

2020-2021 Community Action Plan

California Department of Community Services and Development

Community Services Block Grant



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Contents

Purpose	3
Compliance with CSBG Organizational Standards	3
State Assurances	3
Federal Assurances and Certification	3
2020/2021 Community Action Plan Checklist	4
Cover Page and Certification	5
Vision Statement.....	6
Mission Statement	6
Tripartite Board of Directors.....	6
Documentation of Public Hearing(s).....	8
Community Needs Assessment	9
Community Needs Assessment Process	10
Community Needs Assessment Results	15
Service Delivery System	21
Linkages and Funding Coordination.....	23
Monitoring	29
Data Analysis and Evaluation	31
Appendix A.....	34
Organizational Standards.....	34
Appendix B.....	36
State Assurances	36
Appendix C	37
Federal Assurances and Certification	37
Appendix D.....	41
Community Needs Assessment	41

Purpose

The Community Action Plan (CAP) serves as a two (2) year roadmap demonstrating how Community Services Block Grant (CSBG) agencies plan to deliver CSBG services. The CAP identifies and assesses poverty related needs and resources in the community and establishes a detailed plan, goals and priorities for delivering those services to individuals and families most affected by poverty. CSBG funds may be used to support activities that assist low-income families and individuals, homeless families and individuals, migrant or seasonal farm workers and elderly low-income individuals and families by removing obstacles and solving problems that block the achievement of self-sufficiency. Community Action Plans must comply with Organizational Standards and state and federal laws, as outlined below.

Compliance with CSBG Organizational Standards

As described in the Office of Community Services (OCS) [Information Memorandum \(IM\) #138 dated January 26, 2015](#), CSBG agencies will comply with implementation of the Organizational Standards. CSD has identified the Organizational Standards that provide guidance for the development of a comprehensive Community Needs Assessment. The following is a list of Organizational Standards that will be met upon completion of the CAP and CNA. This section is informational only, and narrative responses are not required in this section. Agencies are encouraged to utilize this list as a resource when completing Organizational Standards annually (Appendix A).

State Assurances

As required by the CSBG Act, Public Law 105-285, states are required to submit a state plan as a condition to receive funding. Information provided in the CAP by agencies is included in California's State Plan. Alongside Organizational Standards, the state will be reporting on [State Accountability Measures](#) in order to ensure accountability and improve program performance. The following is a list of state assurances that will be met upon completion of the CAP. This section is informational only, and narrative responses are not required in this section (Appendix B).

Federal Assurances and Certification

Public Law 105-285, s. 676(b) establishes federal assurances agencies are to comply with. CSD, in its state plan submission, provides a narrative describing how the agencies in California will comply with the assurances. By completing and submitting this Community Action Plan, your agency certifies that it will comply with all Federal Assurances and any other laws, rules, and statutes in the performance of the activities funded through this grant. [\(Federal Assurances can be found in the CSBG Act Section 676\)](#)

The following is a list of federal assurances that will be met upon completion of the CAP. This section is informational only, and narrative responses are not required in this section (Appendix C).

2020/2021 Community Action Plan Checklist

The following is a check list of the components to be included in the CAP. The CAP is to be received by CSD no later than June 30, 2019:

- ☒ **Cover Page and Certification**
- ☒ **Vision Statement**
- ☒ **Mission Statement**
- ☒ **Tripartite Board of Directors**
- ☒ **Documentation of Public Hearing(s)**
- ☒ **Community Needs Assessment**
- ☒ **Community Needs Assessment Process**
- ☒ **Community Needs Assessment Results**
- ☒ **Service Delivery System**
- ☒ **Linkages and Funding Coordination**
- ☒ **Monitoring**
- ☒ **Data Analysis and Evaluation**
- ☒ **Appendices (Optional)**

**COMMUNITY SERVICES BLOCK GRANT (CSBG)
2020/2021 Program Year Community Action Plan
Cover Page and Certification**

Submission Date: June 27 2019

Agency Contact Person Regarding the Community Action Plan:

Name:	Maggie Ramsberger
Title:	Program Director
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Certification of Community Action Plan and Assurances

The undersigned hereby certify that this agency complies with the Assurances and Requirements of this FFY 2020/2021 Community Action Plan (CAP) and the information in this CAP is correct and has been authorized by the governing body of this organization.

Nicole Murphy

Board Chair (printed name)


Board Chair (signature)

4-12-2019

Date

Omar Passons

Executive Director (printed name)


Executive Director (signature)

4/21/2019
Date

**Certification of ROMA Trainer
(If applicable)**

The undersigned hereby certifies that this organization's Community Action plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation).

NCRT/NCRI (printed name)

NCRT/NCRI (signature)

Date

CSD Use Only:

Date CAP Received:	Date Accepted:	Accepted By:

Vision Statement

Community Action Partnership is part of the County of San Diego Health and Human Services Agency, Integrative Services. The vision of Integrative Services is below:

“Enable every San Diego to live well and with dignity”

Integrative Service’s vision directly supports the County of San Diego’s vision of a region that is Building Better Health, Living Safely and Thriving, also known as *Live Well San Diego*.

Mission Statement

Community Action Partnership’s mission is to:

“Empower economically disadvantaged individuals and families, including newly arriving refugees, to achieve their highest level of self-sufficiency and well-being.”

This mission aligns strongly to the County of San Diego Health and Human Services Agency’s mission “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 efficiently provide public services that build strong and sustainable communities.”

Tripartite Board of Directors

(Organizational Standards 5.1, 5.2, CSBG Act Section 676(b)(10))

Section 676B of the Community Services Block Grant Reauthorization Act of 1998 requires that, as a condition of designation, private nonprofit entities and public organizations administer their CSBG program through tripartite boards that *“fully participate in the development, planning, implementation, and evaluation of the program to serve low-income communities.”*

1. Describe your agency’s procedures for establishing adequate board representation under which a low-income individual(s), community organization, religious organizations, 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 agency to petition for adequate representation. Please place emphasis on the *low-income individuals* on your board.

(Organizational Standards 5.2, CSBG Act Section 676(b)(10))

The Community Action Board (CAB) of the County of San Diego is a tripartite body in compliance with federal statute and the California Government Code governing community action agencies. CAB’s three sectors include:

- The economically disadvantaged community represented by residents from designated service areas;
- The private sector, represented by members of community organizations that have an interest in or an asset to CAB; and,
- The public sector represented by appointees of the San Diego County Board of Supervisors.

Vacancies on CAB are posted through the County of San Diego's Clerk of the Board of Supervisors, as well as on the Community Action Partnership (CAP) website. CAP staff and members of CAB itself actively recruit when vacancies occur, including through venues in low-income communities or through networks that include low-income residents. 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 CAB to petition for membership. Individuals seeking to represent the economically disadvantaged sector and organizations requesting representation in the private sector are considered for inclusion on CAB if there are no conflicts of interest.

The CAB Nominating Committee reviews applications and conducts interviews of potential members when vacancies occur. The Committee makes recommendations to the rest of the board as an action item. CAB nominations are submitted to the San Diego County Board of Supervisors for approval and confirmation.

2. Please describe how the individuals on your Advisory or Governing Board are involved in the decision-making process and participate in the development, planning, implementation and evaluation of programs funded under CSBG to meet the requirements listed above.
(Organizational Standard 5.1)

In accordance with San Diego County Board of Supervisors Policy A-74, Citizen Participation on County Boards, Commissions and Committees, CAB advises the Board of Supervisors and the Health and Human Services Agency (HHSA) on matters related to poverty and programs designed to increase self-sufficiency among the low-income population. CAB is an advisory body to HHSA, the Chief Administrative Officer and the San Diego County Board of Supervisors and is not empowered by ordinance, establishing authority or policy to render a decision of any kind on behalf of the County of San Diego or its appointed or elected officials.

CAB plays an important part in the planning, development, implementation and evaluation of programs administered under CAP, including those funded through the Community Services Block Grant (CSBG). Any request for the San Diego County Board of Supervisors' authority by CAP staff must be accompanied by an Advisory Board statement reflecting CAB's recommendation on the item. CAP staff routinely update CAB on programmatic and financial matters, including plans for new programs, new or changing revenue streams and outcomes of evaluation projects. CAB members not only provide valuable information from the community, they also provide CAP staff with feedback on proposed programs. CAB is included in strategic planning processes, including updates to the CAP vision and mission, and receives annual progress reports on CAP programs as they relate to strategic goals.

Documentation of Public Hearing(s)

[California Government Code 12747\(b\)-\(d\)](#) requires all agencies to conduct a public hearing in conjunction with their CAP. In pursuant with this Article, **agencies must prepare and present the completed CAP for public review and comment.** The public hearing process must be documented to include how the hearing was advertised and all testimony presented by the low-income and identify whether the concerns expressed by that testimony are addressed in the CAP.

The agency shall conduct at least one public hearing and provide for a public comment period.

Note: Public hearing(s) shall not be held outside of the service area(s)

1. The agency has made (or will make) the plan available for review using the following process:

X Public Hearing

Date: April 24, 2019

Location: San Diego County Office of Education, 6401 Linda Vista Road, San Diego, CA 92111 (Room 306)

X Public Comment Period

Inclusive Dates for Comment: April 12 – 24, 2019

2. When and where was/will be the Public Hearing Notice(s) published or posted? List the dates and where below:

Date	Where (name of newspaper, website, or public place posted)
4/12/19 – 4/24/19	www.sdcountycap.org

***Submit a copy of published notice(s) with the CAP Application for documentation purposes.**

Community Needs Assessment

Public law 105-285 requires the state to secure from each agency, as a condition to receive funding, a CAP which includes a Community Needs Assessment (CNA) for the community served. Additionally, state law requires each CSBG agency to develop a CAP that assess poverty-related needs, available resources, feasible goals and strategies, and that yields program priorities consistent with standards of effectiveness established for the program (*California Government Code 12747(a)*).

As part of the CNA process, each organization will analyze both qualitative and quantitative data to provide a comprehensive “picture” of their service area. To assist the collection of quantitative data, CSD has provided a link to a dashboard with the latest Census data with easily available indicators at the county level.

https://public.tableau.com/profile/benjamin.yeager#!/vizhome/Cap_Assessment/CAPData

The link gives agencies access to the five-year American Community Survey (ACS) data for every county in the state. By clicking on a county, the user will have access to quantitative data such as the poverty rate, median income information, and unemployment rate.

Helpful Resources		
United States Census Bureau Poverty Data click here	State of California Department of Justice Statistics by City and County click here	U.S. Department of Housing and Urban Development Homelessness Assistance click here
Employment Development Department Unemployment Insurance Information by County click here	California Department of Education Facts about California Schools Using DataQuest click here	California Department of Public Health Statistical Data click here
Bureau of Labor Statistics Labor Data click here	California Department of Finance Various Projections/ Estimates click here	Community Action Partnership Community Action guide to develop a CNA click here
A Comprehensive Community Needs Assessment (CCNA) Tool Statistical Data to assist CNA development click here		

Community Needs Assessment Process

(Organizational Standards 1.1, 1.2, 1.3, 2.2, 3.2, 3.3, 3.4, 3.5)

The CNA captures the problems and conditions of poverty in the agency's service area based on objective, verifiable data and information gathered through various sources. Identified problems and conditions must be substantiated by corroboration through public forums, customer questionnaires, surveys, statistical data, evaluation studies, key informants, and/or other reliable sources. The CNA should be comprehensive and serve as the basis for the agency's goals, and program delivery strategies as reported on the CSBG Annual Report. The CNA should describe local poverty-related needs and be used to prioritize eligible activities offered to low-income community members over the next two (2) years.

Please indicate which combination of activities were used in completing the CNA, including when and how these activities occurred in the spaces below. If the activity was not used, please type N/A or Not Used.

Focus Groups	Community Action Partnership (CAP) hosted two sessions at the 2018 Live Well Partner Advance held October 2, 2018, that include opportunities for focus group engagement related to 1) Community Engagement through Resident Leadership Academies and 2) Strategies for Improving Police/Citizen Relationships. Participants of the Live Well Partner Advance included health care providers, community and faith-based organizations, businesses, school districts and other jurisdictions, including cities, tribal governments and military or veterans' organizations, as well as resident leaders.
Asset Mapping	N/A
Surveys	Surveys were administered countywide between September – October 2018 through regional subcontractors with expertise in working with resident leaders in low-income communities. A standard survey was provided by CAP to be distributed in each Health and Human Services Agency (HHSA) Service Region – translation was provided in Spanish, Vietnamese and Arabic depending on regional demographics. Results were analyzed by HHSA Service Region and at the countywide level.
Community Dialogue	Public Forums were held throughout San Diego County in each of HHSA's Service Regions. Forums were hosted by subcontractors with expertise working in the identified Region's low-income communities and included resident leaders in the development, outreach and facilitation of the forums, which were structured to encourage community dialogue around barriers and solutions to achieving the County of San Diego's Vision (<i>Live Well San Diego</i>). Forum dates and locations included: 10/29/18 (North Central Region); 11/8/18 (North Inland Region); 11/15/18 (East Region); 11/29/18 (South Region); 12/1/18 (Central Region); 12/6/18 (North Coastal Region);
Interviews	N/A
Public Records	Public Records data was used to evaluate specific community indicators identified as being relevant to the conditions of poverty in San Diego County. Data was primarily accessed through the online <i>Live Well San Diego</i> Open Data Portal, with additional data from partner reports from key sectors (including the U.S. Census Bureau, the U.S. Department of Labor Statistics, the Center on Policy Initiatives and the San Diego Workforce Partnership.)

Date of most recent completed CNA: January 2019

Date CNA approved by Tripartite Board (most recent): March 14, 2019
(Organizational Standard 3.5.)

Your responses to the questions below should describe how the agency ensures that the CNA reflects the current priorities of the low-income population in the service area, beyond the legal requirements for a local public hearing of the CAP.

- 1. For each key sector of the community listed below, summarize the information gathered from each sector and how it was used to assess needs and resources during the needs assessment process (or other planning process throughout the year). These sectors should include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.
(Organizational Standard 2.2)**

Live Well San Diego is the County of San Diego's vision for a region that is Building Better Health, Living Safely and Thriving. It aligns the efforts of individuals, organizations and government to help all 3.3 million San Diego County residents live well. *Live Well San Diego* is a collective effort, recognizing that County government alone cannot implement meaningful change in a region as large and diverse as San Diego County.

Live Well San Diego recognized partners make a formal commitment to support the vision – recognized partners include health care providers, community and faith-based organizations, businesses, school districts and other jurisdictions, including cities, tribal governments and military or veterans' organizations. There are over 400 recognized partners committed to focusing their efforts on advancing the vision. For a complete list of recognized partners, please go to <http://www.livewellsd.org/content/livewell/home/partners.html>. Residents take part in the vision by making positive choices, participating in partner programs, including signature *Live Well San Diego* events and by helping to improve the community around them through unique contributions.

Partners and residents provide feedback to the County on *Live Well San Diego* through multiple pathways:

- Regular contact with their designated Partner Liaison (county staff);
- Engagement through the Annual Live Well Partner Advance, a regional conference bringing together partners on critical issues related to health, safety and well-being;
- Regional *Live Well San Diego* Leadership Teams, meeting throughout the year and co-led by County staff and community partners to develop collective strategies to advance the vision regionally.

As a part of HHSA, CAP programs are in alignment to the vision, focusing on the specific needs and priorities of low-income communities. CAP staff work with partners across all sectors, including serving as partner liaisons, supporting the Annual Live Well Partner Advance and participating in Regional Leadership Teams. Information gathered through these pathways include feedback on community priorities, innovative strategies to support inclusive economies and how best to evaluate effectiveness of programs and services.

As one example, CAP worked with partners to convene two sessions at the 2018 Live Well Partner Advance focused on 1) increasing resident engagement through Resident Leadership Academies and 2) improving police/citizen relationships, particularly in socially and economically disenfranchised communities. At both sessions, partners across the sectors engaged in dialogue around the issues, shared best practices and provided specific feedback used to frame future services.

In addition to these ongoing feedback loops, CAP included key stakeholders in the Community Needs Assessment conducted in Fall 2018. Working through its contractor, Arboreta Group LLC (Arboreta), CAP engaged with stakeholders countywide through surveys and public forums. Their feedback on priorities, satisfaction with existing resources and suggestions for strategies to advance the vision in San Diego County's low-income communities was included in the analysis completed for development of the 2020-21 CAP Plan and available in Appendix A.

2. Describe the causes and conditions that contribute to poverty affecting the community in your service area.

(Organizational Standard 3.4)

Factors driving poverty in the region range from community level to individual/family level and are often interconnected. Analysis of quantitative community indicator data and qualitative feedback provided by stakeholders through the Community Needs Assessment process identify the following as key types of factors impacting poverty in the region's economically disadvantaged communities:

- *General socio-economic and/or environmental factors:* San Diego County has a very high cost of living, with the annual income for self-sufficiency equaling more than three times the federal poverty threshold. At the same time, San Diego County has an "hourglass" shaped economy, with high-wage earners at the top, low-wage earners at the bottom, and few middle-wage earners in between. Environmental factors, like low housing vacancy rates and limited transportation access between affordable housing and better paying job opportunities, exasperate the income disparity issue, with low-income individuals and families residing in communities with limited career options.
- *Social and community networks:* Social and community networks have a direct impact on employment opportunities and consequently, long-term income potential. Social capital refers to the relationships and value of those relationships, both tangible and intangible. Individuals with valuable social capital have greater access to education, jobs and other resources than those without. The Community Needs Assessment confirms that residents in low-income communities have less social capital and consequently less economic opportunity. For example, children in economically disadvantaged communities may not have the chance to experience activities outside their immediate neighborhood or exposure to careers outside those of their immediate family or neighbors. Adults in low-income communities may not have access to the "hidden job market" of employment opportunities not broadly advertised and only accessible through interpersonal relationships.

- *Individual factors:* Individual factors, like those related to health and education as an example, can have a significant impact on someone's ability to move out of poverty. Physical and mental health issues present barriers to participation in the local economy. The level of education or the ability to gain work experience as a young person can impact the long-term trajectory of an individual's ability to earn a wage that allows them to achieve self-sufficiency, and ideally, move beyond it to prosperity.

3. Describe your agency's approach or system for collecting, analyzing, and reporting customer satisfaction data to the governing board.
(Organizational Standard 1.3)

The County of San Diego has a Customer Experience Initiative called "Journey to a Positive Customer Experience" which is based on the commitment that County staff use a positive approach to provide customers with a positive experience. Guided by the principles of "HEART" (Helpfulness, Expertise, Attentiveness, Respect and Timeliness), departments support their team members in serving as HEART ambassadors. Departments regularly survey customers on their experience in interacting with staff – results of those surveys are collected and analyzed at various levels, including at the countywide level where it is reported out in the Annual Operational Plan, which is presented to the San Diego County Board of Supervisors (governing board) for approval.

4. Describe how your agency collected and included current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for your service area.
(Organizational Standard 3.2)

CAP identified and included key community indicators related to poverty in its Community Needs Assessment. Many data points were collected from the County of San Diego's *Live Well San Diego* Open Data Portal (www.livewellsd.org) and include data identified to best measure regional progress across the *Live Well San Diego* Areas of Influence. Additional data specific to poverty rates, including its prevalence to gender, age and race/ethnicity was included from the American Community Survey 5-year estimates during the 2013-2017 period. Data was included at the countywide and when available by HHSA Service Region. Comparison data for California and the U.S. was also provided.

5. Briefly summarize the type of both qualitative and quantitative data collected and analyzed as part of the needs assessment process.
(Organizational Standard 3.3)

CAP completed a Community Needs Assessment over the period of October 2018 – February 2019 to refresh its understanding of service priorities. Working with contractor Arboreta Group LLC (Arboreta) and regional community-based organizations identified by Arboreta as subject matter experts, CAP embarked on a process that included the following actions:

- Identification and analysis of key community indicators important to the description of the service area factors related to poverty and aligned to the regional vision of *Live Well San Diego*;
- Outreach to low-income residents and other key stakeholders in the HHSA Service Regions to provide direct input regarding needs and priorities of low-income communities. Input was solicited through:

- Surveys
- Public Forums
- Analysis of quantitative and qualitative data collected as part of the needs assessment by CAP staff and approval of findings by the Community Action Board.

**6. Describe how the agency analyzes information collected from low-income individuals as part of the community needs assessment process.
(Organizational Standard 1.1, 1.2)**

The process of collecting community input for the Community Needs Assessment consisted of surveys (both paper and online formats) and community forums, with both strategies emphasizing outreach to low-income residents. CAP's contractor for the Community Needs Assessment process, Arboreta Group, LLC (Arboreta), subcontracted with six local Community Based Organizations (CBOs) with expertise in working in low-income communities and with community engagement strategies to assist with data collection. Data Collection Teams (Teams) were created through partnerships with these CBOs to gather the data and to accomplish the following outcomes:

1. Gather community feedback framed with *Live Well San Diego's* vision of Building Better Health, Living Safely, and Thriving;
2. Identify service priorities and gaps in San Diego County's low-income communities;
3. Promote community relationship building through the process.

Through the 2018 Community Needs Assessment process, CAP engaged 1,093 individuals, including low-income residents. Feedback collected through this process was analyzed to help identify the top priorities and service gaps in San Diego County's low-income communities to help guide CAP in program design and delivery.

Community Needs Assessment Results

(Organizational Standard 3.4, 4.2, 4.3, CSBG Act Section 5.76(b)(12))

Utilize the table below to list the needs identified in your Community Needs Assessment. If additional space is needed, insert a new row.

Needs Table

Needs Identified	Integral to Agency Mission (Yes/No)	Currently Addressing (Yes/No)	Agency Priority (Yes/No)
Healthcare Access	Yes	Yes	Yes
Opportunities for Physical Activity	Yes	Yes	Yes
Access to Healthy Food	Yes	Yes	Yes
Community Education Opportunities	Yes	Yes	Yes
Small Business Support	Yes	Yes	Yes
Financial Literacy	Yes	Yes	Yes
Housing	Yes	Yes	Yes
Youth Programs	Yes	Yes	Yes
Gang Prevention	Yes	Yes	Yes
Police/Citizen Relationship Building	Yes	Yes	Yes

Needs Identified: list the needs identified in your most recent Needs Assessment.

Integral to Agency Mission: indicate yes/no if the identified need aligns with your agency mission.

Currently Addressing: indicate yes/no if your agency is already addressing the identified need.

Agency Priority: indicate yes/no if the identified need will be addressed either directly or indirectly.

For needs marked “no” in “Agency Priority”, please describe how the gap was identified, (CNA, surveys, focus groups, etc.) and why the gap exists (Federal rules, state rules, lack of funding/resources, etc.) Explain how your agency plans to coordinate services and funding with other organizations to address these service gaps. Include how you ensure that funds are not used to duplicate services. If you will not be coordinating services to address the service gaps, please explain why.

(CSBG Act Section 676b(3)(B),(5), State Assurance 12760)

Refer to Needs Table. For needs marked “yes” in “Agency Priority”, please stack rank according to priority, and complete the table below. If additional space is needed, insert a new row.

Priority Ranking Table

Agency Priorities	Description of programs/services /activities	Agency/Community/ Family & Individual	Indicator/Service Category (CNPI, FNPI, SRV)*
1. Community Education Opportunities	<ul style="list-style-type: none"> • Communities in Action (CinA) – education & cognitive development opportunities, covering variety of domains (K-12 After School Activities, Wellness, Adult Education, ESL) and Domestic Violence (DV) Prevention Workshops <u>Yearly Service Targets:</u> <ul style="list-style-type: none"> ○ 180 individuals will participate in CinA education opportunities ○ 140 individuals will attend a DV Prevention Workshop 	Family & Individual	SRV 2g, 2l, 2r, 2t, 2u, 2v, and 5x
	<ul style="list-style-type: none"> • Resident Leadership Academy (RLA)– leadership training for low-income residents and Train-the-Trainer education for RLA facilitators, as well as supplemental trainings for all RLA network participants. <u>Yearly Service Targets:</u> <ul style="list-style-type: none"> ○ 6 RLAs ○ 60 RLA graduates ○ 1 RLA Facilitator Trainings ○ 6 RLA Supplemental Trainings 	Community, Family & Individual	CNPI 6 G3z, FNPI 6a, SRV 6a, 6b
	<ul style="list-style-type: none"> • Family Support Services (O’Farrell) – Workshops and events for O’Farrell families and other local community members and DV Prevention Workshops. <u>Yearly Service Targets:</u> <ul style="list-style-type: none"> ○ 130 individuals will attend workshops/events at O’Farrell ○ 100 individuals will attend a DV Prevention Workshop 	Family & Individual	SRV 2o, 2w, and 5x
	<ul style="list-style-type: none"> • Live Well Exchange (Exchange) – Training on conflict management and collaborative communication skills for vulnerable and at-risk populations. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> ○ 300 individuals will complete the Exchange trainings 	Family & Individual	FNPI 3a, SRV 2z, 3a, 3b, 3c

2. Financial Literacy	<ul style="list-style-type: none"> • Communities in Action – Financial Literacy classes and other support (match savings, back-tax preparation, credit repair). <u>Yearly Service Target:</u> <ul style="list-style-type: none"> ○ 775 individuals will receive Financial Literacy Training 	Family & Individual	FNPI 3a, SRV 2z, 3a, 3b, 3c
	<ul style="list-style-type: none"> • Earned Income Tax Credit (EITC) Coordination – Leadership of the San Diego County EITC Coalition, coordination of annual EITC campaign and free tax preparation services coupled with access to benefits and light-touch financial literacy. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> ○ 6,000 individuals will receive tax preparation services 	Community, Family & Individual	CNPI 3z, SRV 3o
3. Small Business Support	<ul style="list-style-type: none"> • Project MOST – Training and technical assistance to small, minority owned nonprofit organizations in high-need communities. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> ○ 150 individuals will receive training and technical assistance 	Family & Individual	FNPI 6a, 6a.1, 6a.2, 6a.3
	<ul style="list-style-type: none"> • County Procurement BPR – Participation in countywide efforts to streamline procurement process so that it is more accessible to small businesses providing social and other services. 	N/A	N/A
4. Youth Programs	<ul style="list-style-type: none"> • Family Support Services – Wraparound support to youth and families at O'Farrell Charter School and surrounding community. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> ○ 250 youth will receive wraparound services 	Family & Individual	SRV 2d
	<ul style="list-style-type: none"> • Connect2Careers – Youth employment readiness training and work experience opportunities. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> ○ 75 youth will be placed in paid work experience 	Family & Individual	SRV 1m
5. Gang Prevention	<ul style="list-style-type: none"> • Gang Prevention & Community Response – Mentoring services to at-risk and gang involved individuals and other community-based activities to support collaboration in high-need communities. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> ○ 90 individuals will receive mentoring 	Family & Individual	FNPI 2p

6. Police/Citizen Relationship Building	Gang Prevention & Community Response – Walk N’ Knock activities in Central Region to facilitate communication between police & residents. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> 36 Walk N’ Knocks will be conducted 	Family & Individual	FNPI 6z
	<ul style="list-style-type: none"> Live Well Exchange – Police/Citizen Exchange trainings and Community Circles. <u>Yearly Service Targets:</u> <ul style="list-style-type: none"> 140 individuals will participate in Police/Citizen Exchange trainings 375 individuals will participate in Community Circles 	Family & Individual	SRV 6g
7. Housing	<ul style="list-style-type: none"> Communities in Action – stabilization support to individuals and families in crisis to help avoid escalation of crisis, including homelessness. <u>Yearly Service Targets:</u> <ul style="list-style-type: none"> 1,250 stabilization supports will be issued 	Family & Individual	SRV 7Z, SRV 4Z
	<ul style="list-style-type: none"> Rotational Shelter – Emergency shelter during cold weather months. <u>Yearly Service Targets:</u> <ul style="list-style-type: none"> 2,065 bed nights will be provided as emergency shelter 150 individuals will be placed in temporary housing 20 individuals will be placed in transitional housing 20 individuals will be placed in permanent housing 	Family & Individual	FPNI 5z (write-in), SRV 4m, 4n, and 4o
	<ul style="list-style-type: none"> Landlord and Tenant Mediation – participation in mediation with tenants and landlords to avoid eviction and promote housing retention. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> 150 individuals will receive landlord/tenant mediation services 	Family & Individual	SRV 4g
	<ul style="list-style-type: none"> Housing and Homelessness Coordination – Participation and support to the Housing and Homelessness Coordinators 	N/A	N/A
8. Access to Healthy Food	<ul style="list-style-type: none"> Communities in Action – Emergency food to families in crisis. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> Numbers included in stabilization supports in item 7 	Family & Individual	SRV 5j
	<ul style="list-style-type: none"> Resident Leadership Academy – Training on principles of healthy food models, including addressing “food deserts” and support to RLA graduates engaged in projects. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> Targets for trainings and other support provided in item 1 	Community, Family & Individual	CNPI 6 G3z, FNPI 6a, SRV 6a, 6b

9. Opportunities for Physical Activity	<ul style="list-style-type: none"> • Communities in Action – Multi-generational activities that include opportunities for low-cost/no-cost recreation. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> ○ <i>Targets for recreation activities included in item 1</i> 	Family & Individual	SRV 2I, 5p
	<ul style="list-style-type: none"> • Resident Leadership Academy – Training on principles of active transportation and support to RLA graduates engaged in projects. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> ○ <i>Estimates on trainings and other support provided in item 1</i> 	Community, Family & Individual	CNPI 6 G3z, FNPI 6a, SRV 6a, 6b
	<ul style="list-style-type: none"> • Walk N’ Roll – Bicycle, pedestrian and scooter safety training to support active transportation. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> ○ <i>20 trainings on pedestrian/bicycle/scooter safety</i> 	Family & Individual	SRV 6z
10. Healthcare Access	<ul style="list-style-type: none"> • Communities in Action – Warm referrals to providers, including to healthcare providers. <u>Yearly Service Target:</u> <ul style="list-style-type: none"> • <i>600 warm referrals (all services, including healthcare)</i> 	Family & Individual	SRV 7c

Agency Priorities: Stack rank your agency priorities with the top priority ranking #1.

