

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: CA-505 - Richmond/Contra Costa County CoC

1A-2. Collaborative Applicant Name: Contra Costa Health Services

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Contra Costa Health Services

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

| Organization/Person Categories | Participates in CoC Meetings | Votes, including electing CoC Board | Sits on CoC Board |
|--|------------------------------|-------------------------------------|-------------------|
| Local Government Staff/Officials | Yes | Yes | Yes |
| CDBG/HOME/ESG Entitlement Jurisdiction | Yes | Yes | Yes |
| Law Enforcement | Yes | Yes | Yes |
| Local Jail(s) | No | No | No |
| Hospital(s) | Yes | No | No |
| EMT/Crisis Response Team(s) | No | No | No |
| Mental Health Service Organizations | Yes | Yes | No |
| Substance Abuse Service Organizations | Yes | Yes | No |
| Affordable Housing Developer(s) | Yes | Yes | Yes |
| Public Housing Authorities | Yes | Yes | Yes |
| CoC Funded Youth Homeless Organizations | Yes | Yes | No |
| Non-CoC Funded Youth Homeless Organizations | Yes | No | No |
| School Administrators/Homeless Liaisons | Yes | No | No |
| CoC Funded Victim Service Providers | Yes | Yes | No |
| Non-CoC Funded Victim Service Providers | No | No | No |
| Street Outreach Team(s) | Yes | Yes | Yes |
| Youth advocates | Yes | Yes | Yes |
| Agencies that serve survivors of human trafficking | Yes | Yes | No |
| Other homeless subpopulation advocates | Yes | Yes | No |
| Homeless or Formerly Homeless Persons | Yes | Yes | Yes |
| Faith Community | Yes | Yes | Yes |
| | | Not Applicable | Not Applicable |
| | | Not Applicable | Not Applicable |

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

All Contra Costa Council on Homelessness Exec Board, CoC, & cmte mtgs are open to the public & widely publicized via listservs (250+ emails), CoC website, Cty bulletin boards, & announcements at public mtgs.

IMPROVED PIT COUNT: Contra Costa Homeless Outreach (CoC Bd mem.) planned unsheltered count w/2015 PIT Count Cmte; led to full surveys of all encampments w/GPS tracking, allowing mapping of encampment sites to assess gaps in svcs.

CON PLAN COLLABORATION: CoC Bd Chair, CDBG lead for Antioch, represents our Collaborative of cty & city Con Plan jurisdictions. Served on cmte for 2014 strategic plan update process, which led to joint CoC/Con Plan survey on homelessness with 500+ responses to inform our goals & strategies.

PHA HOMELESS PREFERENCE: Cty Housing Auth. ED (CoC Bd mem.) is on Coord. Entry & HUD Grantee Cmtes; initiated discussion of new PHA homeless preference for HCVs targeting PSH clients ready to graduate to less intensive svcs, freeing up PSH units to house CH persons.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

| Youth Service Provider (up to 10) | RHY Funded? | Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015). | Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015). |
|---|----------------|---|---|
| Contra Costa Health Services – Contra Costa Youth Continuum of Services | Yes | Yes | Yes |
| Northern California Family Center | Yes | No | No |
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1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

| Victim Service Provider for Survivors of Domestic Violence (up to 10) | Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015). | Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015). |
|---|---|---|
| STAND! for Families Free of Violence | Yes | No |
| Contra Costa Health Services | Yes | Yes |
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1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

| Opening Doors Goal | CoC has established timeline? |
|--|-------------------------------|
| End Veteran Homelessness by 2015 | Yes |
| End Chronic Homelessness by 2017 | Yes |
| End Family and Youth Homelessness by 2020 | Yes |
| Set a Path to End All Homelessness by 2020 | Yes |

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
 (limit 1000 characters)**

The CoC Exec. Bd. is responsible for the creation of cmtes to implement the strategies identified in our strategic plan update, Forging Ahead, to meet the goals of Opening Doors.

ZERO:2016 LEADERSHIP CMTE: sets direction for Zero:2016 campaign; supports outreach, engagement, & communication activities to end veteran homelessness by 2015 & chronic homelessness by 2016.

HUD GRANTEES CMTE: implements national best practices to support prevention & permanent housing goals of CoC.

COORDINATED ENTRY CMTE: designs, pilots, & implements a coord. entry system to streamline access to housing & services while addressing barriers.

HMIS POLICY CMTE: improves HMIS bed coverage rates and logs coord. entry assessments in HMIS to support prioritization of most vulnerable clients into identified housing.

PERFORMANCE MEASURES CMTE: sets benchmarks & tracks progress on meeting goals through system-level reports.

CONSUMER ADVISORY BOARD: evaluates effectiveness of strategies from consumer viewpoint.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

The CoC encourages apps from from orgs that have not previously received CoC Program funding. A Public Solicitation notice of the local competition was sent to the CoC listserv (250+ emails), including cmtly partners from the ed. system, DV providers, affordable hsg developers, etc. The notice encouraged broad sharing, was posted on the Cty CoC website, sent to other cmtly lists (e.g., Multi-faith ACTION Coalition, Human Svcs Alliance), & posted on cty bulletin boards. The CoC Bd. reached out to non-CoC funded orgs.

The CoC offered a TA workshop to explain the available funds, eligible uses, scoring criteria, requirements, & local process/FAQs. Applicants receive on-call TA, accessed most frequently by new orgs. Each app receives feedback to improve. We had 1 PSH app from a new affordable hsg developer.

