supports families need to maximize income and attain self-sufficiency.

National Performance Indicator 1.3 **Economic Asset Enhancement and Utilization** The number and percentage of low-income households that achieve an increase in financial assets and/or financial skills as a result of Community Action assistance, and the aggregated amount of those assets and resources for all participants achieving the outcome, as measured by one or more of the following:	**CAP 2 YEAR PROJECTIONS** **Number of Participants Expected to Achieve Outcome** **(#)**
ENHANCEMENT	
A. Number and percent of participants in tax preparation programs who qualified for any type of Federal or State tax credit and the expected aggregated dollar amount of credits.	4,000
B. Number and percent of participants who obtained court-ordered child support payments and the expected annual aggregated dollar amount of payments.	
C. Number and percent of participants who were enrolled in telephone lifeline and/or energy discounts with the assistance of the agency and the expected aggregated dollar amount of savings.	
UTILIZATION	
D. Number and percent of participants demonstrating ability to complete and maintain a budget for over 90 days	772
E. Number and percent of participants opening an Individual Development Account (IDA) or other savings account	
F. Number and percent of participants who increased their savings through IDA or other savings accounts and the aggregated amount of savings	
G. Number and percent of participants capitalizing a small business due to accumulated savings	
H. Number and percent of participants pursuing post-secondary education with accumulated savings	
I. Number and percent of participants purchasing a home with accumulated savings	
J. Number and percent of participants purchasing other assets with accumulated savings	

In the rows below, please include any additional indicators for NPI 1.3 that were not captured above.

State of California
Department of Community Services and Development
CSBG Community Action Plan
CSD 410--Vision (01/13)

2014-2015 CSBG/NPI CAP Projections

Contractor Name: San Diego County, Health and Human Services Agency - Community Action Partnership
Contact Person and Title: Juana S. Duenas, Program/Contracts Manager
Phone Number: (619) 338-2002 Ext. Number:
E-mail Address: juana.duenas@sdcounty.ca.gov Fax Number: (619) 338-2778

Goal 2: The conditions in which low-income people live are improved.

NPI 2.1: Community Improvement and Revitalization

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

National Performance Indicator 2.1 **Community Improvement and Revitalization** Increase in, or safeguarding of, threatened opportunities and community resources or services for low-income people in the community as a result of Community Action projects/initiatives or advocacy with other public and private agencies, as measured by one or more of the following:	**CAP 2 YEAR PROJECTIONS** **Number of Projects or Initiatives Expected to Achieve (#)**
A. Jobs created, or saved, from reduction or elimination in the community.	
B. Accessible "living wage" jobs created, or saved, from reduction or elimination in the community.	
C. Safe and affordable housing units created in the community	
D. Safe and affordable housing units in the community preserved or improved through construction, weatherization, or rehabilitation achieved by community action activity or advocacy	
E. Accessible and affordable health care services/facilities for low-income people created or saved from reduction or elimination	
F. Accessible safe and affordable child care or child development placement opportunities for low-income families created or saved from reduction or elimination	
G. Accessible "before school" and "after school" program placement opportunities for low-income families created or saved from reduction or elimination	
H. Accessible new or expanded transportation resources, or those that are saved from reduction or elimination, that are available to low-income people, including public or private transportation.	
I. Accessible or increased educational and training placement opportunities, or those that are saved from reduction or elimination, that are available for low-income people in the community, including vocational, literacy, and life skill training, ABE/GED, and post-secondary education	

In the rows below, please include any additional indicators for NPI 2.1 that were not captured above.

2014-2015 CSBG/NPI CAP Projections

Goal 2: The conditions in which low-income people live are improved.

NPI 2.2: Community Quality of Life and Assets

Problem Statement: (If additional space is needed, please attach a separate sheet.)
According to the Center on Policy Initiatives (September 2012), earnings for famileis lagged behind costs in the San Diego region. In addition, recent Censuus data show that more than a third of San Diego County residents are living in economic hardship. As San Diego County's population continues to increase, so does the need for programs which address public health and safety.

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)
San Diego County, Health and Human Services Agency which houses CAP San Diego has been working on the "Live Well, San Diego" (LWSD) initiative for the last three years. The LWSD focuses on healthy, safe and thriving communities. The goal of this initiative is to promote healthy behaviours and working with the communities to develop and use new strategies and tools for safer and thriving communities. As these efforts have moved forward, CAP San Diego has capitalized on the opportunity and partnered with the local Department of Public Health to implement a Nutrition Education campaign that focused on purchasing and preparing healthy meals. CAP used its contracted agencies to build capacity for nutrition educators and participation from community non-profits and community clinics. The effort was and continues to be funded through a SNAP Education grant leveraged with the CSBG funded Familyl Self-Sufficiency program. In 2013, CAP will continue to leverage this project through its newly awarded contracts. The SNAP Education program was included in the RFP that is currently being finalized. Also, CAP applied for and was awarded a Child Passenger Safety and Education grant from the CA Office of Traffic Safety (OTS) for the last three years. The OTS grants has been providing low-income parents with education and training on child vehicle passenger education and free car seats. In addition, the grant has helped built capacity in the community by increasing community and public health workers and foster care staff on child passenger safety and providing opportunities for State Certifications on child passenger safety and car seat installations.

National Performance Indicator 2.2 **Community Quality of Life and Assets** The quality of life and assets in low-income neighborhoods are improved by Community Action initiative or advocacy, as measured by one or more of the following:	**CAP 2 YEAR PROJECTIONS** **Number of Program Initiatives or Advocacy Efforts Expected to Achieve (#)**
A. Increases in community assets as a result of a change in law, regulation, or policy, which results in improvements in quality of life and assets	
B. Increase in the availability or preservation of community facilities	
C. Increase in the availability or preservation of community services to improve public health and safety	
D. Increase in the availability or preservation of commercial services within low-income neighborhoods	
E. Increase or preservation of neighborhood quality-of-life resources	

In the rows below, please include any additional indicators for NPI 2.2 that were not captured above.

2014-2015 CSBG/NPI CAP Projections

Goal 2: The conditions in which low-income people live are improved.

NPI 2.3: Community Engagement

Problem Statement: (If additional space is needed, please attach a separate sheet.)
As the needs assessments continue to demonstrate, the needs of low-income families are many and varied. The economic downfall, from which we have not yet recovered, continues to impact both our low-income target population and the agencies from which they seek assistance. Service agencies are operating with decreased revenue while serving more and more customers. In particular, staffing is often inadequate to begin addressing the increased level of need.

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)
The Community Action Partnership of San Diego will continue to work closely with its network of service providers, especially the Family Self Sufficiency providers, to encourage additional support for low-income residents through the use of volunteers. One area in particular where this strategy is effectively employed is the provision of tax assistance through VITA trained volunteers. CAP contributes significantly by actively recruiting new volunteers and, in collaboration with the Internal Revenue Service, providing training and support to these volunteers to provide professional quality tax assistance to families and individuals.

National Performance Indicator 2.3 **Community Engagement** The number of community members working with Community Action to improve conditions in the community.	**CAP 2 YEAR PROJECTIONS** **Number of Total Contribution by Community Expected to Achieve (#)**
A. Number of community members mobilized by Community Action that participate in community revitalization and anti-poverty initiatives	1,000
B. Number of volunteer hours donated to the agency (This will be All volunteer hours)	49,680

In the rows below, please include any additional indicators for NPI 2.3 that were not captured above.

2014-2015 CSBG/NPI CAP Projections

Goal 2: The conditions in which low-income people live are improved.

NPI 2.4: Employment Growth from ARRA Funds

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

National Performance Indicator 2.4 **Employment Growth from ARRA Funds** The total number of jobs created or saved, at least in part by ARRA Funds, in the community.	**CAP 2 YEAR PROJECTIONS** **Number of Jobs Expected to Achieve (#)**
A. Jobs created at least in part by ARRA funds	
B. Jobs saved at least in part by ARRA funds	

In the rows below, please include any additional indicators for NPI 2.4 that were not captured above.

2014-2015 CSBG/NPI CAP Projections

Contractor Name: San Diego County, Health and Human Services Agency - Community Action Partnership
Contact Person and Title: Juana S. Duenas, Program/Contracts Manager
Phone Number: (619) 338-2002 Ext. Number:
E-mail Address: juana.duenas@sdcounty.ca.gov Fax Number: (619) 338-2778

Goal 3: Low-income people own a stake in their community.

NPI 3.1: Community Enhancement Through Maximum Feasible Participation

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

National Performance Indicator 3.1 **Community Enhancement Through Maximum Feasible Participation** The number of volunteer hours donated to Community Action.	**CAP 2 YEAR PROJECTIONS** **Total Number of Volunteer Hours Expected to Achieve (#)**
A. The total number of volunteer hours donated by low-income individuals to Community Action. (This is ONLY the number of volunteer hours from individuals who are low-income.)	

In the rows below, please include any additional indicators for NPI 3.1 that were not captured above.

2014-2015 CSBG/NPI CAP Projections

Goal 3: Low-income people own a stake in their community.

NPI 3.2: Community Empowerment Through Maximum Feasible Participation

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

National Performance Indicator 3.2 **Community Empowerment Through Maximum Feasible Participation** The number of low-income people mobilized as a direct result of Community Action initiative to engage in activities that support and promote their own well-being and that of their community, as measured by one or more of the following:	**CAP 2 YEAR PROJECTIONS** **Number of Low-Income People Expected to Achieve (#)**
A. Number of low-income people participating in formal community organizations, government, boards, or councils that provide input to decision making and policy setting through Community Action efforts	
B. Number of low-income people acquiring businesses in their community as a result of Community Action assistance	
C. Number of low-income people purchasing their own home in their community as a result of Community Action assistance	
D. Number of low-income people engaged in non-governance community activities or groups created or supported by Community Action	6,000

In the rows below, please include any additional indicators for NPI 3.2 that were not captured above.

2014-2015 CSBG/NPI CAP Projections

Contractor Name: San Diego County, Health and Human Services Agency - Community Action Partnership
Contact Person and Title: Juana S. Duenas, Program/Contracts Manager
Phone Number: (619) 338-2002 Ext. Number:
E-mail Address: juana.duenas@sdcounty.ca.gov Fax Number: (619) 338-2778

Goal 4: Partnerships among supporters and providers of services to low-income people are achieved.

NPI 4.1: Expanding Opportunities through Community-Wide Partnerships

Problem Statement: (If additional space is needed, please attach a separate sheet.)
The demand for services in low-income communities continues to exceed availability of funds to deliver the many needed services. Funding constraints often result in selecting one program at the cost of another, equally deserving, program. However, improved coordination between agencies enable public planners and administrators to maximize public service dollars and improve communities.

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)
CAP San Diego's mission is to empower disadvantaged individuals and families to achieve their highest levels of self-sufficiency and well being through establishing and enhancing linkages to promote cohesive service networks. CAP San Diego will use its contracted services to build stronger partnerships with employment based corporations and resources to better serve low-income families and help them move closer to removing barriers to self-sufficiency. It is our goal to also use community input to build upon existing partnerships and to seek opportunities for enhancing programs and improving access to existing resources for vulnerable populations such as refugees and the homeless.

National Performance Indicator 4.1 **Expanding Opportunities Through Community-Wide Partnerships** The number of organizations, both public and private, Community Action actively works with to expand resources and opportunities in order to achieve family and community outcomes.	**CAP 2 YEAR PROJECTIONS**	
	Number of Organizations Expected to Achieve (#)	**Number of Partnerships Expected to Achieve (#)**
A. Non-Profit	50	50
B. Faith Based	100	100
C. Local Government	10	10
D. State Government	2	2
E. Federal Government	7	7
F. For-Profit Business or Corporation	15	15
G. Consortiums/Collaboration	15	15
H. Housing Consortiums/Collaboration	5	5
I. School Districts	10	10
J. Institutions of post secondary education/training	5	5
K. Financial/Banking Institutions	2	2
L. Health Service Institutions	8	8
M. State wide associations or collaborations	5	5

2014-2015 CSBG/NPI CAP Projections

In the rows below, please add other types of partners with which your CAA has formed relationships that were not captured

N. **Total number of organizations and total number of partnerships CAAs work with to promote family and community outcomes (automatically calculates)**	234	234

2014-2015 CSBG/NPI CAP Projections

Contractor Name: San Diego County, Health and Human Services Agency - Community Action Partnership
Contact Person and Title: Juana S. Duenas, Program/Contracts Manager
Phone Number: (619) 338-2002 Ext. Number:
E-mail Address: juana.duenas@sdcounty.ca.gov Fax Number: (619) 338-2778

Goal 5: Agencies increase their capacity to achieve results.

NPI 5.1: Agency Development

Problem Statement: (If additional space is needed, please attach a separate sheet.)

While San Diego County is strong in community engagement both in the public and private arenas, the region is large and the needs so varied that it takes a lot of effort and capacity building to bring those community resources together in one place. The challenges faced by low-income families are diverse both financially and culturally. These unique differences are true in most areas of the San Diego Region and create challenges for the different collaboratives and partnerships that are already in place.

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.

CAP San Diego has been a key partner in the major efforts to build community collaboratives and partnerships in such areas as the Earned Income Tax Credit, Homeless Initiatives, etc. CAP San Diego has been focusing on building capacity within the Community Action Board to build their skills in promoting community action within the Health and Human Service Agency. The Board has also been learning about the community engagement efforts and our responsibility as a Community Action Agency to not only participate in what goes on in our communities, but to expand our role as a facilitator in building new and stronger partnerships that will help leverage the limited resources available to serve low-income families and their children. The aim in the next few years is to begin reporting the efforts and participation of the Community Action Board as an advisory body to San Diego County, Board of Supervisors. In addition, CAP San Diego will engage with the State CSBG Network and paticipate in its efforts to move forward with the new vision of creating reporting tools that will showcase the work of the Community Action Agencies at the State and National levels.

National Performance Indicator 5.1 **Agency Development** The number of human capital resources available to Community Action that increase agency capacity to achieve family and community outcomes, as measured by one or more of the following:	**CAP 2 YEAR PROJECTIONS** **Number of Resources in Agency Expected to Achieve (#)**
A. Number of Certified Community Action Professionals	
B. Number of ROMA Trainers	
C. Number of Family Development Trainers	
D. Number of Child Development Trainers	
E. Number of staff attending trainings	3
F. Number of board members attending trainings	3
G. Hours of staff in trainings	40
H. Hours of board members in trainings	80

In the rows below, please include any additional indicators that were not captured above.

2014-2015 CSBG/NPI CAP Projections

Contractor Name: San Diego County, Health and Human Services Agency - Community Action Partnership
Contact Person and Title: Juana S. Duenas, Program/Contracts Manager
Phone Number: (619) 338-2002 Ext. Number:
E-mail Address: juana.duenas@sdcounty.ca.gov Fax Number: (619) 338-2778

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.1: Independent Living

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

National Performance Indicator 6.1 **Independent Living** The number of vulnerable individuals receiving services from Community Action who maintain an independent living situation as a result of those services:	**CAP 2 YEAR PROJECTIONS** **Number of Vulnerable Individuals Living Independently Expected to Achieve (#)**
A. Senior Citizens (*seniors can be reported twice, once under Senior Citizens and again, if they are disabled, under Individuals with Disabilities, ages 55-over.*)	
B. Individuals with Disabilities	
Ages: **a.** 0-17	
b. 18-54	
c. 55-over	
d. Age Unknown	
Total Individuals with Disabilities:	

In the rows below, please include any additional indicators for NPI 6.1 that were not captured above.