Description of programs/services/activities: Briefly describe the program, service or activity that your agency will directly provide to address the need. Identify the number of clients to be served or the number of units offered, including timeframes for each.

Agency/Community/Family & Individual: Identify if the need is agency, community, or family/individual level.

***Indicator/Service Category (CNPI, FNPI, SRV):** Indicate which indicator or service will be reported in annual report.

- **Community National Performance Indicators (CNPIs)** are reported out in the Community Level (Module 3) of the Community Services Block Grant (CSBG) Annual Report. For more information on CNPIs and Module 3, please click [here](#).
- **Individual and Family National Performance Indicators (FNPIs)** are reported out in the Individual and Family Level (Module 4) of the CSBG Annual Report.
- **Individual and Family Services (SRVs)** are also reported out in the Individual and Family Level (Module 4) of the CSBG Annual Report.
 - For more information on FNPIs and SRVs, please click [here](#).

Reporting Strategies Table

Utilize the table below to identify the reporting strategies for each Indicator/Service Category as identified in the Priority Ranking Table. If additional space is needed, insert a new row.

Indicator/Service Category (CNPI, FNPI, SRV)	Measurement Tool	Data Source, Collection Procedure, Personnel	Frequency of Data Collection and Reporting
FNPIs	Outcomes and objectives to be met by each service provider are outlined in all contracts; each contract has a corresponding reporting tool/monthly report to track and measure requirements.	Dependent on the service provider and outcomes, a variety of databases and data collection mechanisms are utilized. Examples include but are not limited to client case files and notes with documentation to support various outcomes.	Collected and reported monthly by service providers and provided to the County based on individual contractual requirements. The data collection within the monthly reports is linked to the monthly invoice as most CAP San Diego contracts are fixed price/pay-for-performance.
SRVs	Outcomes and objectives to be met by each service provider are outlined in all contracts; each contract has a corresponding reporting tool/monthly report to track and measure requirements.	Dependent on the service provider and outcomes, a variety of databases and data collection mechanisms are utilized. Examples include agendas and sign-in sheets for workshops, trainings, and/or events, and tax preparation outcomes from the EITC Coalition and the IRS.	Collected and reported monthly by service providers and provided to the County based on individual contractual requirements. The data collection within the monthly reports is linked to the monthly invoice as most CAP San Diego contracts are fixed price/pay-for-performance.
CNPI	Outcomes for the community level data is generated through the County of San Diego's <i>Live Well San Diego</i> open data portal; an online data portal that compiles a large variety of community level, countywide outcomes and reports.	CAP staff pulled data from the <i>Live Well San Diego</i> open data portal, which included primary data sources from the American Community Survey from the U.S. Census Bureau and the County of San Diego Public Health Statistics Unit	Data is collected and reported via the County of San Diego on an annual basis.

Indicator/Service Category: Refer to Indicator/Service Category in last column of the Priority Ranking Table. See footnote in Priority Ranking Table for additional information on Indicator/Service Categories.

Measurement Tool: Identify the type of tool used to collect or measure the outcome.

Data Source, Collection Procedure, Personnel: Describe the source of data, how it is collected, and staff assigned to the task(s). Be specific and provide detail for activity both internal and external to the agency.

Frequency of Data Collection and Reporting: Describe how often data is collected and reported internally and externally. Include documentation available.

Service Delivery System

(CSBG Act Section 676(b)(3)(A))

Describe the overall Service Delivery System for services provided with CSBG funds and describe your agency's services enhance and/or differ from those offered by other providers, i.e. bundled services—please include specific examples.

- 1. Please describe the agency's service delivery system. Include a description of your client intake process or system. Also specify whether services are delivered via direct services or subcontractors, or a combination of both.**

Community Action Partnership's (CAP) Service Delivery System offers programs that target individual, family and community needs associated with the conditions of poverty. All services by CAP are delivered via contractors who are monitored in accordance with County of San Diego policies and procedures. CAP services cover the entire County but are delivered through a regional service delivery model.

At the family and individual level, services help remove barriers to self-sufficiency at the current state of the individual. Service history has demonstrated that individuals and families accessing CAP Services tend to fall into three different categories: In-Crisis, At-Risk and Stable/Living Well. Clients may access services at any level. Those accessing individual-level services may go through an intake process that identifies families strengths and challenges, as well as link them to opportunities for support.

- *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 emotional issues. Individuals and families in crisis may access CAP's Communities in Action program to receive emergency stabilization services and warm hand-offs to other programs that can meet their most pressing needs. The services offered through CAP's contract with the Interfaith Shelter Network's Rotational Shelter assist homeless families in crisis through emergency shelter and case management.
- *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. CAP supports at-risk individuals and families in the Communities in Action program through income and asset building services to help them increase their financial skills and resources. Typically, newly arriving refugee families fall into the at-risk category and require additional support for obtaining employment, which is offered through CAP's Vocational English as a Second Language program and the supplemental services offered through Refugee Employment Services within the County's Welfare to Work contracts. Youth in at-risk families may access work readiness services through the Connect2Careers program to support their long-term employment outcomes.
- *Stable and Living Well:* Here individuals/families are secure, more self-reliant and demonstrate a commitment to move beyond self-sufficiency. CAP offers opportunities for individuals and families at this tier to pursue personal development through education opportunities within the Communities in Action program such as Adult Basic Education, K-12 Supplemental Education and wellness activities.

At the community level, CAP administers programs that seek community-level changes to improve the health, safety and well-being of low-income neighborhoods through greater civic engagement of low-income individuals and through policy, systems and environmental changes. Examples of these types of programs include:

- Resident Leadership Academy (RLA), which trains leaders to identify community needs, develop community improvement plans and work with local partners, including government, to make changes that improve the health, safety and well-being of their neighborhoods;
- The *Live Well San Diego* Exchange, which builds the capacity of residents to peacefully mediate conflict within their families, at work and in their communities, avoiding escalation;
- Project MOST, which offers training and technical assistance to small, minority owned businesses providing services to at-risk/high need communities so that they can increase their capacity to both serve residents and grow as an employer;
- The Gang Prevention and Community Response services, which will support local interventions to bring stakeholders together to prevent gang recruitment, assist those involved in gangs to leave the lifestyle and to address community trauma resulting from gang violence, and;
- Leadership of the Earned Income Tax Credit (EITC) Coalition, which annually brings in millions of dollars to the local community, improving the region's economic output.

Note that often the participation of low-income residents in civic engagement has both individual/family and community level impacts – the individual participant gains greater knowledge, skills and experience that can benefit them in other parts of their lives and the community benefits from having broader participation in decision making.

2. Please list your agency's programs/services/activities funded by CSBG, including a brief description, why these were chosen, how they relate to the CNA, and indicate the specific type of costs that CSBG dollars will support (examples: staff salary, program support, case mgmt., T/TA, etc.)

<i>Program/Service Funded by Community Service Block Grant (CSBG)</i>	Relation to Community Needs Assessment	Type of Cost Paid by CSBG
<i>Communities in Action (CinA)</i>	Provides services that touch multiple priorities, including: Community Education Opportunities, Financial Literacy, Housing, Access to Healthy Food, Opportunities for Physical Activity, Healthcare Access	Administrative Costs & Contracted Services
<i>Family Support Services – O'Farrell</i>	Offers services that address the Community Education Opportunity and the Youth Programs priorities.	Administrative Costs & Contracted Services
<i>RLA Council</i>	Services address the Community Education Opportunities, Access to Healthy Food, Opportunities for Physical Activity priorities.	Administrative Costs & Contracted Services
<i>EITC Coordination</i>	Supports the priority of Financial Literacy.	Administrative Costs & Contracted Services
<i>Project MOST</i>	Addresses priority of Support to Small Businesses	Administrative Costs & Contracted Services

<i>Connect2Careers</i>	Addresses priority of Youth Programs.	Administrative Costs & Contracted Services
<i>Rotational Shelter</i>	Addresses priority of Housing	Administrative Costs & Contracted Services
<i>Gang Prevention & Community Response</i>	Addresses priority of Gang Prevention	Administrative Costs & Contracted Services

Linkages and Funding Coordination

(Organizational Standards 2.1-2.4)

(CSBG Act Section 676b(1)(B), (1)(C), (3)(C), (3)(D), (4), (5), (6), (9))

(State Assurance 12747, 12760, 12768)

- 1. Describe how your agency coordinates funding with other providers in your service area. If there is a formalized coalition of social service providers in your service area, please list the coalitions by name, who participates, and methods used by the coalition to coordinate services/funding.**

(Organizational Standard 2.1, CSBG Act Section 676(b)(1)(C),(3)(C))

The County of San Diego operates through the General Management System (GMS), which serves as the business model to guide operations and service delivery. Through GMS, County business groups work together towards a shared vision (*Live Well San Diego*), prioritizing its use of resources through operational planning and functional threading. The Health and Human Services Agency (HHSA) is an integrated health and social services agency, which allows for coordination of various revenue streams among the different departments and divisions to better maximize services. Community Action Partnership (CAP) resides in HHSA's Integrative Services Division, which allows for a unique opportunity to leverage resources across the enterprise through collaborative partnerships.

In addition to the internal coordination of funding, CAP also looks for opportunities to coordinate funding with external partners in the region. For example, CAP jointly funds the San Diego County Earned Income Tax Credit (EITC) Coalition Coordinator with the United Way of San Diego. CAP also jointly funds the school-based Family Support Services Program in partnership with the O'Farrell Charter School. In some instances, CAP's initial funding allows for the development of programs that can be leveraged by other community partners, like Resident Leadership Academy and the *Live Well San Diego* Exchange programs, both of which CAP provides some base level of funding that allows partners to expand through additional funding.

- 2. Provide information on any memorandums of understanding and/or service agreements your agency has with other entities regarding coordination of services/funding.**

(Organizational Standard 2.1).

CAP does not provide direct services, but rather contracts with local providers to administer programs. Contracts are entered in accordance with the County of San Diego's procurement policies, particularly Board of Supervisors' Policy A-87 "Competitive Procurement", which outlines methods of competitively procuring services and sets forth exemptions and exceptions to the competitive procurement rule. Specific contracts administered by CAP are referenced in the chart below:

Program	Contractor	Contract Number
<i>Communities in Action</i>	Home Start, Inc	557900
	International Rescue Committee	557905
	Jewish Family Services	557907
	Interfaith Community Services	557909
	North County Lifeline, Inc.	557911
	South Bay Community Services	557914
<i>Family Support Services – O’Farrell</i>	Social Advocates for Youth	547376
<i>Walk N’ Roll</i>	Circulate San Diego	559151
<i>RLA Council</i>	Community Health Improvement Partners	556460
<i>EITC Coordination</i>	Dreams for Change	556248
<i>Project MOST</i>	RISE San Diego	557492
<i>Connect2Careers</i>	San Diego Workforce Partnership	551892
<i>Rotational Shelter</i>	Interfaith Shelter Network	539655
<i>Live Well San Diego Exchange</i>	National Conflict Resolution Center	547016
<i>Alternative Dispute Resolution</i>	National Conflict Resolution Center	557497
<i>Keep Em’ Safe</i>	Pacific Safety Center	554593
<i>Gang Prevention & Community Response</i>	UPAC	558844
	North County Lifeline	558846
	Escondido Education COMPACT	558848
<i>Vocational ESL</i>	IRC	551959 & 551960

3. Describe how your agency utilizes information gathered from key sectors of the community:

- a. **Community-Based**
- b. **Faith-Based**
- c. **Private sector (local utility companies, charitable organizations, local food banks)**
- d. **Public Sector (social services departments, state agencies)**
- e. **Educational Institutions (local school districts, colleges)**

Describe how your agency will coordinate and partner with other organizations in your service area. (Organizational Standard 2.2, CSBG Act Section 676(b)(3)(C), (9))

CAP is committed to coordination of its services with internal and external partners to maximize the resources available to help empower low-income individuals, families and communities. Coordination of CAP’s services is facilitated through several mechanisms, including:

- The *Live Well San Diego* vision has brought together a network of stakeholders – cities and governments, healthcare, technology, schools, community-based organizations and the faith community – committed to achieving the vision of a healthy, safe and thriving region;
- The County of San Diego’s (County) General Management System (GMS), which provides a comprehensive planning process, including strategic alignment and functional threading, between all the County’s business groups, including the Health and Human Services Agency (HHSA) where CAP resides;

- The Integrated HHSA Executive Team, which the CAP Executive Director (who is also the Director of Integrative Services) sits on along with all the other HHSA Executives, including the Director of Eligibility Operations, the Public Health Officer, the Director of Child Welfare Services, and the Director of Behavioral Health Services to name a few;
- The Community Action Board (CAB), which consists of representatives from three community sectors (the Economically Disadvantaged Community, the Private Sector and the Public Sector representing the San Diego County Board of Supervisors) and meets monthly to discuss issues related to economically disadvantaged communities and the best use of CAP's resources to meet the needs of those communities; and,
- The various collaboratives and coalitions that CAP participates in, including the San Diego Refugee Forum, the EITC Coalition, the Southeast Collaborative, the El Cajon Collaborative, the Resident Leadership Academy Council and others.

4. Describe how services are targeted to low income individuals and families and indicate how staff is involved, i.e. attend community meetings, I&R, etc. Include how you ensure that funds are not used to duplicate services.

(CSBG Act Section 676(b)(3)(C), 676(b)(9), State Assurance 12760)

CAP uses data to target its services to low income individuals and families, specifically regional federal poverty data to help target communities with high numbers of Community Service Block Grant (CSBG) eligible (100% or below FPL) individuals and families. Community indicator data and feedback collected directly from low-income residents and other key stakeholders are also used to identify priority needs for the target populations.

The *Live Well San Diego* vision provides a shared framework for collaboration and identification of mutually reinforcing activities and measurement of outcomes. Internal collaboration occurs regularly through the County of San Diego's General Management System (GMS), which requires functional threading among departments and divisions. Collaboration with external partners is supported through CAP staff regular participation in key stakeholder networks, including regional *Live Well San Diego* Leadership Teams and other community stakeholder groups like the EITC Coalition, the Resident Leadership Academy Council and various neighborhood collaboratives. Through these collaborative opportunities, CAP is better able to find the best use of CSBG revenue in meeting the collective goals of the region, opposed to duplicating services.

5. If your agency is a Migrant and Seasonal Farmworker (MSFW) agency, describe how you will coordinate plans and activities with other agencies funded by the department to avoid duplication of services and to maximize services for all eligible beneficiaries. If your agency is not a MSFW, please mark N/A.

(State Assurance 12768)

N/A

6. Describe how your agency will leverage other funding sources and increase programmatic and/or organizational capacity. Describe your agency's contingency plan for potential funding reductions.

(State Assurance 12747)

CAP identifies opportunities for additional funding to create new or enhance existing programs that serve the needs of low-income individuals, families and communities. CAP identifies the needs of the communities that it serves and then works to identify the best source of revenue to meet the identified need(s). Examples of additional funding that has been coordinated under the umbrella of CAP to meet the needs of low-income communities includes:

- Refugee Social Services Funding
- Alternative Dispute Resolution Trust Fund
- Office of Traffic Safety Grants
- County of San Diego General Purpose Revenue
- CSBG Innovation Grants

CAP is committed to sustaining programs and services that support inclusive economic growth. CAP staff actively participates in local service networks, identifying public and private partnerships with shared goals so that efforts can work collectively to improve outcomes in the community. In addition, CAP looks for opportunities to help build the capacity of local social and health organizations serving the low-income communities, so that they are better able to provide services.

In the event of reduced funding, CAP will examine current and potential funding sources to identify opportunities to fill gaps in revenue and will work with the local network of service providers to identify other options for delivering important services to low-income communities.

**7. Describe how your agency communicates its activities and its results to the community, including how the number of volunteers and hours are documented.
(Organizational Standard 2.3, 2.4)**

CAP communicates its activities and results to the community through multiple pathways:

- Monthly Community Action Board (CAB) meetings, which are Brown Act meetings open to public participation and documented through Agendas and Meeting Minutes posted to the County of San Diego's website;
- The CAP website, which in addition to CAB meeting materials also includes a listing of all programs administered through CAP, links to provider webpages for additional information, and performance reports including the Annual Strategic Plan Update;
- County of San Diego and *Live Well San Diego* social media and traditional media reporting, including stories on the County News Center of stories on CAP efforts;
- CAP Staff participation in community networks and collaborative meetings.

CAP tracks CAB member participation for inclusion in documentation of volunteer hours provided; contractors also track volunteer hours donated on behalf of CAP-funded programs and report those hours as part of their programmatic reporting.

- 8. Describe how your agency will address the needs of youth in low-income communities through youth development programs and promote increased community coordination and collaboration in meeting the needs of youth. Describe how your agency will contribute to the expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime, such as: programs for the establishment of violence-free zones that would involve youth development and intervention models like youth mediation, youth mentoring, life skills training, job creation, and entrepreneurship programs. (CSBG Act Section 676(b)(1)(B))**

CAP provides youth development opportunities through multiple programs including:

- School- Based Family Support Services (FSS), which are provided to students and their parents through a partnership with The O'Farrell Charter Schools located in Southeast San Diego, a historically low-income community with high levels of violence. The program is designed to assist the students achieve academic success, with services closely coordinated with school staff to best meet the needs of the children and their family. Interventions are designed to help students resolve problems that interfere with academic achievement and include gang intervention, positive parenting, conflict resolution, drug abuse prevention and mentoring for children of incarcerated parents. In addition to services for the students and their families, the program brings in the community by providing a venue for collaborative group meetings to identify solutions to help children from engaging in risky behavior.
 - Connect2Careers provides Job Readiness Training and paid Work Externships for youth ages 16-24. Through the partnership between CAP and San Diego Workforce Partnership (SDWP), socially and economically disadvantaged youth are recruited to the program and offered supportive services to ensure their success. By fostering employment readiness and real-life work experience, the Connect2Careers program offers a long-term intervention that can support increased earnings throughout the course of the participants' lives.
 - The *Live Well San Diego* Exchange, a mediation curriculum designed to teach conflict management skills to individuals and funded by CAP to target vulnerable populations throughout the region, including at-risk youth. Through training, youth develop important life skills that allow them to better communicate at home, in school and with potential employers. The training also provides tools so that they can mediate conflicts peacefully.
 - The Gang Prevention and Community Response services offered in three gang-impacted regions in San Diego County and focusing on outreach to at-risk youth to receive mentoring and other support to prevent gang involvement.
- 9. Describe how your agency will provide employment and training activities. If your agency uses CSBG funding to provide employment and training services, describe the coordination of employment and training activities as defined in Section 3 of the Workforce and Innovation and Opportunity Act [29 U.S.C. 3102]. (CSBG Act Section 676(b)(5))**

CAP oversees the Refugee Employment Services for newly arrived refugee families resettled to San Diego County. In this role, CAP contracts with local service providers to offer employment services that support removal of barriers to employment for refugee families, many of whom are also CalWORKs Welfare to Work participants. To maximize the services available to these families, CAP coordinates closely with the CalWORKs Welfare to Work Program housed in HHSA's Eligibility Operations Division. In addition to coordination with Welfare to Work, CAP collaborates with local refugee resettlement agencies responsible for providing employment services for newly arriving single adult refugees or couples without children to ensure all newly arriving refugees become self-sufficient as soon as possible.

CAP contracts with the local Workforce Investment Board, San Diego Workforce Partnership (SDWP), to provide youth employment services to socially and economically disadvantaged youth ages 16-24 through the Connect2Careers Program. Connect2Careers is also supported by funding from the City of San Diego.

Services offered through the Communities in Action Program include referrals to local employment services programs to help support obtaining and maintaining/improving employment for low income individuals and families throughout San Diego. Communities in Action contractors will establish collaborative partnerships to ensure warm referrals to local employment services programs and organizations that can help support employment outcomes (e.g. child care and adult education programs). Communities in Action program contractors will establish partnerships with SDWP and their contractors funded through Workforce Investment and Opportunity Act (WIOA) dollars, which may include local One-Stop Centers and other community-based organizations providing employment services.

10. Describe how your agency will provide emergency supplies and services, nutritious foods, and related services to counteract conditions of starvation and malnutrition among low-income individuals.

(CSBG Act Section 676(b)(4))

Emergency food and nutrition services will be available as stabilization supports to individuals and families participating in the Communities in Action Program. Communities in Action providers will also help participating families access income supports, including CalFresh benefits, to help ensure that they have the resources needed to purchase healthy and affordable food.

Resident Leadership Academy (RLA) Community Improvement Projects supported through the Communities in Action Program may address policy and environmental barriers to food access – RLAs facilitated outside of the Communities in Action Program will continue to be able to access training and technical assistance through the RLA Council meetings, which can also support other efforts to address food access by residents throughout the region.

11. Describe how your agency 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 XVI (relating to low-income home energy assistance) are conducted in the community.

(CSBG Act Section 676(b)(6))

CAP participates in statewide councils and advisory groups related to antipoverty programs, including the Community Services Block Grant (CSBG) Advisory Council (CAC), the CSBG Working Group, the County Refugee Coordinators meetings and the State Advisory Council on Refugee Services. Through participation in these groups, CAP staff ensure that the interests and priorities of San Diego County's low-income communities are elevated, and that CAP can coordinate with other communities, when necessary.

Through its Communities in Action Contracts, CAP will leverage a private resource with the local San Diego Gas and Electric's (SDG&E) Care Program. The Care Program extends discounts to income eligible SDG&E customers. Communities in Action participants will be referred to the CARE program and assisted with on-line applications.

**12. Describe how your agency will use funds to support innovative community and neighborhood-based initiatives, which may include fatherhood and other initiatives, with the goal of strengthening families and encouraging effective parenting.
(CSBG Act Section 676(b)(3)(D))**

The Communities in Action program offers Education and Development classes, including focus on K-12 Supplemental Education, Literacy, Basic Education and Wellness. Recognizing the importance of offering activities for the entire family, Communities in Action ensures that at least two of the Education and Development Activities offered through the program will be intergenerational in nature, so that families can participate together and support family strengthening efforts. In addition, the Family Support Services Program at O'Farrell Charter School conducts family and community events, including workshops focused on the importance of fathers in supporting positive education outcomes.

Monitoring

(CSBG Act Section 678D(a)(1)(B))

1. Describe your agency's specific monitoring activities and how they are related to establishing and maintaining the integrity of the CSBG program, including your process for maintaining high standards of program and fiscal performance.

Community Action Partnership (CAP) monitors its programs and services through contractor performance monitoring which provides information on whether goals and objectives are being met. This process also allows CAP staff to identify problems, barriers, or systemic factors that service providers may be encountering in serving the target population. By monitoring contractors' performance through desk audits and annual site visits, staff can determine if the program design is having the intended impacts on the low-income families served through CAP programs. In addition, as a part of contract monitoring, CAP ensures fiscal integrity by aligning expenditures against program outcomes and ensuring that contractor claims are 1) accurate and 2) supporting the overarching goals of CAP and the Community Services Block Grant (CSBG).

2. If your agency utilizes subcontractors, please describe your process for monitoring the subcontractors. Include the frequency and type (i.e., onsite, desk review, or both)

CAP develops and follows a monitoring plan for all contracts to ensure compliance with contract provisions and integrity to the goals and outcomes related to CSBG and all other revenue sources through the following methods:

- Site Visits - Staff visit contractors and project sites regularly 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.
- Desk Reviews – Reviews of Quarterly or Monthly Progress Reports are conducted 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 performance-based contracting, the payment structure parallels the performance work statement. Payments are closely aligned with the outcomes. Therefore, CAP's monitoring system 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.

**3. Describe how your agency ensures that cost and accounting standards of the Office of Management and Budget (OMB) are maintained.
(CSBG Act Section 678D(a)(1)(B))**

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 of San Diego'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.

Health and Human Services Agency (HHSA) has an internal Agency Contract Support (ACS) division that conducts fiscal reviews of contractors and 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 are for allocable, reasonable and verifiable costs or outcomes specified in their contracts. The County of San Diego verifies that funds paid to contractors for services provided under contracts are properly claimed and documented.

Data Analysis and Evaluation

(Organizational Standards 4.3, 4.4)

(CSBG Act Section 676(b)(12))

1. **Describe your methods for evaluating the effectiveness of programs and services, including the frequency of evaluations.**
(Organizational Standard 4.3)

Community Action Partnership (CAP) regularly reviews data to ensure services are addressing the priorities of the communities being served and meeting anticipated outcomes. When data indicates that changes to programs or services are needed, CAP takes action and continues to evaluate for impact. Evaluation happens at the following levels:

- **Strategically:** As a part of the County of San Diego Health and Human Services Agency (HHSA) , CAP completes an annual Strategic Review Process that includes 1) assessment of current programs and operations 2) completion of an environmental scan 3) Strengths Weaknesses Opportunities Threat (SWOT) analysis 4) identification of strategic advantages and challenges 5) setting of priorities for the year in alignment with the County of San Diego Strategic Plan.
- **Operationally:** CAP does not provide direct services, but it does work closely with contracted service providers to ensure that the day to day operations of its programs run smoothly. CAP

- collects and monitors outcome data from all service contractors to determine if progress is being made towards the goal of the program and whether there are any risks that need to be mitigated. CAP engages professional evaluation services when appropriate to better gauge whether services are having the intended impact on the individuals and communities they serve.

2. Describe how your agency ensures that updates on the progress of strategies included in your CAP are communicated to your board annually.

(Organizational Standard 4.4)

CAP provides updates on the progress of strategies on an annual basis following the completion of the Community Services Block Grant (CSBG) Annual Report. The report to the Community Action Board (CAB) shows results for the previous Calendar Year for strategies identified in the current CAP Plan, in alignment to the goals in the CAP Strategic Plan. The CAB is provided a document, which is reviewed as a presentation by the Program Director and which is then posted to the CAP website following the CAB presentation.

3. Provide 2-3 examples of changes made by your agency to improve service delivery to enhance the impact for individuals, families, and communities with low-incomes based on an in-depth analysis of performance data.

(CSBG Act Section 676(b)(12))

CAP regularly reviews data to ensure services are addressing the priorities of the communities being served and meeting anticipated outcomes. When data indicates that changes to programs or services are needed, CAP takes action and continues to evaluate for impact. Examples of changes CAP has made as a result of analysis of data include:

- Resident Leadership Academy Council – CAP analyzed attendance of the RLA Council meetings and recognizing a low participation rate, determined a need to solicit more attendee feedback on the format of the meetings and services offered through the contract. In Spring 2018, CAP initiated a survey of the RLA network to solicit that feedback and based on results obtained, the RLA Council contractor (CHIP) began making changes to the meeting structure that has improved overall attendance. CAP plans to use this feedback to help structure its next solicitation for RLA capacity building services.
- *Live Well San Diego* Exchange Circles – Community feedback through the Community Needs Assessment and through the County Budget Hearings highlighted the interest in supporting restorative practices (improving/repairing relationships to build healthy communities and increase social capital.) CAP looked for unique opportunities to support the goal of expanding restorative work in the region with its unique focus on increasing civic engagement in low-income communities. Working with its Exchange contractor, National Conflict Resolution Center, CAP implemented Exchange Community Circles to create spaces where residents could share their perspectives and hear the perspectives of others on “difficult” topics. As part of the pilot process, an evaluation was conducted looking at pre and post training surveys as well as participants’ evaluation of the circle experience. Results of the evaluation demonstrate participants increased

self-awareness and self-control, both important to tackling issues collaboratively. They also increased their belief in the effectiveness of community problem solving. Because of the pilot and the positive evaluation findings, CAP continues to look for opportunities to implement Exchange Community Circles to support restorative practices in low-income communities.

Appendix A

Organizational Standards

MAXIMUM FEASIBLE PARTICIPATION

CATEGORY ONE: CONSUMER INPUT AND INVOLVEMENT

Standard 1.1 The organization/department demonstrates low-income individuals' participation in its activities.

Standard 1.2 The organization/department analyzes information collected directly from low-income individuals as part of the community assessment.