The scoring tool for new apps has 4 factors: HUD priorities; project design & readiness; agency capacity (incl. experience with non-CoC federal, state, or local grants); & budget.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Semi-Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

| Funding or Program Source | Coordinates with Planning, Operation and Funding of Projects |
|--|--|
| Housing Opportunities for Persons with AIDS (HOPWA) | Yes |
| Temporary Assistance for Needy Families (TANF) | Yes |
| Runaway and Homeless Youth (RHY) | Yes |
| HeadStart Program | Yes |
| Other housing and service programs funded through Federal, State and local government resources. | Yes |

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

| | Number | Percentage |
|---|--------|------------|
| Number of Con Plan jurisdictions with whom the CoC geography overlaps | 6 | |
| How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process? | 6 | 100.00 % |
| How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data? | 6 | 100.00 % |
| How many of the Con Plan jurisdictions are also ESG recipients? | 1 | |
| How many ESG recipients did the CoC participate with to make ESG funding decisions? | 1 | 100.00 % |

| | | |
|--|---|----------|
| How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities? | 1 | 100.00 % |
|--|---|----------|

1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

COC CONSULTATION W/CON PLAN: All Con Plan jurisdictions (cty & 5 largest cities) are part of a Consortium to coordinate ESG, CDBG, and HOME funds for the cty. Antioch, Concord & Cty CDBG/ESG staff are CoC Bd. voting members, updating the CoC at monthly Bd. mtgs. on funding & planning (90 min/mo.). CoC staff regularly meet w/Consortium staff (1 hr/mo.), plus phone & email, to coordinate efforts to prevent & end homelessness. Our CoC Bd Chair is CDBG lead for Antioch, & served on cmte for our 2014 strategic plan update process (2 hr/mo.), which led to joint CoC/Con Plan survey on homelessness with 500+ responses to inform our goals & strategies.

PARTICIPATION ON COC CMTEs: Consortium staff attend all CoC cmte mtgs. Involvement on Coord. Entry Cmte has incl. discussions of use of CDBG funds to support system. Our Perf. Measurement cmte has included all CoC & ESG projects, setting measures & benchmarks to evaluate system and project-level outcomes to inform future funding decisions.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

ESG FUNDING DECISIONS: The CoC Exec. Bd. coordinates w/all ESG recipients re: funding decisions. For entitlement jurisdictions, the Consortium bases funding priorities on the Con Plan, which quotes our CoC's 2014 strategic plan priorities, & presents funding recommendations for CoC Exec Bd approval. For state ESG, CA requires CoCs to review & rank all projects in our geography. Our CoC Governance Charter outlines our review process, which scores projects on leverage, component (RRH is highest priority), target pop (families, youth, & CH), and org. capacity.

DATA SHARING: Our improved 2015 PIT Count had more detailed Con Plan jurisdiction-level data, tracked in HMIS by client.

EVALUATION OF ESG OUTCOMES: System-wide measures to evaluate performance by program component are reviewed quarterly by the CoC Bd. Project-level measures are under development to enable the CoC Exec. Board to monitor all CoC and ESG projects, providing TA as needed and informing funding decisions.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Authorized as the 1st Zero Tolerance for Domestic Violence Cty in CA (SB 968), the CoC coordinates w/victim svc providers to offer a no wrong door approach where DV, family violence, elder abuse, & human trafficking survivors are connected to safe housing & svcs. STAND! for Families Free of Violence is our dedicated DV provider, offering 35 beds in 7 TH units (CoC-funded) & 25 ES beds.

SCENARIO A: When a survivor presents to a homeless agency (funded by CoC, ESG & others), our inclusive coord. entry process ensures that survivors are identified via assessment & referred to STAND! via 24/7 crisis line to connect to appropriate svcs.

SCENARIO B: Integration of our victim svc providers across multiple disciplines allows referrals to the appropriate housing/svc intervention. STAND! refers clients to our coord. entry system, which is being designed to address the safety needs of survivors. STAND! Is transitioning to client data software that will securely & safely interface w/our HMIS.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

| Public Housing Agency Name | % New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry | PHA has General or Limited Homeless Preference |
|--|--|--|
| Housing Authority of Contra Costa County | | Yes-HCV |
| City of Pittsburg Housing Authority | 0.00% | No |
| City of Richmond Housing Authority | | No |
| | | |
| | | |

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

CalWORKS: Cty Employment & Human Svcs partners w/CoC provider SHELTER, Inc. were awarded \$1.1M in state funding for rental assistance, housing search & placement, & linkages to svcs to rapidly rehouse families who are homeless or at imminent risk; over 100 families served in 1st 7 months of operation.

SSVF: 3 grantees in Contra Costa (SHELTER, Inc., Berkeley Food & Housing Project, & East Bay Cmty Recovery Project) receive a total of \$483K in Supportive Services for Veteran Families funds, providing case mgmt., deposits, rental assistance, & other svcs to homeless and at-risk veteran families.

HUD-VASH: 160 vouchers administered by the Housing Authority of Contra Costa Cty to provide rental assistance for homeless veterans with case mgmt. & clinical svcs from the VA Northern CA Health Care System.

HOPWA: \$533k formula allocation to Cty as a sub-grantee to the City of Oakland, portion of which funds RCD Lakeside Apts. (12 homeless units) & CCIH Housing Advocates (accessible to homeless clients across CoC).

MHSA: \$31.5M in State Mental Health Services Act funding to Cty Behavioral Health Division, which includes coordination of staff & resources with Cty Homeless Program & 120 supportive housing beds w/SHELTER, Inc. (CoC provider). Discussions underway to link MHSA beds to coord. entry system.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

| | |
|---|-------------------------------------|
| Engaged/educated local policymakers: | <input checked="" type="checkbox"/> |
| Engaged/educated law enforcement: | <input checked="" type="checkbox"/> |
| Implemented communitywide plans: | <input checked="" type="checkbox"/> |
| No strategies have been implemented: | <input type="checkbox"/> |
| Implemented Homeless Court & Behavioral Health Court, offering alternative sentencing | <input checked="" type="checkbox"/> |
| Implemented Homeless Encampment Protocol in partnership with Cty Flood Control | <input checked="" type="checkbox"/> |
| Developing Assisted Outpatient Treatment program, civil court ordered treatment for SPMI, w/provision for special needs of homelessness | <input checked="" type="checkbox"/> |

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

| | |
|-------------------------|-------------------------------------|
| Foster Care: | <input checked="" type="checkbox"/> |
| Health Care: | <input checked="" type="checkbox"/> |
| Mental Health Care: | <input checked="" type="checkbox"/> |
| Correctional Facilities | <input checked="" type="checkbox"/> |
| None: | <input type="checkbox"/> |

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

| | |
|--------------------------|-------------------------------------|
| Foster Care: | <input checked="" type="checkbox"/> |
| Health Care: | <input checked="" type="checkbox"/> |
| Mental Health Care: | <input checked="" type="checkbox"/> |
| Correctional Facilities: | <input checked="" type="checkbox"/> |
| None: | <input type="checkbox"/> |

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness. (limit 1000 characters)

NOT APPLICABLE. We are proud of our continued collaboration and commitment CoC-wide to not discharge into homelessness from these institutions. Examples of our coordination include connecting foster youth to our Independent Living Skills Program, health care placements into our Philip Dorn Respite Center in Concord (which received the 2015 Medical Respite Award for Excellence from the National Health Care for the Homeless Council), connecting mental health patients to MHSA-funded supportive housing (including Board & Care facilities), and implementation of the County Reentry Strategic Plan under CA AB 109, which includes formalized pre-release planning and enrollment in public benefits.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

In 2015, we piloted & began implementation of our Coordinated Entry (CE) system.