2014-2015 CSBG/NPI CAP Projections

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.2: Emergency Assistance

Problem Statement: (If additional space is needed, please attach a separate sheet.)
The San Diego region is one of the highest cost areas in the nation. The region continues to have one of the most expensive housing markets in the nation. In 2013, even with the economy recovery, San Diego County will continue to suffer from sufficient affordable housing and shelters for homeless individuals and families, domestic violence victims, and runaway and foster youth. San Diego County also lacks enough units for subsidized /low-income housing. These facts coupled with a high proportion of low wage jobs pose considerable barriers to self-sufficiency.

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)
San Diego County CAP will address emergency needs through contracted services with Family Self-Sufficiency (FSS) providers. Contractors will provide FSS program participants with emergency food provisions as needed to help them meet immediate needs. These provisions contain nutritionally balanced groceries and include food. In addition, CAP offers access to benefits such as CalFresh and WIC within the FSS program that includes the option of applying on-line for CalFresh assistance for all FSS clients. CAP San Diego has also partnered with the Public Health of HHSA to build capacity for providing nutrition education for low-income families on preparing and purchasing healthier meals with fewer dollars. CAP San Diego will work with new and existing partnerships to coordinate emergency services, avoid duplication of services, and allow for inclusion of larger populations. CAP will be workjointly with the Refugee program to coordinate and leverage services for refugees in the region.

National Performance Indicator 6.2 **Emergency Assistance** The number of low-income individuals served by Community Action who sought emergency assistance and the number of those individuals for whom assistance was provided.	**CAP 2 YEAR PROJECTIONS** **Number of Individuals Expected to Achieve (#)**
A. Emergency Food	4,000
B. Emergency fuel or utility payments funded by LIHEAP or other public and private funding sources	
C. Emergency Rent or Mortgage Assistance	
D. Emergency Car or Home Repair (i.e. structural appliance, heating systems, etc.)	
E. Emergency Temporary Shelter	1,458
F. Emergency Medical Care	
G. Emergency Protection from Violence	
H. Emergency Legal Assistance	
I. Emergency Transportation	
J. Emergency Disaster Relief	
K. Emergency Clothing	

In the rows below, please include any additional indicators for NPI 6.2 that were not captured above.

2014-2015 CSBG/NPI CAP Projections

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.3: Child and Family Development

Problem Statement: (If additional space is needed, please attach a separate sheet.)

San Diego County, like many other regions, have too many youth who engage in at-risk behavior such as gang activity and use of tabacco or illegal drugs. Many youth also take part in criminal acts and enter the juvenile justice system causing long-term harm to themselves and others, extensive family problems, and enormous expenses to their communities and society.

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

San Diego County will continue to focus its efforts on strengthening families and improving family relations to ensure well functioning healthy individuals. CAP San Diego oversees the Juvenile Diversion program which provides services as an alternative to more formal action within the juvenile justice and education systems. In addition, CAP has the School-Based Self-Sufficiency services that are provided by a community based social service agency working in close coordination with school staff and the community in a charter school. This program works closely with other community agencies and neighborhood schools to ensure that a continuum of health and social services is available to middle school aged children and their families.

National Performance Indicator 6.3 **Child and Family Development** The number and percentage of all infants, children, youth, parents, and other adults participating in developmental or enrichment programs that achieve program goals, as measured by one or more of the following:	**CAP 2 YEAR PROJECTIONS** **Number of Participants Expected to Achieve Outcome (#)**
INFANTS & CHILDREN	
A. Infants and children obtain age appropriate immunizations, medical, and dental care	
B. Infant and child health and physical development are improved as a result of adequate nutrition	
C. Children participate in pre-school activities to develop school readiness skills	
D. Children who participate in pre-school activities are developmentally ready to enter Kindergarten or 1st Grade	
YOUTH	
E. Youth improve health and physical development	
F. Youth improve social/emotional development	66
G. Youth avoid risk-taking behavior for a defined period of time	98
H. Youth have reduced involvement with criminal justice system	
I. Youth increase academic, athletic, or social skills for school success	
PARENTS AND OTHER ADULTS	
J. Parents and other adults learn and exhibit improved parenting skills	
K. Parents and other adults learn and exhibit improved family functioning skills	

In the rows below, please include any additional indicators for NPI 6.3 that were not captured above.

2014-2015 CSBG/NPI CAP Projections

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.4: Family Supports

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

National Performance Indicator 6.4 **Family Supports (Seniors, Disabled and Caregivers)** Low-income people who are **unable to work**, especially seniors, adults with disabilities, and caregivers, for whom barriers to family stability are reduced or eliminated, as measured by one or more of the following:	**CAP 2 YEAR PROJECTIONS** **Number of Participants Expected to Achieve Outcome (#)**
A. Enrolled children in before or after school programs	
B. Obtained care for child or other dependent	
C. Obtained access to reliable transportation and/or driver's license	
D. Obtained health care services for themselves or family member	
E. Obtained and/or maintained safe and affordable housing	
F. Obtained food assistance	
G. Obtained non-emergency LIHEAP energy assistance	
H. Obtained non-emergency WX energy assistance	
I. Obtained other non-emergency energy assistance. (State/local/private energy programs. Do Not Include LIHEAP or WX)	
In the rows below, please include any additional indicators for NPI 6.4 that were not captured above.	

2014-2015 CSBG/NPI CAP Projections

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.5: Service Counts

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

National Performance Indicator 6.5 **Service Counts** The number of services provided to low-income individuals and/or families, as measured by one or more of the following:	**CAP 2 YEAR PROJECTIONS** **Number of Services Expected (#)**
A. Food Boxes	
B. Pounds of Food	
C. Units of Clothing	
D. Rides Provided	
E. Information and Referral Calls	
In the rows below, please include any additional indicators for NPI 6.5 that were not captured above.	

XIII. Appendices

A	**San Diego Characteristics and Geography**
B	**Refugee Populations in San Diego County**
C	**County of San Diego – Health and Human Services Regional Areas**
D	**San Diego Labor Market Information – December 2012**
E	**Community Survey – Detailed Results**
F	**Summary of Public Hearing Testimony**
G	**Public Hearing Cluster Document (Sample)**
H	**Health Status in County's Region's**
I	**Proof of Publication**

Appendix A
San Diego Characteristics

San Diego County is located in California near the Pacific Ocean in the far southwest of the United States. The county stretches from the Mexican border on the south - sharing a border with Tijuana - to Orange County on the north. It is home to miles of beaches, a mild Mediterranean climate and 16 military facilities hosting the United States Navy, the United States Coast Guard and the United States Marine Corps.

The San Diego Association of Governments estimates the population of the county to be 3,143,429. The population has steadily increased from 2.5 million in the 1990 census, and 1.8 million in the 1980 census. The largest municipality, the City of San Diego, is the second most populous city in the State of California and the eighth largest in the United States.

The international border has both positive and negative impacts on San Diego County. The proximity of Mexico to San Diego is an additional tourist attraction and Mexican citizens spend substantial dollars in San Diego County. At the same time, the border also contributes to crime, healthcare costs, and heightened international security concerns.

San Diego County includes 18 incorporated cities, 18 Indian reservations and seven military bases. San Diego has the largest number of Indian Reservations in the nation with Native Americans living both on and off the reservations. Military installations include homeports for aircraft carriers, surface ships, U.S. Navy ships (military sea life command ships), submarines and coastal patrol boats for the U.S. Navy SEALS (Sea Air Land Special forces). In addition, the U.S. Marine Corps' largest installation, Camp Pendleton, is located in the county.

After spending more than the two decades in second place, the county now ranks first in the nation for military and civilian Department of Defense wages and salaries. San Diego County is home to the largest number of military retirees anywhere in the nation, and the department of veteran affairs reports that more than 260,000 veterans reside in the county. Military personnel and their families make up over 175,000 of the county's population. A newly released report by the San Diego Military Advisory Council shows that approximately $20.6 billion of direct spending related to defense will flow into San Diego during federal fiscal year 2012. Overall, 311,000 of the region's jobs are attributable to the military sector. This represents one out of four jobs in San Diego. It is estimated that for every 1,000 jobs created directly by defense spending another 640 jobs are created as a ripple effect.

San Diego has the largest concentration of Navy and Marine Corps bases and commands in the United States. Its port is home to 60 Navy surface ships, including two nuclear aircraft carriers: the USS Carl Vinson and the USS Ronald Reagan. In addition, San Diego is also the home port for seven nuclear submarines.

Marine installations in San Diego County include Camp Pendleton in Oceanside, Marine Corps Air Station Miramar and Marine Corps Recruit Depot in San Diego.

Appendix B
Refugee Populations in San Diego County

It is estimated that refugees come from over 40 different countries and speak upwards of 30 languages and dialects. The county is home to, among others, Southeast Asians, Africans, persons from the Middle East, and people from the former USSR. According to a study conducted by the Brookings Institution (Singer and Wilson 2007), the San Diego metropolitan area ranks number 13 in the nation with respect to the number of refugees resettled between 1983 and 2004.

The pattern of refugee arrivals has changed over the years. In the 1970s the majority of the refugees were from Southeast Asia. In the 1980s, refugees from Eastern Europe and East Africa began arriving here. In the early 1990s, following the breakup of Yugoslavia, refugees from its successor states, primarily Bosnia, arrived in the county. In the late 1990s, civil unrest in Africa, created new waves of displaced persons and refugees from Somalia and Sudan began arriving in the region.

In the past three years new arrivals have come from Iraq, Burma and Iran, with the largest numbers representing groups from Iraq (72.5% of the total arrivals). Together, persons from these three countries represent approximately 89% of the total arrivals in the county in the last three years. Refugees from Iraq are comprised of three main sub-groups: Kurds, Shiites, and Chaldeans. Iraq is a predominantly Muslim country; approximately 97% of its population is Muslim. In contrast, many of the Iraqis now living in San Diego County are Chaldean Catholics, a centuries-old offshoot of the Assyrian Church of the East integrated into Roman Catholicism in the 16th century.

Appendix C
County of San Diego – Health and Human Services Regional Areas

Central Region

The Central Region is located within the City of San Diego, and comprises 48 separate communities. Home to approximately 513,543 residents, the region is one of the most densely populated and diverse regions in the county. The region has significantly higher rates of child abuse, domestic violence and crime. It also has some of the county's poorest communities.

Significant growth has been observed in the Mid-City and Northeast portions of the region, which have grown at rates well above the countywide averages. The region is experiencing significant growth in the Hispanic and refugee populations and slight growth in the Asian population. See Section B for a detailed description of San Diego's refugee population. The Central Region has the highest concentration of households with incomes below the poverty level.

Central Region's population accounts for 22% of the population below the Federal Poverty Level.

In Central Region, approximately 23% of residents over the age of 25 years have less than a high school diploma. This is significantly higher than the county average of 15% of residents over 25 years old who are not high school graduates.

In families with children under 18 years of age, approximately 41% are single parent families.

East Region

The East Region is home to approximately 478,067 people. Native Americans are an important segment of East Region's population as there are several reservations located in the rural areas of the region. The East Region includes a mixture of urban and rural communities. Significant employers in this region include Indian gaming casinos.

East County is also home to refugees migrating from Iraq, Iran and Burma. Persons from these three countries represent 90% of the total new arrivals in the county. Groups from Iraq represent 76.7% of the total new arrivals. Refugees from this country are comprised of three main sub-groups: Kurds, Shiites, and Chaldeans. (Reference: San Diego Kurdish Human Rights Watch). Refer to Section 1 A, iii for a detailed description of San Diego's refugee population.

In families with children under 18 years of age, approximately 31% are single parent families.

About 14% of East Region residents over the age of 25 years have less than a high school diploma. This is about the same as the county average. About 22% of the over 25 year old population has college degrees.

North Central Region

Ethnic and cultural diversity is a primary strength of the North Central Region. This ethnically and culturally diverse population speaks more than 50 languages and dialects. Three military installations are located here and many military personnel and their families live in this region.

Residents in this region displayed higher education rates when compared to the other county regions. Over 50% held a bachelor's degree or higher and only one out of 16 had less than a high school education. This region also has the highest percentage of persons engaged in management or professional jobs (52.4% of the employed residents).

The percentage of households with children under 18 years of age who were single parent families was 24%.

North Coastal Region

The North Coastal Region consists of six cities and over a dozen communities that stretch geographically from Del Mar in the south to the Orange County border in the north and east to include Vista and Rancho Santa Fe. The US Marine Corps' largest installation, Camp Pendleton, is located in the North Coastal Region.

About 27% of families with children under 18 years of age are headed by a single parent.

Fewer than 13% of residents have less than a high school diploma and approximately 36% have four year college degrees or graduate degrees.

North Inland Region

The North Inland Region consists of four cities and communities that stretch from Fallbrook, San Marcos, and Rancho Peñasquitos in the west all the way to the Imperial County line in the east.

Approximately 23% of families with children under the age of 18 years are headed by a single parent.

About 14% of residents over the age of 25 years have not graduated from high school. 36% of persons have bachelor's degrees or higher.

At 41.7%, the region has a relatively high number of persons employed in professional and management level positions.

South Region

The South Region of the County serves the residents of National City, Chula Vista, Imperial Beach and Coronado and the communities of Bonita, Lincoln Acres, Sunnyside, Nestor, Otay Mesa, Palm City and San Ysidro.

The region is bordered by the Pacific Ocean to the west; Mexico to the south; the Otay Mountains to the east; and the City of San Diego to the north. It is anticipated that the number of Hispanics in the South Region will continue to increase through 2020, when the estimated ethnic composition will be around 54% Hispanic. The number one employment industry in the South Region is services, followed by retail trade and government.

The 2010 Census reported that the average household size for San Diego County was 2.93, while the South Region was 3.32.

The region has a high percentage of residents who have not completed high school; almost one in four persons does not have a high school diploma. Also, only about 22% of the region's population has college degrees. Management, professional and related occupations only account for 29.36% of the civilian labor force.

Almost 35% of families with children under the age of 18 years are single parent families.