Standard 1.3 The organization/department has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.

CATEGORY TWO: COMMUNITY ENGAGEMENT

Standard 2.1 The organization/department has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty organizations in the area.

Standard 2.2 The organization/department utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.

Standard 2.3 The organization/department communicates its activities and its results to the community.

Standard 2.4 The organization/department documents the number of volunteers and hours mobilized in support of its activities.

CATEGORY THREE: COMMUNITY ASSESSMENT

Private Agency - Standard 3.1: Organization conducted a community assessment and issued a report within the past 3-year period.

Public Agency - Standard 3.1: The organization/department conducted a community assessment and issued a report within the past 3-year period, if no other report exists.

Standard 3.2: As part of the community assessment the organization/department collects and analyzes both current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).

Standard 3.3: The organization/department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.

Standard 3.4: The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.

Standard 3.5: The governing board or tripartite board/advisory body formally accepts the completed community assessment.

VISION AND DIRECTION

CATEGORY FOUR: ORGANIZATIONAL LEADERSHIP

Standard 4.2: The organization's/department's Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.

Standard 4.3: The organization's/department's Community Action Plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle. In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.

Standard 4.4: The tripartite board/advisory body receives an annual update on the success of specific strategies included in the Community Action Plan.

CATEGORY FIVE: BOARD GOVERNANCE

Standard 5.1: The organization's/department's tripartite board/advisory body is structured in compliance with the CSBG Act

Standard 5.2: The organization's/department's tripartite board/advisory body either has:

1. Written procedures that document a democratic selection process for low-income board members adequate to assure that they are representative of the low-income community, or
2. Another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs.

Appendix B

State Assurances

[California Government Code 12747](#) (a): Community action plans shall provide for the contingency of reduced federal funding.

[California Government Code § 12760](#): CSBG agencies funded under this article shall coordinate their plans and activities with other agencies 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.

[California Government Code §12768](#): Migrant and Seasonal Farmworker (MSFW) entities funded by the department shall coordinate their plans and activities with other agencies funded by the department to avoid duplication of services and to maximize services for all eligible beneficiaries.

Appendix C

Federal Assurances and Certification

CSBG Services

676(b)(1)(A) *The State will assure “that funds made available through grant or allotment will be used –*

(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) to 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);*
- (ii) secure and retain meaningful employment;*
- (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;*
- (iv) make better use of available income;*
- (v) obtain and maintain adequate housing and a suitable environment;*
- (vi) obtain emergency assistance through loans, grants or other means to meet immediate and urgent family individual needs; and*
- (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;*
- (I) document best practices based on successful grassroots partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners to;*
- (II) strengthen and improve relationships with local law enforcement agencies, which may include participation in activities such as neighborhood or community policing efforts;*

Needs of Youth

676(b)(1)(B) *The State will assure “that funds made available through grant or allotment will be used-*

(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); and*
- (ii) after-school child care programs;*

Coordination of Other Programs

676(b)(1)(C) *The State will assure “that funds made available through grant or allotment will be used to make more effective use of, and to coordinate with, other programs related to the purposes of this subtitle (including State welfare reform efforts*

Eligible Entity Service Delivery System

676(b)(3)(A) *a description of the service delivery system, for services provided or coordinated with funds made available through grants made under section 675C9(a), targeted to low-income individuals and families in communities within the State*

Eligible Entity Linkages – Approach to Filling Service Gaps

676(b)(3)(B) *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.”*

Coordination of Eligible Entity Allocation 90 Percent Funds with Public/Private Resources

676(b)(3)(C) *a description of “how funds made available through grants made under 675C(a) will be coordinated with other public and private resources.”*

Eligible Entity Innovative Community and Neighborhood Initiatives, Including Fatherhood/Parental Responsibility

676(b)(3)(D) *a description of “how the local entity will use the funds [made available under 675C(a)] 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 parenting.”*

Eligible Entity Emergency Food and Nutrition Services

676(b)(4) *“An assurance that eligible entities in the State 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.”*

State and Eligible Entity Coordination/linkages and Workforce Innovation and Opportunity Act Employment and Training Activities

676(b)(5) *“An assurance that the State and eligible entities in the State will coordinate, and establish linkages between, governmental and other social services programs to assure the effective delivery of such services, and [describe] how the State and the eligible entities will coordinate the provision of employment and training activities, as defined in section 3 of the Workforce Innovation and Opportunity Act, in the State and in communities with entities providing activities through statewide and local workforce development systems under such Act.”*

State Coordination/Linkages and Low-income Home Energy Assistance

676(b)(6) *“An assurance that the State will ensure coordination between antipoverty programs in each community in the State, and ensure, where appropriate, that emergency energy crisis intervention programs under title XXVI (relating to low-income home energy assistance) are conducted in such community.”*

Coordination with Faith-based Organizations, Charitable Groups, Community Organizations

676(b)(9) *“An assurance that the State and eligible entities in the State 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.”*

Eligible Entity Tripartite Board Representation

676(b)(10) *“An assurance that “the State will require each eligible entity in the State 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.”*

Eligible Entity Community Action Plans and Community Needs Assessments

676(b)(11) *“An assurance that the State will secure from each eligible entity in the State, as a condition to receipt of funding by the entity through a community services block grant made under this subtitle for a program, a community action plan (which shall be submitted to the Secretary, at the request of the Secretary, with the State plan) that includes a community-needs assessment for the community served, which may be coordinated with community-needs assessments conducted for other programs.”*

State and Eligible Entity Performance Measurement: ROMA or Alternate system

676(b)(12) *“An assurance that the State and all eligible entities in the State will, not later than fiscal year 2001, participate in the Results Oriented Management and Accountability System, 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 [describe] outcome measures to be used to measure eligible entity performance in promoting self-sufficiency, family stability, and community revitalization.”*

Appendix D
Community Needs Assessment



Community Action Partnership 2018 Community Needs Assessment

Executive Summary

Every two years, the County of San Diego Health and Human Services Agency (HHSA) Community Action Partnership (CAP) develops a service plan (CAP Plan) informed through a Community Needs Assessment centered on capturing the voice of the customer. Through this process, priority countywide needs are identified that focus the direction of CAP's investment of resources, including the use of San Diego County's allocation of Community Services Block Grant (CSBG) funding. Through feedback from the last two Community Needs Assessments, CAP has focused efforts towards strategies that empower individuals, families and communities to identify and solve barriers to the vision of *Live Well San Diego* (a region that is Building Better Health, Living Safely and Thriving) in low-income communities throughout the region.

In preparation for the 2020-21 CAP Plan, CAP completed a Community Needs Assessment over the period of October 2018 – February 2019 designed to refresh its understanding of service priorities. Working with contractor Arboreta Group LLC (Arboreta) and regional community-based organizations identified by Arboreta as subject matter experts, CAP embarked on a process that included the following actions:

- Identification and analysis of key community indicators important to the description of the service area factors related to poverty and aligned to the regional vision of *Live Well San Diego*;
- Outreach to low-income residents and other key stakeholders in the HHSA Service Regions to provide direct input regarding needs and priorities of low-income communities. Input was solicited through:
 - Surveys
 - Public Forums
- Analysis of quantitative and qualitative data collected by CAP staff and approval of findings by the Community Action Board.

The survey asked respondents to rate level of importance on a list of community resources ranging from access to healthcare to opportunities to start a small business. Respondents were also asked to rate their level of satisfaction with the current services available for those same issues. Countywide results reflect shared community priorities around safety resources (including safety at schools), access to health resources (ranging from healthcare to healthy food options), housing (affordability and quality) and economic inclusion (including support starting small businesses to financial literacy classes). Several of these same resources were rated among the highest in terms of satisfaction levels, particularly those related to access to health resources. Housing rated lowest in terms of satisfaction, reflecting a significant gap between community priorities and existing resources. Also rating low in terms of satisfaction include small business support, help addressing drug and gang activity and financial literacy classes.

Public forums hosted throughout the County were structured around identifying ideas to promote the vision of *Live Well San Diego* (Building Better Health, Living Safely, and Thriving) in San Diego County's economically disadvantaged neighborhoods. One hundred and ninety-nine (199) people participated in the forums county-wide. Community needs that were identified and prioritized in at least four of the six regions include: affordable housing, affordable recreation and exercise opportunities, healthy affordable food, improved access to physical and mental/behavioral health services, better community-police relations, and greater access to varied and low-cost educational opportunities.

Regional Profile

San Diego County is the southernmost major metropolitan area in the State of California. The region covers 4,621 square miles extending 75 miles along the Pacific Coast from Mexico to Orange County and inland 75 miles to Imperial County along the international border shared with Mexico. The region includes 18 incorporated cities as well as expansive unincorporated areas.

The majority of San Diego County's population is white (46.7%) or Hispanic (33.1%) and between the ages of 25-64 (53.8%), with near-equal division between males and females. Of the total population ages five years or older, 62.5% speak English Only, followed by 22.5% who are bi-lingual, 9.7% who speak Spanish only, 3.7% who speak an Asian Pacific Islander language only and 1.7% who speak another language only.

County of San Diego - Demographic Information			
	Number	Percent	
Total 2016 Population	3,253,356	100%	
Age Distribution			
Age 0-4	211,794	6.5%	
Age 5-14	395,252	12.1%	
Age 15-24	484,550	14.9%	
Age 25-44	951,666	29.3%	
Age 45-64	796,659	24.5%	
Age 65+	413,435	12.7%	
Gender Distribution			
Males	1,635,137	50.3%	
Females	1,618,219	49.7%	
Race/Ethnicity			
White	1,519,704	46.7%	
Hispanic	1,076,319	33.1%	
Black	154,251	4.7%	
Asian/Pacific Islander	383,095	11.8%	
Other Race/Ethnicity	119,987	3.7%	
Primary Language Spoken (Total Population Age 5+ years)			
English Only	1,899,704	62.5%	
Spanish Only	293,611	9.7%	
Asian/Pacific Islander Only	111,559	3.7%	
Other language Only	50,397	1.7%	
Bilingual	686,291	22.5%	

The Source: U.S. Census Bureau; 2012-2016 American Community Survey 5-Year Estimates,

According to data from the United States Department of Labor Bureau of Statistics (BLS) from November 2018, the San Diego region has a low unemployment rate of 3.2%, lower than the State of California's rate of 3.9%.

San Diego County Labor Force	
Civilian Labor Force	1,623,279
Employment	1,572,022
Unemployment	51,257
Unemployment Rate	3.2%

The Source: U.S. State Department of Labor Bureau of Labor Statistics Website (www.bls.gov)

San Diego County's employment base consists of high-wage earners at the top and low-wage earners at the bottom, with few middle-wage earners in between. This hourglass shaped economy represents a significant economic problem for the region and highlights the need to focus workforce development efforts to promote career pathways in Priority Sectors (sectors that exhibit high growth in number of job openings and strong wages). The five Priority Sectors in San Diego include 1) advanced manufacturing, 2) clean energy, 3) health care, 4) information and 5) communication technologies and life sciences.

Led by the local Workforce Investment Board, the San Diego Workforce Partnership (SDWP), regional partners have been strategizing to increase opportunities for individuals in typically underrepresented groups to get jobs in high-growth Priority Sectors. According to the SDWP October 2017 report "Priority Sectors: An Update on Labor Force and Training Needs", employer interviews and surveys across Priority Sectors revealed similar trends on hiring difficulties and importance employers place on applicant skill sets. Common reasons for hiring difficulty echoed across sectors included:

- Lack of industry-specific knowledge
- Small applicant pool
- Insufficient certifications

Continued growth in these sectors will depend on the ability to get qualified candidates. Cultivating qualified candidates will require collective work among all sectors (including employers themselves) to provide relevant experience, especially among those job seekers that may not typically consider these Priority Sector jobs.

The high cost of living in the San Diego region emphasizes the need to increase family income to achieve self-sufficiency – one third (33%) of working age families in San Diego County are living in economic insecurity. The table below displays the true self-sufficiency standard for different family units to allow them to meet their basic needs living in San Diego County – the table also includes what the current Federal Poverty thresholds are, illustrating the considerable gap between what is considered living in poverty versus the true cost of living in the region.

San Diego County Self-Sufficiency Standard vs Federal Poverty Level					
	1 Adult	1 Adult + school age child	1 Adult + preschooler + school age	2 Adults + infant + preschooler	2 Adults + preschooler + 2 school age
U.S. Poverty Thresholds *	\$12,331	\$16,337	\$19,096	\$24,036	\$28,286
Yearly income needed to live self-sufficiently in San Diego County	\$27,942	\$47,407	\$66,145	\$88,616	\$97,058
Hourly wage needed per adult to reach Self-Sufficiency Standard**	\$13.23	\$22.45	\$31.32	\$20.98 each	\$22.98 each

2017 Making Ends Meet Report - Center on Policy Initiatives

*Families are officially in poverty when yearly income is below the threshold for the family size. This table shows just a few examples of family composition.

** These are the wages needed if the adults work full-time all year. Higher hourly rates are needed if working fewer hours.

Community Action Partnership and Live Well San Diego

Community Action Partnership (CAP) is a public community action agency, within the San Diego County Health and Human Services Agency (HHS) organizational structure and is housed within Integrative Services' Economic Inclusion Team. HHS provides critical public health services to the general population of over 3 million residents and an array of social services to the roughly 750,000 recipients of federal, State and County funded programs like Medi-Cal, CalFresh, CalWORKs, Foster Care and Adoptions. HHS operates a regional service delivery system that recognizes the geographically and socially diverse assets and needs of the region. There are six (6) HHS designated regional service areas: Central Region, North Central Region, East Region, North Coastal Region, North Inland Region and South Region. CAP provides programs countywide to address priority issues in low-income communities through regional service delivery contracts in each of the HHS designated regions.

In 2010, the County Board of Supervisors adopted the *Live Well San Diego* vision of a region of 3.2 million residents that is Building Better Health, Living Safely and Thriving. Based on a foundation of community involvement, *Live Well San Diego* includes three components: *Building Better Health*, adopted on July 13, 2010; *Living Safely*, adopted October 9, 2012; and *Thriving*, adopted October 21, 2014. Collaboration on *Live Well San Diego* has spread not only across all the County business groups, but throughout the community, including cities and tribal governments; diverse businesses, including healthcare and technology; military and veterans' organizations; schools; and community and faith-based organizations. Most importantly, *Live Well San Diego* is about empowering residents to take positive actions to improve their own health, safety and well-being, as well as the quality of life in their communities.

Live Well San Diego unites the County and its partners under a shared vision – progress towards achieving the vision is measured across a person's lifespan within 5 Areas of Influence. The 5 Areas of Influence are as follows:

AREAS OF INFLUENCE

**HEALTH**

Enjoying good health
and expecting to live
a full life

**KNOWLEDGE**

Learning throughout
the lifespan

**STANDARD OF LIVING**

Having enough
resources for a quality
life

**COMMUNITY**

Living in a clean and
safe neighborhood


**SOCIAL**



Helping each other to
live well



Live Well San Diego serves as the foundation for bringing partners together to discuss common goals and complementary strategies to work towards the shared vision. CAP continues to cultivate to strengthen the collective impact surrounding strategies for economic inclusion in the region, so that all San Diegans are healthy, safe and thriving.

Community Indicators

The key community indicators below are from the County of San Diego's *Live Well San Diego* Open Data Portal (www.livewellsd.org) and include data identified to best measure regional progress across the *Live Well San Diego* Areas of Influence. Data is presented at the countywide level and grouped according to the corresponding Area of Influence – when available, comparison data for California and the U.S. is provided. Additional data related to local poverty has been included from the American Community Survey 5-year estimates during the 2013-2017 period.

Indicator	Measure	San Diego	CA	U.S.
 HEALTH	<i>Health – Enjoying good health and expecting to live a full life</i>			
Life Expectancy Measure of length and duration of life	Life Expectancy Measure of length and duration of life	82.1 yrs.	N/A	78.8 yrs.
Cigarette Smoking	Percent of population who smoked cigarettes in the last 12 months	14%	14.3%	17.8%
Exercise	Percent of population spending 2 or more hours exercising per week	57.5%	54.8%	50.6%
Doctor Visits	Percent of population having visited a doctor in the last 12 months 6 or more times	29.2%	28.3%	29.7%
Quality of Life	Percent of population that is sufficiently healthy to be able to live independently (not including those who reside in nursing homes or other institutions)	94.8%	94.5%	94.2%

 KNOWLEDGE	<i>Knowledge – Learning throughout the lifespan</i>			
High School Diploma or Equivalent	Percent of population with a High School Diploma or Equivalent	85.8%	82.1%	87%
Less Than a High School Diploma or Equivalent	Percent of population with less than a High School Diploma or Equivalent	14.2%	17.9%	13%
Bachelor's Degree	Percent of population with a bachelor's degree	35.2%	32%	30.3%
Graduate or Professional Degree	Percent of population with a Graduate or Professional Degree	13.5%	11.9%	11.5%
School Enrollment	Percent of combined gross school enrollment of school aged population	91%	91%	88.3%
 STANDARD OF LIVING	<i>Standard of Living – Having enough resources for a quality of life</i>			
Poverty Rate (At/Below FPL) – Total Population	Percent of total population living below the Federal Poverty Level (FPL)	13.3%	15.1%	14.6%
Poverty Rate (At/Below FPL) – Families with children	Percent of total population of families with children living below the Federal Poverty Level (FPL)	9.5%	16.7%	16.7%
Poverty Rate (At/Below FPL) – Female Head of Household Families	Percent of the families living below the Federal Poverty Level (FPL) that are headed by a female householder	23.5%	26%	28.8%
Poverty Rate (At/Below FPL) – Children	Percent of children ages 0-18 living below the Federal Poverty Level (FPL)	17.1%	20.8%	20.3%
Poverty Rate (At/Below FPL) – Seniors	Percent of Seniors age 65 and over living below the Federal Poverty Level (FPL)	9%	10.2%	9.3%
Unemployment Rate (5-Yr Trend)	Percent of total labor force that is unemployed (activity seeking employment and willing to work)	8%	8.7%	7.4%
Spending less than 1/3 Income on Housing	Percent of population spending less than 1/3 of income on housing	52.9%	54.4%	63.7%
Per Capita Income	Population Per Capita Income	\$33,077	\$31,458	\$29,829
Median Household Income	Population Median Household Income	\$71,758	\$63,783	\$55,322
Checking Accounts	Percent of population with an interest or non-interest checking account	59.3%	56.1%	59%
Savings Accounts	Percent of population with a savings account	60.8%	57.9%	58.3%

 COMMUNITY	Community – Living in a clean and safe neighborhood			
Crime Rate	Number of crimes per 100,000 people (all crimes, including violent and property)	2,032.6	2,946	2,745.1
Violent Crime Rate	Number of violent crimes per 100,000 people (includes murder and non-negligent manslaughter, forcible rape, robbery and aggravated assault)	337.1	449.3	382.9
Property Crime Rate	Number of property crimes per 100,000 people (includes burglary, larceny-theft, and motor vehicle theft)	1,695.5	2,496.7	2,362.2
Unintentional Injuries	Number of unintentional injuries per 100,000 people	5,818.5	N/A	N/A
Perception of Safety	Percent of population that feels safe in their neighborhood	91.6%	N/A	N/A
Distance to Park or Community Spaces	Percent of population living within a quarter mile of a park or community space	61.3%	N/A	N/A
Access to Community Spaces	Percent of population living within a quarter mile of a park or community space that is greater than 300 sq. ft per residence (dwelling unit)	53.2%	N/A	N/A
Recreational Facilities	Number of recreational facilities per 100,000 people	18.1	14.5	16.2
Public Transportation to Work	Percent of population taking public transportation to work	3.2%	5.2%	5.1%
Average Travel Time to Work	Average travel time to work for workers age 16 or older (in minutes)	25.4	28.4	26.1
 SOCIAL	Social – Helping each other to live well			
Food Insecurity	Percent of population with income 200 percent of poverty or less, who have experienced food insecurity	38.5%	44.5%	N/A
Lack of Health Insurance	Percent of population without health insurance, 18 to 64 years of age	9.2%	11.2%	16.4%
Linguistic Isolation	Percent of population isolated because they are unable to communicate effectively in English	7.5%	9.4%	4.5%
Internet Access	Percent of population who have access to Internet at home using a computer	90.8%	89.3%	88.1%
Voted in the last Presidential Election	Percent of residents registered to vote who voted in the 2016 presidential election	81.5%	75.3%	87.3%
Voted in Federal/State/Local Election	Percent of population who voted in Federal, State or local elections in the last 12 months	43.8%	40.9%	44.9%

Volunteerism	Percent of residents who volunteer	25.5%	25.4%	30.3%
Volunteered for a charitable organization	Percent of population who volunteered for a charitable organization in the last 12 months	17.4%	16.2%	17%

What does the data tell us? There are several key indicators in which San Diego County (County) residents compare favorably to state and national rates. For example, County residents have a slightly longer life expectancy, have fewer individuals and families living below the Federal Poverty Level, experience less crime, and have more residents volunteering in their communities. In many instances, County indicators compare similarly to the same indicators at the State or national levels, varying by only a few percentage points.

Although the data comparisons do not show large differences between State and national outcomes, there continue to be opportunities to improve at the local level. To ensure that residents are enjoying good health, focus can be paid to incorporating health into policies and community planning efforts to improve access to healthy food, create safe and active communities where people can enjoy the beautiful natural environment of the region, and increase tobacco and drug-free environments. To do that effectively, residents (including those living in low-income communities) must be engaged and connected within their neighborhoods and supported in their efforts to work with other stakeholders in identifying problems and developing effective solutions. Of course, residents need to have their basic needs met to successfully take on community improvement projects, so inclusive economic development continues to be critical to ensuring that there are career pathways for living wage jobs in the region and that there are also adequately trained pools of employees available to fill them.

Input to the Community Needs Assessment

The process of collecting community input for the Community Needs Assessment conducted in 2018 consisted of surveys (both paper and online formats) and community forums, with both strategies emphasizing outreach to low-income residents and other key stakeholders (including community-based organizations, faith-based organizations, private sector, public sector, and educational institutions). CAP's contractor for the Community Needs Assessment process, Arboreta Group, LLC (Arboreta), subcontracted with six local Community Based Organizations (CBOs) with expertise in working in low-income communities and with community engagement strategies to assist with data collection. These organizations included:

- **Central Region** – Project New Village
- **East Region**– Newcomer Support and Development and El Cajon Collaborative/Little House
- **North Central Region** – Bayside Community Center
- **North Coastal Region** – Vista Community Clinic
- **North Inland Region** – Escondido Education COMPACT
- **South Region** – Casa Familiar

Data Collection Teams (Teams) were created through partnerships with these CBOs to gather the data for the Community Needs Assessment and to accomplish the following outcomes:

1. Gather community feedback framed with *Live Well San Diego's* vision of Building Better Health, Living Safely, and Thriving;
2. Identify service priorities and gaps in San Diego County's low-income communities;
3. Promote community relationship building through the process.

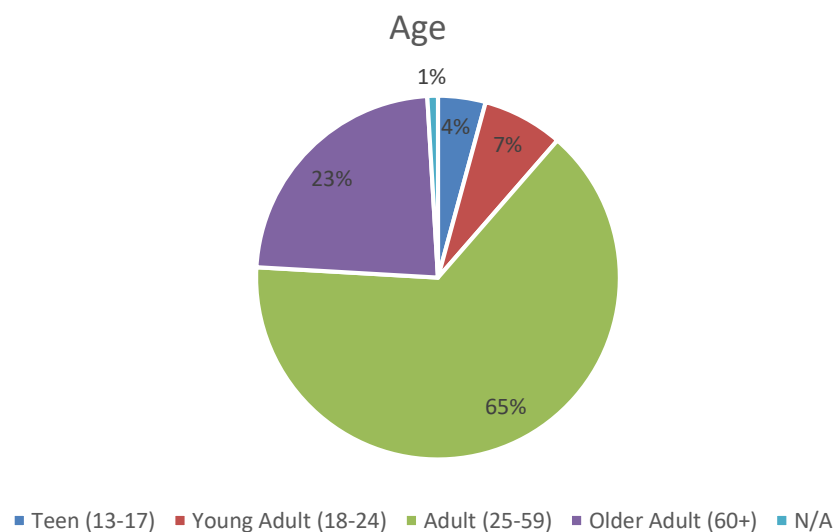
Through the Community Needs Assessment process, CAP engaged 1,093 individuals, including residents of low-income communities and other key stakeholders.



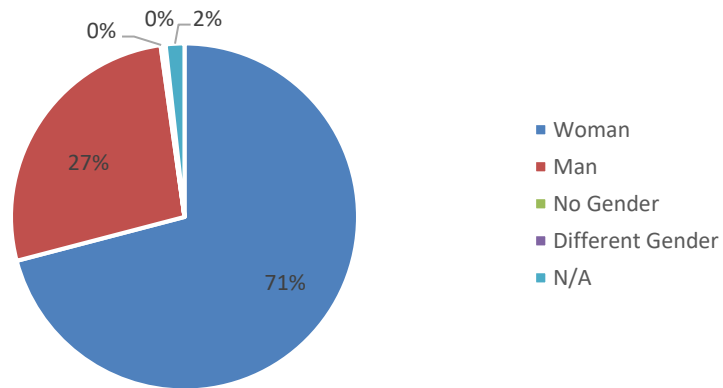
Results from the Community Needs Assessment, including regional highlights, are detailed below.

Countywide Survey: A survey was disseminated throughout the region by the Teams, focusing outreach to communities identified as having high concentrations of low-income residents. Teams used standard surveys provided by CAP that mirrored the survey administered as part of the 2014 Community Needs Assessment to update CAP's understanding of community service priorities and current level of satisfaction with existing services. A total of 894 participants completed the survey – countywide results are presented below, and regional results are presented in the “Regional Details” section of this report.

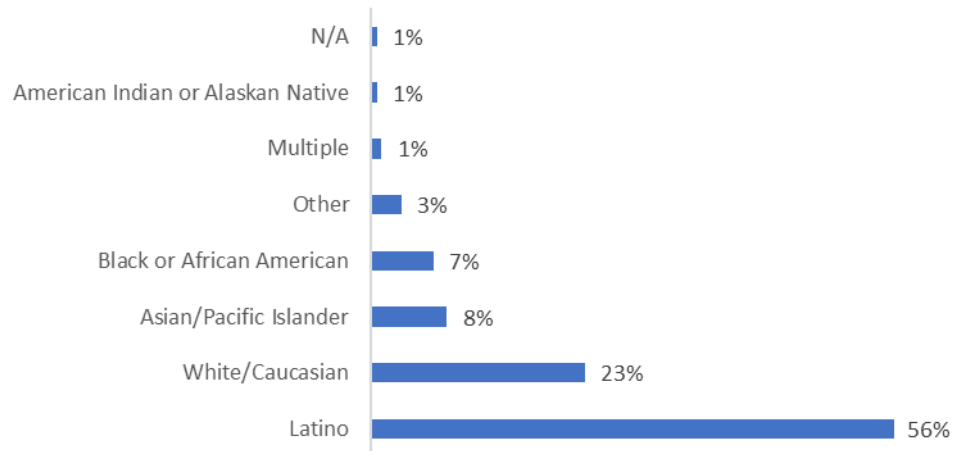
Survey respondents were asked to provide demographic data to help identify better who was responding to the survey. The tables below include the demographic information available from the 894 survey participants. Note responses of N/A reflect participants' selection to not provide information to the question.