OUTREACH & ENGAGEMENT: We have 3 entry points for clients in a housing crisis: call centers, multi-service centers (MSCs), & outreach teams. Multiple entry points, incl. phone & outreach, cover our large geography for easy access our CE system.

ADVERTISING: Our CE process is advertised widely, online & via flyers, w/the CoC, homeless & housing svc providers, & mainstream partners—incl. hospitals, clinics, VA, & faith-based—to promote awareness & access. Outreach teams & MSCs distribute cards about CE system entry points.

APPROPRIATE HOUSING & SERVICES: VI-SPDAT assessments occur for clients receiving crisis svcs in ES & TH, at MSCs, & via outreach teams. Our HMIS tracks VI-SPDAT scores to prioritize clients for PSH or RRH based on need. Our Housing Placement Cmte convenes weekly to review & place top scoring clients into housing via case conf., in a transparent process that promotes Housing 1st.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

| Organization/Person Categories | Participates in Ongoing Planning and Evaluation | Makes Referrals to the Coordinated Entry Process | Receives Referrals from the Coordinated Entry Process | Operates Access Point for Coordinated Entry Process | Participates in Case Conferencing | Not Applicable |
|---|---|--|---|---|-------------------------------------|-------------------------------------|
| Local Government Staff/Officials | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| CDBG/HOME/Entitlement Jurisdiction | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Law Enforcement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local Jail(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Hospital(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| EMT/Crisis Response Team(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health Service Organizations | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Substance Abuse Service Organizations | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Affordable Housing Developer(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Public Housing Authorities | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Non-CoC Funded Youth Homeless Organizations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| School Administrators/Homeless Liaisons | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-CoC Funded Victim Service Organizations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Street Outreach Team(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homeless or Formerly Homeless Persons | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| E-form requires all rows be checked: as a result, I checked non-participating groups as 'N/A' | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

| | |
|---|---------|
| How many renewal project applications were submitted in the FY 2015 CoC Program Competition? | 24 |
| How many of the renewal project applications are first time renewals for which the first operating year has not expired yet? | 5 |
| How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition? | 19 |
| Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition? | 100.00% |

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

| | |
|---|-------------------------------------|
| Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.) | <input checked="" type="checkbox"/> |
| Performance outcomes from APR reports/HMIS | |
| Length of stay | <input checked="" type="checkbox"/> |
| % permanent housing exit destinations | <input checked="" type="checkbox"/> |
| % increases in income | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |

| | |
|--|-------------------------------------|
| Monitoring criteria | |
| Participant Eligibility | <input checked="" type="checkbox"/> |
| Utilization rates | <input checked="" type="checkbox"/> |
| Drawdown rates | <input type="checkbox"/> |
| Frequency or Amount of Funds Recaptured by HUD | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |

| | |
|---|-------------------------------------|
| Need for specialized population services | |
| Youth | <input type="checkbox"/> |
| Victims of Domestic Violence | <input type="checkbox"/> |
| Families with Children | <input type="checkbox"/> |
| Persons Experiencing Chronic Homelessness | <input checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> |
| | <input type="checkbox"/> |

| | |
|-------------|--------------------------|
| None | <input type="checkbox"/> |
|-------------|--------------------------|

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

Both our renewal & new scoring tools prioritized projects that served clients w/ the most severe needs & vulnerabilities. Local competition materials & the interview process highlighted the pop. served.

The CoC Bd.-approved renewal project scoring tool awarded 10 pts (of 100) to prioritization of chronically homeless households. The tool awarded 40 pts for performance outcomes (housing stability, income, non-cash mainstream benefits, & exists to homelessness), w/the Review & Rank Panel instructed to consider that outcomes will naturally be lower in a more difficult to serve population such as CH people & homeless people w/mental and/or addictive illnesses.

The new project scoring tool prioritized PSH over RRH, to promote projects serving CH from streets/shelter. 20 pts were awarded for program design, which incl. factors like staff being appropriately trained to meet the needs of the pop. to be served, cultural sensitivity, & physical accessibility for clients w/disabilities.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached) (limit 750 characters)

The local review & rank process for all projects is detailed in our CoC Governance Charter. Scoring tools were revised over the summer before the competition by our HUD Grantees/NOFA Cmte; tools were approved by the CoC Bd. on 9/22/15.

A Public Solicitation notice of the local competition process (incl. review, ranking & selection criteria) was sent to the CoC listserv (250+ emails) on 9/23/15, including cmtty partners from the ed. system, DV providers, affordable hsg developers, etc. The notice was posted on the Cty CoC website, sent to cmtty lists (e.g., Multi-faith ACTION Coalition, Human Svcs Alliance), & posted on cty bulletin boards. The CoC Bd. reached out to non-CoC funded orgs, offering a TA workshop on 9/25/15.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/16/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 11/04/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC monitors program performance via rigorous annual evaluations of performance on local & national performance measures & administrative efficiency & compliance. CoC staff collect project APRs, financial audits, HUD monitoring communications, client surveys, & a supplemental questionnaire. Project data is compiled in a visually compelling, user friendly, & interactive report, reviewed by projects & CoC staff, which includes: pop. Served, housing stability, time to housing placement, length of participation, exit destinations, change in income, connection to mainstream resources, monitoring/audit findings, CoC fund deobligation, draw downs, grant expenditure, utilization rate, & HMIS data quality. The Review & Rank panel, comprised of CoC Exec. Bd. members, uses these project reports to monitor project performance and recipient capacity. CoC staff & the HMIS Policy Cmte review HMIS data quarterly to evaluate quality, w/project-level performance measures under development for 2016.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. GC, 3; ALT 5, 10

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? ServicePoint
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Internet Systems LLC
Applicant will enter the name of the vendor (e.g., ABC Systems).