Appendix D
San Diego Labor Market Information – December 2012

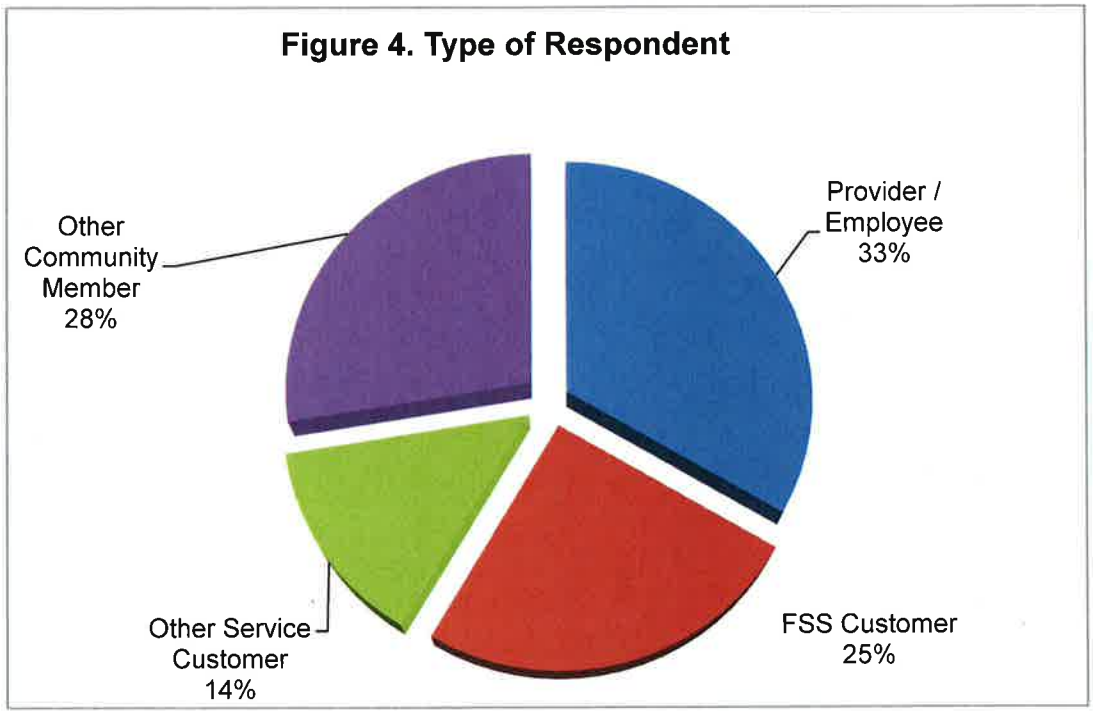
Industry	Nov 2012 Revised	Dec 2012 Prelim	Change	Dec 2011	Dec 2012 Prelim	Change
Total, All Industries	1,279,800	1,279,600	(200)	1,259,300	1,279,600	20,300
Total Farm	9,200	8,300	(900)	8,300	8,300	0
Total Nonfarm	1,270,600	1,271,300	700	1,251,000	1,271,300	20,300
Mining and Logging	400	400	0	400	400	0
Construction	57,600	57,500	(100)	55,900	57,500	1,600
Manufacturing	90,500	90,100	(400)	92,100	90,100	(2000)
Trade, Transportation & Utilities	209,500	211,400	1,900	207,100	211,400	4,300
Information	24,400	24,600	200	24,000	24,600	600
Financial Activities	68,000	67,900	(100)	66,500	67,900	1,400
Professional & Business Services	223,600	223,800	200	216,800	223,800	7,000
Educational & Health Services	155,300	157,000	1,700	153,500	157,000	3,500
Leisure & Hospitality	161,000	159,900	(1,100)	157,100	159,900	2,800
Other Services	47,600	46,900	(700)	46,900	46,900	0
Government	232,700	231,800	(900)	230,700	231,800	1,000

Data not adjusted for seasonality.
Source: State of California, Employment Development Department, Labor Market Information Division

Appendix E
Community Survey – Detailed Results

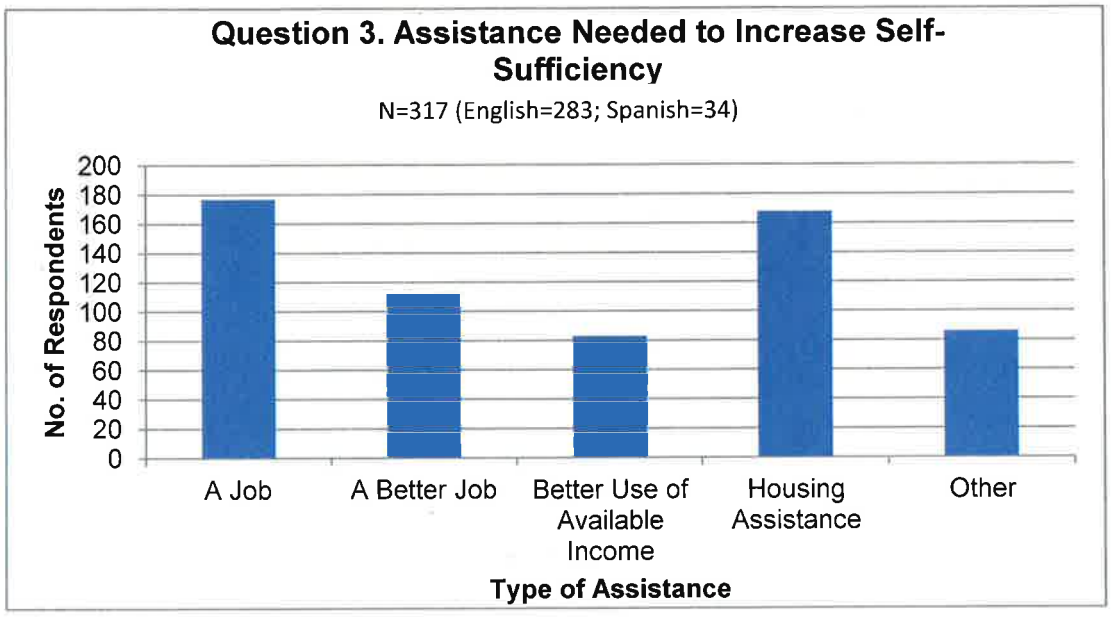
The results displayed below represent answers to 14 of the 15 questions completed by 356 English-speaking respondents and 36 Spanish-speaking for a total of 392 participants. Question two asked for the respondent's zip code and is not included below. Question 15 was an open-ended question and was designed to provide respondents with the opportunity to make additional comments or suggestions. Community agency providers made up 21% of survey participants. 64% were current or former recipients of FSS services and 19% were other community members.

Question 1: Type of Respondent – 39% of persons who completed surveys at the Public Hearings was service customers (including participants in CAP's FSS program). See Figure 4 below. N= 359 (Eng. = 331; Sp. = 28)

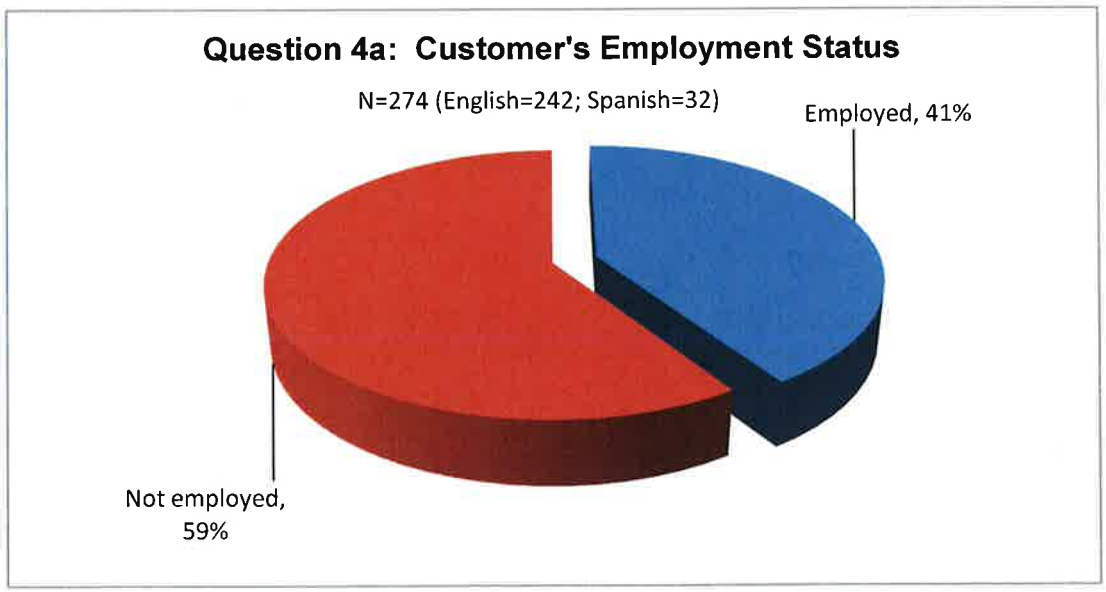


Question 2: Respondent's Zip Codes – Residence and Place of Work - Survey respondents listed the zip codes of their residence and the location where they worked.

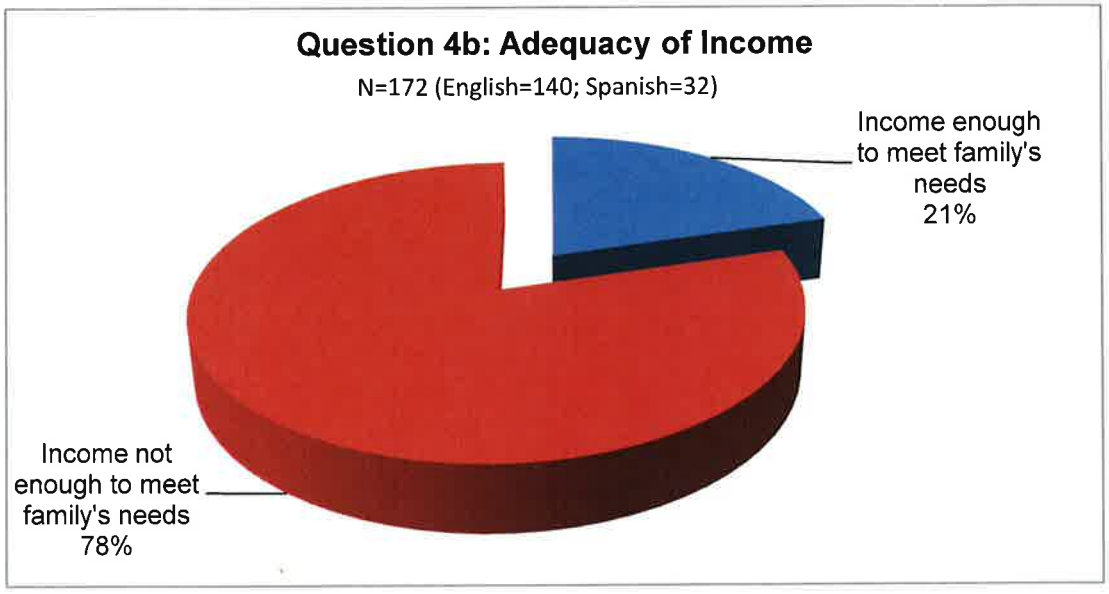
Question 3: Assistance Needed to Increase Self-Sufficiency - Respondents were asked to list the items they need to achieve self-sufficiency. There were five options listed and participants could select more than one item. Therefore, the number of responses exceeds the number of persons who answered this question. See Figure 5 below. N= 317 (Eng.= 283; Sp. = 34)



Question 4: Customer Employment Status – (Customers Only) - Respondents were asked to list their employment status. 274 (Eng = 242; Sp = 32) persons answered this question. Figure 6 shows the percentage of those who were unemployed.



Question 4 also asked respondents if they had adequate income to meet their family needs. Results are displayed in Figure 7 below. N= 172, (Eng = 140; Sp = 32)



Question 5: Help with getting a job - Respondents were asked about the importance of different types of assistance they would need if they were looking for a job. 238 (Eng = 219; Sp = 29) persons completed this question. Results are displayed for each of the ten categories of assistance in Table 5 below.

Question 5: Help With GETTING a Job
N=238 (English=219; Spanish=29)

Employment Supports	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) English language training	41%	8%	12%	13%	26%
b) Transportation assistance	14%	5%	13%	23%	45%
c) Childcare assistance	22%	4%	18%	17%	40%
d) Healthcare assistance	13%	3%	18%	23%	42%
e) Job search workshops	9%	6%	24%	20%	42%
f) Individualized job search assistance	12%	5%	16%	24%	43%
g) Help with paying for job related expenses	10%	7%	14%	19%	49%
h) Help with personal or family issues	12%	7%	19%	24%	38%
i) Literacy	31%	8%	18%	21%	22%
j) Other (Please state)	22%	0%	11%	9%	59%

Note: Spanish speaking respondents predominantly chose ratings of "Agree" and "Strongly Agree" for English language training employment supports.

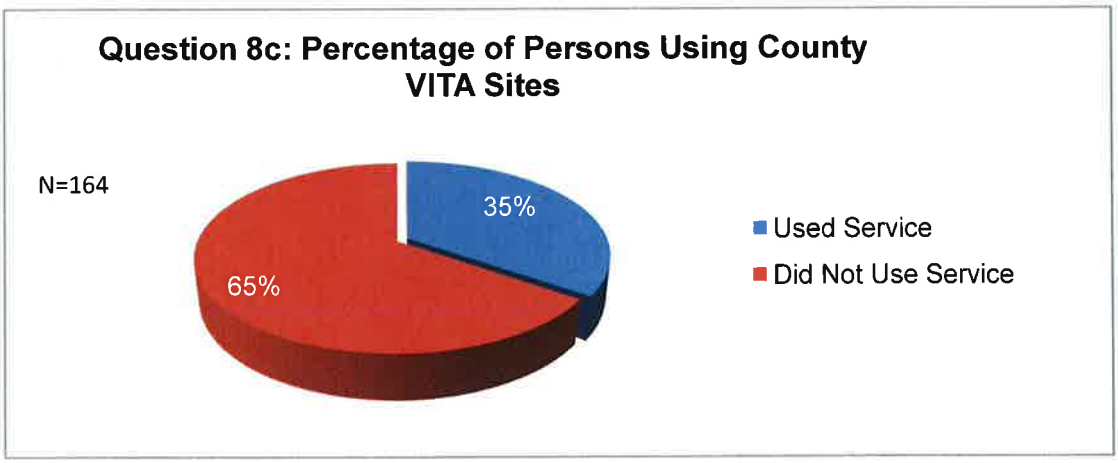
Question 6: Help with Keeping a Job - Survey participants were asked to rate the importance of types of assistance needed for job retention. Categories of assistance were virtually identical with the exception that that individualized retention counseling was substituted for individualized job search assistance. Results are displayed below in Table 6.