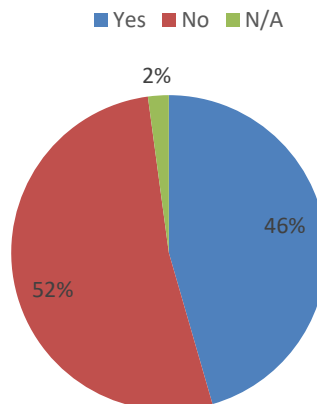
Gender Identity



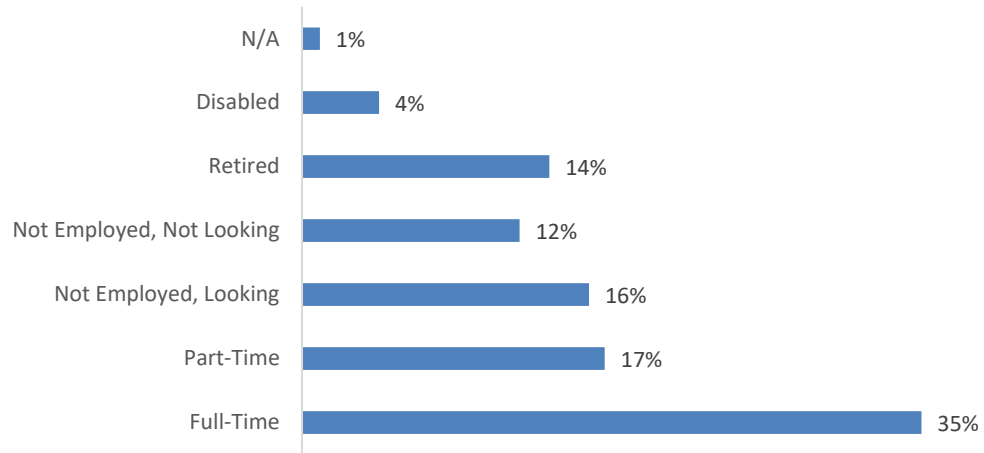
Race/Ethnicity



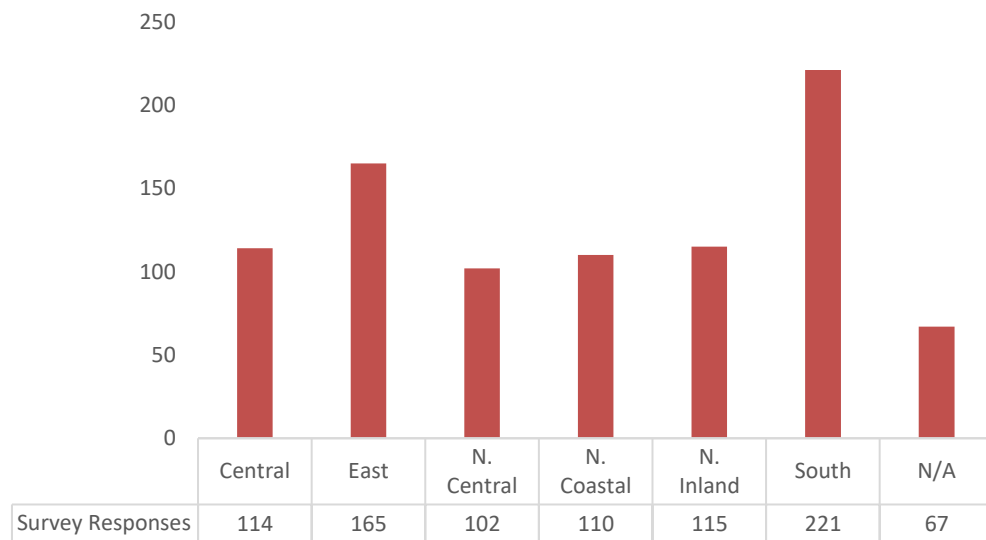
Children Under 18 in Home?



Employment Status



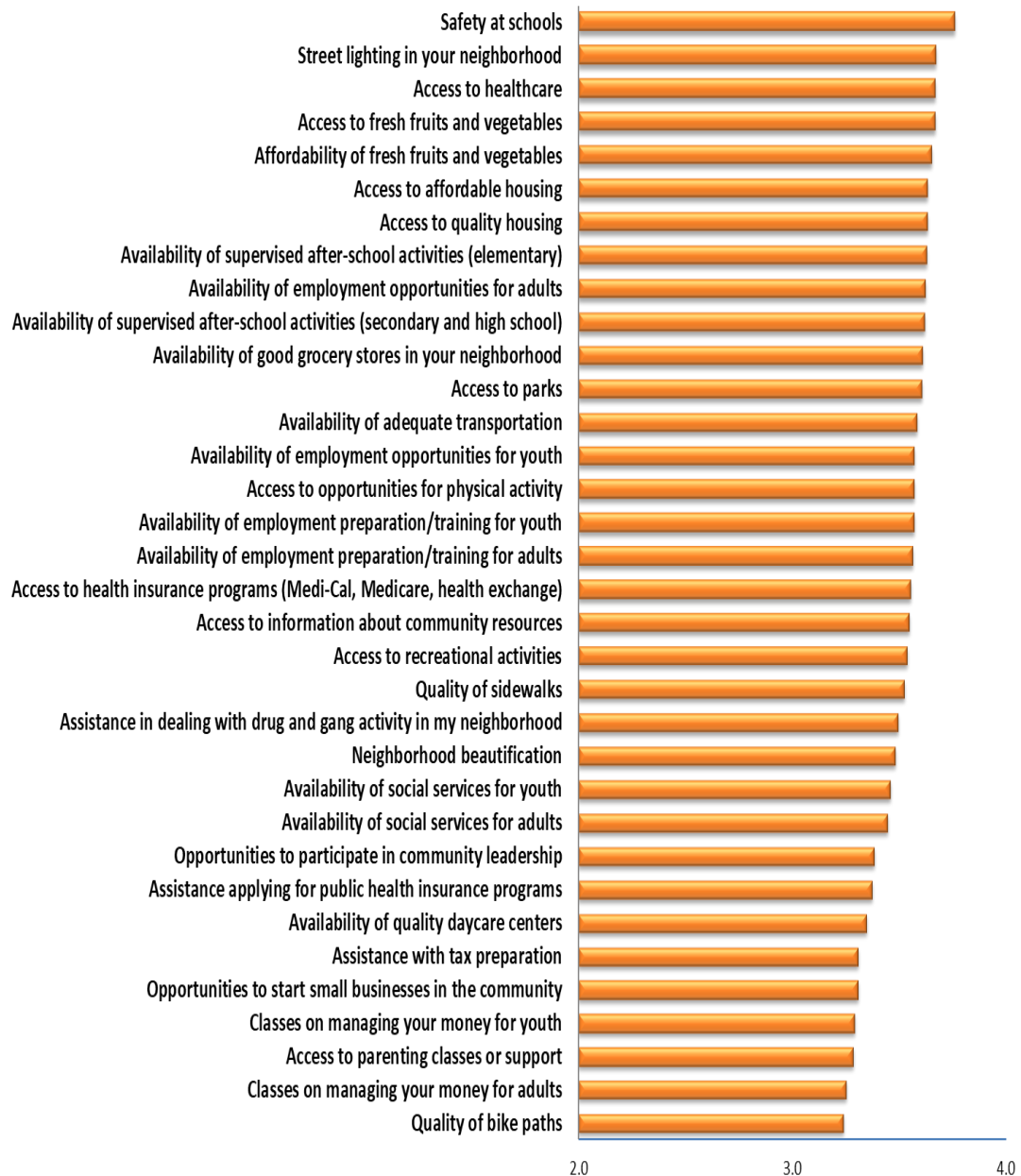
Participation by HHSA Region



Survey Responses

Priorities: The first question survey participants were asked was to rate a list of issues for their community by level of importance to help determine what the community prioritizes in terms of resources. Choices were rated on a score of 1-4, with 1 being “completely unimportant”, 2 being “unimportant”, 3 being “important” and 4 being “very important”. The graph below shows countywide results of that question.

Needs Assessment Survey - Countywide Priorities In Order of Importance



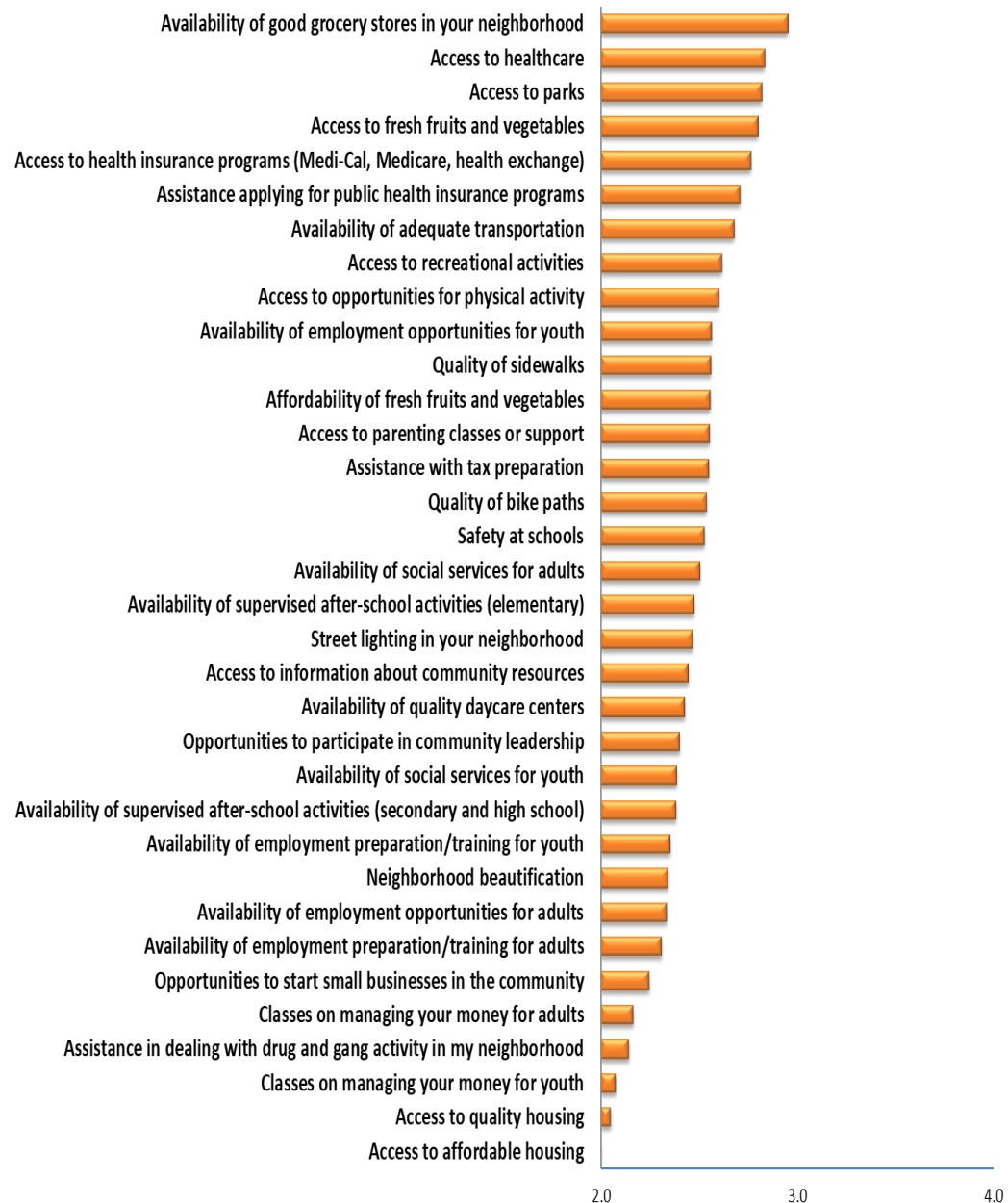
■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

Average response determined by using assigned response values and total number of responses per question

Satisfaction: The second question participants were asked was to rate the same list of issues for their community by level of satisfaction to help determine what current gaps exist in terms of resources. Choices were rated on a score of 1-4, with 1 being “completely unsatisfied”, 2 being “unsatisfied”, 3 being “satisfied” and 4 being “very satisfied”. The graph below shows countywide results of that question.

Needs Assessment Survey - Countywide Satisfaction of Services



■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

Average response determined by using assigned response values and total number of responses per question

Key Observations from Survey Results

Regarding survey respondents' priorities of services, no resources received an average score of less than 3, or "important". Similarly, when asked about current level of satisfaction of existing resources, no resource received an average score higher than 3, or "satisfied". Despite these results, slight differences can be seen in terms of both priorities and satisfaction.

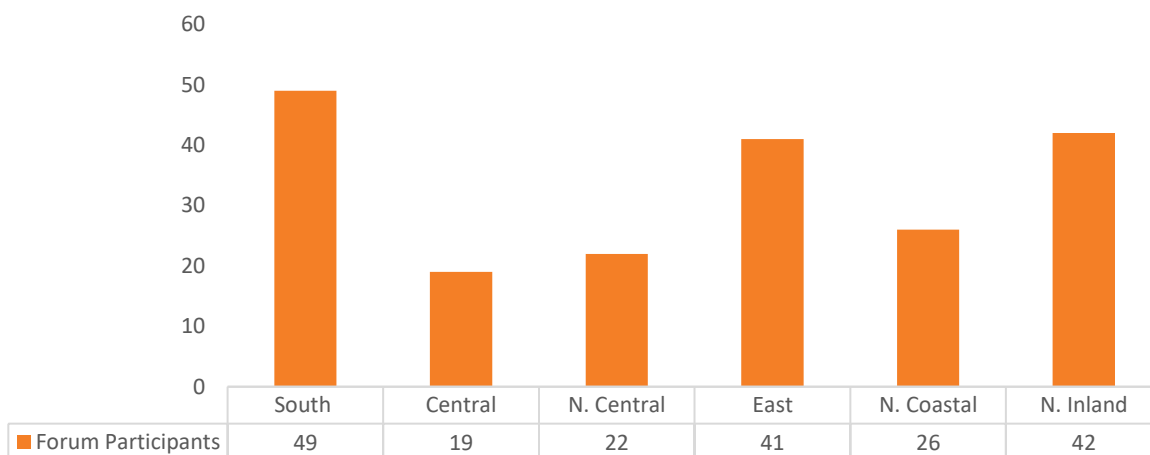
Many of the top-rated resources on the priority list were related to issues of safety, with school safety being rated the number one priority. Respondents also highlighted the importance of activities to keep young people busy, identifying after-school activities for both elementary-school-aged and older youth in the top ten resources. Access to health resources, particularly the availability of healthy food options, were also on the top of the list. Not surprisingly, housing (both affordability and quality) was identified as important.

Some of those resources ranked higher in terms of satisfaction, particularly those related to healthy food options and school safety. Resources related to housing ranked lowest on the list in terms of satisfaction, followed by resources related to income, including opportunities to start small businesses and financial literacy classes for both youth and adults. Resources to address drug and gang activity were also ranked low in satisfaction.

Public Forums

Public forums hosted throughout the County were structured around identifying ideas to promote the vision of *Live Well San Diego* (Building Better Health, Living Safely, and Thriving) in San Diego County's low-income communities. In four of six of the forums, the format was to start with a large group presentation to set the stage for the discussion followed by small group discussions organized at individual tables. In two regions where attendance at larger forums was challenging, small focus groups helped create a listing of community needs which were then shared with other community members at different convenings for additional input.

Forum Participation by HHSA Region



One hundred ninety-nine (199) people participated in the forums county-wide. Forum attendees represented a diverse cross section of the county, but overall participation in the forums did lean towards Adult (25-59), Latinas with children under the age of 18, and making under \$25,000 a year. Additional demographic information for forum participants is included in the table below.

Public Forum Demographics

Gender Identity		Women		Man	No Gender	Different Gender		NA
		129		56	1	1		6
Age	Teen (13-17)	Young Adult (18-24)		Adult (25-59)	Older Adult (60+)	NA		
	4	6		122	46	17		
Race/ Ethnicity	American Indian or Alaskan Native	Asian/ Pacific Islander	Black or African American	Latino	White/ Caucasian	Multiple	Other	NA
	0	10	24	101	38	3	7	11
Household Includes Children under 18	Yes		No		NA			
	94		70		25			
Employment Status	Employed Fulltime	Employed Part time	Not Employed, Looking	Not Employed, NOT Looking	Retired		Disabled	NA
	46	30	25	23	19		8	42
Income Level	Less than \$24,999		\$25K - \$49,999		\$50k - \$99,999		\$100,000+	NA
	89		48		10		4	42

Blank responses in submitted demographics sheets are listed as NA; those that did not submit a demographics sheet are not included in the NA counts below

The community concerns and solutions identified in each region were unique to that community, which is evident in the individual regional forum summaries found in the “Regional Details” section of this document. However, there were countywide trends in the community needs that were identified and in how they were prioritized. In many instances, themes from the public forums echoed feedback received from the survey process. For example, the issue of affordable housing was prioritized in the countywide survey and highlighted at five of the six public forums as a pressing concern. Access to resources to improve health were featured in both the survey results and the public forum dialogues, including the importance of health options for low-income residents, like access to fresh fruits and vegetables and opportunities for exercise.

Community needs that were identified and prioritized in at least four of the six regions are listed in the table below.

Public Forum Countywide Themes

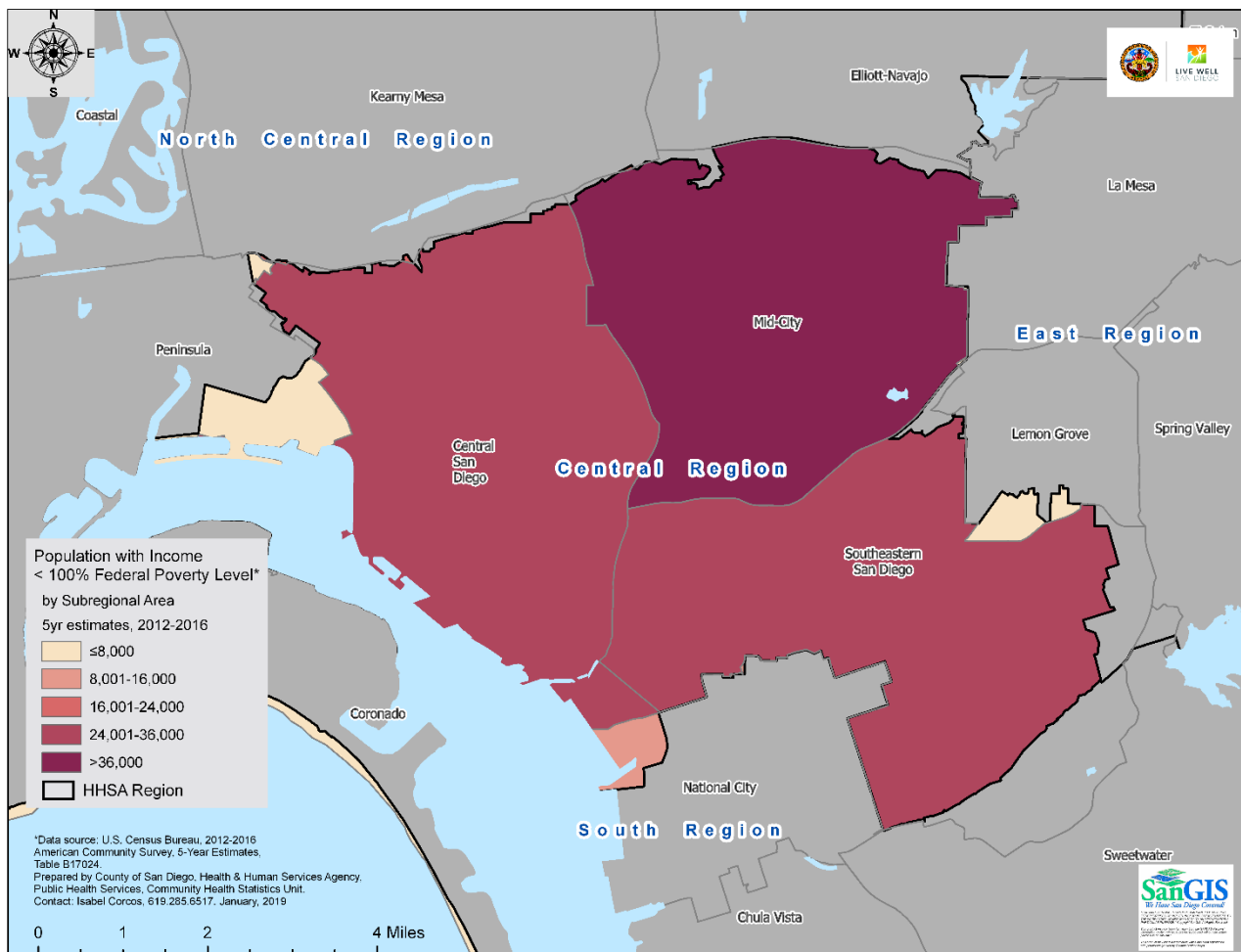
Community Need/Priority
Improved access to affordable housing (5 regions).
Improved access to safe, affordable recreation and exercise opportunities for diverse populations (5 regions).
Improved access to healthy, affordable food (4 regions).
Improved access to physical and mental/behavioral health services for diverse and low-income populations (4 regions).
Improved policing practices and better community-police relations ; i.e. greater police presence in some areas and curbing over-policing in others (4 regions).
Greater access to varied and low-cost educational opportunities , from language classes to how to start small businesses (4 regions).

Regional Details

HHSA administers programs through a regionalized service delivery system, considering the diverse populations, geography and other factors that make up the San Diego region. While CAP administers programs throughout the entire County of San Diego, regional factors are factored into program design and contract procurement decisions. The subsequent section breaks down the data collected through the Community Needs Assessment process by HHSA Service Region.

Central Region Details

- Data Team Subcontractor – Project New Village
- 19 Community Forum Participants
- 114 Completed Surveys



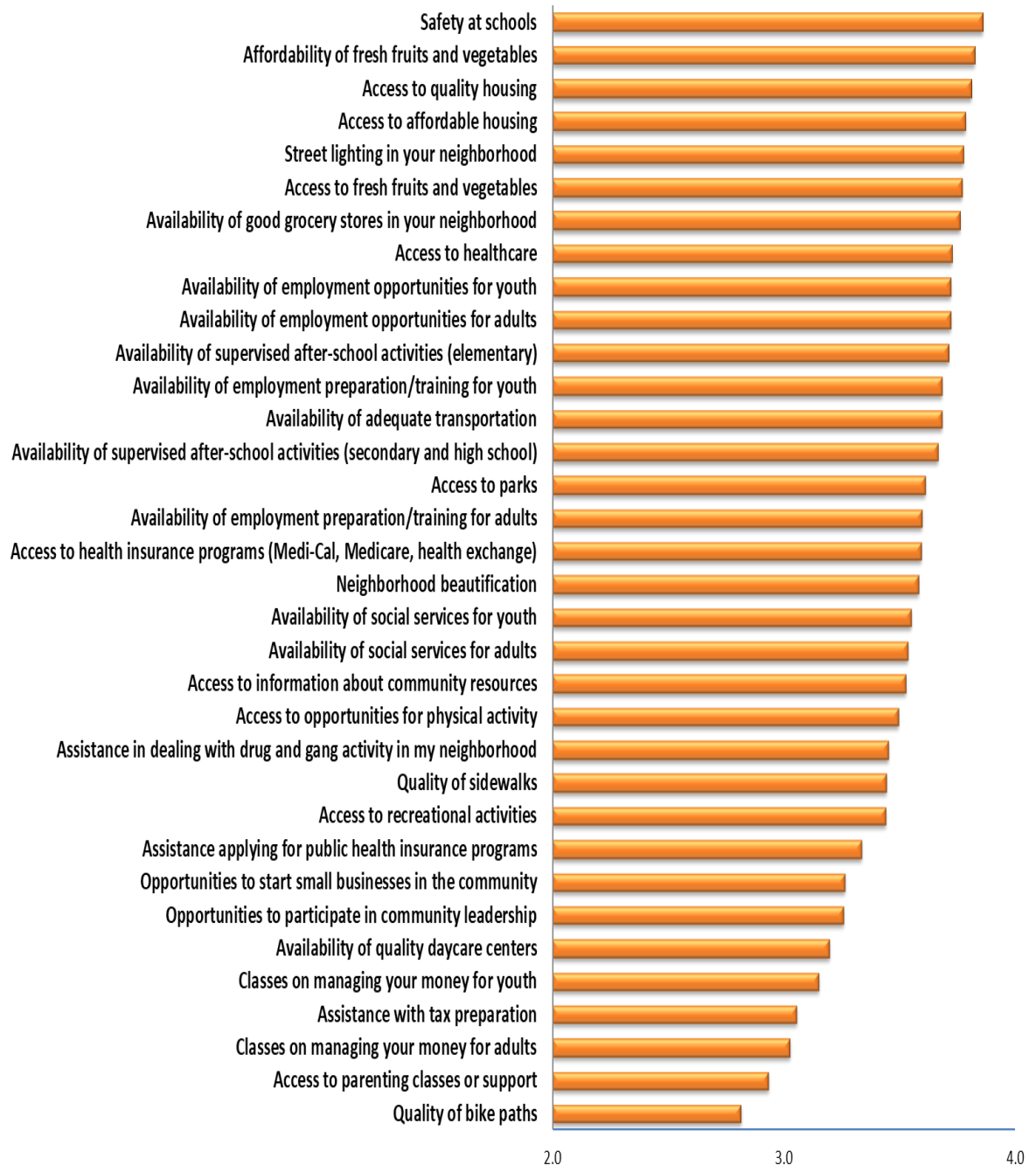
Indicator	Measure	Central Region	San Diego
HEALTH			
Life Expectancy Measure of length and duration of life	Life Expectancy Measure of length and duration of life	80.9 yrs.	82.1 yrs.
Cigarette Smoking	Percent of population who smoked cigarettes in the last 12 months	15.9%	14%
Exercise	Percent of population spending 2 or more hours exercising per week	52.2%	57.5%
Doctor Visits	Percent of population having visited a doctor in the last 12 months 6 or more times	25.2%	29.2%
Quality of Life	Percent of population that is sufficiently healthy to be able to live independently (not including those who reside in nursing homes or other institutions)	95%	94.8%
KNOWLEDGE			
High School Diploma or Equivalent	Percent of population with a High School Diploma or Equivalent	78.7%	85.8%
Less Than a High School Diploma or Equivalent	Percent of population with less than a High School Diploma or Equivalent	21.3%	14.2%
Bachelor's Degree	Percent of population with a bachelor's degree	29.4%	35.2%
Graduate or Professional Degree	Percent of population with a Graduate or Professional Degree	10.5%	13.5%
School Enrollment	Percent of combined gross school enrollment of school aged population	92%	91%
STANDARD OF LIVING			
Poverty Rate (At/Below FPL) – Total Population	Percent of total population living below the Federal Poverty Level (FPL)	22.1%*	13.3%
Poverty Rate (At/Below FPL)– Families with children	Percent of total population of families with children living below the Federal Poverty Level (FPL)	26.7%*	9.5%
Poverty Rate (At/Below FPL) – Female Head of Household Families	Percent of the families living below the Federal Poverty Level (FPL) that are headed by a female householder	N/A	23.5%
Poverty Rate (At/Below FPL) – Children	Percent of children ages 0-18 living below the Federal Poverty Level (FPL)	N/A	17.1%
Poverty Rate (At/Below FPL) – Seniors	Percent of Seniors age 65 and over living below the Federal Poverty Level (FPL)	N/A	9%
Unemployment Rate (5-Yr Trend)	Percent of total labor force that is unemployed (activity seeking employment and willing to work)	9.3%	8%
Spending less than 1/3 Income on Housing	Percent of population spending less than 1/3 of income on housing	48%	52.9%
Per Capita Income	Population Per Capita Income	\$28,018	\$33,077
Median Household Income	Population Median Household Income	\$53,523	\$71,758
Checking Accounts	Percent of population with an interest or non-interest checking account	51.2%	59.3%
Savings Accounts	Percent of population with a savings account	54.9%	60.8%

Indicator	Measure	Central Region	San Diego
COMMUNITY			
Crime Rate	Number of crimes per 100,000 people (all crimes, including violent and property)	N/A	2,032.6
Violent Crime Rate	Number of violent crimes per 100,000 people (includes murder and non-negligent manslaughter, forcible rape, robbery and aggravated assault)	N/A	337.1
Property Crime Rate	Number of property crimes per 100,000 people (includes burglary, larceny-theft, and motor vehicle theft)	N/A	1,695.5
Unintentional Injuries	Number of unintentional injuries per 100,000 people	7,249.9	5,818.5
Perception of Safety	Percent of population that feels safe in their neighborhood	83.8%	91.6%
Distance to Park or Community Spaces	Percent of population living within a quarter mile of a park or community space	78.1%	61.3%
Access to Community Spaces	Percent of population living within a quarter mile of a park or community space that is greater than 300 sq. ft per residence (dwelling unit)	57.9%	53.2%
Recreational Facilities	Number of recreational facilities per 100,000 people	N/A	18.1
Public Transportation to Work	Percent of population taking public transportation to work	5.9%	3.2%
Average Travel Time to Work	Average travel time to work for workers age 16 or older (in minutes)	24.9	25.4
SOCIAL			
Food Insecurity	Percent of population with income 200 percent of poverty or less, who have experienced food insecurity	41.7%	38.5%
Lack of Health Insurance	Percent of population without health insurance, 18 to 64 years of age	12.5%	9.2%
Linguistic Isolation	Percent of population isolated because they are unable to communicate effectively in English	10.6%	7.5%
Internet Access	Percent of population who have access to Internet at home using a computer	87.3%	90.8%
Voted in the last Presidential Election	Percent of residents registered to vote who voted in the 2016 presidential election	N/A	81.5%
Voted in Federal/State/Local Election	Percent of population who voted in Federal, State or local elections in the last 12 months	35.7%	43.8%
Volunteerism	Percent of residents who volunteer	N/A	25.5%
Volunteered for a charitable organization	Percent of population who volunteered for a charitable organization in the last 12 months	13.8%	17.4%

**Regional data on population, including families with children, below the federal poverty line is from the 2012-16 American Community Survey 5-Year Estimates*

Central Region Survey Results - Priorities (N=114)