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

| Funding Source | Funding |
|-------------------------------------|------------------|
| CoC | \$175,567 |
| ESG | \$0 |
| CDBG | \$0 |
| HOME | \$0 |
| HOPWA | \$0 |
| Federal - HUD - Total Amount | \$175,567 |

2B-2.2 Funding Type: Other Federal

| Funding Source | Funding |
|---|------------|
| Department of Education | \$0 |
| Department of Health and Human Services | \$0 |
| Department of Labor | \$0 |
| Department of Agriculture | \$0 |
| Department of Veterans Affairs | \$0 |
| Other Federal | \$0 |
| Other Federal - Total Amount | \$0 |

2B-2.3 Funding Type: State and Local

| Funding Source | Funding |
|---------------------------------------|------------------|
| City | \$0 |
| County | \$173,899 |
| State | \$0 |
| State and Local - Total Amount | \$173,899 |

2B-2.4 Funding Type: Private

| Funding Source | Funding |
|-------------------------------|----------------|
| Individual | \$0 |
| Organization | \$0 |
| Private - Total Amount | \$0 |

2B-2.5 Funding Type: Other

| Funding Source | Funding |
|-----------------------------|----------------|
| Participation Fees | \$0 |
| Other - Total Amount | \$0 |

| | |
|---|------------------|
| 2B-2.6 Total Budget for Operating Year | \$349,466 |
|---|------------------|

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/15/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

| Project Type | Total Beds in 2015 HIC | Total Beds in HIC Dedicated for DV | Total Beds in HMIS | HMIS Bed Coverage Rate |
|---|------------------------|------------------------------------|--------------------|------------------------|
| Emergency Shelter beds | 527 | 24 | 253 | 50.30% |
| Safe Haven (SH) beds | 0 | 0 | 0 | |
| Transitional Housing (TH) beds | 354 | 26 | 220 | 67.07% |
| Rapid Re-Housing (RRH) beds | 140 | 0 | 138 | 98.57% |
| Permanent Supportive Housing (PSH) beds | 870 | 0 | 870 | 100.00% |
| Other Permanent Housing (OPH) beds | 0 | 0 | 0 | |

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Our ES & TH HMIS bed coverage rates are below 85% primarily due to one large faith-based provider, Bay Area Rescue Mission (BARM), which accounts for 191 ES beds (37%) & 101 TH beds (31%). BARM has declined repeated invitations to join our HMIS. Fortunately, we have engaged BARM leadership in renewed conversations to join our HMIS, offering free licenses and covering administrative costs, and BARM has tentatively committed to joining our HMIS in 2016, which will drastically increase our HMIS bed coverage rate, giving us a more complete picture of our crisis services and population served. This will also expand our entry points into our coordinated entry system.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

| | |
|--------------------------------------|-------------------------------------|
| VA Domiciliary (VA DOM): | <input type="checkbox"/> |
| VA Grant per diem (VA GPD): | <input type="checkbox"/> |
| Faith-Based projects/Rescue mission: | <input checked="" type="checkbox"/> |
| Youth focused projects: | <input type="checkbox"/> |
| HOPWA projects: | <input type="checkbox"/> |
| Not Applicable: | <input type="checkbox"/> |

2C-4. How often does the CoC review or assess its HMIS bed coverage? Quarterly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

| Universal Data Element | Percentage Null or Missing | Percentage Client Doesn't Know or Refused |
|---|----------------------------|---|
| 3.1 Name | 0% | 0% |
| 3.2 Social Security Number | 2% | 5% |
| 3.3 Date of birth | 0% | 1% |
| 3.4 Race | 0% | 1% |
| 3.5 Ethnicity | 0% | 1% |
| 3.6 Gender | 0% | 1% |
| 3.7 Veteran status | 1% | 0% |
| 3.8 Disabling condition | 1% | 0% |
| 3.9 Residence prior to project entry | 0% | 1% |
| 3.10 Project Entry Date | 0% | 0% |
| 3.11 Project Exit Date | 0% | 0% |
| 3.12 Destination | 0% | 1% |
| 3.15 Relationship to Head of Household | 0% | 0% |
| 3.16 Client Location | 0% | 0% |
| 3.17 Length of time on street, in an emergency shelter, or safe haven | 0% | 1% |

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

| | |
|--|-------------------------------------|
| CoC Annual Performance Report (APR): | <input checked="" type="checkbox"/> |
| ESG Consolidated Annual Performance and Evaluation Report (CAPER): | <input checked="" type="checkbox"/> |
| Annual Homeless Assessment Report (AHAR) table shells: | <input checked="" type="checkbox"/> |

| | |
|--------------------------|-------------------------------------|
| PIT/HIC; CoC Application | <input checked="" type="checkbox"/> |
| None | <input type="checkbox"/> |

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

| | |
|---|-------------------------------------|
| VA Supportive Services for Veteran Families (SSVF): | <input checked="" type="checkbox"/> |
| VA Grant and Per Diem (GPD): | <input checked="" type="checkbox"/> |
| Runaway and Homeless Youth (RHY): | <input checked="" type="checkbox"/> |
| Projects for Assistance in Transition from Homelessness (PATH): | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |
| None: | <input type="checkbox"/> |

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

Not applicable.

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/27/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/15/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

| | |
|--|-------------------------------------|
| Complete Census Count: | <input checked="" type="checkbox"/> |
| Random sample and extrapolation: | <input type="checkbox"/> |
| Non-random sample and extrapolation: | <input type="checkbox"/> |
| Supplemented HMIS count with client- and project-level surveys | <input checked="" type="checkbox"/> |

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

| | |
|--|-------------------------------------|
| HMIS: | <input type="checkbox"/> |
| HMIS plus extrapolation: | <input checked="" type="checkbox"/> |
| Interview of sheltered persons: | <input checked="" type="checkbox"/> |
| Sample of PIT interviews plus extrapolation: | <input type="checkbox"/> |
| | <input type="checkbox"/> |

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The 2015 sheltered PIT count was conducted using a combination of HMIS data collection & participant interviews. HMIS providers were asked to conduct a supplemental survey to ensure all information in HMIS was up-to-date. Non HMIS providers were given a full survey to administer to all clients. Volunteers also surveyed participants at service sites over a 3-day period (1/28-30) asking where consumers slept on the night of 1/27. The survey asked for full name, birthdate, & SSN of each person interviewed. Duplicate surveys were removed from the total count using HMIS. Missing data due to client refusal was extrapolated where there was data for 80% or more of the clients in the household & project type & there was no known reason to believe that characteristics at the non-participating projects were substantially different. The CoC chose this methodology w/ interviews of all clients to gain a more complete set of subpop. data about the clients we serve, incl. those not in HMIS.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