Question 6: Help With KEEPING a Job N=289 (English-257; Spanish=32)					
Employment Supports	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
a) English language training	39%	9%	12%	12%	27%
b) Transportation assistance	22%	5%	11%	18%	45%
c) Childcare assistance	26%	5%	11%	19%	39%
d) Healthcare assistance	16%	7%	19%	21%	38%
e) Employment workshops	16%	9%	22%	24%	29%
f) Individualized assistance (retention counseling)	20%	8%	19%	23%	29%
g) Help with paying for job related expenses (special clothing/tools/ licenses, etc.)	12%	5%	16%	26%	41%
h) Help with personal or family issues	16%	7%	21%	24%	32%
i) Literacy (help with obtaining/improving reading skills)	31%	10%	18%	19%	23%
j) Other (Please state)	29%	5%	20%	8%	37%

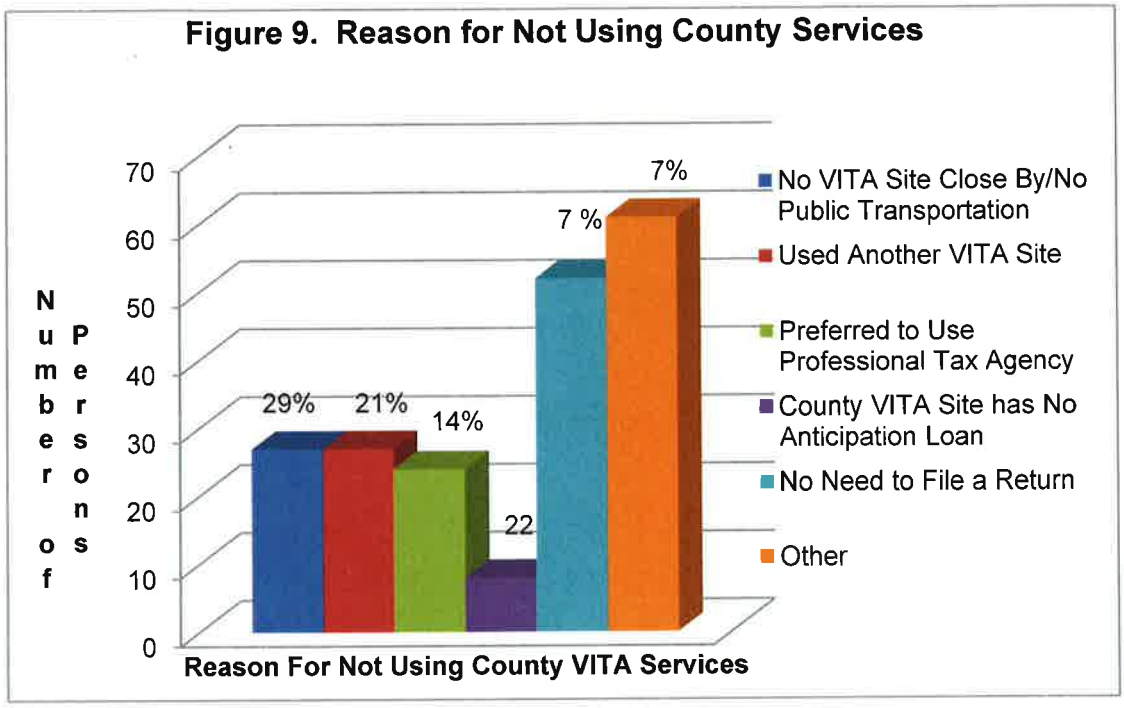
Question 7: Help with Moving Up/Promoting - Respondents were asked to rate the importance of different types of assistance to help them promote or get a better job. 297 persons (Eng = 264; Sp = 33) answered this question. Results are shown in Table 12 below.

Question 7: Help With Promoting N=297 (English=264; Spanish=33)					
Types of Assistance	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
a) Additional training skills	9%	2%	7%	24%	58%
b) Assistance with Negotiation/Communication skills	9%	4%	14%	25%	48%
c) Assistance with accessing and obtaining GED/Certificate Programs	28%	4%	14%	19%	36%
d) Life coaching to help me promote in my company.	17%	5%	19%	25%	35%
e) Other (Please state)	25%	2%	25%	9%	40%

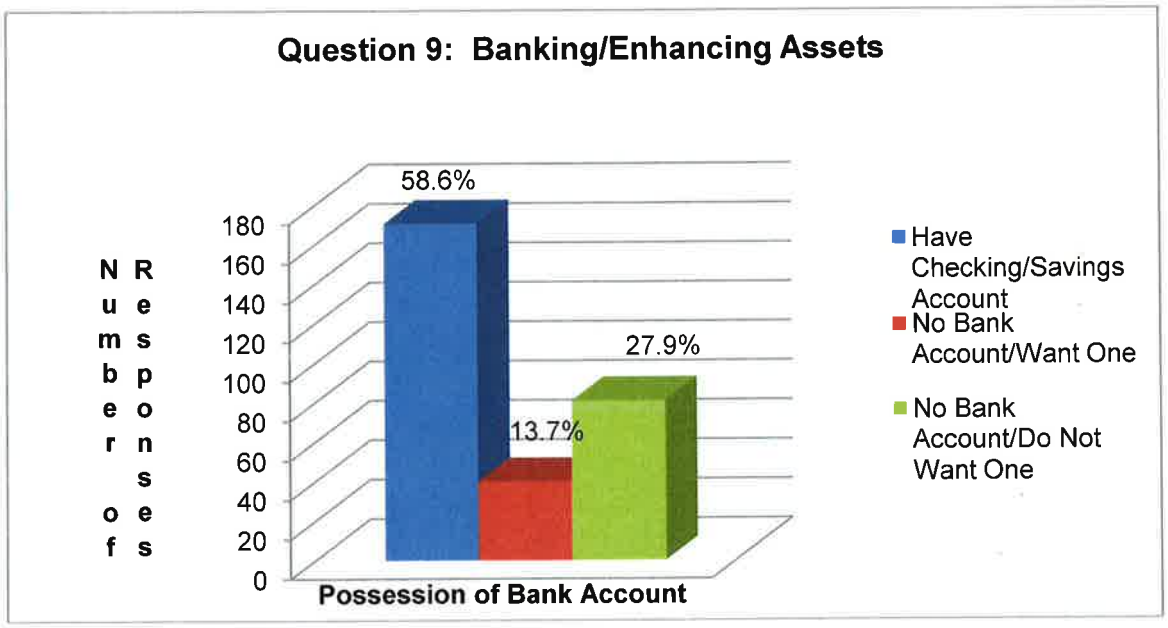
Question 8: Awareness and Use of the Earned Income Tax Credit and Tax Filing Assistance - This was a three-part question. Respondents were first asked if they were aware of the County's tax preparation and EITC assistance program. Persons who were aware were then asked if they had used the service. Finally, those who were aware, but had not used the service were asked why they had not. Out of 320 (Eng = 285; Sp = 35) persons who provided a response about their awareness of the program, more than half (56%) knew about the County's program. Of the 164 service customer who were aware of the service, only 57 (35%) indicated that they had used it. See Figure 8 below.



Respondents' reasons for not using the service are shown in Figure 9.



Question 9: Banking/Enhancing Assets - 292 persons (Eng = 257; Sp = 35) stated whether they have checking and/or savings accounts. Those who did noted whether they desired to have an account or not.

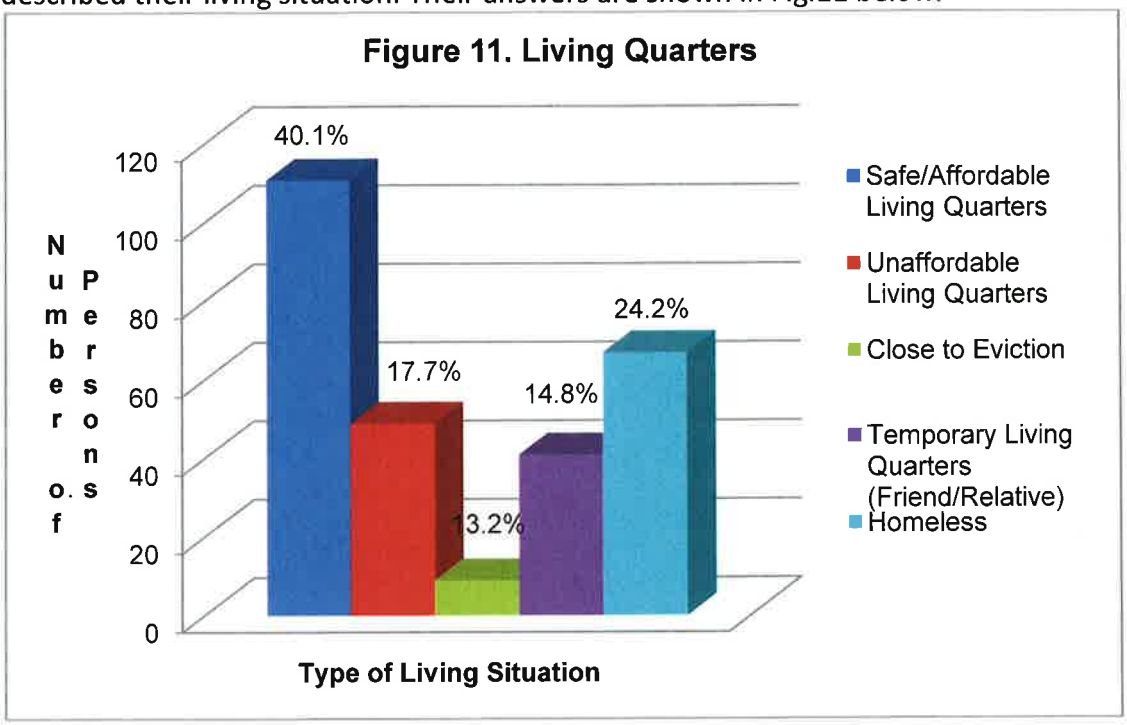


Question 10: Managing Money - Respondents were asked to rate the importance of different aspects of managing money. Answers are displayed in Table 8 below. An overwhelming number of persons indicated that they had a strong priority for training in understanding household budgeting. A total of 305 persons answered this question (Eng = 271; Sp = 34).

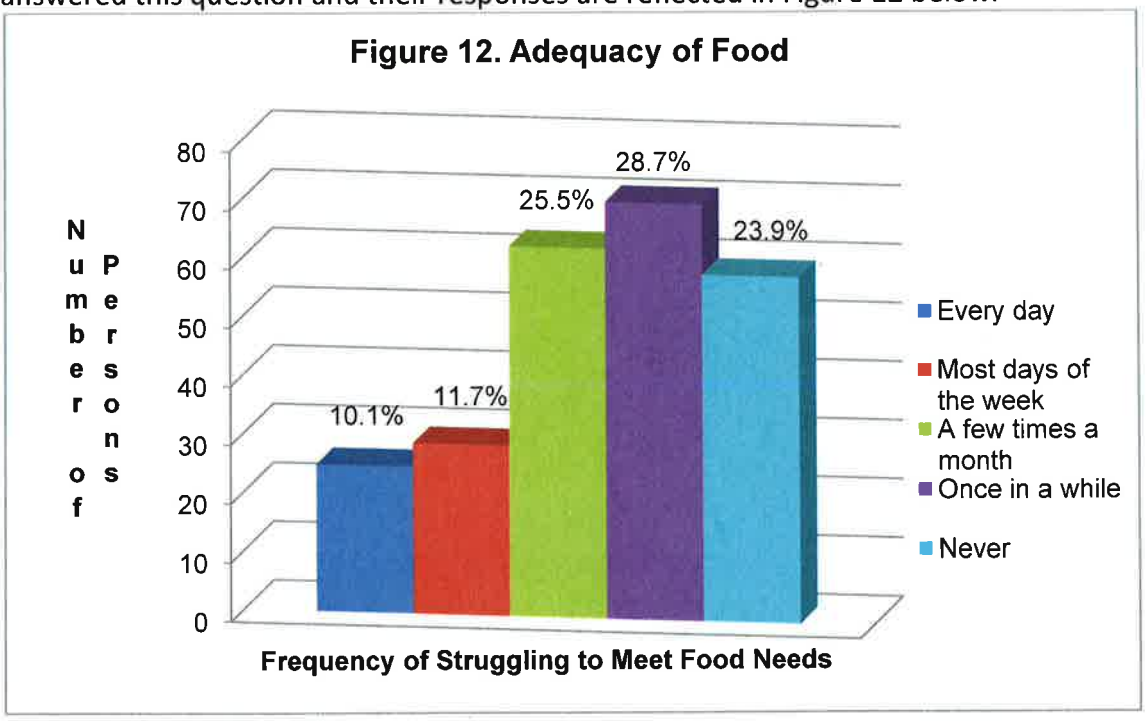
Table 8. Managing Money
N=308 (English=271; Spanish=34)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) Understanding how to do a household budget	2%	1%	2%	4%	90%
b) Understanding credit scores	10%	5%	12%	28%	45%
c) Guidance with increasing my credit score	10%	3%	16%	25%	46%
d) Assistance with opening a low (or no) fee bank account	17%	7%	21%	18%	37%
e) Assistance with maintaining a bank account.	20%	5%	22%	19%	35%
f) Money saving tips to deal with daily living expenses	12%	5%	12%	25%	46%
g) Information on loans and grants for higher education	9%	4%	16%	20%	51%
h) Other (Please state)	16%	2%	18%	7%	57%

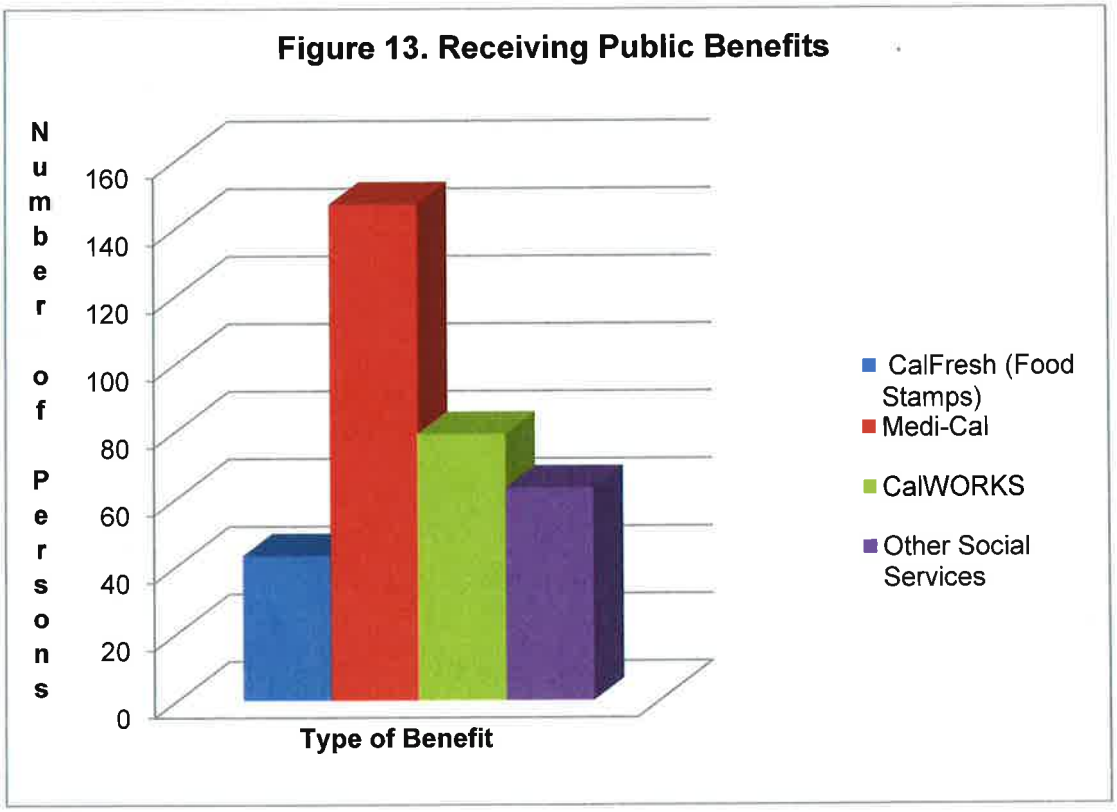
Question 11: Living Situation. (Customers Only) - 277 customers (Eng = 243; Sp = 34) described their living situation. Their answers are shown in Fig.11 below.



Question 12: Food Needs/Struggles - Customers noted to what extent they had to struggle with obtaining food for themselves or their families. 247 customers (Eng = 217; Sp = 30) answered this question and their responses are reflected in Figure 12 below.



Question 13: Receiving Public Benefits - Social Service customers were asked to note if they or their children were receiving public benefits. Since some customers can and do receive multiple benefits, there are more answers than the number of persons responding to this question. 280 customers (Eng = 247; Sp = 33) answered this question. Figure 13 provides a graphic representation of the number of persons receiving each of the benefits. Not all of the 280 persons responded for each service; so caution should be exercised in interpreting results. Figure 14 compares the number of persons who responded but are not receiving each of the benefits tracked by the question with the number who would like assistance in applying for these benefits. Note that most persons who are not currently receiving benefits (in all categories) indicate that they do want assistance in applying for those benefits.