Needs Assessment Survey - Central Region Priorities In Order of Importance



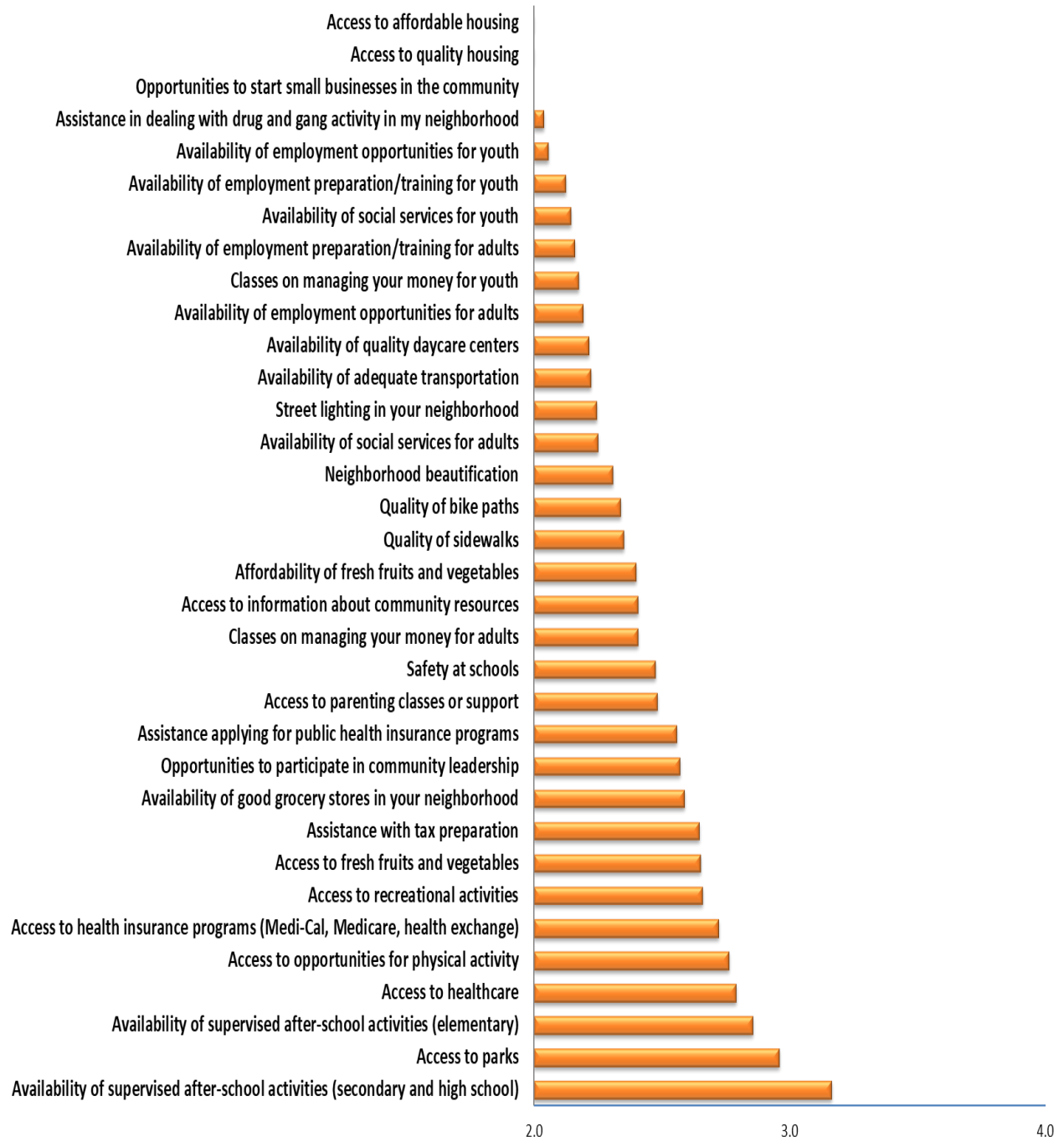
■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

Average response determined by using assigned response values and total number of responses per question

Central Region Survey Results – Satisfaction (N=114)

Needs Assessment Survey - Central Region Satisfaction of Services



■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

Average response determined by using assigned response values and total number of responses per question

Central Region Key Findings – Surveys

- Importance – Top three that scored highest:
 - Safety at schools
 - Affordability of fresh fruits and vegetables
 - Access to quality housing
- Satisfaction – Bottom three in terms of satisfaction:
 - Access to affordable housing
 - Access to quality housing
 - Opportunities to start a small business in the community

Central Region Public Forum

In Central Region, Arboreta Group LLC (Arboreta) partnered with Project New Village (PNV) to collect surveys throughout the Central region and host a community forum. The Data Collection Team (Team) in this region consisted of a PNV Managing Director (Diane Moss), Arboreta staff, and three Central region community members who have been involved in community outreach work with PNV.



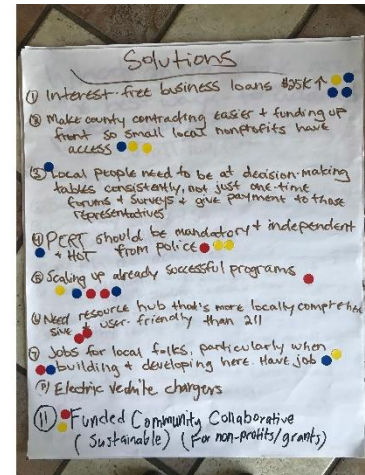
There were several challenges the Central Region Team faced in planning and executing the community forum, including limited meeting spaces in the community, a multitude of forums happening throughout the same period, and general “burnout” from the community on forums and other assessment activities. After an unsuccessful first attempt, the Team re-grouped and coordinated with another community organization (Pillars of the Community) to host a discussion during their “First Saturday’s” event on December 1. There the Team facilitated a conversation that generated a list of concerns and solutions that touched all three categories (Health, Safety, and Thriving). The issues identified as community concerns by the group are (in no particular order) are listed below:

- Over policing
- The systemic, lasting, and cyclical effects of having a criminal record
- Affordable housing
- Access to healthy food
- Wages
- Childcare availability
- The disproportionate number of homeless and mentally ill individuals displaced from other areas that end up residing in the Central community
- Racial discrimination
- Inadequate schools

- Lack of access to government contracts for nonprofits because of the complicated system

Forum participants also brainstormed on solutions and then completed an exercise that helped them to prioritize the ideas generated. Below is a listing of solutions that received at least one priority vote – note comments are unedited from forum participants:

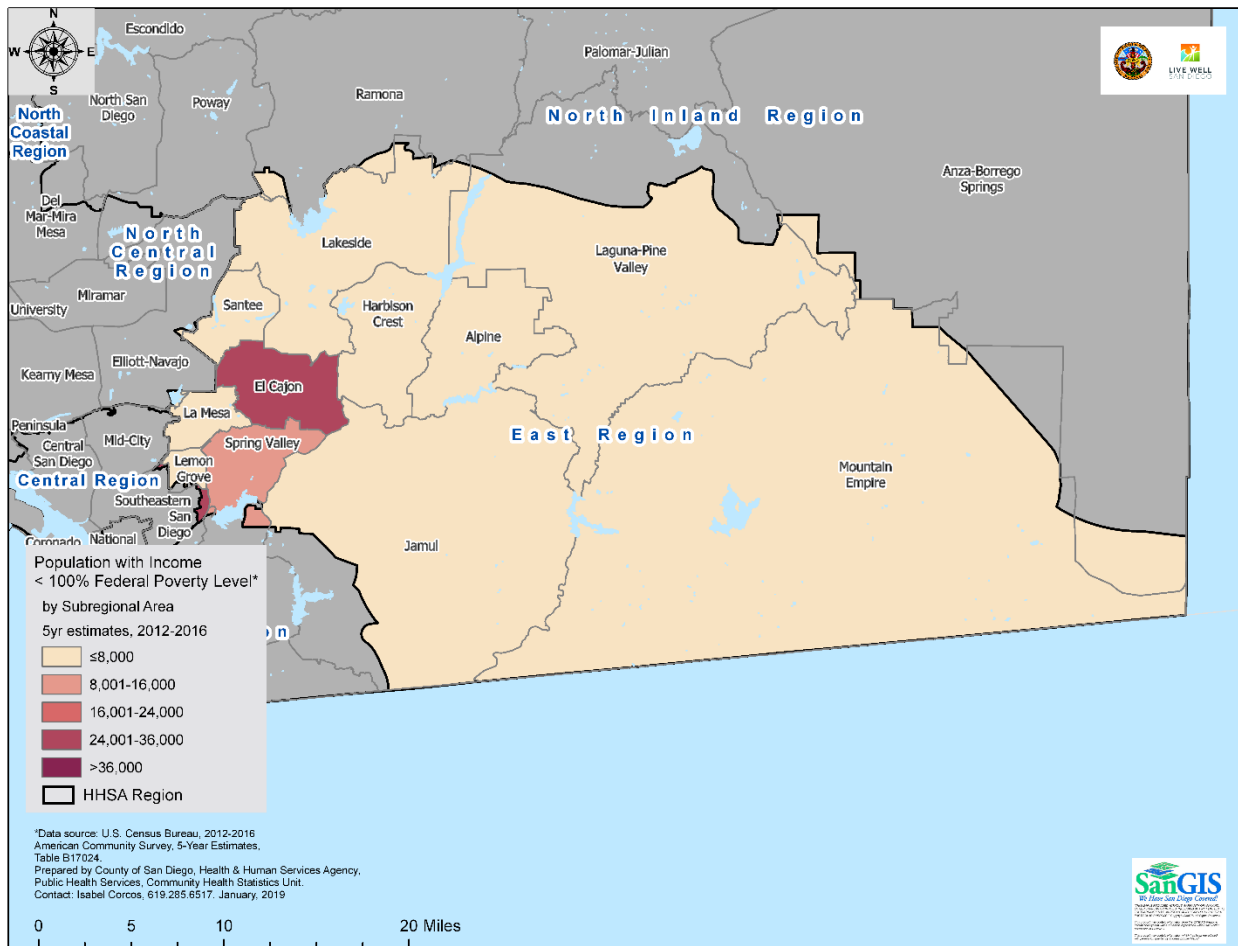
- Scaling up already successful programs
- Food security, affordable healthy options and healthy restaurants
- Real representation in education, not just white, Euro version of history
- Interest free business loans \$25K+
- PERT and HOT should be mandatory and independent from police
- Jobs for local folks, particularly when building and developing here have jobs.
- Make county contracting easier and funding up front so small local nonprofits can access
- Businesses owned by people in the community
- Youth recreational activities
- Cooperative food sharing/farming with resource map
- Need resource hub that's more locally comprehensive and user-friendly than 211
- Funded community collaborative; sustainable, for nonprofits/grants
- Community stewards: have people familiar with all the programs available in the community and help people navigate those services
- Mental health services
- Community investments: a place where people/foundations/etc. could invest in the community and those funds would help fund basic needs such as food, schools, housing
- Local people need to be at decision-making tables consistently, not just one-time forums and surveys and give payment to those representatives
- Land Trust to address affordable housing: increase home ownership by having people own house but a Land Trust organization model that owns the land



As seen in the list above, many of the items are interrelated. For example, concerns about procurement policies and businesses owned by community residents are connected to the lack of financial information for starting a business or non-profit, which is connected to access to capital and the lack of housing affordability, which is a source for many small businesses to obtain capital. Similarly, concerns about racial discrimination can sometimes be evident in police practices, which may in turn create a disproportionate number of community members with criminal records. Those records in turn limit their options for employment, which impacts peoples' ability to obtain and pay for housing. Because of the interrelation of issues, multi-pronged solutions are critical.

East Region Details

- Data Team Subcontractor – Newcomer Support and Development and El Cajon Collaborative/Little House
- 41 Community Forum Participants
- 165 Completed Surveys



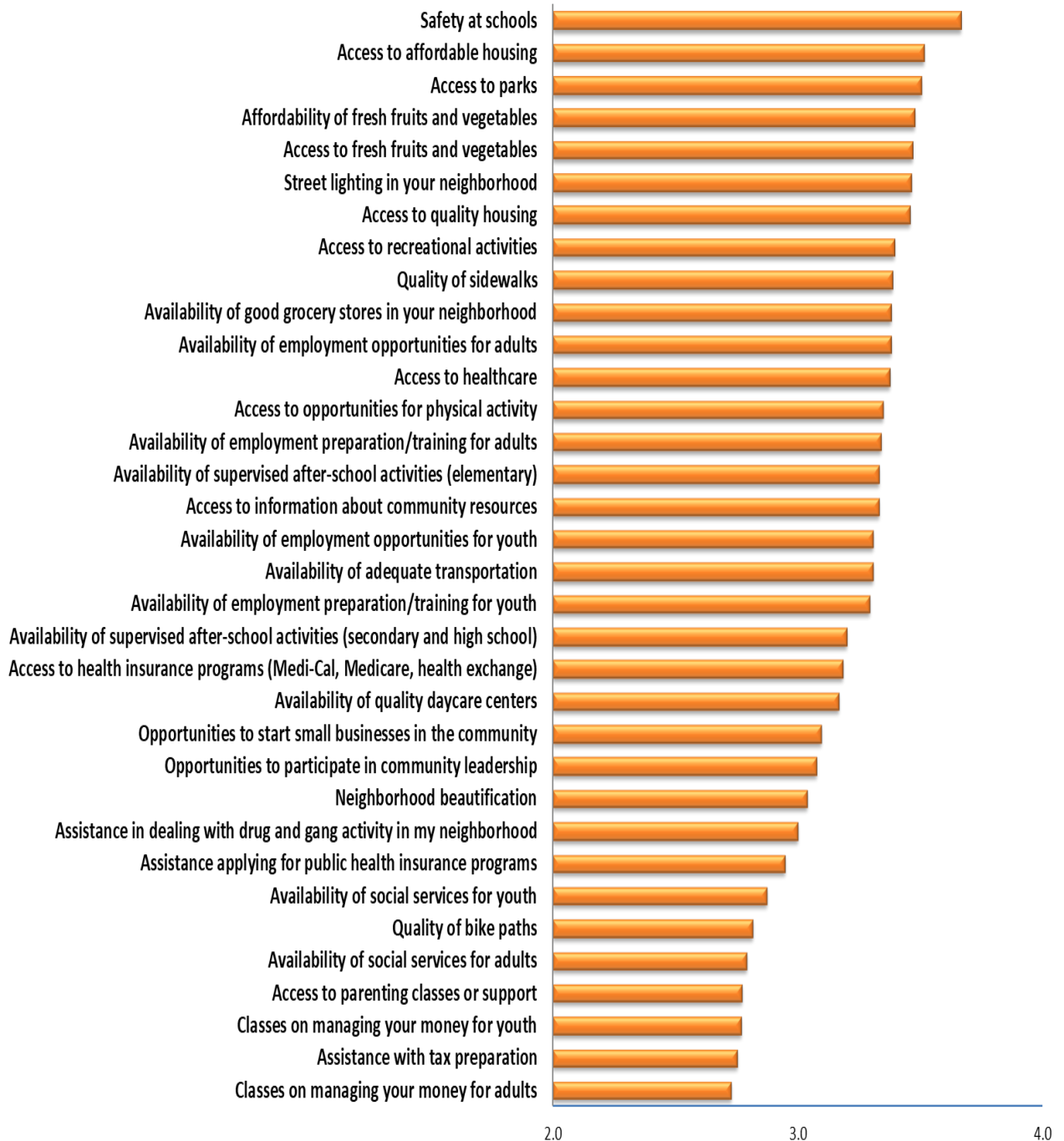
Indicator	Measure	East Region	San Diego
HEALTH			
Life Expectancy Measure of length and duration of life	Life Expectancy Measure of length and duration of life	79.5 yrs.	82.1 yrs.
Cigarette Smoking	Percent of population who smoked cigarettes in the last 12 months	15.9%	14%
Exercise	Percent of population spending 2 or more hours exercising per week	54.7%	57.5%
Doctor Visits	Percent of population having visited a doctor in the last 12 months 6 or more times	30.4%	29.2%
Quality of Life	Percent of population that is sufficiently healthy to be able to live independently (not including those who reside in nursing homes or other institutions)	93%	94.8%
KNOWLEDGE			
High School Diploma or Equivalent	Percent of population with a High School Diploma or Equivalent	87.3%	85.8%
Less Than a High School Diploma or Equivalent	Percent of population with less than a High School Diploma or Equivalent	12.7%	14.2%
Bachelor's Degree	Percent of population with a bachelor's degree	25.1%	35.2%
Graduate or Professional Degree	Percent of population with a Graduate or Professional Degree	8.5%	13.5%
School Enrollment	Percent of combined gross school enrollment of school aged population	92.9%	91%
STANDARD OF LIVING			
Poverty Rate (At/Below FPL) – Total Population	Percent of total population living below the Federal Poverty Level (FPL)	14.3%*	13.3%
Poverty Rate (At/Below FPL) – Families with children	Percent of total population of families with children living below the Federal Poverty Level (FPL)	16.4%*	9.5%
Poverty Rate (At/Below FPL) – Female Head of Household Families	Percent of the families living below the Federal Poverty Level (FPL) that are headed by a female householder	N/A	23.5%
Poverty Rate (At/Below FPL) – Children	Percent of children ages 0-18 living below the Federal Poverty Level (FPL)	N/A	17.1%
Poverty Rate (At/Below FPL) – Seniors	Percent of Seniors age 65 and over living below the Federal Poverty Level (FPL)	N/A	9%
Unemployment Rate (5-Yr Trend)	Percent of total labor force that is unemployed (activity seeking employment and willing to work)	9.5%	8%
Spending less than 1/3 Income on Housing	Percent of population spending less than 1/3 of income on housing	53.7%	52.9%
Per Capita Income	Population Per Capita Income	\$28,670	\$33,077
Median Household Income	Population Median Household Income	\$66,663	\$71,758
Checking Accounts	Percent of population with an interest or non-interest checking account	59.7%	59.3%
Savings Accounts	Percent of population with a savings account	59.7%	60.8%

Indicator	Measure	East Region	San Diego
COMMUNITY			
Crime Rate	Number of crimes per 100,000 people (all crimes, including violent and property)	N/A	2,032.6
Violent Crime Rate	Number of violent crimes per 100,000 people (includes murder and non-negligent manslaughter, forcible rape, robbery and aggravated assault)	N/A	337.1
Property Crime Rate	Number of property crimes per 100,000 people (includes burglary, larceny-theft, and motor vehicle theft)	N/A	1,695.5
Unintentional Injuries	Number of unintentional injuries per 100,000 people	6,949	5,818.5
Perception of Safety	Percent of population that feels safe in their neighborhood	90.3%	91.6%
Distance to Park or Community Spaces	Percent of population living within a quarter mile of a park of community space	51.5%	61.3%
Access to Community Spaces	Percent of population living within a quarter mile of a park or community space that is greater than 300 sq. ft per residence (dwelling unit)	47.8%	53.2%
Recreational Facilities	Number of recreational facilities per 100,000 people	N/A	18.1
Public Transportation to Work	Percent of population taking public transportation to work	2.4%	3.2%
Average Travel Time to Work	Average travel time to work for workers age 16 or older (in minutes)	27.3	25.4
SOCIAL			
Food Insecurity	Percent of population with income 200 percent of poverty or less, who have experienced food insecurity	40.2%	38.5%
Lack of Health Insurance	Percent of population without health insurance, 18 to 64 years of age	3.5%	9.2%
Linguistic Isolation	Percent of population isolated because they are unable to communicate effectively in English	4.8%	7.5%
Internet Access	Percent of population who have access to Internet at home using a computer	90.3%	90.8%
Voted in the last Presidential Election	Percent of residents registered to vote who voted in the 2016 presidential election	N/A	81.5%
Voted in Federal/State/Local Election	Percent of population who voted in Federal, State or local elections in the last 12 months	45.1%	43.8%
Volunteerism	Percent of residents who volunteer	N/A	25.5%
Volunteered for a charitable organization	Percent of population who volunteered for a charitable organization in the last 12 months	16.5%	17.4%

**Regional data on population, including families with children, below the federal poverty line is from the 2012-16 American Community Survey 5-Year Estimates*

East Region Survey Results – Priorities (N=165)

Needs Assessment Survey - East Region Priorities In Order of Importance



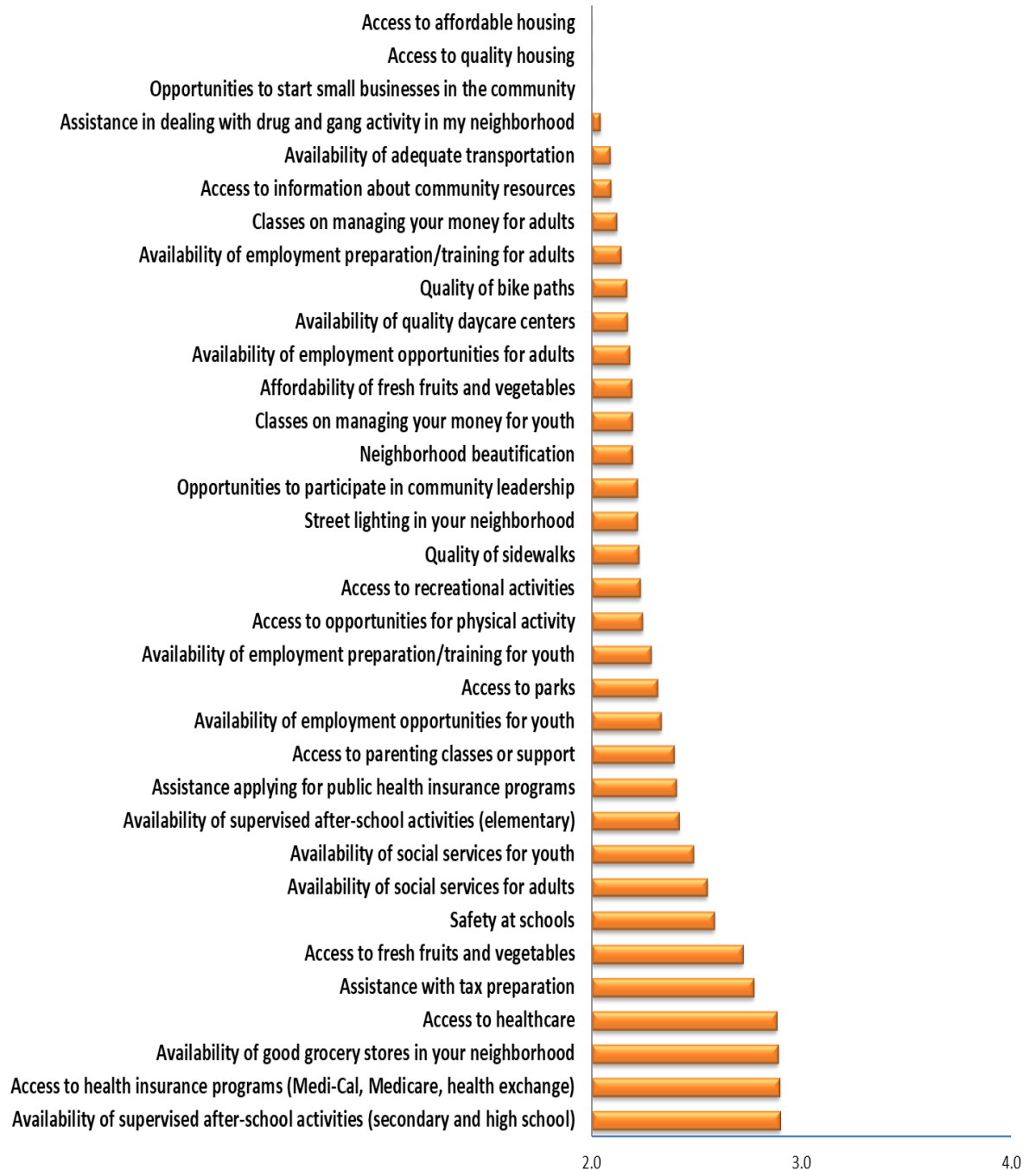
■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

Average response determined by using assigned response values and total number of responses per question

East Region Survey Results – Satisfaction (N=165)

Needs Assessment Survey - East Region Satisfaction of Services



■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

Average response determined by using assigned response values and total number of responses per question

East Region Key Findings – Surveys

- Importance – Top three that scored highest:
 - Safety at schools
 - Access to affordable housing
 - Access to parks
- Satisfaction – Bottom three in terms of satisfaction:
 - Access to affordable housing
 - Access to quality housing
 - Opportunities to start a small business in the community

East Region Public Forum

In East Region, Arboreta Group LLC (Arboreta) partnered with two Community Based Organizations (CBOs) to collect surveys throughout the East region and host a community forum. The Data Collection Team



(Team) in this region consisted of Newcomers Support and Development (NSD) and Little House staff, Arboreta staff, and an NSD community volunteer/board member. The Team worked to ensure the forum met the needs of the community, including having culturally appropriate childcare and translation services available for participants and worked quickly to secure a location, date and time and then carry out extensive outreach for the event.

Through the successful outreach efforts of NSD and Little House team members, there were 41 individuals present at the East region forum on November 15th, hosted at the Salvation Army in El Cajon. Over half the participants were self-identified from the Middle Eastern community (Arabic, Farsi, and Chaldean speaking), with a smaller proportion of White/Caucasian Americans (English speaking) and Latino/a residents (Spanish speaking), primarily from El Cajon. Most of the forum involved small group discussions related to Health, Safety, and Thriving, facilitated by Team members in Arabic, Spanish, and English in clusters throughout the meeting space.