Not applicable.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

We included Berkeley Food and Housing SSVF, Destination Home, Women and Family Transitional Housing, and Mt. View in this year's PIT count as they are new projects. Maple House, Brookside Interim Housing Facility Veterans Beds, Philip Dorn Respite Center, County Homeless Program SSVF, Garden Parks Apartments, and SHELTER Family Emergency Shelter were not included in the 2015 count were due to the program changing their service model to no longer serve homeless clients, the project no longer being operational, or the project was consolidated with another project.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

| | |
|--|-------------------------------------|
| Training: | <input type="checkbox"/> |
| Provider follow-up: | <input checked="" type="checkbox"/> |
| HMIS: | <input checked="" type="checkbox"/> |
| Non-HMIS de-duplication techniques: | <input checked="" type="checkbox"/> |
| Partnerships with faith-based & mainstream providers | <input type="checkbox"/> |

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The 2015 PIT count methodology ensured better data quality through a few key changes.

HMIS DATA QUALITY: HMIS providers were asked to provide a supplemental questionnaire to refresh length of time homeless data recorded in HMIS.

CENSUS COUNT OF NON HMIS PROVIDERS: A full survey of all clients was administered by staff & cmty volunteers & the count was extended over 3 days to ensure everyone was counted.

STAFF AND VOLUNTEER PREPARATION: three trainings were conducted in multiple sites around the county explaining how to administer the survey.

VOLUNTEER OUTREACH: Partnership w/Multi-Faith ACTION Coalition resulted in the most volunteer participation in a PIT count to date.

USE OF HMIS: Program surveys collected from non-HMIS participating providers were entered into HMIS, allowing the CoC to efficiently and reliably deduplicate data.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/27/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/15/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

| | |
|---------------------------------------|-------------------------------------|
| Night of the count - complete census: | <input type="checkbox"/> |
| Night of the count - known locations: | <input checked="" type="checkbox"/> |
| Night of the count - random sample: | <input type="checkbox"/> |
| Service-based count: | <input checked="" type="checkbox"/> |
| HMIS: | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

FULL CENSUS, SERVICE SITE COUNT WITH VOLUNTEERS AND OUTREACH TEAMS: The CoC surveyed the entire geography during a 3-day PIT count data collection timeframe. For 3 days, outreach teams collected data on every person they encountered during their shifts, utilizing HMIS. Also, volunteers were assigned to service/community sites to conduct interviews, including food distribution sites, multi-service centers, soup kitchens, libraries, & health care facilities. Volunteers conducted a 5-10 minute survey w/each person experiencing homelessness they encountered, asking them where they slept on 1/27 & demographic information. Some individuals in encampments were not comfortable sharing personal information, were sleeping, or otherwise unwilling to talk. For these individuals, the 2015 PIT Observation Tool was completed to capture basic, observable information such as age & gender. This method allows us to collect complete data on our full population over our large geography.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

EXTENDED PIT COUNT TIME FRAME TO CONDUCT A FULL CENSUS COUNT: In previous years, the PIT was one day. Trained outreach teams from Anka & Contra Costa Homeless Outreach conducted surveys with on only 1 out of every 5 people they observed, and community volunteers conducted a tally count of people they observed on the streets. In 2015, the CoC decided to survey the entire homeless population while extending the PIT count data collection time frame from 1 to 3 days. The new methodology relied differently on outreach team participation, and called on volunteers to conduct interviews at service-sites.

REASON FOR CHANGE: The CoC recognized the importance of collecting full subpopulation & demographic data on the homeless population in our CoC, but also has a large, diverse geographic region to cover (almost the size of Rhode Island). While the count resulted in similar data on the total numbers of homeless people in the CoC, the quality of the data was better and more complete.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

| | | |
|------|-------------------------|--|
| | Training: | <input checked="checked" type="checkbox"/> |
| | "Blitz" count: | <input type="checkbox"/> |
| | Unique identifier: | <input checked="checked" type="checkbox"/> |
| | Survey question: | <input checked="checked" type="checkbox"/> |
| | Enumerator observation: | <input type="checkbox"/> |
| HMIS | | <input checked="checked" type="checkbox"/> |
| | None: | <input type="checkbox"/> |

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

INCREASED VOLUNTEER ENGAGEMENT: Changing the methodology to expand the time frame of the PIT count required more volunteers than in previous years. The Multi-Faith ACTION Coalition partnered with the CoC to engage new volunteers for the endeavor resulting in the highest volume of volunteer participation in any PIT Count to date.

INCREASED PARTNERSHIPS WITH SERVICE SITES: Service sites were actively engaged in assisting volunteers during the count. These partnerships improved the communication between our service providers and the sites in the CoC impacted by homelessness.

IMPROVED TRAINING: Three trainings were offered throughout the county for non-HMIS providers and volunteers to learn how to best administer the new survey.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

| | 2014 PIT (for unsheltered count, most recent year conducted) | 2015 PIT | Difference |
|--|---|----------|------------|
| Universe: Total PIT Count of sheltered and unsheltered persons | 2,009 | 2,031 | 22 |
| Emergency Shelter Total | 423 | 474 | 51 |
| Safe Haven Total | 0 | 0 | 0 |
| Transitional Housing Total | 257 | 230 | -27 |
| Total Sheltered Count | 680 | 704 | 24 |
| Total Unsheltered Count | 1,329 | 1,327 | -2 |

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

| | Between October 1, 2013 and September 30, 2014 |
|---|---|
| Universe: Unduplicated Total sheltered homeless persons | 1,728 |
| Emergency Shelter Total | 1,403 |
| Safe Haven Total | 0 |
| Transitional Housing Total | 454 |

3A-2. Performance Measure: First Time Homeless.

Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.

(limit 1000 characters)

ID’ING RISK FACTORS: Our Coord. Entry Cmte is developing a prevention/diversion screening tool to be used by 211 & other crisis svc entry points into our system to identify clients on the brink of homelessness & connect them to prevention & mainstream svcs. Potential factors identified incl. unemployment, eviction, & family instability.