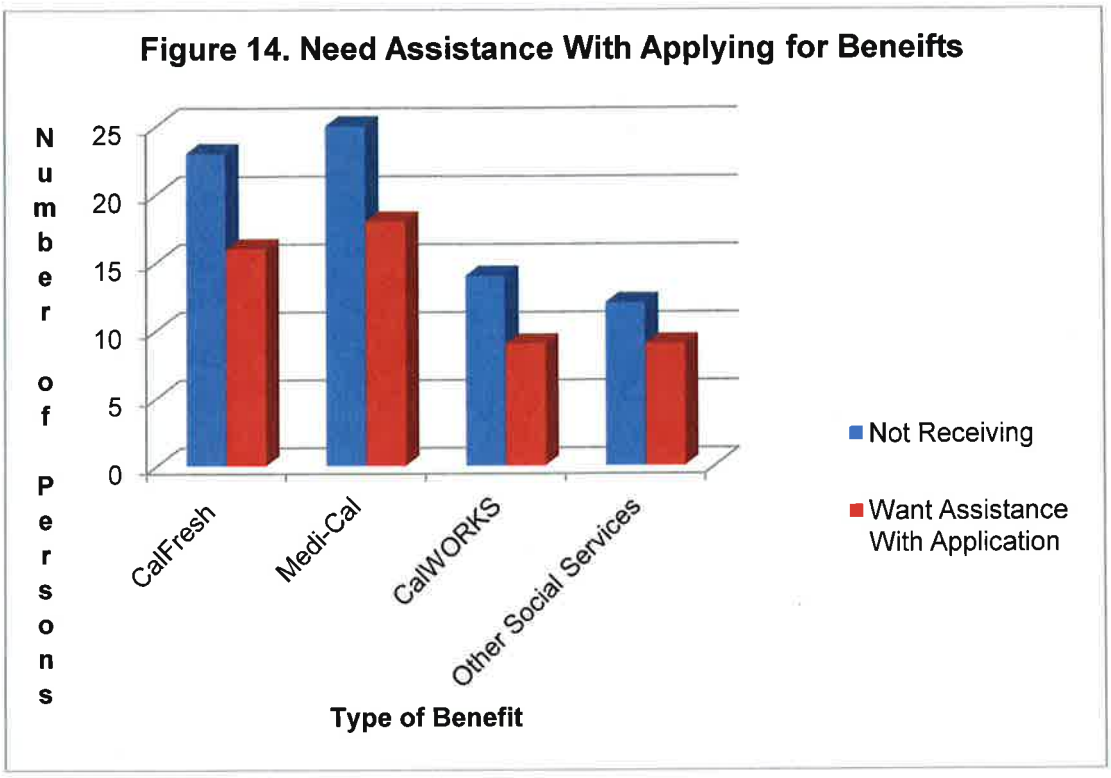
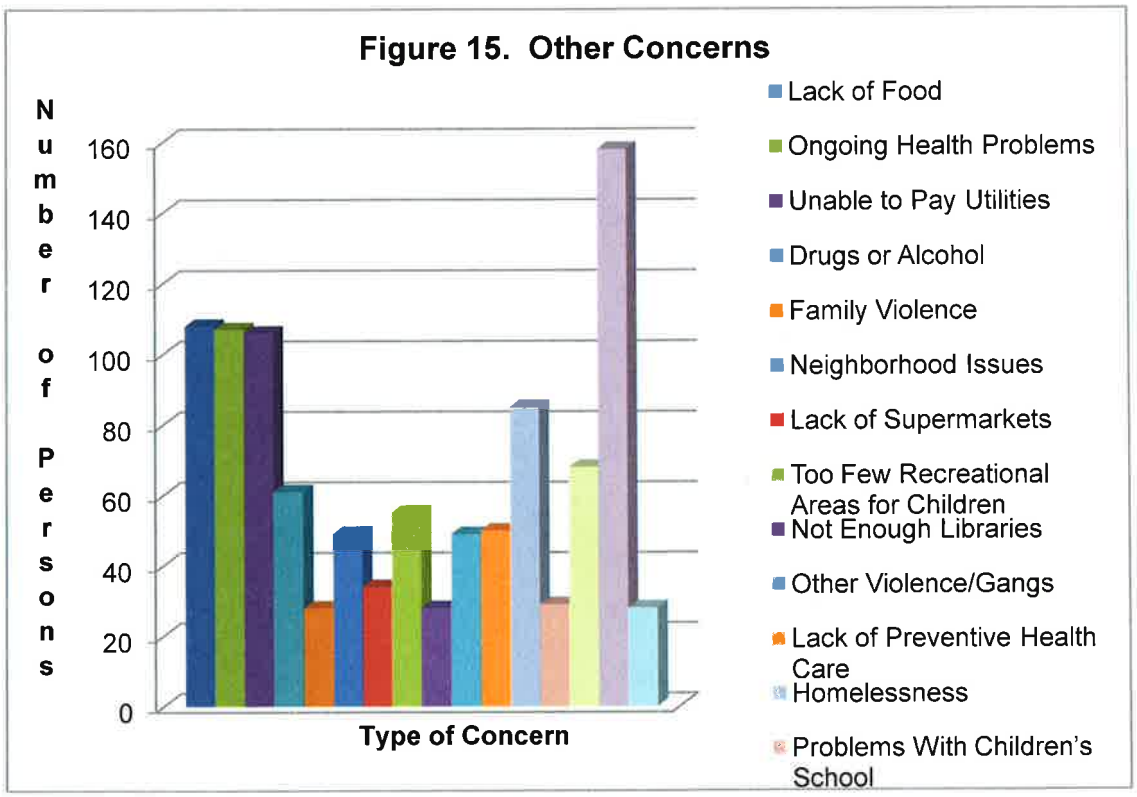


Figure 14. Need Assistance With Applying for Beneifts
Number of Persons
25
20
15
10
5
0
CalFresh
Medi-Cal
CalWORKS
Other Social Services
Type of Benefit
Not Receiving
Want Assistance With Application

Question 14: Other Concerns - Customers were given the opportunity to note any other concerns they had. They were given seventeen options including a category for "other." The concerns that they noted are presented in Figure15. Though employment was addressed in other questions, it was listed as a potential concern in this question as well. 262 persons (Eng = 233; Sp = 29) answered this question. Lack of employment was expressed as a concern for approximately two-thirds of the respondents. Interestingly, there were significant differences between English-speaking and Spanish-speaking respondents. For example, while only one-third of English-speaking respondents indicated that lack of food was concern, four out of five Spanish-speaking persons expressed a concern for their availability for food. Also, proportionately, far more Spanish- speakers than English-speakers were concerned about their ability to pay rent and utilities and their health. This situation was more than reversed with the respondent's perception of their drug/alcohol use. While one in four English speakers listed drugs or alcohol as an issue, only 3.4% of Spanish speakers found this to be a problem.



Question 15: Open Ended Question - Respondents were given the opportunity to add any comments or suggestion for improving services. 94 persons provided comments which are summarized in Table 9 below. Section E following the table details CAP San Diego's responses/resolution to these comments and suggestions.

Question 15: Summary of "Other" Comments			
Comment	**Definition/Explanation**	**Comment Summaries**	**# of Times**
Childcare Assistance	Anything related to childcare	• Need childcare assistance for all low-income families	2
Employment Assistance	Refers to all comments which address the need for any type of employment assistance and includes assistance with microenterprise efforts.	• Job leads/references. Help with lack of/broken job history • Need a job/job assistance • Need help with opening business/obtaining business licenses • Employment assistance for ex-offenders • Need higher paying jobs • More jobs for English learners • Jobs for disabled persons	18
English Language Translation &/or Training	Includes any mention of English language assistance - for employment or other reason.	• Need widespread interpretation services for non-English speaking persons like refugees /asylees	3
Employment training	Vocational training/Assistance with small business. Job search assistance. Higher wages. More career training. Further education.	• General mention of employment training	3
Assistance with Food	Provision of food or help in obtaining food such as assistance with applying for food.	• Need lower grocery bills • Need help with food	3
Financial Assistance	Assistance with finances for housing, food, or any other item.	• Need one-time assistance • Need help with fuel • Need clothes for baby	4
Financial Literacy	Assistance with budgeting, banking, improving fiscal acumen.	• Need help with credit scores • Attended financial literacy and it helped	1
General Education Assistance	Any assistance with obtaining adult education - includes, for example, help with purchasing books, assistance with accessing schools, etc.		
Homeless Assistance	Shelter for homeless couples.	• Need public facilities for cleaning up including showers (East County resident) • Need year-round homeless shelters • Need long=-term shelter for 6 months to help find a job	2

Housing Assistance	Rental Assistance.	• Need low-income housing • Need furniture and help with deposit for transition • Help with eviction prevention • Help with housing costs – Section 8 assistance without the 8-year waiting list • Help with mortgage • Lives with friend who has to move	15
Health Care/Health Insurance	Assistance with obtaining insurance and/or help with medical appointments, etc. Day care for parents.	• Need medical insurance for low-income individuals • Need dental insurance for adults. 3 persons mentioned this. One indicated that he could not find a job because his teeth were so bad. • Concerned about mother's health	6
Other	Anything not included in the other 15 categories listed here.	• Offer scholarships for community activities for youth so they are not latchkey kids getting into trouble • Unsafe neighborhood • Always depended on someone; don't know where to begin • Need neighborhood beautification and more parks • Need immigration attorney	7
Public Assistance Access	Help with accessing public assistance (such as CalWORKs) benefits. This includes comments about County social service delivery.	• Assistance with applying for Medi-Cal etc., • Problems with homeless applying for services • County eligibility workers do not answer their phones. • Would like food stamps but does not qualify – lives paycheck to paycheck though she and husband both work	2
Social Services	Help with accessing social services - includes comments about service delivery (but not including public assistance access).	• Need more alcohol and drug services • Mental health issues are a barrier to self-sufficiency • Need ex-offender programs to help transition people into society & workforce • Need parenting & life skills to break cycle of addiction • Build stronger connections between programs to ensure smooth transitions for families and individuals • Need social services to help students who can only work part-time and cannot pay bills • Clothing for children	13
Transportation	Any assistance with obtaining transportation for employment, school, or medical care and help with obtaining driver's licenses.	• Need more resources for transportation	2

Notes:

1. *The number of comments refers to the comments themselves not the number of respondents. Some respondents made more than one comment; others made no comments.*
2. *Some comments or statements within the comments contained multiple references so they are listed in multiple categories.*
3. *The three top categories of responses were more or less equal in frequency. They were Employment Assistance, Housing Assistance and Social Services. Together they constituted almost two-thirds of the total (62.4%) number of responses.*
4. *A few comment were essentially observations such as "this is a really good survey", and are not included in the summary above.*

Appendix F
Summary of Public Hearing Testimony

EMPLOYMENT (Cluster 1)
Involves issues related to obtaining and/or retaining a job, and obtaining an increase in income. It includes, for example, barriers to employment and the services needed to overcome those barriers.

Overall Observation
Comments centered on the special challenges faced by low-income persons and the need for a comprehensive approach including employment training and supports to help them achieve self-sufficiency.

Problems/Needs/Issues/Barriers

- San Diego's economy is still bad with high unemployment. Our low-income families are experiencing great difficulty in obtaining jobs.
- There are many agencies providing employment services, but the system is fragmented and there is not enough coordination between the agencies.
- Wages are very low and/or jobs are part-time. Not enough income to achieve self-sufficiency.
- The low-income population faces many barriers which include mental health issues, limited child care, lack of adequate housing, no consistent job history.
- Low-income individuals have a technology gap which is a major handicap in the job market. That is, they lack computers and/or internet service or the technical know how to navigate on-line systems.
- There is not enough vocational training or it is not adequately targeted to train persons
- Transportation to get to jobs in the County is a huge challenge. There are not enough bus routes/times to get people where they need to be in a reasonable time.
- Special population needs – there are special populations, such as ex-offenders, in the low-income groups who face particularly difficult challenges.
- Clients often lack soft skills. Training is needed to assist clients to be job ready.

Solutions

- Hire economic development staff to make connections between community programs, training programs, educational supports and the hiring companies. Show employers/hiring agencies how they can save costs by hiring from employment programs that have already done assessments, job trainings etc.
- Community colleges are good options to get education/career training at a bargain. Create supports that allow for skills development and education. Include retraining for high demand jobs
- Provide case management and soft skills to include coaching for dressing appropriately
- Provide internships to help job seekers obtain experience.
- Provide microenterprise options for people.
- Use non-profits organizations such as San Diego Futures Foundation to obtain computers and get technologic support. Utilize computer labs to teach people how to effectively use computers in their job search.
- Create a supportive system in the community such as the promotoras to build confidence and help people advance.
- Achieve better collaboration with the business community. Work with chambers of commerce.
- Partner with Workforce Investment Act (WIA).

Was the concern addressed in the CAP?	Yes
If so, indicate the page #	Chap. XII, CSD 801 NPIs 1.1 , 1.2 & 4.1 Also, see Responses i, ii & x below.
If not, indicate the reason	Not applicable

FINANCIAL EDUCATION (Cluster 2)
Relates to strategies to help low-income families and individuals optimize resources to help them achieve self-sufficiency.

Overall Observation
The central concerns were that it's important to create a culture within the low-income community to emphasize the need for financial planning and also to provide the tools – coaching and assistance with banking, for example – to help customers.

Problems/Needs/Issues/Barriers
- Central problems are lack of savings, limited/no knowledge of financial systems (like banking) and concepts, including budgeting. There is also a lack of understanding the value of financial planning
- It is difficult to establish credit because of debt history. It's easy to accumulate debt (and hard to save money) because low-income families do not have sufficient income to meet needs.
- Neighborhoods are filled with financial predators; conversely, there are often few banks in low-income neighborhoods.
- Not having bank accounts leads to poor families paying more in fees, e.g., fee for cashing checks, etc.
- People have money habits that oppose their goals. Also, they are constantly in reaction mode and never get to plan. Often, when they get money after not having any for a long time they "go crazy and spend it."
- They need money first to know how to manage it.

Solutions
- Provide financial education as early as possible. Begin in elementary school by giving kids piggy banks. Show them that every penny counts. Emphasize education on debt.
- Include services to clean credit in financial planning.
- Change in laws for predatory lending and provide alternate options (banking).
- Provide financial coaching and hands-on assistance. Use a navigator system; to guide families.
- Help persons apply for tax credits and other financial support.

Was the concern addressed in the CAP?	Yes
If so, indicate the page #	Chapter XII, CSD 801, NPI CAP Projections 1.3 Also, see Response iii below
If not, indicate the reason	Not applicable

HOUSING (Cluster 3)
Relates to strategies to help low-income families and individuals obtain stable housing.

Overall Observation
The central concern expressed here was that housing in San Diego is particularly expensive and that extensive support is needed for families to obtain adequate housing.

Problems/Needs/Issues/Barriers
- Housing in San Diego county is very expensive and there is limited low-income, affordable housing
- Limited amount of shelters – especially year-round shelters.
- Existing shelters have several problems. They are short staffed and overcrowded. Residents often feel unsafe. There are reports from homeless persons about being physically attacked in shelters.
- There are long waiting lists to get into supportive housing
- Being unemployed or working at low-wage jobs makes it difficult to come up with deposits. Criminal records and bad credit or no credit are also obstacles.
- Have year-round, safe, family-friendly shelters
- Section 8 housing has a long waiting list.