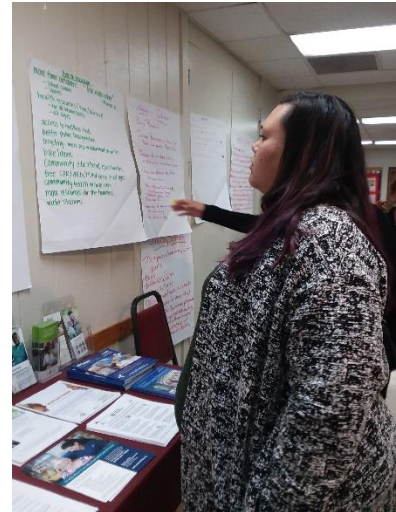
Forum participants were asked to signal their top priorities from the needs and solution ideas suggested during the first part of the forum. Priorities across all categories (Health, Safety, and Thriving), in no particular order, are listed below - note comments are unedited from forum participants:

- Affordable housing, particularly for families
- Services for and management of the homeless population
- Protected bike lanes and pedestrian safety improvements
- Greater access to more accommodating health care (flexible hours, in various languages) for a wider portion of the population, including those that are middle income
- More areas for recreation and activity (parks, pools, family events)

- A cleaner community
- More learning opportunities (language, civil rights and duties, job training) in other languages (primarily Arabic) and for ESL learners

There were 103 responses in small groups to the prompt for solutions to improve their community across the three categories of Health, Safety, and Thriving. Those that received at least one vote during the final prioritizing activity are listed below:

- Lower rents so people can afford to work less hours/jobs
- Prevent/lower use of drugs
- More safety/security from drug users
- Limit drug users to one place or location
- More affordable housing to improve our life
- More green areas and fields
- Control/supervision of restaurants
- Improve healthiness of school food
- Protected bike lanes
- Public education campaigns by police for drivers and pedestrians to improve driving/walking safety
- Safe parks
- Affordable rents and more programs to help local income families
- City news in Arabic
- Affordable rent
- Limits/regulations to address marijuana smoking, especially in public
- Dentists for adults for low-income people
- More affordable medical care and insurance to cover middle income families
- Access to healthy food
- Community health mobile apps
- More resources for the homeless
- Parent/Adult awareness of good habits like not littering
- Access to vocational/job training and certifications/licenses
- Living wage jobs
- Affordable fresh fruits and vegetables, especially for organic products
- Low-cost primary doctors for physicals
- More parks for kids to play outdoors
- Healthy school meals
- More family time
- Less technology at home
- More time outdoors in nature

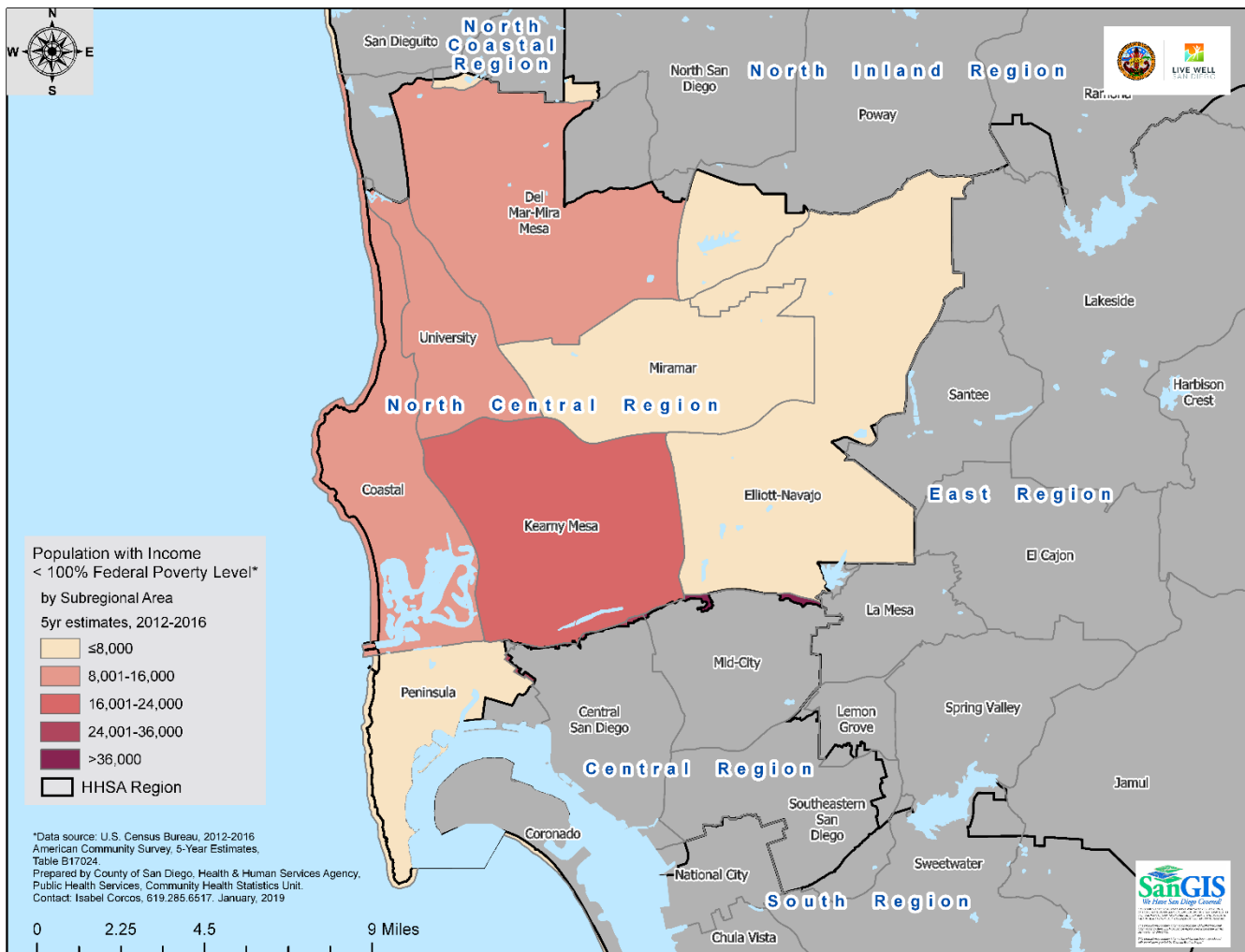


- Education about rights and duties
- Help for first time business owners
- ESL classes for newcomers for 1st year/full time, with financial support through that first year.
- Less help for the homeless to not enable them
- More lighting and wider sidewalks
- Larger police force; more funds to attract and keep police
- Limit the shared bicycles and scooters, they are littered everywhere
- More street cleaning
- Unit or subunit level ride along/police officers that mirror make-up of the residents
- Community educational opportunities
- Water stations
- More programs for those that don't qualify for "low-income" programs but still fall in the gaps of not earning enough to do more than survive
- Increase use of mobile clinics at schools, farmer's markets, community events
- Having doctors/dentists who speak Farsi, Arabic, Chaldean
- Safe schools - no fighting
- Parenting classes

As with many of the solutions provided by community members in other regions, there was overlap in the solutions provided by participants in the East Region forum. Similar themes emerged, including concerns about affordable housing, the issue of how to deal with the homeless population, pedestrian and cyclist safety, cleanliness of streets, access to affordable and appropriate medical care, and access to physical and recreational activities. Two areas that distinguished some of the frequently mentioned concerns and solutions in the East region were related to drug use and support for English Language Learners (ELL). Concerns about marijuana smoke specifically and drug use in general was prominent in this forum, as residents felt there were too many pot dispensaries and people smoking freely in public. The large Arabic speaking population among forum attendees expressed concerns about the lack of information available in Arabic and the need for support for Arabic speakers to both learn English and to be educated in a variety of areas (law, culture, job training) in Arabic while they became proficient in English.

North Central Details

- Data Team Subcontractor – Bayside Community Center
- 22 Community Forum Participants
- 102 Completed Surveys



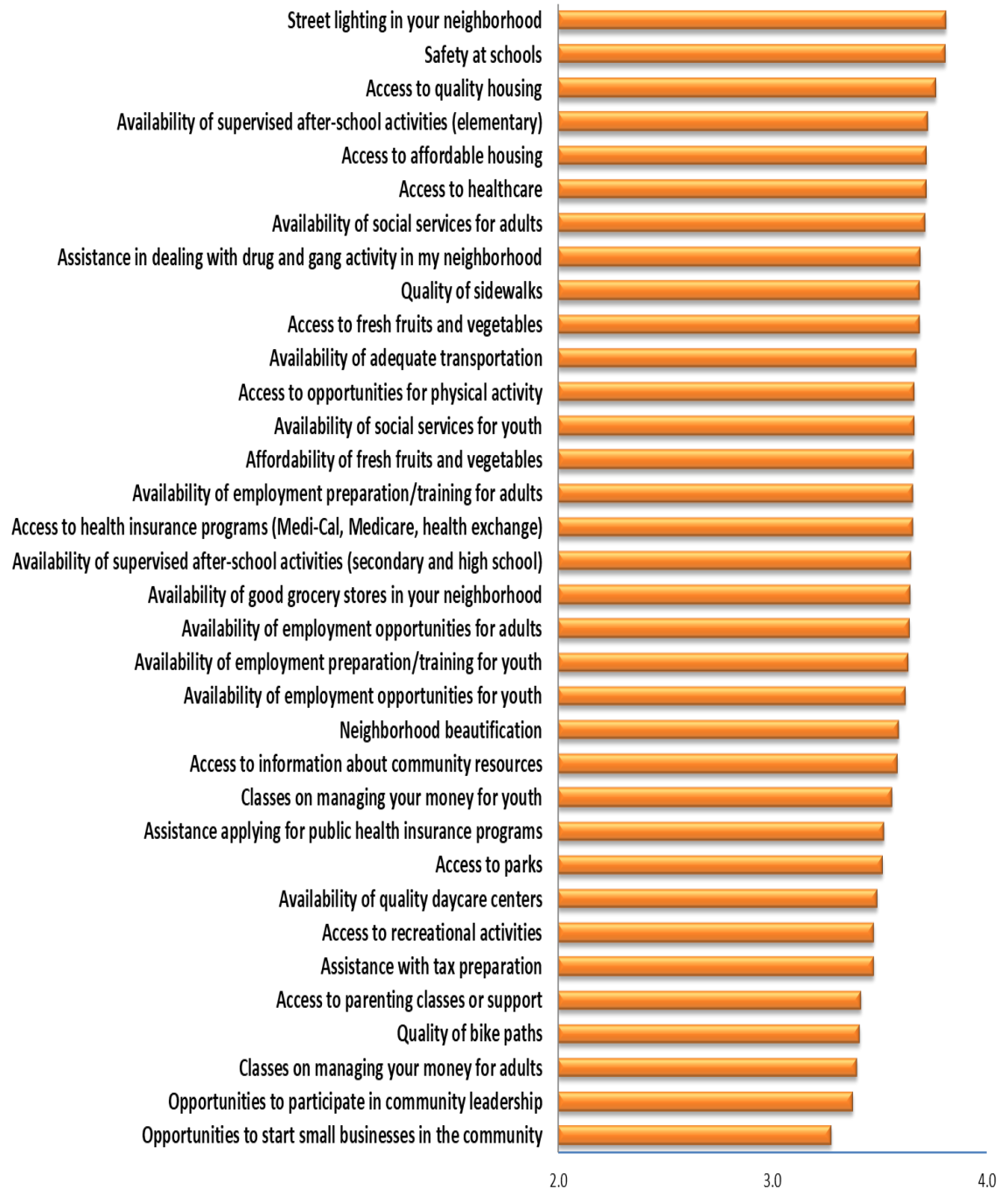
Indicator	Measure	North Central Region	San Diego
HEALTH			
Life Expectancy Measure of length and duration of life	Life Expectancy Measure of length and duration of life	84.1 yrs.	82.1 yrs.
Cigarette Smoking	Percent of population who smoked cigarettes in the last 12 months	12.8%	14%
Exercise	Percent of population spending 2 or more hours exercising per week	63.5%	57.5%
Doctor Visits	Percent of population having visited a doctor in the last 12 months 6 or more times	31.1%	29.2%
Quality of Life	Percent of population that is sufficiently healthy to be able to live independently (not including those who reside in nursing homes or other institutions)	96.2%	94.8%
KNOWLEDGE			
High School Diploma or Equivalent	Percent of population with a High School Diploma or Equivalent	95.1%	85.8%
Less Than a High School Diploma or Equivalent	Percent of population with less than a High School Diploma or Equivalent	4.9%	14.2%
Bachelor's Degree	Percent of population with a bachelor's degree	53.2%	35.2%
Graduate or Professional Degree	Percent of population with a Graduate or Professional Degree	22.9%	13.5%
School Enrollment	Percent of combined gross school enrollment of school aged population	95.1%	91%
STANDARD OF LIVING			
Poverty Rate (At/Below FPL) – Total Population	Percent of total population living below the Federal Poverty Level (FPL)	10.6%*	13.3%
Poverty Rate (At/Below FPL) – Families with children	Percent of total population of families with children living below the Federal Poverty Level (FPL)	8.3%*	9.5%
Poverty Rate (At/Below FPL) – Female Head of Household Families	Percent of the families living below the Federal Poverty Level (FPL) that are headed by a female householder	N/A	23.5%
Poverty Rate (At/Below FPL) – Children	Percent of children ages 0-18 living below the Federal Poverty Level (FPL)	N/A	17.1%
Poverty Rate (At/Below FPL) – Seniors	Percent of Seniors age 65 and over living below the Federal Poverty Level (FPL)	N/A	9%
Unemployment Rate (5-Yr Trend)	Percent of total labor force that is unemployed (activity seeking employment and willing to work)	6.2%	8%
Spending less than 1/3 Income on Housing	Percent of population spending less than 1/3 of income on housing	56.3%	52.9%
Per Capita Income	Population Per Capita Income	\$ 43,184	\$33,077
Median Household Income	Population Median Household Income	\$ 87,963	\$71,758
Checking Accounts	Percent of population with an interest or non-interest checking account	65.3%	59.3%
Savings Accounts	Percent of population with a savings account	65.9%	60.8%

Indicator	Measure	North Central Region	San Diego
COMMUNITY			
Crime Rate	Number of crimes per 100,000 people (all crimes, including violent and property)	N/A	2,032.6
Violent Crime Rate	Number of violent crimes per 100,000 people (includes murder and non-negligent manslaughter, forcible rape, robbery and aggravated assault)	N/A	337.1
Property Crime Rate	Number of property crimes per 100,000 people (includes burglary, larceny-theft, and motor vehicle theft)	N/A	1,695.5
Unintentional Injuries	Number of unintentional injuries per 100,000 people	4,630.4	5,818.5
Perception of Safety	Percent of population that feels safe in their neighborhood	96.6%	91.6%
Distance to Park or Community Spaces	Percent of population living within a quarter mile of a park of community space	70.2%	61.3%
Access to Community Spaces	Percent of population living within a quarter mile of a park or community space that is greater than 300 sq. ft per residence (dwelling unit)	61.5%	53.2%
Recreational Facilities	Number of recreational facilities per 100,000 people	N/A	18.1
Public Transportation to Work	Percent of population taking public transportation to work	2.7%	3.2%
Average Travel Time to Work	Average travel time to work for workers age 16 or older (in minutes)	21.5	25.4
SOCIAL			
Food Insecurity	Percent of population with income 200 percent of poverty or less, who have experienced food insecurity	33%	38.5%
Lack of Health Insurance	Percent of population without health insurance, 18 to 64 years of age	3.4%	9.2%
Linguistic Isolation	Percent of population isolated because they are unable to communicate effectively in English	4.6%	7.5%
Internet Access	Percent of population who have access to Internet at home using a computer	94%	90.8%
Voted in the last Presidential Election	Percent of residents registered to vote who voted in the 2016 presidential election	N/A	81.5%
Voted in Federal/State/Local Election	Percent of population who voted in Federal, State or local elections in the last 12 months	49.5%	43.8%
Volunteerism	Percent of residents who volunteer	N/A	25.5%
Volunteered for a charitable organization	Percent of population who volunteered for a charitable organization in the last 12 months	20.4%	17.4%

**Regional data on population, including families with children, below the federal poverty line is from the 2012-16 American Community Survey 5-Year Estimates*

North Central Survey Results - Priorities (N=102)

Needs Assessment Survey - North Central Region Priorities In Order of Importance



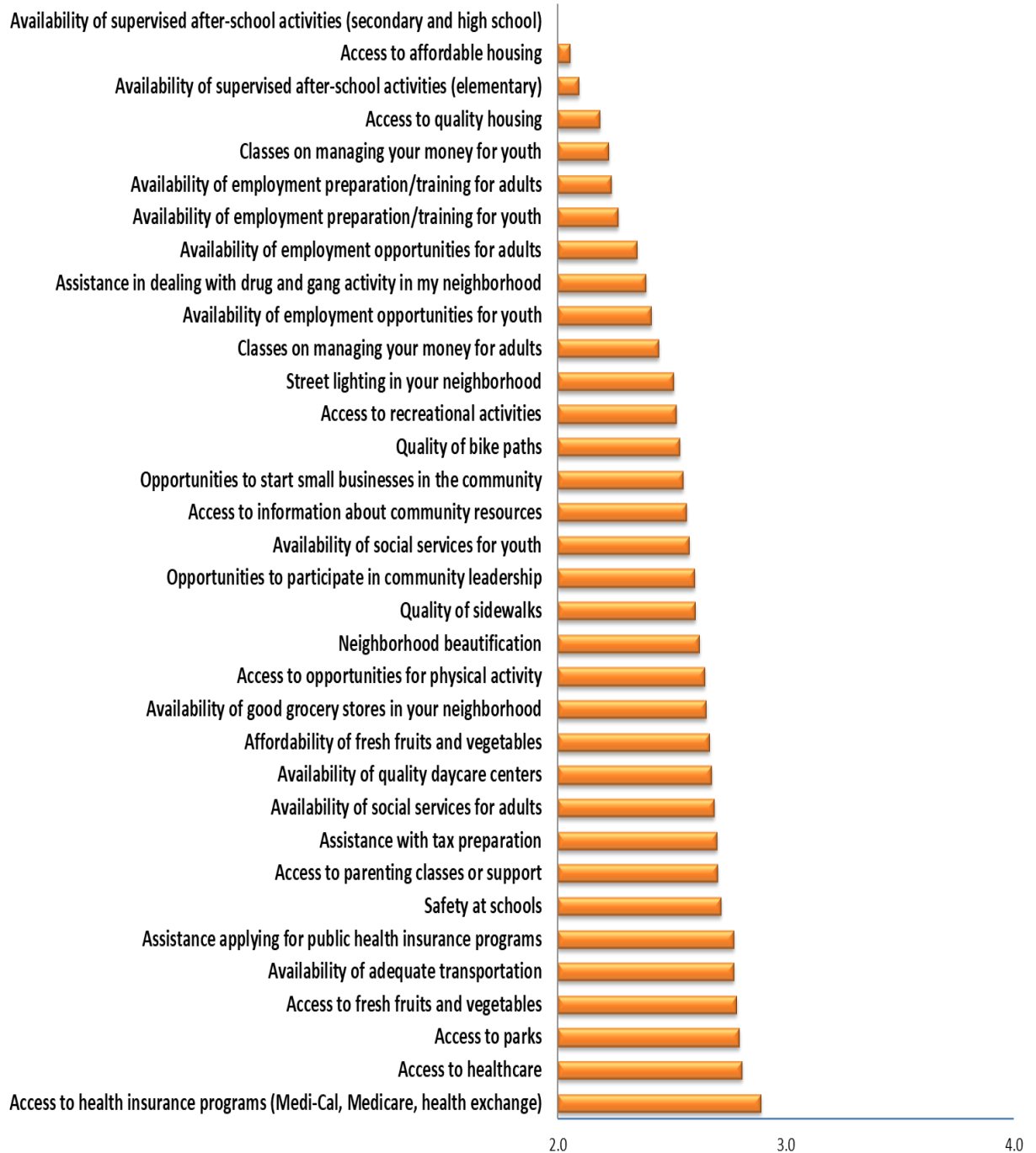
■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

Average response determined by using assigned response values and total number of responses per question

North Central Survey Results – Satisfaction (N=102)

Needs Assessment Survey - North Central Region Satisfaction of Services



■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

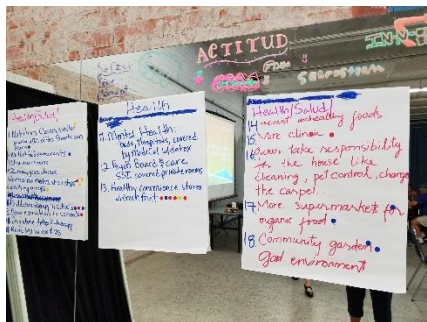
Average response determined by using assigned response values and total number of responses per question

North Central Key Findings – Surveys

- Importance – Top three that scored highest:
 - Street lighting in your neighborhood
 - Safety at schools
 - Access to quality housing
- Satisfaction – Bottom three in terms of satisfaction:
 - Availability of supervised after-school activities (secondary and high school)
 - Access to affordable housing
 - Availability of supervised after school activities (elementary)

North Central Public Forum

In North Central Region, Arboreta Group LLC (Arboreta) partnered with Bayside Community Center (Bayside) to collect surveys throughout the region and host a community forum. The Data Collection Team (Team) in this region consisted of Bayside staff, Arboreta staff, and one community member/Resident Leadership Academy (RLA) graduate. The forum was promoted through the RLA



Graduate/Community Member, Bayside staff, and social media. There were 22 residents in attendance at the forum held on October 19, 2018 at Bayside Community Center, drawing primarily low-income participants that represented the make-up of the Linda Vista community.

The small group conversations at the forum were very lively, with every participant contributing concerns and improvement ideas through a timed process in groups divided up by language capacity.

The forum concluded with an opportunity for each participant to prioritize their top three solutions/ideas among the dozens offered the whole group. The issues of greatest concern expressed by participants, in no particular order, across all three categories (Health, Safety, and Thriving) are listed below.

- Affordable housing
- Access to healthy food
- Education to combat issues like drug use and poor health
- Youth engagement (after school programs, sports, drug prevention)
- Behavioral Health Services (mental health, substance abuse treatment, etc.).
- More and better policing
- Greater community cleanliness, including from private property owners and City maintained areas like sidewalks.
- More opportunities for physical activity for people of all ages

There were 25 responses in small groups to the prompt for ideas to improve their community across the three categories of Health, Safety, and Thriving. Those that received at least one vote during the final prioritizing activity are listed below - note comments are unedited from forum participants:

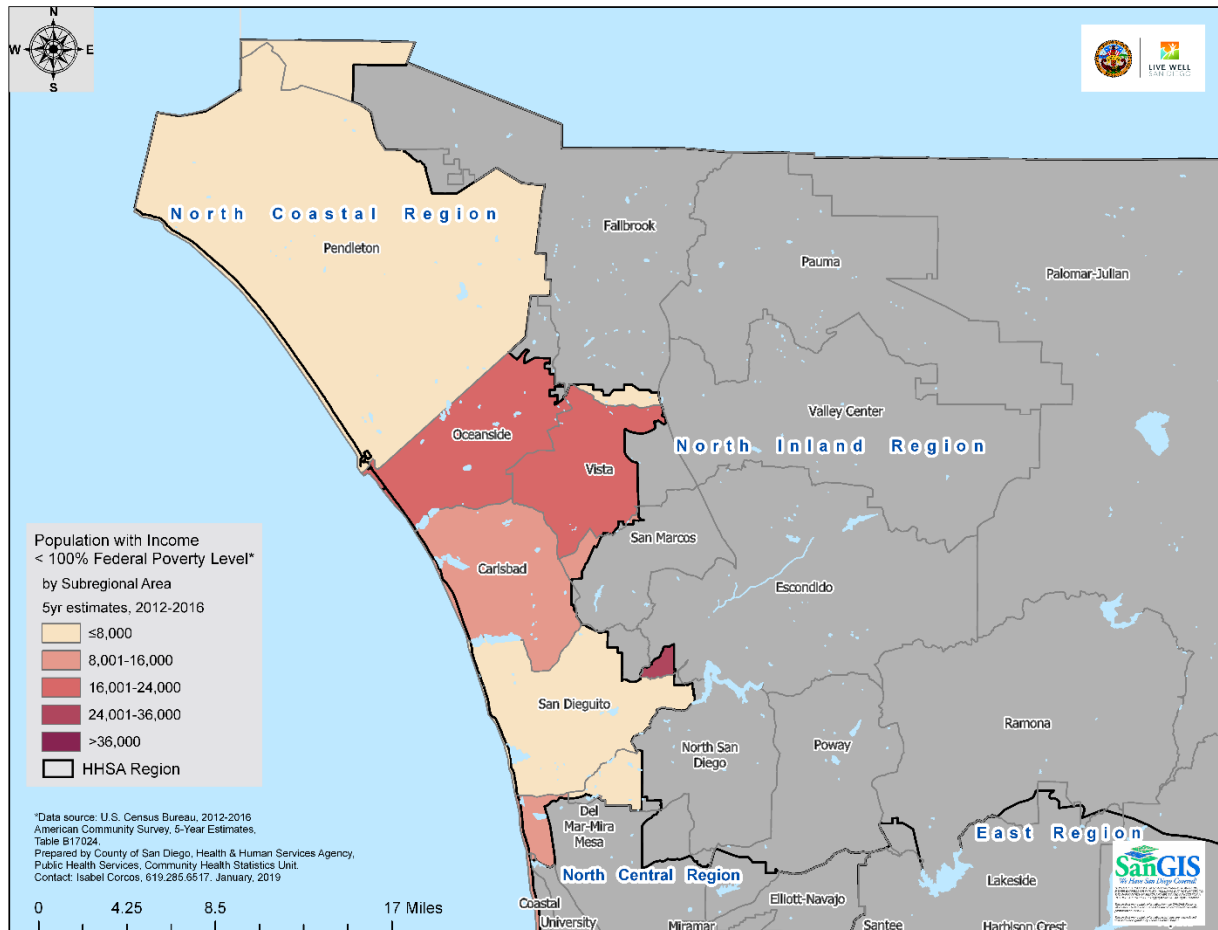
- More affordable housing
- Healthy convenience stores
- Street lighting to prevent drug involvement
- Social Services
- Mental health therapy
- Covered bus shelters at all stops
- Child abuse therapy in schools
- Police officers close by
- Nutrition classes like what WIC offers, parents can learn
- More supermarkets for organic food
- Community gardens
- More schools for students including elementary, middle, and high school, as well as college and adult school
- More afterschool activities for children (YMCA, other)
- Parenting classes
- Health clinic to offer free education and shots
- No fast food restaurants
- Walking groups
- Drug education in schools
- More clinics
- YMCA or similar programs
- More police officers go around the community
- Community engagement
- Team police and social workers when responding to mentally ill
- More recreation centers
- Family engagement programs
- Employment resources



The concerns and solutions covered areas such as housing, behavioral health, education (across multiple issues), food access, and policing. The groups were enthusiastic about all solutions offered but housing and behavioral health issues came up frequently. High cost of housing impacted other priority issues as well, such as people not being able to afford quality food because rent is so high. The groups enjoyed participating in the discussion and many not only thanked the hosts/facilitators for the opportunity to share their concerns but shared a desire to see more opportunities like this for community discussions.

North Coastal Details

- Data Team Subcontractor – Vista Community Clinic
- 26 Community Forum Participants
- 110 Completed Surveys



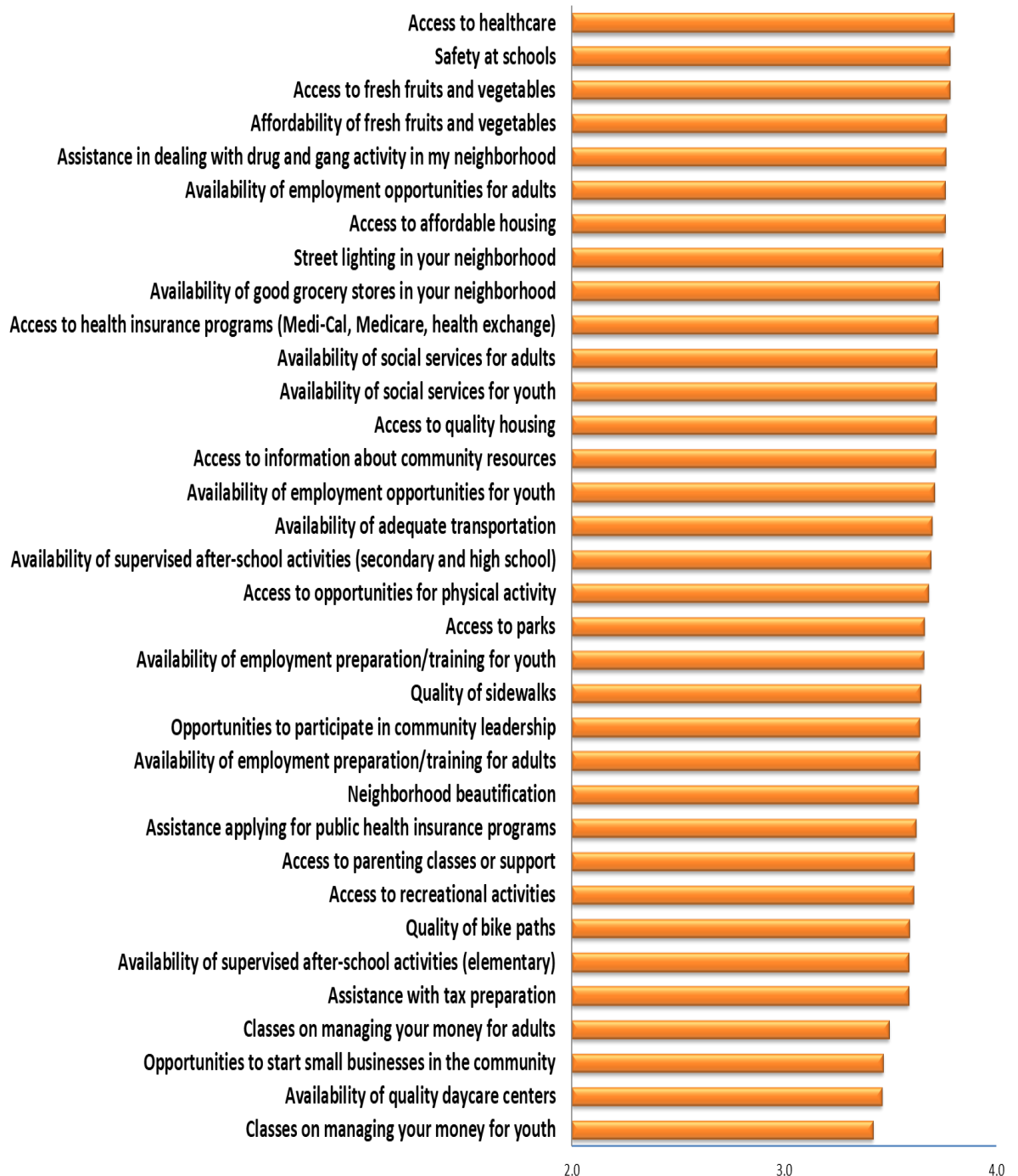
Indicator	Measure	North Coastal Region	San Diego
HEALTH			
Life Expectancy Measure of length and duration of life	Life Expectancy Measure of length and duration of life	83.3 yrs.	82.1 yrs.
Cigarette Smoking	Percent of population who smoked cigarettes in the last 12 months	13.6%	14%
Exercise	Percent of population spending 2 or more hours exercising per week	59.6%	57.5%
Doctor Visits	Percent of population having visited a doctor in the last 12 months 6 or more times	30%	29.2%
Quality of Life	Percent of population that is sufficiently healthy to be able to live independently (not including those who reside in nursing homes or other institutions)	95.3%	94.8%
KNOWLEDGE			
High School Diploma or Equivalent	Percent of population with a High School Diploma or Equivalent	88.1%	85.8%
Less Than a High School Diploma or Equivalent	Percent of population with less than a High School Diploma or Equivalent	11.9%	14.2%
Bachelor's Degree	Percent of population with a bachelor's degree	38.7%	35.2%
Graduate or Professional Degree	Percent of population with a Graduate or Professional Degree	15.1%	13.5%
School Enrollment	Percent of combined gross school enrollment of school aged population	88.3%	91%
STANDARD OF LIVING			
Poverty Rate (At/Below FPL) – Total Population	Percent of total population living below the Federal Poverty Level	11.8%*	13.3%
Poverty Rate (At/Below FPL) – Families with children	Percent of total population of families with children living below the Federal Poverty Level	11.7%*	9.5%
Poverty Rate (At/Below FPL) – Female Head of Household Families	Percent of the families living below the Federal Poverty Level that are headed by a female householder	N/A	23.5%
Poverty Rate (At/Below FPL) – Children	Percent of children ages 0-18 living below the Federal Poverty Level	N/A	17.1%
Poverty Rate (At/Below FPL) – Seniors	Percent of Seniors age 65 and over living below the Federal Poverty Level	N/A	9%
Unemployment Rate (5-Yr Trend)	Percent of total labor force that is unemployed (activity seeking employment and willing to work)	6.2%	8%
Spending less than 1/3 Income on Housing	Percent of population spending less than 1/3 of income on housing	53.2%	52.9%
Per Capita Income	Population Per Capita Income	\$37,358	\$33,077
Median Household Income	Population Median Household Income	\$76,602	\$71,758
Checking Accounts	Percent of population with an interest or non-interest checking account	62%	59.3%
Savings Accounts	Percent of population with a savings account	63.7%	60.8%