STEPS TO REDUCE: Clients are connected to prevention providers (SHELTER, Inc., Trinity Ctr., Cty Homeless Program) via Contra Costa Crisis Center (211). Per our 2014 Strategic Plan, our Coord. Entry system is expanding landlord liaisons & developing a housing stability fund to help clients retain housing & avoid eviction. Season of Sharing provides \$900k annually in temporary financial assistance (emergency rent payments, utilities, & other aids to prevent homelessness) for families in crisis. Discharge planning w/hospitals, mental health, substance abuse treatment, corrections & foster care systems also help to reduce first time homelessness.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

TRACKING: Our Coord. Entry (CE) system uses the VI-SPDAT (which incl. length of homelessness as measure of vulnerability), which supports reducing length of homelessness. 96% of our providers are Housing first, and our CoC-wide performance measures, tracked in HMIS, incl. reducing avg. length of stay in emergency shelter for PH exits to less than 50 days (down from 53 days in 2013 to 51 in 2015). Goals TBD for street outreach & SSOs. Available housing is prioritized for longest term homeless & our CoC/ESG providers are committed to reducing length of homelessness.

STRATEGIES TO REDUCE: Our biggest barrier to reducing length of time homeless is our lack of affordable housing stock. Our Zero:2016 campaign, in partnership with Multi-faith ACTION Coalition, has improved landlord engagement, which allowed us to place 127 vets & 113 chronically homeless as of Sept. 2015. Our CE system includes our Landlord Engagement, Access & Placement (LEAP) Program, adding housing locators & navigators.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

| | Between October 1, 2013 and September 30, 2014 |
|---|--|
| Universe: Persons in SSO, TH and PH-RRH who exited | 1,121 |
| Of the persons in the Universe above, how many of those exited to permanent destinations? | 985 |
| % Successful Exits | 87.87% |

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

| | Between October 1, 2013 and September 30, 2014 |
|---|--|
| Universe: Persons in all PH projects except PH-RRH | 922 |
| Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations? | 853 |
| % Successful Retentions/Exits | 92.52% |

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

HMIS tracks exits and returns throughout our system through follow-up calls to determine client housing status upon exit. Our CoC-wide performance measures, tracked in HMIS & reviewed quarterly, incl. reducing returns to homelessness, reported by program component for clients exiting to permanent housing in previous and current year: ES target is 25% (29% in 2015), TH target is 9% (7% in 2015), RRH target is 7% (9% in 2015). Housing retention (more than 1 yr.) target for PSH is 98% (99% in 2015). Scoring factors for our local CoC Program competition incl. housing stability & exits to homelessness, monitoring project outcomes. Through our Coord. Entry (CE) system, we are developing new screening for prevention/diversion that will be implemented in our crisis svcs entry points. Our Landlord Engagement, Access & Placement (LEAP) Program will support recently homeless people to retain housing and reduce returns to homelessness, promoting our CoC-wide Housing 1st approach.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

EMPLOYMENT: SHELTER, Inc. connects clients to employment services, offering assessments, resume/interview help & work placement/retention, supported by an Employment Coordinator & Employment Specialist. Rubicon works with clients to develop economic empowerment plans & offers financial stability services, including budgeting & improving credit worthiness. All CoC-funded providers leverage Cty Employment & Human Svcs Dep't (EHSD) support for clients through the Workforce Svcs Bureau, incl. child care, transportation, & low interest loans to purchase vehicles for CalWORKS & Welfare-to-Work participants.

NON-EMPLOYMENT: All CoC-funded projects screen for benefits eligibility, using SOAR & SOAR-like models to streamline client access to mainstream resources such as Medi-Cal, SSI/SSDI, & SNAP/CalFRESH. Providers use the Bay Area Self-Sufficiency Calculator to test eligibility & begin applications, incl. CalWORKS, disability supports, unemployment, SNAP, WIC, & Head Start.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

100% of CoC-funded projects leverage Cty Employment & Human Svcs Dep't (EHSD) support for clients through the Workforce Svcs Bureau, providing svcs & tools tailored to meet each client's specific barriers to employment and self-sufficiency, such as job readiness workshops, one-on-one career coaching, transitional employment, job placement assistance, and job retention and career advancement support. Svcs include: Child care services for CalWORKs adults who are working or in the Welfare-to-Work program; Transportation services for CalWORKs adults who are working or in the Welfare-to-Work program; KEYS Auto Loan Program: assists CalWORKs recipients in obtaining low interest loans to purchase vehicles; Housing Assistance Programs for CalWORKs families who need relocation, housing, and emergency assistance; EASTBAY Works One-Stop Business and Career Centers: Job Seekers Services provides the job seeker with job search tools such as resume writing, access to phones and computers.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?

(limit 1000 characters)

METHODS TO ID & TRACK: Trained street outreach teams headed by Contra Costa Homeless Outreach & Anka Behavioral Health cover our entire geography, entering client data into HMIS. GPS tracking is used to prioritize staffing resources in high density, high needs areas. Outreach teams surveyed every person seen over 3 days in our 2015 PIT Count, entering full names, SSN, & birthdates into HMIS, which aids in identifying & tracking unsheltered persons.

HOUSING STRATEGIES: Teams use harm reduction & motivational interviewing to build trust and assist/empower consumers as they connect to svcs. The outreach teams are integral in linking clients to the centralized waitlist as part of our coordinated entry system. The teams work closely with providers so they are aware of shelter openings, housing opportunities, and available services. Berkeley Food and Housing, SHELTER, Inc. and the East Bay Community Law Center, have also formed a partnership that provides street outreach to vets for SSVF.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?