- Low-income families are often not financially stable to get ahead and get ahead and retain their housing for long periods. Loss of a job can cause a family to be evicted.
- Substance abuse issues and mental health challenges can result in loss of housing.
- People become ineligible for benefits due to slight increase income but they still need the help.
- Housing programs are complex with lots of rules. People need to be provided information and helped with navigating systems.

Solutions

- Provide housing supports. The FSS program offers housing supports for employment
- Have a central place where people can go to find info/resources. Also, use community forums to explain available programs
- Programs can provide rental assistance resources (such as deposits and first month's rent) and educate renters on their rights.
- Provide more safe parking lots for homeless persons – where people can stay in their cars in a safe place
- Form more business partnerships to help build more affordable housing
- Offer assisted planning and programs to help individuals and families save and buy a home
- Have affordable, low-income housing with wraparound services under one roof.
- Use hotel vouchers.
- Encourage shared housing. Explore sub-leasing with clients.
- Provide Integrated case management – employment, financial planning, etc., since housing needs are intertwined with other issues.

Was the concern addressed in the CAP?	Yes
If so, indicate the page #	Chapter XII, CSD 801, NPIs 6.2 Also, see Response iv below.
If not, indicate the reason	Not applicable

EMERGENCY NEEDS (Cluster 4)
Addresses immediate needs of low-income individuals and families. It includes provision of emergency food and temporary shelter.

Overall Observation

The emergency needs discussed were extensive and included food, shelter and medical care.

Problems/Needs/Issues/Barriers

- Problems often begin because families do not earn self-sufficiency wages causing them to experience many emergencies.
- Need medical/mental health care/medical insurance.
- There is a lack of shelters: long waiting lists, not enough of them – need more year-round shelters;
- There is no good transition for military families when benefits are terminated upon discharge. They need supports.
- Need basic emergency medical services for low-income families.
- Some persons get paid in cash making it difficult to provide proof of income for eligibility for programs.
- Needy persons lack transportation/bus passes to get to programs where they can obtain food.
- County aid offices not providing information/referrals to FSS agencies.

Solutions

- Get general relief for people without children.
- Provide more vouchers for shelters.
- Open more community gardens/increase access through redevelopment rules where people can grow their own food.
- Have more emergency food pantries.

• Provide assistance to apply for Medi-Cal, Healthy Families. Provide other assistance to help people complete forms. • 2-1-1 is a very good resource. Ensure that they have up to date information. • Provide services in parks when they have group meetings like for Narcotics Anonymous since the homeless attend these meetings • Building awareness, more comprehensive outreach and organization of resources. • Partner with military to help transition veterans. Use County Veterans Affairs office. • Provide long-term coaching for the most needy. Use Leadership Academy – train community members to help others in the community navigate systems.	
Was the concern addressed in the CAP?	Yes
If so, indicate the page #	Chapter XII, CSD 801, NPIs 5.1 & 6.2 Also, see Response v below
If not, indicate the reason	Not applicable

ACCESS TO BENEFITS (Cluster 5) **Addresses the problems low-income families and individuals experience in attempting to obtain benefits such as CalFresh.**	
Overall Observation Comments addressed the in accessing services because of issues in the service delivery system, including programs managed by the County's HHSA, and the difficulties that clients experience because of personal obstacles such as lack of transportation or language barriers.	
Problems/Needs/Issues/Barriers • There is a lack of transportation to access benefits – sometimes public transportation is inadequate and/or cost of public transportation is too high. • Issues with Family Resource Centers (Reference to the County's public assistance and social service offices) and application processes. Business hours are limited and there are long wait times. There are long wait times for Access phone line (application by phone for programs managed by the County's HHSA) and for 2-1-1 (Information and Referral system). Online process is confusing. Worker knowledge of customer services is lacking. Services are not consistent across FRCs. • The application process is cumbersome and disconnected with rigid barriers; there are issues with case manager communication in regards to updates, status, changes, etc. Clients have difficulty in gathering all the requirements. There is confusion/misinformation regarding programs. • There are language issues with limited English speakers and low reading comprehension. • Visibility of programs in places where population goes is lacking. • There are cultural barriers with applying for assistance. Stigma is attached to receiving assistance. • There are too many people coming through the door – it's hard for staff to see them all.	
Solutions • Develop marketing campaign for low income services and stigma reduction. • Provide more consistent levels of training to all provider staff (includes County staff). Include training on eligibility process for clients and CBOs. • Utilize more community partnerships to reach potential clients. • Convene quarterly town hall meeting in all regions coordinated by the county and assisted by partners	
Was the concern addressed in the CAP?	Yes
If so, indicate the page #	Chapter XII, CSD 801, NPIs 4.1 Also, see Responses vi & vii below
If not, indicate the reason	Not applicable

HEALTH AND SOCIAL SERVICES (Cluster 6)
Relates to strategies to help low-income families and individuals maintain healthy lifestyles and access support systems obtain stable housing.

Overall Observation

Some of the concerns expressed here mirrored those expressed in the Access to Benefits cluster – that is, they were service access issues. Other comments spoke to the need for a variety of social services including the need for basic life skills training.

Problems/Needs/Issues/Barriers

- Health care costs are too high; this causes a great deal of issues and poverty everywhere.
- More alcohol and substance abuse facilities are needed.
- There are a lack of places to provide rehabilitation (live in) to the public
- There is not enough nutrition education; there is not enough awareness of benefits and how to use them for nutritious food.
- Services constitute a revolving door treatment, that doesn't show people the way to better their lives.
- The attitude of the provider is an issue; the majority of clients do not receive good customer service.
- Long-term homelessness is a major concern; there are safety issues, mental health issues, alcohol and drug use and overcrowded shelters
- There is no health insurance for adults with no kids.
- Nutritious foods are more expensive & less convenient to obtain. Clients are surrounded by fast food outlets. Transportation to stores is an issue.
- Clients have feelings of depression and hopelessness. They do not have the confidence or ability to look for/seek out the help they need.
- Services aren't comprehensive and lose their effectiveness because they are missing pieces
- Funding of services is insufficient.
- Clients do not know the basic life skills to establish a home, job, budget, etc.
- Community clinics services slow wait time
- At the provider level, staff is not approachable and exhibits a lack of empathy for clients.

Solutions

- Teach clients how to budget and maintain a stable life once their lives are stable. Provide healthy lifestyle education and good role models and mentors to show their peers how to live a stable and thriving life
- Offer stress management programs.
- Train staff to be empathetic and to provide better services.
- Promote programs that provide financial management, healthy cooking and promoting family meals. Offer food preparation classes.
- Use more promotoras to reach out to the community and empower clients to ask the right questions.
- Use EBT at restaurants like they do in L.A.
- Have mobile food truck – with healthy foods - in more areas throughout the county.

Was the concern addressed in the CAP?	Yes
If so, indicate the page #	Chapter XII, CSD 801, NPIs, 2.2, 4.1 & 6.2 Also, see Responses I, vi, vii, viii, ix, & x below
If not, indicate the reason	Not applicable

REFUGEE (Cluster 7)

Overall Observation

Refugees have a host of needs. Language was identified as one of the biggest issues since it impacts all other areas of refugees' lives. Cultural barriers were also deemed to be major obstacles.

Problems/Needs/Issues/Barriers

- Language barriers impact everything in a refugee's life from accessing transportation to obtaining a job. Even accessing social services can be challenging for them. The FRCs does not always have someone who can interpret for clients. Sometimes clients speak a rare dialect and no interpreter is available. Language limitations impact their ability to get healthcare. Some languages, like Karen (Burmese) do not have some English words, which makes translation difficult.
- Transportation is very difficult for refugees. Because of their language barrier, their ability to navigate and ask for help if lost is limited. Many grew up in refugee camps have very little experience with public transportation systems. They are often particularly confused about riding the bus.
- Learning to drive and obtaining a license with no prior experience is very difficult.
- The tough economy is affecting refugees disproportionately. They are even harder hit than the rest of the population. And, their lack of US work experience/work history makes it difficult to find jobs.
- They have significant problems with financial literacy and often have no awareness of the US financial system or financial services – taxes, bank accounts, credit scores, etc. This is very scary and overwhelming for them.
- Older refugees find it harder to adapt especially in learning English. Recent trauma may make any kind of learning more difficult.
- Refugees do not always get the support they need. They feel overwhelmed by all the info they are given upon arrival and are unable to retain all the information. Then they do not know how to access resources when they need them. They think they lack support in navigating the many complex systems they need to in order to receive services
- Cultural Barriers include beliefs about gender roles and women working outside of the home and lack of knowledge of U.S. laws, systems and how to navigate these complex systems. Many refugees have spent much of their lives in refugee camps – it is hard for them to adapt to outside life.
- Friends and family may be too busy trying to gain self-sufficiency to help others.
- Employment is a problem for anyone in the county today but the problem is magnified for refugees. Besides the language barrier, there is a lack of U.S. work history. There are transportation issues (discussed above). They have difficulty in trusting anyone outside their culture to provide childcare. For the professionals among them, there is the Challenge in getting employers to recognize their qualifications.
- Single refugees and couples without children are limited to 8 months of cash assistance. They are often unaware of all the resources available to them.
- They tend to have false expectations of what to expect in terms of financial support prior to arrival. This may cause them to lose hope and stop trying.
- Refugees often have mental health issues. Many are experiencing PTSD and culturally they do not want to ask for help.

Solutions

- For services, ensure providers have cultural competence. Service providers need to understand the culture of the refugees they are serving.
- Have ESL programs available for intensive studies.
- Create opportunities to intern/volunteer in order to gain some type of work experience it the US. Tie this experience to their WTW requirements.
- Arrange for mentors (especially those who work in the same field) or sponsors to help them through the job search experience – resumes, online job search, interviewing. This person can help to motivate and give hope by sharing their own successes. Can also help them unfamiliar navigate complex systems.
- Work with small businesses to find jobs for them and use microenterprise to help them open their own business.

• Train member of their culture to provide childcare; increase the amount of culturally and linguistically competent service providers. • Provide more cultural competency training and include financial literacy • Offer ESL classes that focus on gaining employment and, when possible, use an instructor who speaks the native language of the students. • Use vans or shuttles to take refugees to their most common destinations (FRC, VOLAG, hotels where many work, etc.)	
Was the concern addressed in the CAP?	Yes
If so, indicate the page #	Chapter XII, CSD 801 NPIs 1.1 , 1.2, 1.3, 2.2, 4.1, & 6.2
If not, indicate the reason	Not applicable

Appendix G
Public Hearing Cluster Document (Sample)

Cluster #	Cluster Name	Cluster Description
PROBLEM/NEEDS/ISSUES	BARRIERS	SOLUTIONS
State the problem as you see it. What are the clients' needs/issues? Try to be specific Are there any other problem areas that your group would like to discuss? If yes, what are they?	What's impeding our low-income families? What are the special barriers they are facing? Think about the factors we just discussed. How do they play a role in this area?	Again, think about all the factors/causes of poverty. What can we do to mitigate them and help our low income families move out of poverty? Let's try fine-tuning this – See below. What's in place now? Is it being fully utilized? What solutions might work but need to be set up? What difficulties might be encountered in implementing these solutions?

Appendix H
Health Status in County's Regions

3-4-50: Chronic Disease Deaths in San Diego County—Central Region, 2000-2010

3 Behaviors
contribute to
4 Chronic Diseases
that cause over
50 percent
of all deaths worldwide.

What is 3-4-50?

Chronic diseases are now the major cause of death and disability worldwide, having surpassed infectious diseases and injuries. This reflects a significant change in diet habits, physical activity levels, and tobacco use.

These chronic diseases are important to consider together because they are common causes of disability and death in San Diego County. They are also highly influenced by three unhealthy behaviors; behaviors that cause many cases of specified chronic conditions that are preventable.

3-4-50 in San Diego County—Central Region

- From 2000 to 2010, the percent of all deaths due to chronic disease has decreased in the Central Region and its Subregional Areas (SRAs), while the number of deaths have remained relatively stable.
- Overall, chronic disease death rates have decreased in the Central Region and its SRAs from 2000 to 2010.
- Among the Central Region SRAs, Southeastern San Diego had the highest percentage of deaths due to chronic disease in 2010.
- Among the Central Region SRAs, Southeastern San Diego had the highest chronic disease death rate in 2010.
- Despite a decrease since 2000, chronic diseases accounted for 57% of all deaths in the Central Region in 2010.

Figure 1: 3-4-50 Death Percentages

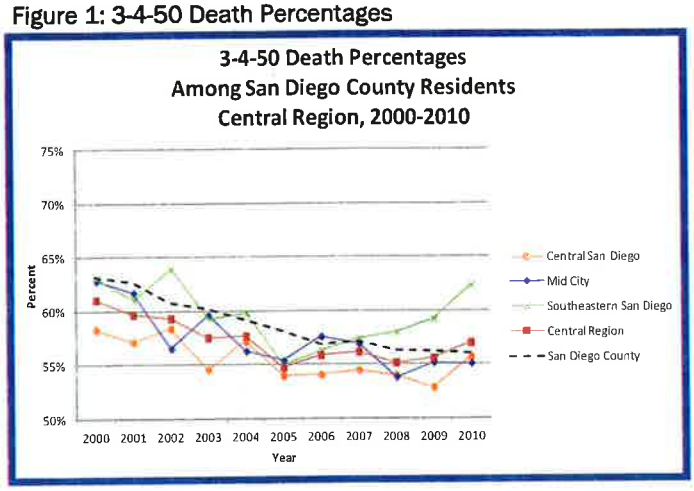
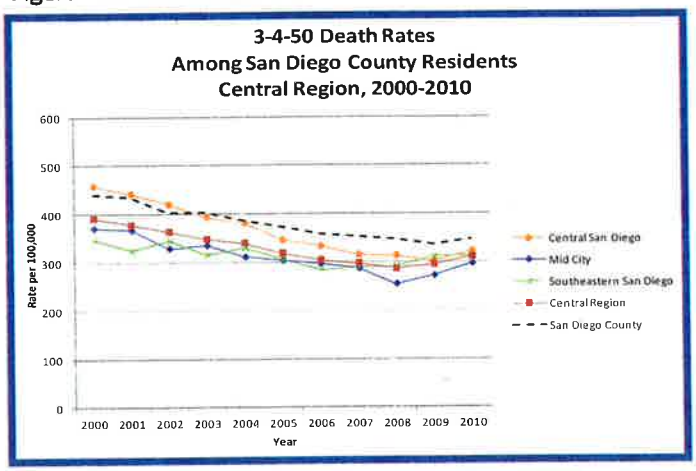


Figure 2: 3-4-50 Death Rates



QR CODES:
QR codes are similar to barcodes. Use your smartphone to scan the QR Code and navigate directly to the report online for download. Download a free QR code reader from your app provider.

For more information and data, go to
www.SDHealthStatistics.com

3-4-50: Chronic Disease Deaths in San Diego County—East Region, 2000-2010

3 Behaviors
contribute to
4 Chronic Diseases
that cause over
50 percent
of all deaths worldwide.

What is 3-4-50?

Chronic diseases are now the major cause of death and disability worldwide, having surpassed infectious diseases and injuries. This reflects a significant change in diet habits, physical activity levels, and tobacco use.