Indicator	Measure	North Coastal Region	San Diego
COMMUNITY			
Crime Rate	Number of crimes per 100,000 people (all crimes, including violent and property)	N/A	2,032.6
Violent Crime Rate	Number of violent crimes per 100,000 people (includes murder and non-negligent manslaughter, forcible rape, robbery and aggravated assault)	N/A	337.1
Property Crime Rate	Number of property crimes per 100,000 people (includes burglary, larceny-theft, and motor vehicle theft)	N/A	1,695.5
Unintentional Injuries	Number of unintentional injuries per 100,000 people	5,040.3	5,818.5
Perception of Safety	Percent of population that feels safe in their neighborhood	93.5%	91.6%
Distance to Park or Community Spaces	Percent of population living within a quarter mile of a park or community space	50.8%	61.3%
Access to Community Spaces	Percent of population living within a quarter mile of a park or community space that is greater than 300 sq. ft per residence (dwelling unit)	44.7%	53.2%
Recreational Facilities	Number of recreational facilities per 100,000 people	N/A	18.1
Public Transportation to Work	Percent of population taking public transportation to work	2.2%	3.2%
Average Travel Time to Work	Average travel time to work for workers age 16 or older (in minutes)	26.6	25.4
SOCIAL			
Food Insecurity	Percent of population with income 200 percent of poverty or less, who have experienced food insecurity	37.9%	38.5%
Lack of Health Insurance	Percent of population without health insurance, 18 to 64 years of age	11.4%	9.2%
Linguistic Isolation	Percent of population isolated because they are unable to communicate effectively in English	5.9%	7.5%
Internet Access	Percent of population who have access to Internet at home using a computer	92.2%	90.8%
Voted in the last Presidential Election	Percent of residents registered to vote who voted in the 2016 presidential election	N/A	81.5%
Voted in Federal/State/Local Election	Percent of population who voted in Federal, State or local elections in the last 12 months	46.1%	43.8%
Volunteerism	Percent of residents who volunteer	N/A	25.5%
Volunteered for a charitable organization	Percent of population who volunteered for a charitable organization in the last 12 months	18.5%	17.4%

**Regional data on population, including families with children, below the federal poverty line is from the 2012-16 American Community Survey 5-Year Estimates*

North Coastal Survey Results – Priorities (N=110)

Needs Assessment Survey - North Coastal Region Priorities In Order of Importance



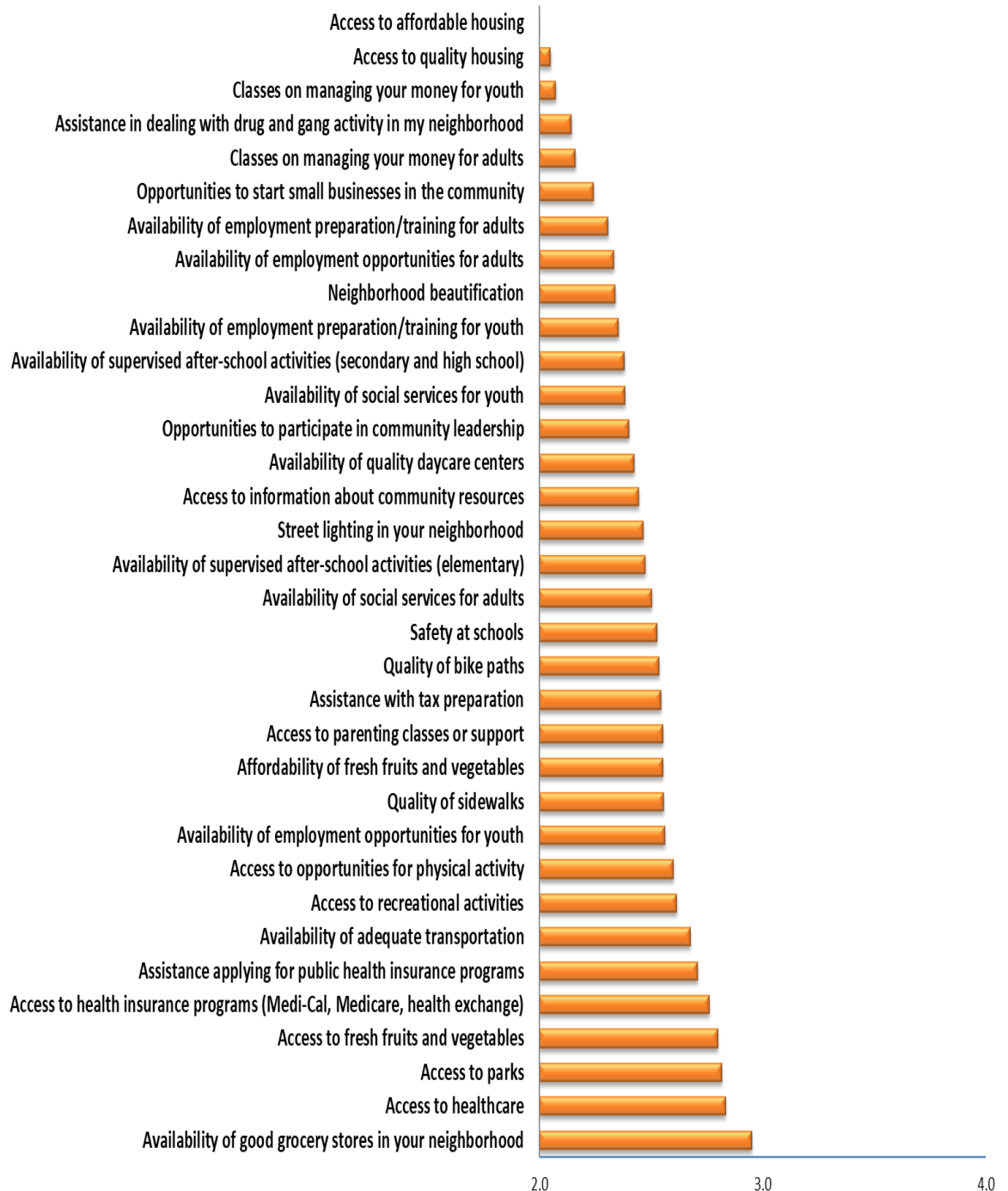
■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

Average response determined by using assigned response values and total number of responses per question

North Coastal Survey Results - Satisfaction (N=110)

Needs Assessment Survey - North Coastal Region Satisfaction of Services



■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

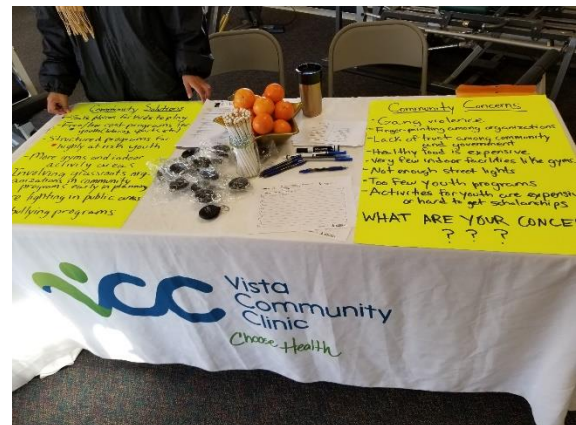
Average response determined by using assigned response values and total number of responses per question

North Coastal Key Findings – Surveys

- Importance – Top three that scored highest:
 - Access to healthcare
 - Safety at schools
 - Access to fresh fruits and vegetables
- Satisfaction – Bottom three in terms of satisfaction:
 - Access to affordable housing
 - Access to quality housing
 - Classes on managing your money for youth

North Coastal Public Forum

In North Coastal region, Arboreta Group LLC (Arboreta) partnered with Vista Community Clinic (VCC) to collect surveys throughout the region and host a community forum. The Data Collection Team (Team) in this region consisted of VCC staff and Arboreta staff. The Team faced a few challenges in planning and carrying out the forum. Delays in securing a venue resulted in the forum date being pushed back a week to December 6th, the day in which a large storm system arrived. A low turnout at the forum caused the Team to strategize other means of collecting feedback from additional residents. Table exercises at two Oceanside venues were conducted on December 12th to gather input from more community members. Though the data collection in Oceanside was done in a different format than in most other regions, the feedback received still produced a list of concerns and solutions that touched all three categories (Health, Safety, and Thriving). The issues identified as community concerns by North Coastal participants are (in no particular order) are listed below.



- Gang violence
- Lack of true collaboration between government and community/grassroots organizations
- Access to healthy food
- Lack of activities, low cost/free for youth of all kinds but at-risk youth in particular
- Inadequate indoor activity spaces, such as gyms
- Lack of access to government contracts for nonprofits because of the complicated system

Given the low attendance at the December 6th event, the Team shifted the format of the discussion after the initial presentation to a casual sit-down conversation regarding community concerns and ideas for solutions in the areas of Health, Safety, and Thriving. Once those issues were listed out, that group placed stickers on the solutions they prioritized. An additional 21 community members were involved in short discussions on December 12th to review the solutions offered by the first group and prioritize them, as



well as to provide additional feedback on concerns and solutions if they wished to. Below is a listing of only the solutions that received at least one priority vote - note comments are unedited from forum participants:

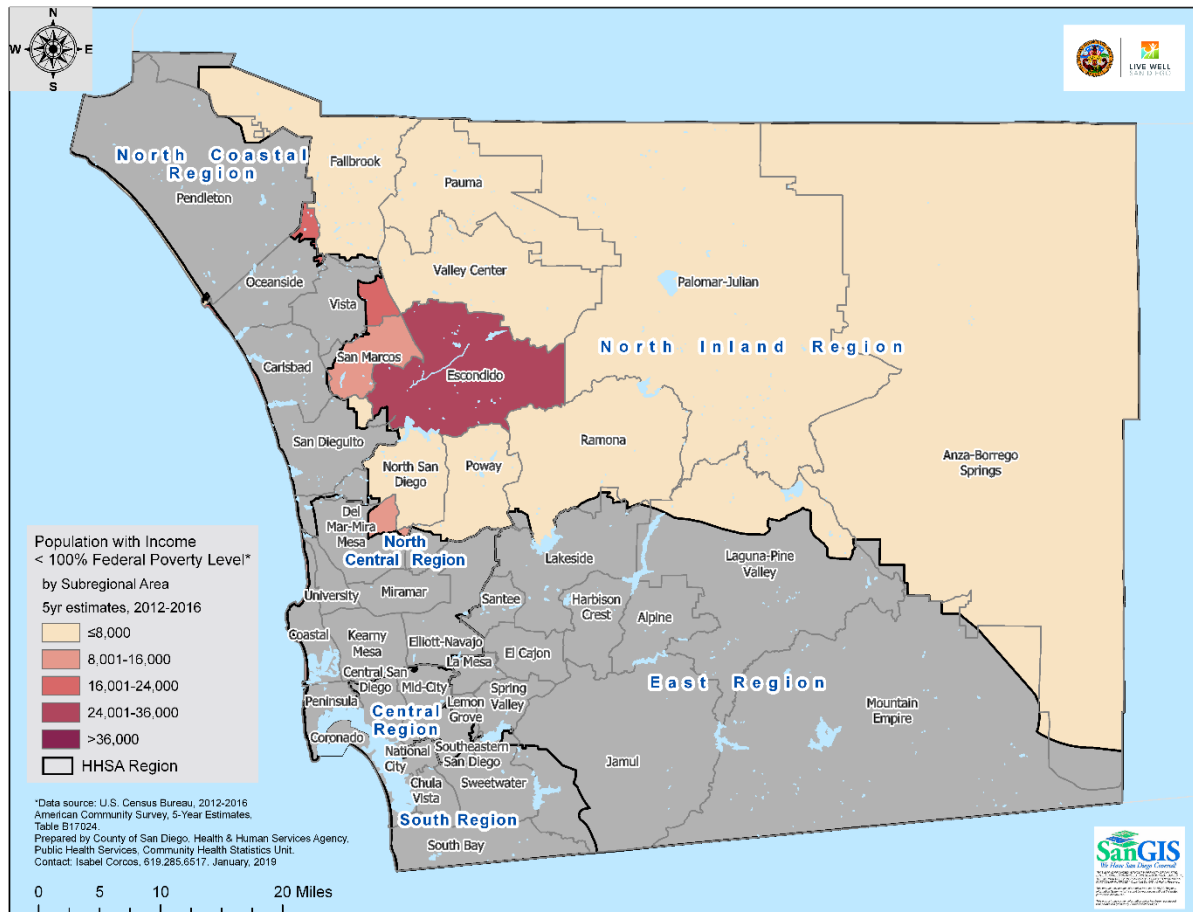
- Safe places for kids to play
- Anti-bullying programs like "Be a Buddy not a Bully"
- More gymnasiums and indoor activity areas in Oceanside
- Free/low-cost programs for youth (tutoring, sports, etc.)
- Structured programs for highly at-risk youth
- Add grassroots organizations to the planning and pre-funding conversations early on
- More lighting in public areas
- Gang prevention programs
- Vocational training for youth
- Free drug and alcohol prevention programs for kids (fentanyl awareness)
- Programs for at-risk youth that don't do well in highly structured programs
- More exercise classes like aqua-cise for seniors
- Host a community forum to address gang violence in each different neighborhood in Oceanside
- True collaborative outreach to grassroots organizations
- Building relationships between/within different communities

There were some notable issues in both the concerns and solutions brought up in this region. At the forum on the 6th, two of the five attendees were long-time residents of Oceanside who were connected to Save Our Streets (SOS). One gentleman was the founder of the organization and emphasized the need for solutions, genuine collaboration, and systems change to make a real difference in the gang violence problem in the community. Much of what was discussed was connected to the issue of gang violence on some level. For example, a young mother described a program for elementary through high school age students that her daughter participated in that included tutoring and fieldtrips and social services for families of children in the program. She spoke of that program as being essential to keeping children engaged in school and on a healthy path, both as a means of success for youth but also as a preventative tool against gang involvement.

During the tabling activities, Team members received additional input on concerns and solutions for the community and yet many of them were still connected to improving safety and supporting youth. Violence and the need for youth diversion programs seemed to be central to the concerns of many of the residents involved in this process. Also notable is that this was the only region in which affordable housing was not explicitly identified as a concern.

North Inland Details

- Data Team Subcontractor – Escondido Education COMPACT
- 39 Community Forum Participants
- 115 Completed Surveys



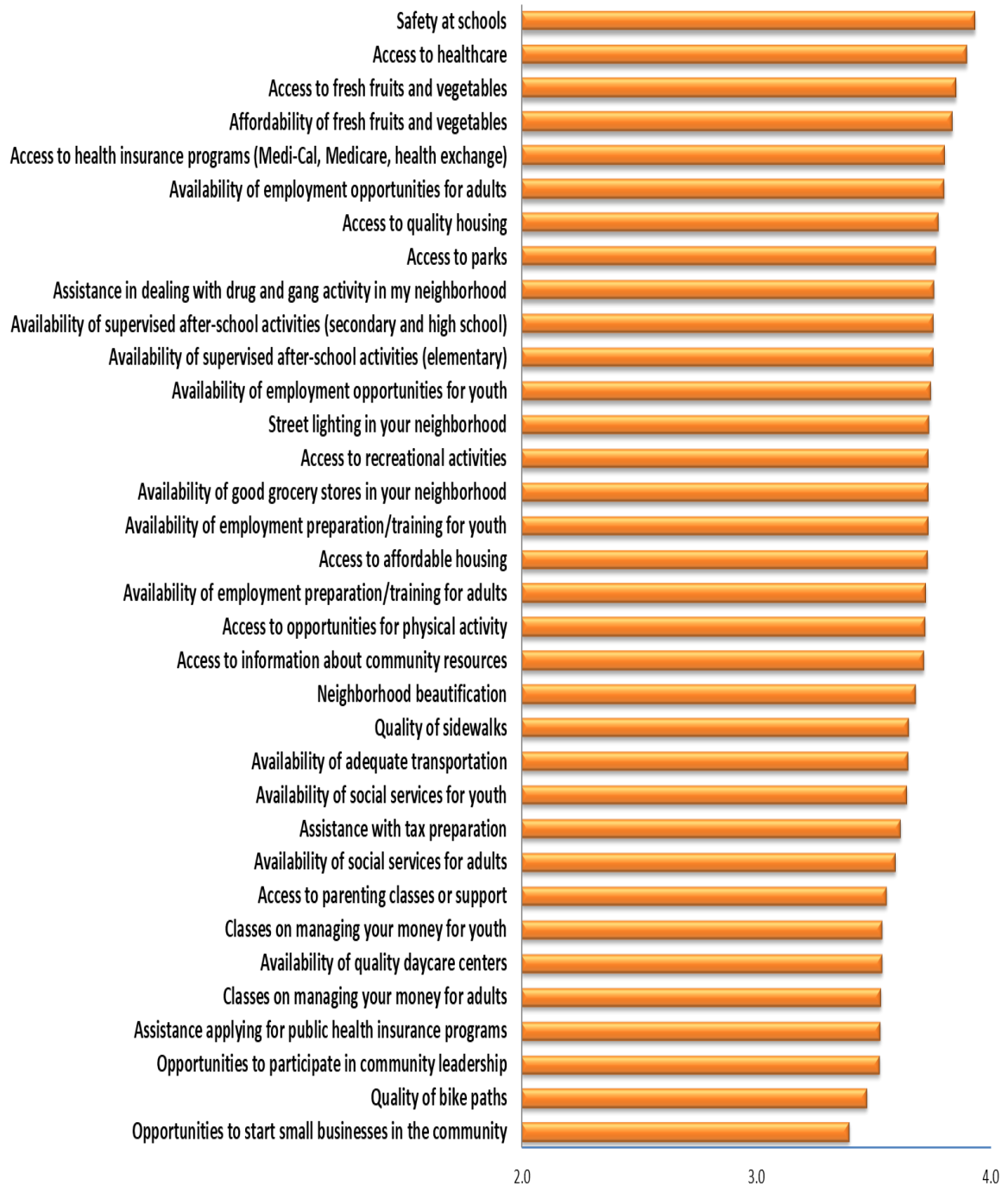
Indicator	Measure	North Inland Region	San Diego
HEALTH			
Life Expectancy Measure of length and duration of life	Life Expectancy Measure of length and duration of life	82.7 yrs.	82.1 yrs.
Cigarette Smoking	Percent of population who smoked cigarettes in the last 12 months	12.5%	14%
Exercise	Percent of population spending 2 or more hours exercising per week	59.2%	57.5%
Doctor Visits	Percent of population having visited a doctor in the last 12 months 6 or more times	31.2%	29.2%
Quality of Life	Percent of population that is sufficiently healthy to be able to live independently (not including those who reside in nursing homes or other institutions)	94.8%	94.8%
KNOWLEGE			
High School Diploma or Equivalent	Percent of population with a High School Diploma or Equivalent	85.4%	85.8%
Less Than a High School Diploma or Equivalent	Percent of population with less than a High School Diploma or Equivalent	14.6%	14.2%
Bachelor's Degree	Percent of population with a bachelor's degree	36.1%	35.2%
Graduate or Professional Degree	Percent of population with a Graduate or Professional Degree	13.2%	13.5%
School Enrollment	Percent of combined gross school enrollment of school aged population	91.8%	91%
STANDARD OF LIVING			
Poverty Rate (At/Below FPL) – Total Population	Percent of total population living below the Federal Poverty Level (FPL)	11.5%*	13.3%
Poverty Rate (At/Below FPL) – Families with children	Percent of total population of families with children living below the Federal Poverty Level	11.2%*	9.5%
Poverty Rate (At/Below FPL) – Female Head of Household Families	Percent of the families living below the Federal Poverty Level (FPL) that are headed by a female householder	N/A	23.5%
Poverty Rate (At/Below FPL) – Children	Percent of children ages 0-18 living below the Federal Poverty Level (FPL)	N/A	17.1%
Poverty Rate (At/Below FPL) – Seniors	Percent of Seniors age 65 and over living below the Federal Poverty Level (FPL)	N/A	9%
Unemployment Rate (5-Yr Trend)	Percent of total labor force that is unemployed (activity seeking employment and willing to work)	6.7%	8%
Spending less than 1/3 Income on Housing	Percent of population spending less than 1/3 of income on housing	54.2%	52.9%
Per Capita Income	Population Per Capita Income	\$33,631	\$33,077
Median Household Income	Population Median Household Income	\$79,116	\$71,758
Checking Accounts	Percent of population with an interest or non-interest checking account	62.6%	59.3%
Savings Accounts	Percent of population with a savings account	62.6%	60.8%

Indicator	Measure	North Inland Region	San Diego
COMMUNITY			
Crime Rate	Number of crimes per 100,000 people (all crimes, including violent and property)	N/A	2,032.6
Violent Crime Rate	Number of violent crimes per 100,000 people (includes murder and non-negligent manslaughter, forcible rape, robbery and aggravated assault)	N/A	337.1
Property Crime Rate	Number of property crimes per 100,000 people (includes burglary, larceny-theft, and motor vehicle theft)	N/A	1,695.5
Unintentional Injuries	Number of unintentional injuries per 100,000 people	5,225.2	5,818.5
Perception of Safety	Percent of population that feels safe in their neighborhood	94.4%	91.6%
Distance to Park or Community Spaces	Percent of population living within a quarter mile of a park of community space	41.5%	61.3%
Access to Community Spaces	Percent of population living within a quarter mile of a park or community space that is greater than 300 sq. ft per residence (dwelling unit)	38.6%	53.2%
Recreational Facilities	Number of recreational facilities per 100,000 people	N/A	18.1
Public Transportation to Work	Percent of population taking public transportation to work	1.4%	3.2%
Average Travel Time to Work	Average travel time to work for workers age 16 or older (in minutes)	27.3	25.4
SOCIAL			
Food Insecurity	Percent of population with income 200 percent of poverty or less, who have experienced food insecurity	40%	38.5%
Lack of Health Insurance	Percent of population without health insurance, 18 to 64 years of age	14.2%	9.2%
Linguistic Isolation	Percent of population isolated because they are unable to communicate effectively in English	7.9%	7.5%
Internet Access	Percent of population who have access to Internet at home using a computer	91.9%	90.8%
Voted in the last Presidential Election	Percent of residents registered to vote who voted in the 2016 presidential election	N/A	81.5%
Voted in Federal/State/Local Election	Percent of population who voted in Federal, State or local elections in the last 12 months	46.9%	43.8%
Volunteerism	Percent of residents who volunteer	N/A	25.5%
Volunteered for a charitable organization	Percent of population who volunteered for a charitable organization in the last 12 months	19.2%	17.4%

**Regional data on population, including families with children, below the federal poverty line is from the 2012-16 American Community Survey 5-Year Estimates*

North Inland Survey Results – Priorities (N=115)

Needs Assessment Survey - North Inland Region Priorities In Order of Importance



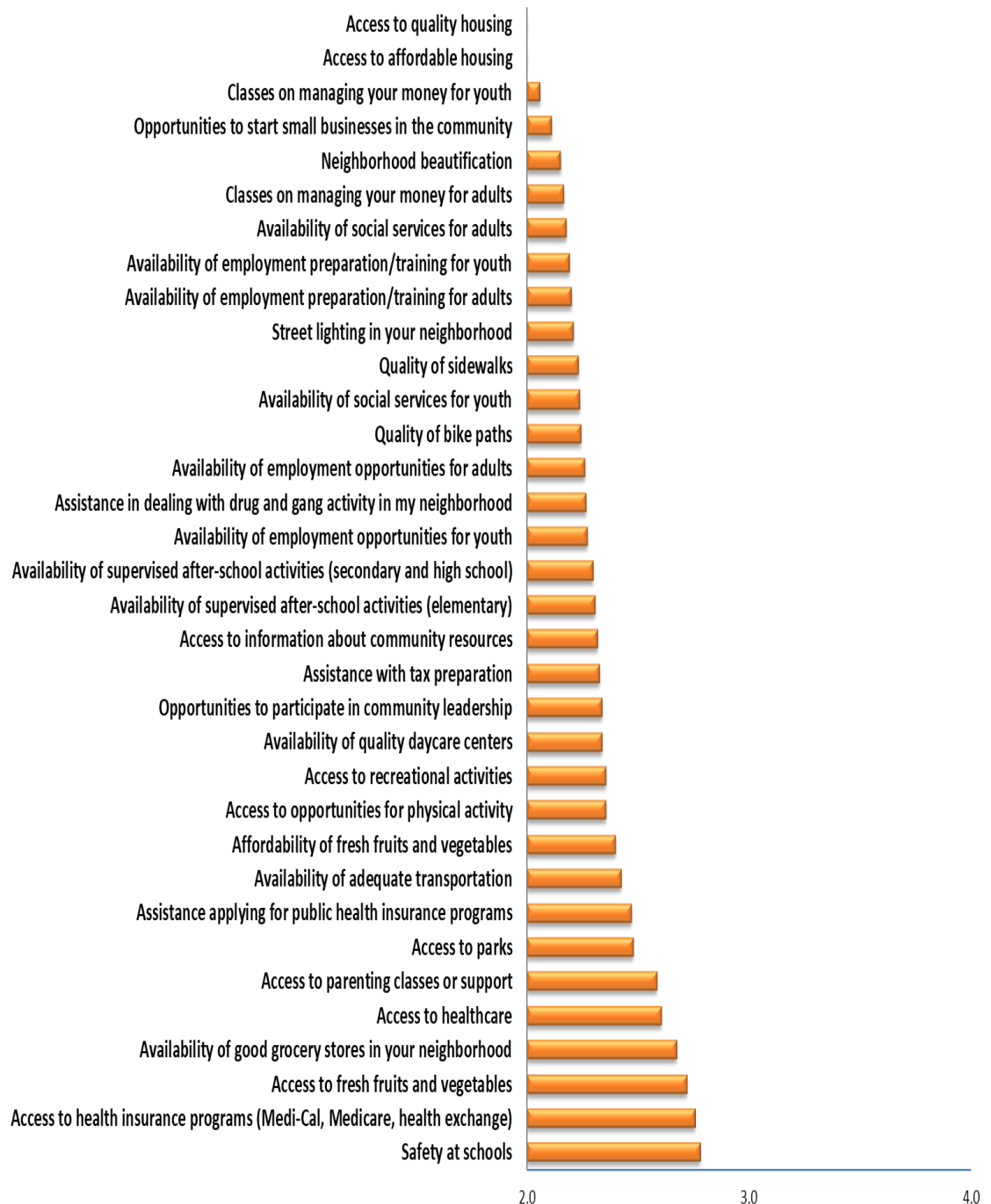
■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

Average response determined by using assigned response values and total number of responses per question

North Inland Survey Results - Satisfaction (N=115)

Needs Assessment Survey - North Inland Region Satisfaction of Services



■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

Average response determined by using assigned response values and total number of responses per question

North Inland Key Findings – Surveys

- Importance – Top three that scored highest:
 - Safety at schools
 - Access to healthcare
 - Access to fresh fruits and vegetables
- Satisfaction – Bottom three in terms of satisfaction:
 - Access to affordable housing
 - Access to quality housing
 - Classes on managing your money for youth

North Inland Public Forum

In North Inland Region, Arboreta Group LLC (Arboreta) partnered with Escondido Education COMPACT (COMPACT) to collect surveys throughout the region and host a community forum. The Data Collection



Team (Team) in this region consisted of a COMPACT staff, Arboreta staff, and a parent liaison and parent at an elementary school in the target region (Felicita Elementary). The forum was promoted through COMPACT clients and the Resident Leadership Academy (RLA) Graduate community, the Felicita Elementary Community, Escondido community partners, and social media. To reflect the language needs of the attendees, the introductions for the forum were done in Spanish and English, while the rest of the presentation was done in Spanish, with one Arboreta staff providing