(limit 1000 characters)

Not applicable.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

| | 2014 (for unsheltered count, most recent year conducted) | 2015 | Difference |
|---|---|------|------------|
| Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons | 775 | 621 | -154 |
| Sheltered Count of chronically homeless persons | 181 | 212 | 31 |
| Unsheltered Count of chronically homeless persons | 594 | 409 | -185 |

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

There was a 20% (154 person) decrease in the total CH population. By removing barriers to entry through Housing 1st, our permanent housing has increased access for CH clients. Through our Zero:2016 campaign, housing CH clients is a top priority; implementation of our Coord. Entry system and use of the VI-SPDAT prioritizes our most vulnerable clients, resulting in our decrease in total & unsheltered CH population. Improved PIT Count methodology also gives us a more accurate picture of our population (no longer relying on extrapolation for subpop. data). The 17% increase in chronically homeless persons accessing our shelters (+31) paired w/the decrease (-185) in unsheltered CH highlights how our outreach teams & care providers have successfully engaged with the chronically homeless population to begin the process of establishing & maintaining stable housing. Our CoC is on target to achieve functional zero for the chronically homeless population by December 31, 2016 through Zero: 2016.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

CCICH is committed to increasing PSH for CH through all funding sources. In 2014-15, CCICH will 1) Reallocate all CoC Program-funded SSO & some TH projects to PSH/RRH models; 2) Bring online Rental Assistance Program & Destination Home, adding 21 CH beds in FY2013-14, & if funded the new PRA, TRA & GRIP PSH projects, reallocated from SSOs (33 new PSH beds for CH); 3) Track HUD-VASH & SSVF progress in connecting CH veterans to PH; 4) Develop a new 2014 Strategic Plan prioritizing new PSH beds for CH; 5) Partner w/ Housing Authority to graduate stable PSH clients to Sec. 8 Housing, opening rental assistance units to more CH; and 6) work w/ a) local agencies to emphasize housing CH persons in the Con Plan, b) the Concord Naval Weapons Station Collaborative (w/ a CCICH seat), to set aside new PSH for CH; & c) nonprofit housing developers to increase affordable housing for CH. Note: The decrease in CH beds from 2012 2013 was due to changes in HUD HIC guidance regarding homeless definitions.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

- 1) All SSOs reallocated (2/13). 1 of 6 TH projects, Project Independence, changed to RRH (2/15).
- 2) 57 beds for CH added (as of 9/15): RAP (9); DH (14); PBRA (8 beds); TBRA (23); GRIP Family PSH (3).
- 3) Since 1/15, all CH vet housing tracked using a by-name list in HMIS; VA partnerships strengthened by Zero:2016.
- 4) In 10/14, CoC Bd. approved 2004 Strategic Plan Update, Forging Ahead; incl. prioritization of new PSH beds for CH.
- 5) Agreement with Cty. Housing Auth. (11/15) to develop HCV homeless preference for PSH clients ready to graduate to less intensive svcs.
- 6a) The 15-20 Con Plan (released 7/15) incl. strategy to "conduct outreach to link chronically homeless people with housing, treatment, and services."
- 6b) The CoC Bd. & providers are partnering w/housing activists to advocate for homeless units in CNWS master developer selection process (2/15 – present).
- 6c) CoC encouraged new applicants; SAHA (affordable housing developer) applied for a new PSH CH project (9/15).

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

| | 2014 | 2015 | Difference |
|--|------|------|------------|
| Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC. | 401 | 0 | -401 |

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

The apparently loss of all chronically homeless beds was due to a DATA ENTRY ERROR in the 2015 HIC. In actuality, the CoC increased chronically homeless beds by 11 to 412:

- HACCC’s S+C CHI 2 increased from 4 to 7 (+3).
- HACCC’s S+C Chronically Homeless increased from 15 to 17 (+2).
- HACCC’s S+C Project Coming Home decreased from 42 to 40 (-2).
- VA’s HUD-VASH increased from 119 to 125 (+6).
- SHELTER, Inc.’s Permanent Step increased from 1 to 3 (+2).

The CoC is working with HUD to correct this error on the 2015 HIC.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. Pages 3-4

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

| Percentage of CoC Program funded PSH beds prioritized for chronic homelessness | FY2015 Project Application |
|--|----------------------------|
| Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness. | 353 |
| Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year. | 23 |
| Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year. | 23 |
| This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year. | 100.00% |

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The Zero: 2016 Leadership Committee developed the following strategies and has accomplished or will accomplish targets to achieve functional zero for chronic homelessness:

1. Change the local culture to engender collective responsibility
 - a. Board of Supervisors resolution supports the Zero:2016 campaign
 - b. Clergy events urging community members to get involved
 - c. November Homeless Awareness Month events

2. Identify new housing resources and maximize existing housing inventory
 - a. Developed a flyer for landlords
 - b. Establish housing locators and landlord liaisons
 - c. Urge landlords from clergy events to house chronically homeless

3. Optimize comprehensive and sustainable services and system to end homeless
 - a. Assisting in the development of a coordinated entry system
 - b. Establish Housing Authority homeless preference

4. Increase use and communication of data to drive change
 - a. Develop by-name list in HMIS
 - b. Identify how clients are entering and exiting the system of care

3B. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

| | |
|---|-------------------------------------|
| Vulnerability to victimization: | <input checked="" type="checkbox"/> |
| Number of previous homeless episodes: | <input checked="" type="checkbox"/> |
| Unsheltered homelessness: | <input checked="" type="checkbox"/> |
| Criminal History: | <input checked="" type="checkbox"/> |
| Bad credit or rental history (including not having been a leaseholder): | <input checked="" type="checkbox"/> |
| Head of household has mental/physical disabilities: | <input checked="" type="checkbox"/> |
| Risk of Harm | <input checked="" type="checkbox"/> |
| Family Stability | <input checked="" type="checkbox"/> |
| N/A: | <input type="checkbox"/> |

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

FY2015 STRATEGIES: SHELTER, Inc. is our main RRH provider, assisting families through CoC, ESG, and CalWORKS grants for RRH. SHELTER, Inc. will expand partnerships (CalWORKS, TANF, EHSD) to be notified when families are at risk of homelessness (e.g., lost benefits). SHELTER, Inc. phone line (8,000 calls last year) streamlines linkages to RRH (goal: 5 bus. days processing).

COORD ENTRY: Families experiencing a housing crisis who cannot be diverted are connected to crisis services & assessed using VI-F-SPDAT. Using a Housing 1st approach, families scoring in the RRH range are prioritized & referred through our Housing Placement Committee, & paired with a housing navigator & locator to find housing.