These chronic diseases are important to consider together because they are common causes of disability and death in San Diego County. They are also highly influenced by three unhealthy behaviors; behaviors that cause many cases of specified chronic conditions that are preventable.

3-4-50 in San Diego County—East Region

- From 2000 to 2010, the percent of all deaths due to chronic disease has decreased in the East Region and its Subregional Areas (SRAs), while the number of deaths have remained relatively stable.
- Overall, chronic disease death rates have decreased in the East Region and its SRAs from 2000 to 2010.
- Among the East Region SRAs, Laguna-Pine Valley had the highest percentage of deaths due to chronic disease in 2010.
- Among the East Region SRAs, Mountain Empire had the highest chronic disease death rate in 2010.
- Despite a decrease from 2000, chronic diseases accounted for 56% of all deaths in the East Region in 2010.

Figure 1: 3-4-50 Death Percentages

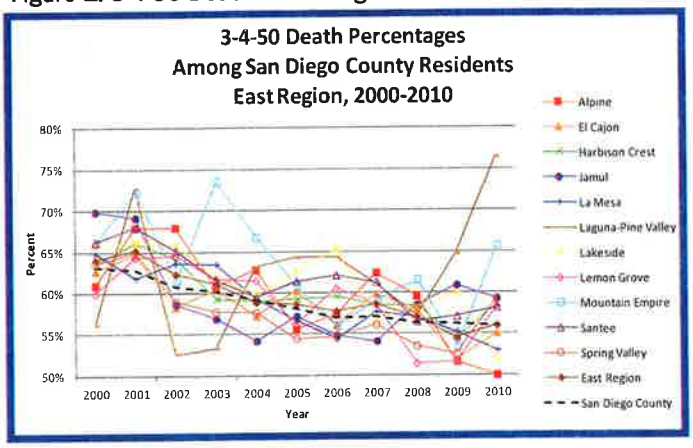
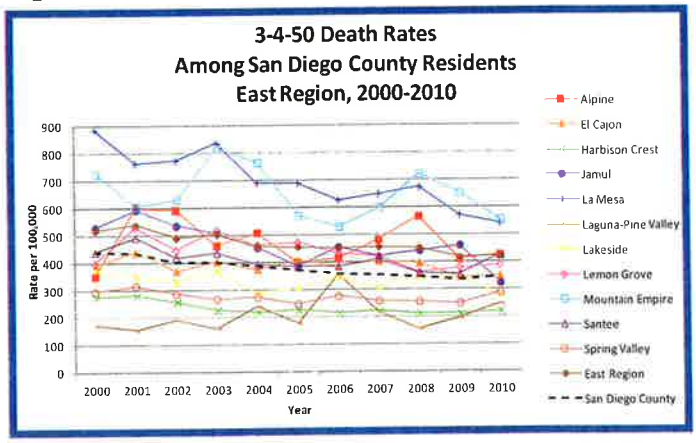


Figure 2: 3-4-50 Death Rates



QR CODES:
QR codes are similar to barcodes. Use your smartphone to scan the QR Code and navigate directly to the report online for download. Download a free QR code reader from your app provider.

For more information and data, go to
www.SDHealthStatistics.com

3-4-50: Chronic Disease Deaths in San Diego County—North Central Region, 2000-2010

3 Behaviors
contribute to
4 Chronic Diseases
that cause over
50 percent
of all deaths worldwide.

What is 3-4-50?
Chronic diseases are now the major cause of death and disability worldwide, having surpassed infectious diseases and injuries. This reflects a significant change in diet habits, physical activity levels, and tobacco use.

These chronic diseases are important to consider together because they are common causes of disability and death in San Diego County. They are also highly influenced by three unhealthy behaviors; behaviors that cause many cases of specified chronic conditions that are preventable.

3-4-50 in San Diego County—North Central Region

- From 2000 to 2010, the percent of all deaths due to chronic disease has decreased in the North Central Region and its Subregional Areas (SRAs), while the number of deaths have remained relatively stable.
- Overall, chronic disease death rates have decreased in the North Central Region and its SRAs from 2000 to 2010.
- Among the North Central Region SRAs, Kearny Mesa had the highest percentage of deaths due to chronic disease in 2010.
- Among the North Central Region SRAs, Kearny Mesa had the highest chronic disease death rate in 2010.
- Despite a decrease since 2000, chronic diseases accounted for 54% of all deaths in the North Central Region in 2010.

Figure 1: 3-4-50 Death Percentages

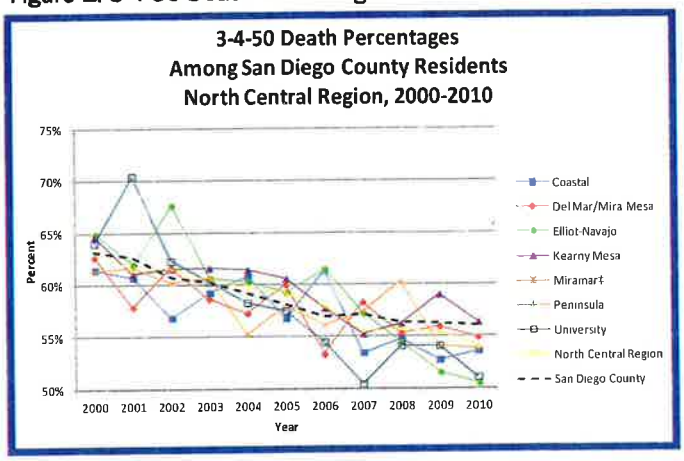
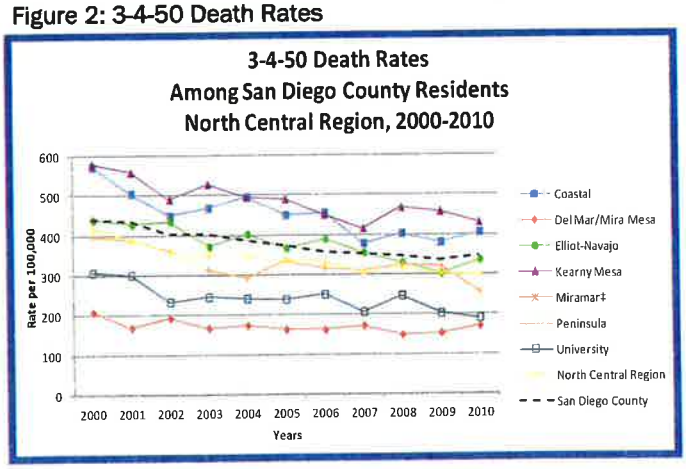


Figure 2: 3-4-50 Death Rates



QR CODES:
QR codes are similar to barcodes. Use your smartphone to scan the QR Code and navigate directly to the report online for download. Download a free QR code reader from your app provider.

For more information and data, go to
www.SDHealthStatistics.com

3-4-50: Chronic Disease Deaths in San Diego County—North Coastal Region, 2000-2010

3 Behaviors
contribute to
4 Chronic Diseases
that cause over
50 percent
of all deaths worldwide.

What is 3-4-50?

Chronic diseases are now the major cause of death and disability worldwide, having surpassed infectious diseases and injuries. This reflects a significant change in diet habits, physical activity levels, and tobacco use.

These chronic diseases are important to consider together because they are common causes of disability and death in San Diego County. They are also highly influenced by three unhealthy behaviors; behaviors that cause many cases of specified chronic conditions that are preventable.

3-4-50 in San Diego County—North Coastal Region

- From 2000 to 2010, the percent of all deaths due to chronic disease has decreased in the North Coastal Region and its Subregional Areas (SRAs), while the number of deaths have remained relatively stable.
- Overall, chronic disease death rates have decreased in the North Coastal Region and its SRAs from 2000 to 2010.
- Among the North Coastal SRAs, Oceanside had the highest percentage of deaths due to chronic disease in 2010.
- Among the North Coastal SRAs, Oceanside had the highest chronic disease death rate in 2010.
- Despite a decrease since 2000, chronic diseases accounted for 55% of all deaths in the North Coastal Region in 2010.

Figure 1: 3-4-50 Death Percentages

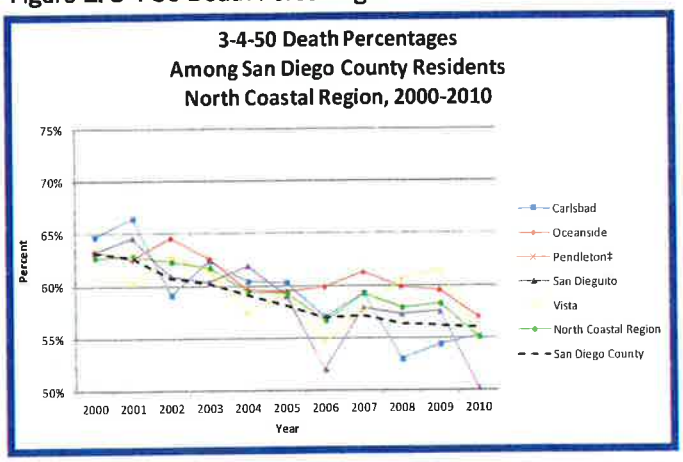
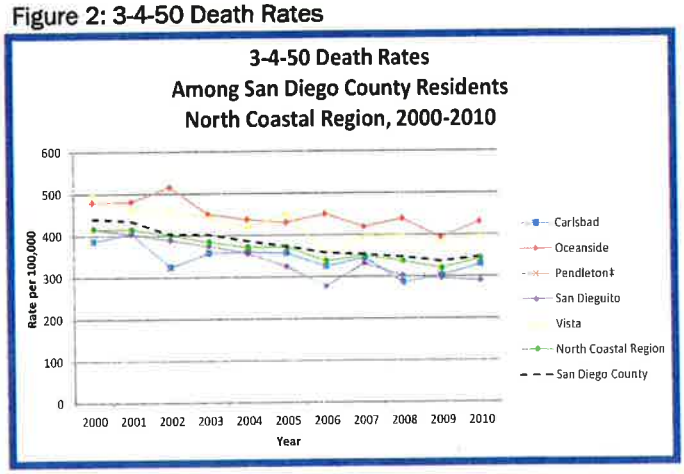


Figure 2: 3-4-50 Death Rates



QR CODES:
QR codes are similar to barcodes. Use your smartphone to scan the QR Code and navigate directly to the report online for download. Download a free QR code reader from your app provider.

For more information and data, go to
www.SDHealthStatistics.com

3-4-50: Chronic Disease Deaths in San Diego County—North Inland Region, 2000-2010

3 Behaviors
contribute to
4 Chronic Diseases
that cause over
50 percent
of all deaths worldwide.

What is 3-4-50?

Chronic diseases are now the major cause of death and disability worldwide, having surpassed infectious diseases and injuries. This reflects a significant change in diet habits, physical activity levels, and tobacco use.

These chronic diseases are important to consider together because they are common causes of disability and death in San Diego County. They are also highly influenced by three unhealthy behaviors; behaviors that cause many cases of specified chronic conditions that are preventable.

3-4-50 in San Diego County—North Inland Region

- From 2000 to 2010, the percent of all deaths due to chronic disease has decreased in the North Inland Region and its Subregional Areas (SRAs), while the number of deaths have remained relatively stable.
- Overall, chronic disease death rates have decreased in the North Inland Region and its SRAs from 2000 to 2010.
- Among the North Inland Region SRAs, Palomar-Julian had the highest percentage of deaths due to chronic disease in 2010.
- Among the North Inland Region SRAs, Anza-Borrego Springs had the highest chronic disease death rate in 2010. Anza-Borrego Springs also has an older population. Age increases both the risk of having a chronic disease and of death.
- Despite a decrease since 2000, chronic diseases accounted for 54% of all deaths in the North Inland Region in 2010.

Figure 1: 3-4-50 Death Percentages

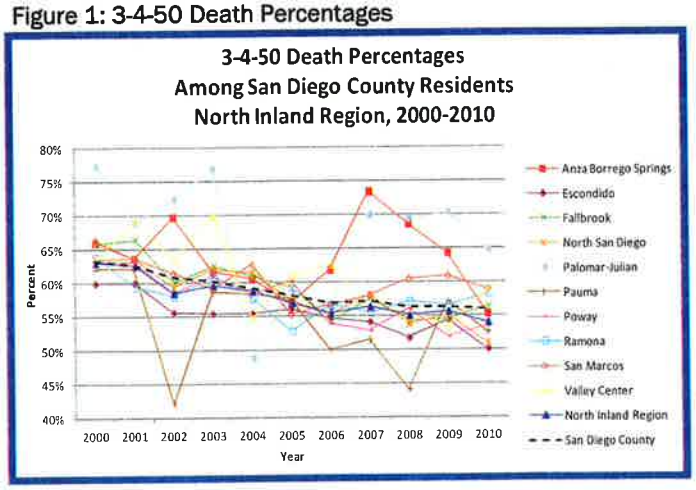
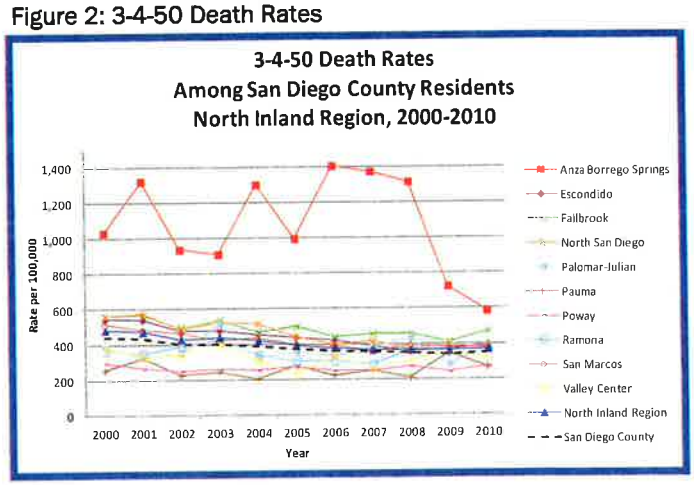


Figure 2: 3-4-50 Death Rates



QR CODES:
QR codes are similar to barcodes. Use your smartphone to scan the QR Code and navigate directly to the report online for download. Download a free QR code reader from your app provider.

For more information and data, go to
www.SDHealthStatistics.com

3-4-50: Chronic Disease Deaths in San Diego County—South Region, 2000-2010

3 Behaviors
contribute to
4 Chronic Diseases
that cause over
50 percent
of all deaths worldwide.

What is 3-4-50?

Chronic diseases are now the major cause of death and disability worldwide, having surpassed infectious diseases and injuries. This reflects a significant change in diet habits, physical activity levels, and tobacco use.

These chronic diseases are important to consider together because they are common causes of disability and death in San Diego County. They are also highly influenced by three unhealthy behaviors; behaviors that cause many cases of specified chronic conditions that are preventable.

3-4-50 in San Diego County—South Region

- From 2000 to 2010, the percent of all deaths due to chronic disease has decreased in the South Region and its Subregional Areas (SRAs), while the number of deaths have remained relatively stable.
- Overall, chronic disease death rates have decreased in the South Region and its SRAs from 2000 to 2010.
- Among the South Region SRAs, National City had the highest percentage of deaths due to chronic disease in 2010.
- Among the South Region SRAs, Chula Vista had the highest chronic disease death rate in 2010.
- Despite a decrease since 2000, chronic diseases accounted for 60% of all deaths in the South Region in 2010.