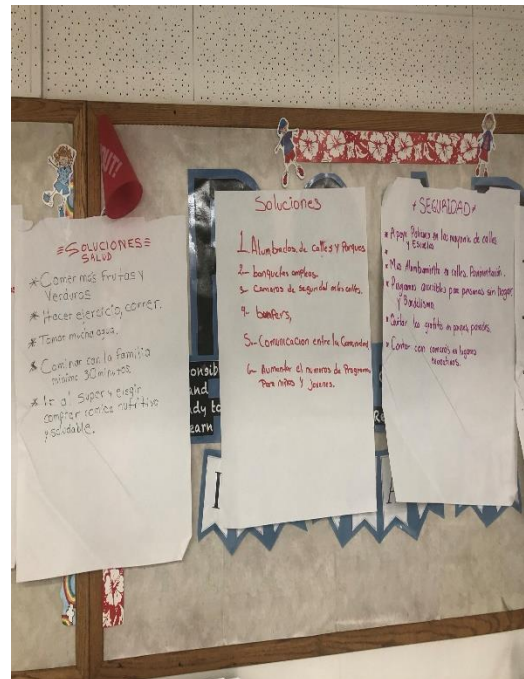
simultaneous translation/information in English to the few monolingual English speakers seated together. The greatest concerns expressed by participants, in no particular order, across all three categories (Health, Safety, and Thriving) are listed below:

- Affordable housing, particularly for families
- Better and more lighting and signage
- More opportunities for physical and recreational activities, free or low-cost, for people of all ages.
- A greater and better police presence in the community
- More and lower cost health clinics, with bilingual staff and flexible hours
- More education on everything from job readiness to human and immigrant rights

There were 116 responses in small groups to the prompt for ideas to improve their community across the three categories of Health, Safety, and Thriving. Within each group there was little overlap between the solutions offered but as they were listed on chart paper across all groups, there were no ideas that were collapsed into one, which resulted in some overlap. Those suggestions that received at least one vote

during the final prioritizing activity are listed below - note comments are unedited from forum participants:

- Sports programs at low cost
- Health education centers
- Lower rent
- Low income apartments for families
- Trampoline parks
- Skate parks for youth
- More opportunities for families to work together
- More police patrols in streets and schools
- More streetlighting
- Better street paving
- Accessible programs for the homeless
- Security cameras in recreation areas
- More responsible pet ownership
- Greater job security
- More affordable, safe housing
- More free educational activities
- More access to loans and scholarships
- More solar lighting in all streets
- More police patrols in areas of more violence
- Information about human rights and laws of the US
- More bilingual staff at clinics
- More flexible office hours at medical clinics including weekends
- Prohibiting ALL drug use (including marijuana)
- More security cameras in streets, parks, and schools
- Increased opportunities for income and financial stability
- More jobs for immigrants
- STOP signs or other traffic slowing solutions on Tulip Street
- Safe parks
- More affordable health insurance for the whole community
- More sports activities for people of all ages at existing parks
- Greater cleanliness in our community
- Lower cost health insurance
- Lower cost auto insurance
- More police
- More youth programs to keep them busy
- Sidewalks in areas where currently there are no safe areas to walk (especially for paths to school)
- More employment opportunities
- Community meetings
- Implement an assistance program to lower the cost of rent and property taxes



- Educational workshops on financial assistance
- More recreation areas
- Community gardens
- More places to exercise
- Safe parks for walking/running
- Removing street graffiti
- More grocery stores with affordable products
- Safer parks and recreation areas with more of a police presence
- More health clinics
- Health insurance at low cost
- More accessible parks
- More health clinics
- More police patrols in streets and schools
- Place traffic lights in place of STOP signs to make sure cars do full stops
- More restrictions on the sale of guns/weapons
- Increase services to prevent gang involvement
- More job training
- More job permits and stability for immigrants
- More lighting in parks
- More recreational parks
- Promoting community unity
- More education on health promotion
- More knowledge of our rights
- More communication between community members and neighbors
- More access to education
- Better lighting in streets and parks
- More dialogue among community members
- Increase the number of programs for children and youth
- Safe streets for walking/running
- Better lighting
- More sidewalks, particularly on Tulip and Redwood Streets
- More recreation activities
- More streetlighting in high crime areas
- More clinics and medical service providers
- Health insurance for low-income people
- More free sports activities at existing parks
- Fresher food at grocery stores
- Keeping the community cleaner
- Building more parks
- More employment opportunities
- Lower taxes

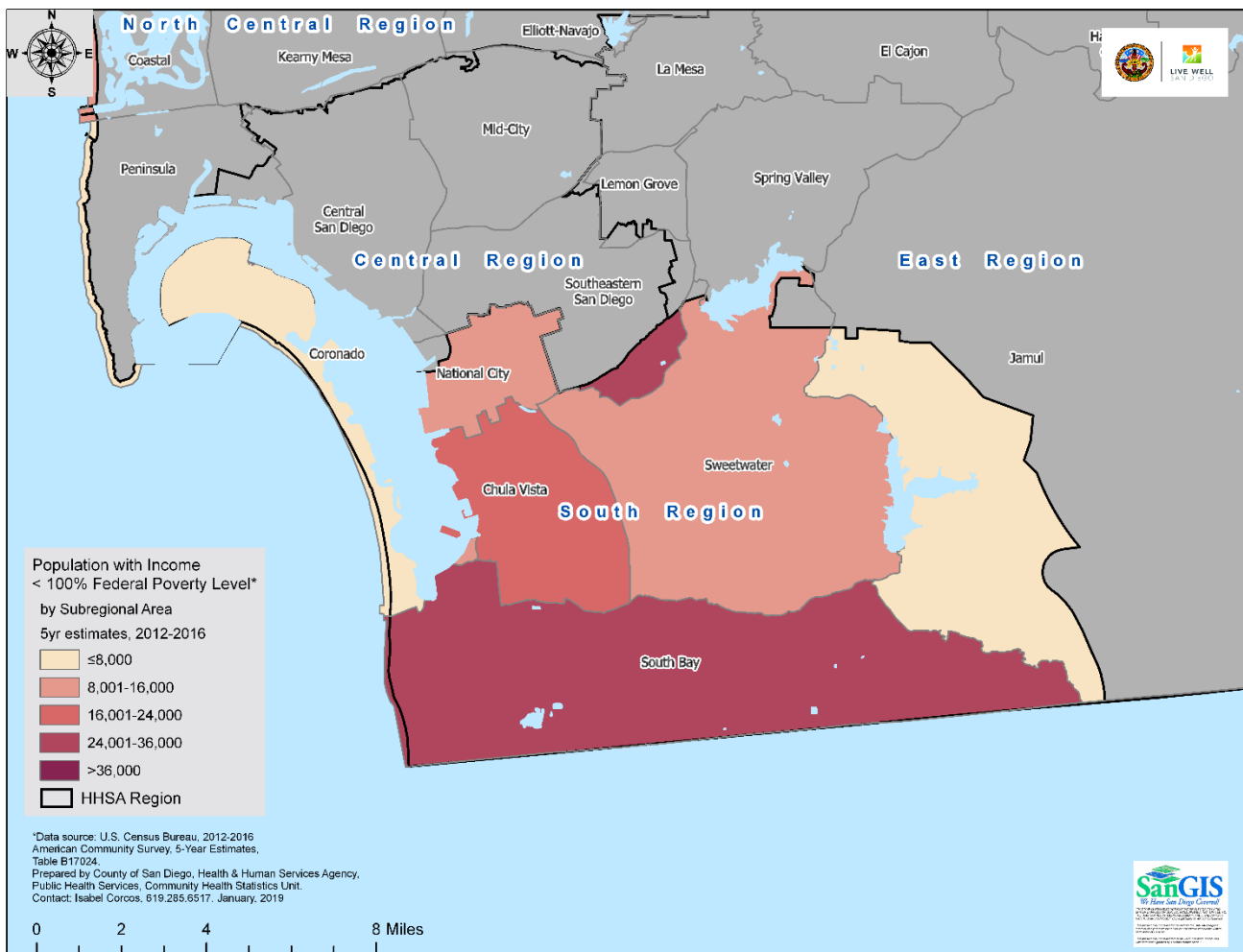


- Job skills programs
- Career fairs for access to jobs and careers
- More pedestrian safety signage, especially around kids
- More lighting in public areas
- Promoting people calling police or child protective services when people see domestic violence or child abuse
- Youth center with afterschool programming
- Safety cameras in streets
- More street lighting
- Help from the city for better sidewalks and streets
- More community coordination/communication in dealing with the City
- More programs to help the homeless
- No sale of guns/weapons without permits
- More street lighting
- More job training centers

As seen in the list above, many concerns and solutions offered repeated similar themes. The solutions covered areas such as housing, policing, education (across multiple issues), access to physical and recreational activity, and lower cost healthcare access. In several groups, five items were often repeated across topics: the affordability of essential needs (housing, food, insurance, medical care), infrastructure issues (roads, lighting, exercise and recreational activities), policing (more frequent and better relationships between residents and community), social services (homeless needs, job training), and general safety (gang activity, drug activity, car accidents).

South Region Details

- Data Team Subcontractor – Casa Familiar
- 49 Community Forum Participants
- 221 Completed Surveys

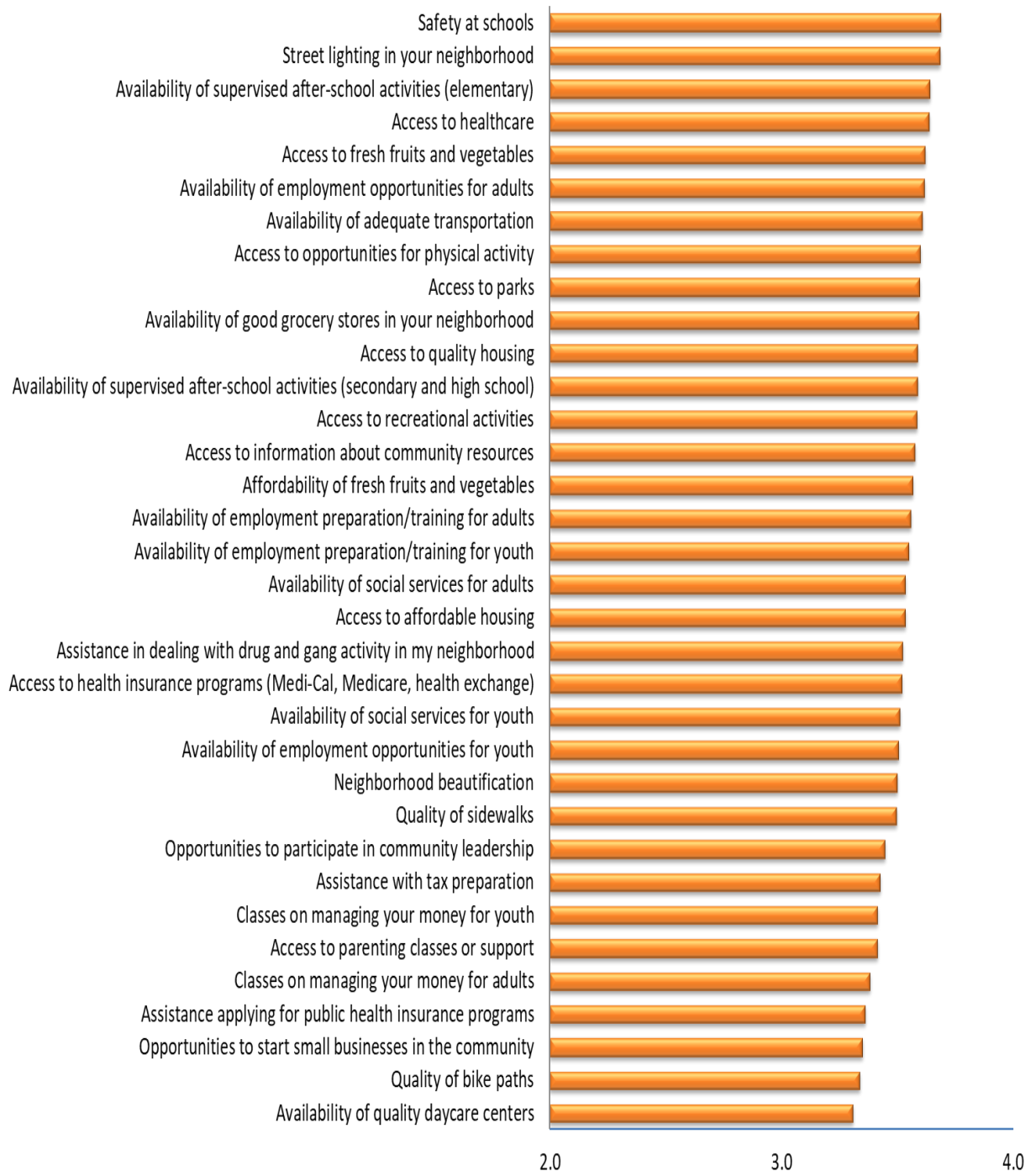


Indicator	Measure	South Region	San Diego
HEALTH			
Life Expectancy Measure of length and duration of life	Life Expectancy Measure of length and duration of life	81.7 yrs.	82.1 yrs.
Cigarette Smoking	Percent of population who smoked cigarettes in the last 12 months	14.1%	14%
Exercise	Percent of population spending 2 or more hours exercising per week	52.8%	57.5%
Doctor Visits	Percent of population having visited a doctor in the last 12 months 6 or more times	26.3%	29.2%
Quality of Life	Percent of population that is sufficiently healthy to be able to live independently (not including those who reside in nursing homes or other institutions)	93.8%	94.8%
KNOWLEDGE			
High School Diploma or Equivalent	Percent of population with a High School Diploma or Equivalent	77.2%	85.8%
Less Than a High School Diploma or Equivalent	Percent of population with less than a High School Diploma or Equivalent	22.8%	14.2%
Bachelor's Degree	Percent of population with a bachelor's degree	23%	35.2%
Graduate or Professional Degree	Percent of population with a Graduate or Professional Degree	7.7%	13.5%
School Enrollment	Percent of combined gross school enrollment of school aged population	87.8%	91%
STANDARD OF LIVING			
Poverty Rate (At/Below FPL) – Total Population	Percent of total population living below the Federal Poverty Level (FPL)	15.1%*	13.3%
Poverty Rate (At/Below FPL) – Families with children	Percent of total population of families with children living below the Federal Poverty Level (FPL)	18.1%*	9.5%
Poverty Rate (At/Below FPL) – Female Head of Household Families	Percent of the families living below the Federal Poverty Level (FPL) that are headed by a female householder	N/A	23.5%
Poverty Rate (At/Below FPL) – Children	Percent of children ages 0-18 living below the Federal Poverty Level (FPL)	N/A	17.1%
Poverty Rate (At/Below FPL) – Seniors	Percent of Seniors age 65 and over living below the Federal Poverty Level (FPL)	N/A	9%
Unemployment Rate (5-Yr Trend)	Percent of total labor force that is unemployed (activity seeking employment and willing to work)	10.8%	8%
Spending less than 1/3 Income on Housing	Percent of population spending less than 1/3 of income on housing	50.8%	52.9%
Per Capita Income	Population Per Capita Income	\$24,490	\$33,077
Median Household Income	Population Median Household Income	\$62,418	\$71,758
Checking Accounts	Percent of population with an interest or non-interest checking account	52%	59.3%
Savings Accounts	Percent of population with a savings account	56%	60.8%

Indicator	Measure	South Region	San Diego
COMMUNITY			
Crime Rate	Number of crimes per 100,000 people (all crimes, including violent and property)	N/A	2,032.6
Violent Crime Rate	Number of violent crimes per 100,000 people (includes murder and non-negligent manslaughter, forcible rape, robbery and aggravated assault)	N/A	337.1
Property Crime Rate	Number of property crimes per 100,000 people (includes burglary, larceny-theft, and motor vehicle theft)	N/A	1,695.5
Unintentional Injuries	Number of unintentional injuries per 100,000 people	6,414.3	5,818.5
Perception of Safety	Percent of population that feels safe in their neighborhood	N/A	91.6%
Distance to Park or Community Spaces	Percent of population living within a quarter mile of a park or community space	77.4%	61.3%
Access to Community Spaces	Percent of population living within a quarter mile of a park or community space that is greater than 300 sq. ft per residence (dwelling unit)	70.1%	53.2%
Recreational Facilities	Number of recreational facilities per 100,000 people	N/A	18.1
Public Transportation to Work	Percent of population taking public transportation to work	4.7%	3.2%
Average Travel Time to Work	Average travel time to work for workers age 16 or older (in minutes)	26.4	25.4
SOCIAL			
Food Insecurity	Percent of population with income 200 percent of poverty or less, who have experienced food insecurity	35.8%	38.5%
Lack of Health Insurance	Percent of population without health insurance, 18 to 64 years of age	11.1%	9.2%
Linguistic Isolation	Percent of population isolated because they are unable to communicate effectively in English	12.1%	7.5%
Internet Access	Percent of population who have access to Internet at home using a computer	87.7%	90.8%
Voted in the last Presidential Election	Percent of residents registered to vote who voted in the 2016 presidential election	N/A	81.5%
Voted in Federal/State/Local Election	Percent of population who voted in Federal, State or local elections in the last 12 months	37%	43.8%
Volunteerism	Percent of residents who volunteer	N/A	25.5%
Volunteered for a charitable organization	Percent of population who volunteered for a charitable organization in the last 12 months	14.8%	17.4%

**Regional data on population, including families with children, below the federal poverty line is from the 2012-16 American Community Survey 5-Year Estimates*

South Region Survey Results - Priorities (N=221)

Needs Assessment Survey - South Region Priorities In Order of Importance

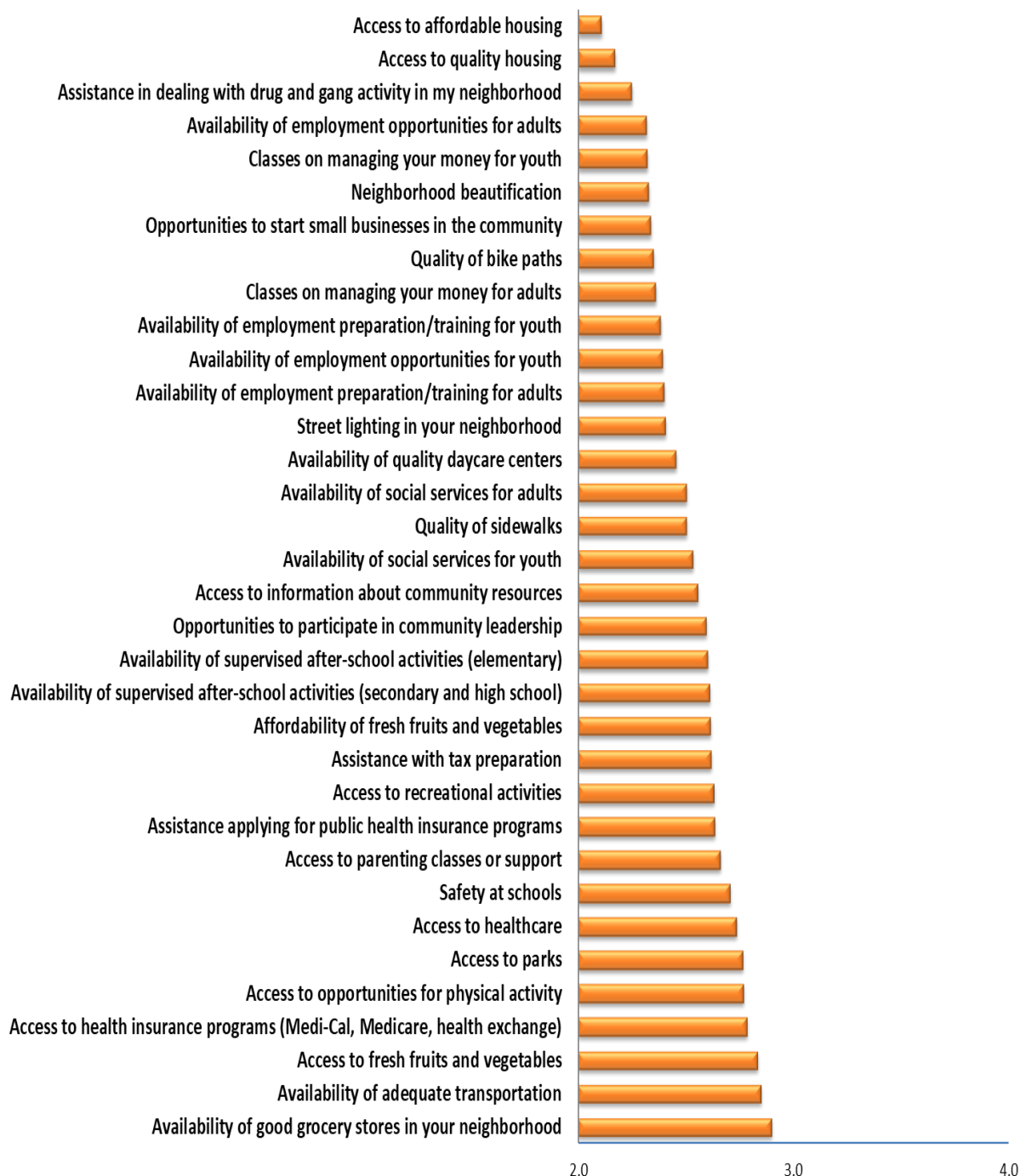
■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

Average response determined by using assigned response values and total number of responses per question

South Region Survey Results – Satisfaction (N=221)

Needs Assessment Survey - South Region Satisfaction of Services



■ Weighted Average Score using a Scale of 1-4

Answers ranked by average response on basis of perceived importance from highest to lowest value

Average response determined by using assigned response values and total number of responses per question

South Region Key Findings – Surveys

- Importance – Top three that scored highest:
 - Safety at schools
 - Street lighting in your neighborhood
 - Availability of supervised after-school activities (elementary)
- Satisfaction – Bottom three in terms of satisfaction:
 - Access to affordable housing
 - Access to quality housing
 - Assistance with dealing with drug and gang activity in my neighborhood

South Region Public Forum

In South Region, Arboreta Group LLC (Arboreta) partnered with Casa Familiar (Casa) to collect surveys and host a community forum. The Data Collection Team (Team) in this region consisted of Arboreta staff, a couple of Casa staff (including a Resident Leadership Academy (RLA) facilitator) and a community member/RLA graduate. The Team worked to ensure the forum was culturally appropriate. Casa staff and the RLA graduate advised that a daytime forum, primarily facilitated in Spanish and targeting one of their very well attended Zumba exercise classes, would be an effective way of gathering a large and diverse portion of the community. Despite bad weather on the day of the event, the forum was well attended by many Zumba class participants and other community members. Most of the forum involved small group discussions of the community related to Health, Safety, and Thriving, facilitated by Team members in Spanish in clusters throughout the San Ysidro Civic Center.

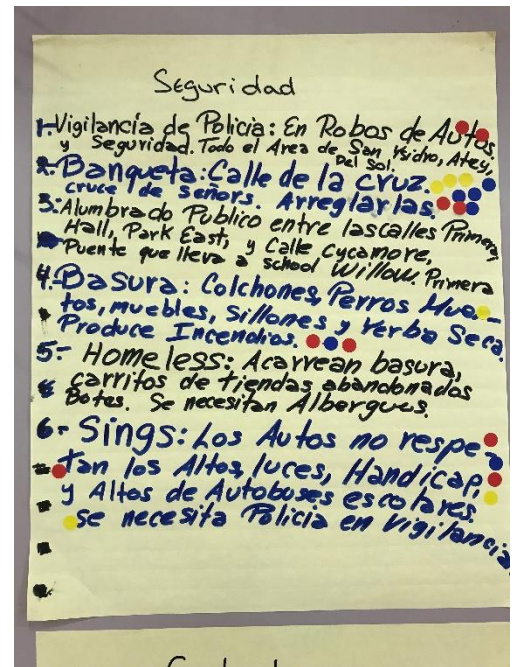


From the needs suggested by all the groups present, participants were asked to signal their top priorities. Those priorities across all categories (Health, Safety, and Thriving), in no particular order, are listed below.

- Affordable housing, particularly for families
- Improved street cleanliness, including from large trash items like mattresses
- Pedestrian safety improvements, particularly for the elderly and disabled, including ramps and lighting
- Greater access to kinder, closer, and bilingual health services, particularly for medical specialties
- More areas for recreation and exercise
- Less pollution and smog
- More job opportunities for older adults
- Access to healthy and affordable foods
- A greater police presence, including a police station in the 92173-zip code

There were 64 responses in small groups to the prompt for ideas to improve their community across the three categories of Health, Safety, and Thriving. Participants were ultimately able to select which solutions/ideas they supported most, in their original wording by those that offered them as options. Those that received at least one vote during the final prioritizing activity are listed below - note comments are unedited from forum participants:

- Sidewalks: Calle de La Cruz (San Ysidro). Fix them, particularly to make them easier to cross for senior citizens.
- More lighting, solar or light posts
- Signage: more police patrols and education. Cars don't respect pedestrians at lights or stop signs, don't respect the disabled, and don't respect stops around school buses
- Would be useful to promote government programs (at the local level) that pay or give credit for offering affordable housing
- Trash: more clean-ups and solutions to deal with mattresses, dead animals (dogs, furniture, couches left abandoned and dry brush
- Affordable housing
- Preventing access to marijuana for youth going to dispensaries
- Better infrastructure and cleanliness in the community
- More street cleaning and vegetation management (like dead trees and dry grass)
- Police patrols: looking out for car theft and overall safety. All of San Ysidro, Otay, and Del Sol
- From another angle, it would also be important to promote rent control at a local (and state) level
- Promote a program with the City Council to do a periodic inspection of public lighting in the community
- It is important to make a lobbying effort with the Sweetwater School District to share the concerns of the community regarding the negative impact of the budget cuts to the San Ysidro Adult School
- Access to affordable housing
- Parks, physical education, sports
- Markets with healthy food at affordable prices
- Mental health programs for youth and adults
- More patrols by car, bicycle or on foot so they know the community and its problems
- Self-defense classes for all ages
- Repair sidewalks for better safety while walking
- It would be helpful to provide training programs for older individuals looking for work
- Would be useful to implement a program (public-private partnership) that incentivizes local businesses to employ older workers (a certain % of them)



- Restaurants with healthy and affordable food
- Less contamination to deal with respiratory problems
- Extend length of red and green lights at stop lights for pedestrians
- Medical health: more clinics and specialists with less limited hours
- Healthy markets that sell more vegetables, less junk food.
- More access to medicines, friendlier and closer pharmacies
- Better access for the elderly, more ramps on sidewalks

As with many of the solutions provided by community members in other regions, there is overlap in the solutions provided by those South County residents who participated in this forum. Similar themes emerged, including concerns about affordable housing, the issue of how to deal with the homeless population, pedestrian and cyclist safety, cleanliness of streets, access to affordable and appropriate medical care, and access to physical and recreational activities, and access to healthy and affordable food. Two areas that distinguished some of the frequently mentioned concerns and solutions in the South region were related to policing and pollution. Several groups and people mentioned the lack of a police presence in the area. It seems there are no police stations in their zip code and very minimal patrolling in the area. Community members would like to see not just a greater police presence but a true community policing model where officers get to really know the community. So far as contamination/pollution, residents are keenly aware of the high smog levels they suffer through because of the proximity to the border. Respiratory illnesses and conditions are common in that community and residents expressed a desire to see more done to combat the pollution.

Lessons Learned

In two instances, Central and North Coastal, participation at the originally scheduled forums was low and required the Team to be flexible in rescheduling and re-formatting the community data collection process. In both regions, an alternative process was used that proved to be just as effective and insightful in gathering the data needed from the community. Issues and solutions identified in those two regions were no less insightful and diverse as those derived from the more traditional forum format. In fact, there were added benefits to this alternate format, including the ability to connect with a wider variety of participants than a singular forum event, decreased planning time needed before carrying out these discussions, and cost savings in event expenses such as rental fees, food, and childcare.

A significant lesson for future Community Needs Assessment processes is to recognize that there are already venues to connect with residents and leveraging those may be more effective than asking folks to take additional time out of their busy lives to go to another forum. The ability to go directly out into the community rather than expect a few community members to self-select and come to a singular event on a specific evening makes this alternate forum format a desirable option for future efforts.

In addition, there is an opportunity to utilize community-friendly technology tools to enable greater participation. Tools such as virtual town halls, Textizen, Facebook engagement surveys, and door-to-door contact are additional ways to understand community needs that could strengthen the breadth of input.

Conclusion

This Community Needs Assessment saw increased participation over previous years, yielding valuable input regarding the priorities of low-income communities and identifying focus areas for the 2020-2021 CAP Plan. Unsurprisingly, housing (both affordability and quality) was a consistent theme across both survey respondents and public forum participants. Other issues that rose to the top in terms of community needs included: access to health resources (healthcare and healthy food and recreation options); help with neighborhood safety (including addressing drug and gang issues, making sure kids have safe activities to participate in and improving police/citizen relationships); and support with increasing economic opportunity (including supporting small business development and improving personal financial literacy). The feedback provided through the Community Needs Assessment process will help guide CAP programs and resources for the next two years and will also be made available to other groups, including resident leaders, working in low-income communities to help identify opportunities for collaboration.