Figure 1: 3-4-50 Death Percentages

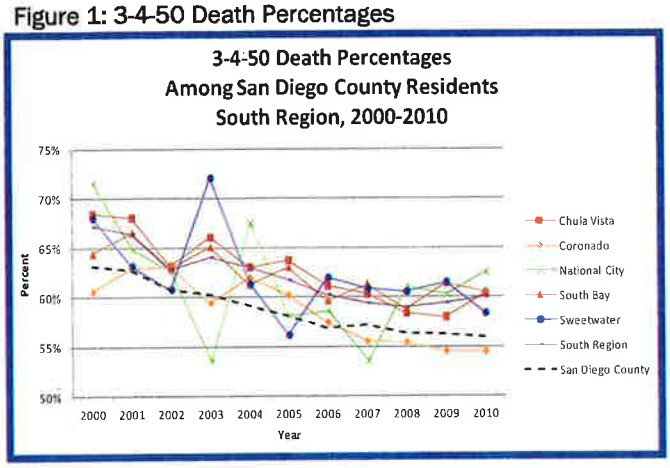
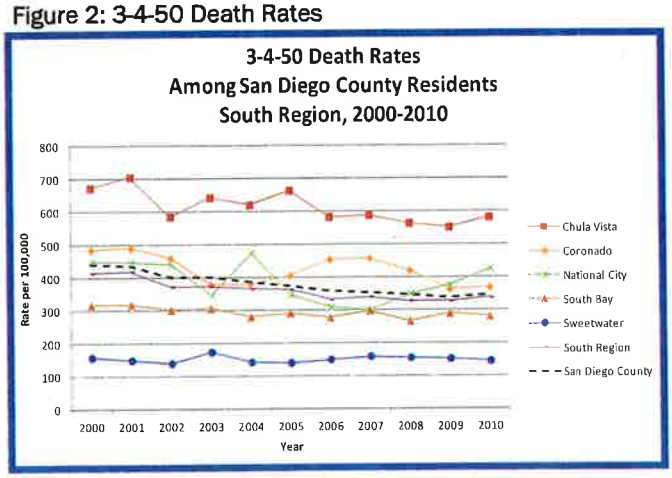


Figure 2: 3-4-50 Death Rates



QR CODES:
QR codes are similar to barcodes. Use your smartphone to scan the QR Code and navigate directly to the report online for download. Download a free QR code reader from your app provider.

For more information and data, go to
www.SDHealthStatistics.com

Appendix I
Proof of Publication

This space is for the County Clerk's Filing Stamp

State of California
Department of Community Services and Development
CSBG Community Action Plan
CSD 410--Vision (01/13)

PROOF OF PUBLICATION
(2010 & 2011 C.C.P.)

STATE OF CALIFORNIA
County of San Diego

I am a citizen of the United States and a
of the County aforesaid: I am over the
eighteen years and not a party to or inte
the above-entitled matter. I am the princi
of the printer of

North County Times

Formerly known as the Blade-Citizen a
Times-Advocate and which newspapers ha
adjudicated newspapers of general circul
the Superior Court of the County of Sar
State of California, for the City of Oceans
the City of Escondido, Court Decree
171349, for the County of San Diego, I
notice of which the annexed is a printed c
in type not smaller than nonpariel), ha
published in each regular and entire issue
newspaper and not in any supplement the
the following dates, to-wit:

December 30th, 2012

I certify (or declare) under penalty of per
the foregoing is true and correct.

Dated at **Escondido**, California
On This 31st, day December 2012

Jane Allshouse
NORTH COUNTY TIMES
Legal Advertising

Proof of Publication of

COUNTY OF SAN DIEGO
PUBLIC HEARING

Community Action Partnership (CAP) of San Diego County will hold public hearings in North County to give interested community members an opportunity to provide input on social service for low income families in San Diego.

The mission of CAP in San Diego is to reduce poverty and lessen its impact for San Diego's low income residents.

A public hearing will be held to obtain ideas from the public and service providers regarding th unique needs of their communities.

Times and Locations

Monday, January 7, 2013
5:30 to 7:30 PM
Encinitas Library
540 Cornish Drive
Encinitas, CA 92024

Wednesday, January 9, 2013
5:30 to 7:30 PM
North Inland Regional Center (Admin)
600 East Valley Parkway
Escondido, CA 92025

Be sure that your voice is heard - We need you!
Written testimony will also be accepted.
For more information contact:
Juana Dueñas - Community Action Partnership at juana.duenas@sdcounty.ca.gov

CONDADO DE SAN DIEGO
AUDIENCIA PUBLICA

Community Action Partnership (CAP) del Condado de San Diego, celebrará una audiencia pública en la Región Norte, para dar a los miembros de la comunidad que estén interesados la oportunidad de dar su opinión sobre servicios sociales para familias de bajos recursos en San Diego.

La misión de CAP en San Diego es reducir la pobreza y aminorar su impacto para los residentes de bajos recursos de San Diego.

Una audiencia pública se celebrará para motivar la participación del público y de proveedores de servicios sobre las necesidades singulares de sus comunidades.

Hora y Lugar

Lunes 7 de Enero, 2013
5:30 a 7:30 PM
Encinitas Library
540 Cornish Drive
Encinitas, CA 92024

Miércoles 9 de Enero, 2013
5:30 a 7:30 PM
North Inland Regional Center (Admin)
600 East Valley Parkway
Escondido, CA 92025

Asegúrese de ser escuchado- ¡Lo necesitamos a usted!
Testimonio por escrito también será aceptado
Para mayor información comunicarse con:
Juana Dueñas-Community Action Partnership al correo electrónico:
juana.duenas@sdcounty.ca.gov
pub: 12/30/12

County of San Diego
Health and Human Services Agency
Community Action Partnership
JAN 16 2013
RECEIVED
Administration

U-T San Diego

P.O. Box 120191, San Diego, CA 92112-0191

AFFIDAVIT OF PUBLICATION

COMMUNITY ACTION PARTNERSHIP
1255 IMPERIAL AVENUE, STE. 743
ATTN: CORINNE RODRIGUEZ
SAN DIEGO, CA 92101

STATE OF CALIFORNIA} ss.
County of San Diego}

The Undersigned, declares under penalty of perjury under the laws of the State of California: That she is a resident of the County of San Diego. That she is and at all times herein mentioned was a citizen of the United States, over the age of twenty-one years, and that she is not a party to, nor interested in the above entitled matter; that she is Chief Clerk for the publisher of

The San Diego Union-Tribune

a newspaper of general circulation , printed and published daily in the City of San Diego, County of San Diego, and which newspaper is published for the dissemination of local news and intelligence of a general character, and which newspaper at all the times herein mentioned had and still has a bona fide subscription list of paying subscribers, and which newspaper has been established, printed and published at regular intervals in the said City of San Diego, County of San Diego, for a period exceeding one year next preceding the date of publication of the notice hereinafter referred to, and which newspaper is not devoted to nor published for the interests, entertainment or instruction of a particular class, profession, trade, calling, race, or denomination, or any number of same; that the notice of which the annexed is a printed copy, has been published in said newspaper in accordance with the instructions of the person(s) requesting publication, and not in any supplement thereof on the following dates, to wit:

Jan 13, 2013

Chief Clerk for the Publisher

1/15/13
Date

Affidavit of Publication of

Legal Advertisement
Ad # 0010706938#
ORDERED BY: CORINNE

COUNTY OF SAN DIEGO PUBLIC HEARING

Community Action Partnership (CAP) of San Diego County will hold public hearings in Central Region to give interested community members an opportunity to provide input on social services for low income families in San Diego.

The mission of CAP in San Diego is to reduce poverty and lessen its impact for San Diego's low-income residents.

A public hearing will be held to obtain ideas from the public and service providers regarding the unique needs of their communities.

Times and Locations

Monday,
January 14, 2012
5:30 to 7:30 PM
San Diego
Workforce
Partnership
3910 University
Avenue
San Diego, CA 92105

Be sure that your voice is heard - We need you!
Written testimony will also be accepted.
For more information contact:
Juana Duenas - Community Action Partnership at juana.duenas@sdcounty.ca.gov

CONDADO DE SAN DIEGO AUDIENCIA PUBLICA

Community Action Partnership (CAP) del Condado de San Diego, celebrara una audiencia publica en la Region Central para dar a los miembros de la comunidad que esten interesados la oportunidad de dar su opinion sobre servicios sociales para familias de bajos recursos en San Diego.

La mision de CAP en San Diego es reducir la pobreza y aminorar su impacto para los residentes de bajos recursos de San Diego.

Una audiencia publica se celebrara para motivar la participacion del publico y de proveedores de servicios sobre las necesidades singulares de sus comunidades.

Hora y Lugar

Lunes, 14 de Enero 2013
5:30 a 7:30 PM
San Diego Workforce Partnership
3910 University Avenue
San Diego, CA 92105

Asegurese de ser escuchado ¡Lo necesitamos a usted! Testimonio por escrito tambien sera aceptado
Para mayor informacion comunicarse con:
Juana Duenas-Community Action Partnership al correo electrónico: juana.duenas@sdcounty.ca.gov

UT San Diego

P.O. Box 120191, San Diego, CA 92112-0191

AFFIDAVIT OF PUBLICATION

COMMUNITY ACTION PARTNERSHIP
1255 IMPERIAL AVENUE, STE 743
ATTN: CORINNE RODRIGUEZ
SAN DIEGO, CA 92101

STATE OF CALIFORNIA} ss.
County of San Diego}

The Undersigned, declares under penalty of perjury under the laws of the State of California. That she is a resident of the County of San Diego. That she is and at all times herein mentioned was a citizen of the United States, over the age of twenty-one years, and that she is not a party to, nor interested in the above entitled matter; that she is Chief Clerk for the publisher of

The San Diego Union-Tribune

a newspaper of general circulation, printed and published daily in the City of San Diego, County of San Diego, and which newspaper is published for the dissemination of local news and intelligence of a general character, and which newspaper at all the times herein mentioned had and still has a bona fide subscription list of paying subscribers, and which newspaper has been established, printed and published at regular intervals in the said City of San Diego, County of San Diego, for a period exceeding one year next preceding the date of publication of the notice hereinafter referred to, and which newspaper is not devoted to nor published for the interests, entertainment or instruction of a particular class, profession, trade, calling, race, or denomination, or any number of same; that the notice of which the annexed is a printed copy, has been published in said newspaper in accordance with the instructions of the person(s) requesting publication, and not in any supplement thereof on the following dates, to wit:

Jan 13, 2013

Chief Clerk for the Publisher

Date

Affidavit of Publication of

Legal Advertisement
Ad # 0010706940#
ORDERED BY CORINNE

COUNTY OF SAN DIEGO PUBLIC HEARING

Community Action Partnership (CAP) of San Diego County will hold public hearings in North Central Region to give interested community members an opportunity to provide input on social services for low income families in San Diego.

The mission of CAP in San Diego is to reduce poverty and lessen its impact for San Diegos low-income residents.

A public hearing will be held to obtain ideas from the public and service providers regarding the unique needs of their communities.

Times and Locations

Thursday, January 17, 2013
5:30 to 7:30 P.M.
San Diego County Office of Education
6401 Linda Vista Road
San Diego, CA 92111

Be sure that your voice is heard - We need you!
Written testimony will also be accepted.
For more information contact
Juana Duenas - Community Action Partnership of
Juana.duenas
sdcounty.ca.gov

County of San Diego
Health and Human Services Agency
Community Action Partnership

RECEIVED

State of California
Department of Community Services and Development
CSBG Community Action Plan
CSD 410--Vision (01/13)

PROOF OF PUBLICATION
(2015.5 C.C.P.)

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

I, Christine Seiveno. am a citizen of the United States and a resident of the county aforesaid; I am over the age of eighteen years and I am not a party to or interested in the notice published. I am the legal advertising manager of the publisher of

The East County Californian

a newspaper of general circulation, printed and published weekly in the city of El Cajon, County of San Diego, and which newspaper has been adjudged a newspaper of general circulation by the Superior Court of the County of San Diego, State of California, , under the date of April 22, 1927, Decree No. 51488; (Case No. 447290, January 18, 1980), that the notice, of which the annexed is a printed copy, has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to-wit:

1/10

all in the year 2013

I certify (or declare) under the penalty of perjury that the foregoing is true and correct.

Dated at Chula Vista, California

This 10TH day of January 2013

Signature

San Diego Neighborhood Newspapers
The East County Californian
119 N. Magnolia Ave.
El Cajon, CA 92020
619.441-1440

This space is for the County Clerk's filing stamp

Proof of Publication of

EC39135 CAP

PUBLIC HEARING

COUNTY OF SAN DIEGO
PUBLIC HEARING

Community Action Partnership (CAP) of San Diego County will hold public hearing in East Region to give interested community members an opportunity to provide input on social services for low income families in San Diego.

The mission of CAP in San Diego is to reduce poverty and lessen its impact for San Diego's low-income residents.

A public hearing will be held to obtain ideas from the public and service providers regarding the unique needs of their communities.

Time and Location
Wednesday, January 16, 2013
5:30 to 7:30 PM
El Cajon Library
Community Room
201 E. Douglas Avenue
El Cajon, CA 92020

Be sure that your voice is heard. We need you!
Written testimony will also be accepted.
For more information contact:
Juana Duenas - Community Action Partnership at
juana.duenas@sdcounty.ca.gov

EC Californian 1/10/2013 -39135

Invoice

State of California
Department of Community Services and Development
CSBG Community Action Plan
CSD 410--Vision (01/13)
laprensa@ix.netcom.com

Date	Invoice #
11/28/2012	23984

PAID 11/29/2012

Bill To
County of San Diego HHSA/OSI – CAP 1255 Imperial Avenue, Ste. 446 San Diego, CA 92101 Mail Stop: W294

P.O. No.	Terms	Due Date
	Due on recpt	11/28/2012

Description	Amount
Legal Advertisement - PUBLIC NOTICE - CONDADO DE SAN DIEGO AUDIENCIA PUBLICA Community Action Partnership (CAP) del Condado de San Diego, celebrará una audiencia pública en la Región Sur... Ad Size: 2 columns X 2.75 inches = 5.5 column inches Ad Cost: 5.5 ci @ $24.00 per inch Published: Nov. 30, 2012	132.00
Total	$132.00

CONDADO DE SAN DIEGO AUDIENCIA PUBLICA

Community Action Partnership (CAP) del Condado de San Diego celebrará una audiencia pública en la Región Sur para dar a los miembros de la comunidad que estén interesados la oportunidad de dar su opinión sobre servicios sociales para familias de bajos recursos en San Diego.

La misión de CAP en San Diego es reducir la pobreza y ampliar su impacto para los residentes de bajos recursos de San Diego.

Una audiencia pública se celebrará para motivar la participación del público y de proveedores de servicios sobre las necesidades singulares de sus comunidades.

Hora y Lugar

Martes, 11 de Diciembre, 2012
5:30 a 7:30 PM
Lauderbach Community Center
330 Oxford Street, Chula Vista, CA 91911

Asegúrese de ser escuchado ¡Lo necesitamos a usted!

Testimonio por escrito también será aceptado

Para mayor información comunícarse con

Juana Dueñas - Community Action Partnership al correo electrónico: juana.duenas@sdcounty.ca.gov

Carrying Charge of 1-1/2% on all balances over 60 days (18% per year) SCS-COC-002438

RECEIVED