COC/ESG RRH: SHELTER, Inc. has CoC & ESG funding for RRH. Rubicon has applied for CoC PH bonus project to expand RRH by 48 units. RRH is a key strategy to end family homelessness in our 2014 Strategic Plan update, as reflected in our local scoring tools for CoC & ESG projects.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

| | 2014 | 2015 | Difference |
|---|------|------|------------|
| RRH units available to serve families in the HIC: | 73 | 76 | 3 |

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

| | |
|--|-------------------------------------|
| CoC policies and procedures prohibit involuntary family separation: | <input checked="" type="checkbox"/> |
| There is a method for clients to alert CoC when involuntarily separated: | <input checked="" type="checkbox"/> |
| CoC holds trainings on preventing involuntary family separation, at least once a year: | <input type="checkbox"/> |
| Allow families to self define/don't identify families by traditional definitions | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |
| None: | <input type="checkbox"/> |

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

| | 2014 (for unsheltered count, most recent year conducted) | 2015 | Difference |
|--|--|------|------------|
| Universe: Total PIT Count of sheltered and unsheltered homeless households with children: | 111 | 116 | 5 |
| Sheltered Count of homeless households with children: | 111 | 91 | -20 |
| Unsheltered Count of homeless households with children: | 0 | 25 | 25 |

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The total number of homeless households with children increased by 5 households. The increase was only in our unsheltered count, as we saw an 18% decrease in our sheltered family population by improving our outreach, maximizing our partnerships, and increasing our PH opportunities. The increase in counted unsheltered families is likely due to our improved PIT Count Methodology. In previous PIT counts volunteers would do a tally count of homeless persons observed without asking about family make-up and data was extrapolated from the outreach teams information from encampments, which tend to be predominately single men. This year volunteers canvassed the community for three days at various service sites throughout the county and asked demographic information including family composition. The decrease in our sheltered count is likely due to changing family composition. Therefore, the 2015 count more clearly depicts who was homeless on a single night in January.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

| | |
|--|-----|
| Human trafficking and other forms of exploitation? | Yes |
| LGBTQ youth homelessness? | Yes |
| Exits from foster care into homelessness? | Yes |
| Family reunification and community engagement? | Yes |

| |
|--|
| Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs? |
| Unaccompanied minors/youth below the age of 18? |

| |
|-----|
| Yes |
| Yes |

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

| | |
|---|-------------------------------------|
| Diversion from institutions and decriminalization of youth actions that stem from being trafficked: | <input checked="" type="checkbox"/> |
| Increase housing and service options for youth fleeing or attempting to flee trafficking: | <input checked="" type="checkbox"/> |
| Specific sampling methodology for enumerating and characterizing local youth trafficking: | <input checked="" type="checkbox"/> |
| Cross systems strategies to quickly identify and prevent occurrences of youth trafficking: | <input checked="" type="checkbox"/> |
| Community awareness training concerning youth trafficking: | <input checked="" type="checkbox"/> |
| Zero Tolerance Victim MOU between victim service providers, legal services, cmty-based BH services, county services, PDs, crisis centers, probation | <input checked="" type="checkbox"/> |
| N/A: | <input type="checkbox"/> |

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

| | |
|--|-------------------------------------|
| Vulnerability to victimization: | <input checked="" type="checkbox"/> |
| Length of time homeless: | <input checked="" type="checkbox"/> |
| Unsheltered homelessness: | <input checked="" type="checkbox"/> |
| Lack of access to family and community support networks: | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| N/A: | <input type="checkbox"/> |

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

| | FY 2013 (October 1, 2012 - September 30, 2013) | FY 2014 (October 1, 2013 - September 30, 2104) | Difference |
|---|--|--|------------|
| Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry: | 150 | 203 | 53 |

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

Not applicable.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

| | Calendar Year 2015 | Calendar Year 2016 | Difference |
|---|--------------------|--------------------|------------|
| Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded): | \$1,878,504.00 | \$1,878,504.00 | \$0.00 |
| CoC Program funding for youth homelessness dedicated projects: | \$200,100.00 | \$200,100.00 | \$0.00 |
| Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding): | \$1,678,404.00 | \$1,678,404.00 | \$0.00 |

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

| Cross-Participation in Meetings | # Times |
|--|---------|
| CoC meetings or planning events attended by LEA or SEA representatives: | 4 |
| LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives: | 3 |
| CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers): | 12 |

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

West Contra Costa Unified School District (USD) participates in HMIS, increasing our CoC's understanding of family & youth homelessness. Cross organization collaboration also occurs with Mt. Diablo USD & San Ramon USD, who regularly attend our CoC mtgs. In 2015, the County Office of Education was able to employ a Homeless Education Liaison through the Dep't of Ed.'s McKinney-Vento funding, who works to address the educational needs of homeless children & parents, including through training homeless parents about their rights, distributing resource packets, advocating for children, and collecting data. The liaison also provides materials to support children, including transit tickets & school supplies. Representatives from the CoC regularly participate in USD meetings, with CoC-funded provider SHELTER, Inc. staff serving on the Contra Costa Local Planning Council for Child Care & Development. These partnerships ensure that homeless families are connected to our coord. entry system.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

The CoC works with McKinney-Vento education liaisons & CoC- & ESG-funded providers to identify existing students that are homeless/at risk of homelessness by developing interagency partnerships (led by SHELTER, Inc.), providing information to parents, training school staff, & increasing community awareness. Education liaisons have access to resources for families who are homeless or at risk of homelessness, directing those families to various support programs in place through our coordinated entry system. Liaisons & representatives of youth programs maintain ongoing relationships in order to identify & best serve homeless youth. Because liaisons in the County are under-resourced, the CoC & CoC-/ESG-funded recipients conduct frequent outreach to liaisons to aid efforts & ensure that homeless youth are benefiting from available housing/services.

The CoC also works directly with CoC- & ESG-funded housing service providers to ensure program participants are appraised of & able to exercise all education rights guaranteed by the McKinney-Vento Act. All projects inform eligible youth & families of their education rights: At entry, youth are assessed to determine whether they are enrolled in school & given materials regarding their right to immediate enrollment, regardless of whether they possess medical, health, or school records, or proof of residency. Project staff work with liaisons to quickly enroll eligible students in the appropriate school. Eligible youth are informed of their right to attend their school of origin. If the school is outside the immediate area, students/families are given transportation (a special bus system/transit passes as appropriate). Projects work with liaisons to ensure that students access to all services/programs for which other students are eligible (extracurricular activities /nutrition programs).

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

| | 2014 (for unsheltered count, most recent year conducted) | 2015 | Difference |
|---|--|------|------------|
| Universe: Total PIT count of sheltered and unsheltered homeless veterans: | 146 | 69 | -77 |
| Sheltered count of homeless veterans: | 11 | 20 | 9 |
| Unsheltered count of homeless veterans: | 135 | 49 | -86 |

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

We saw a 53% decrease (-77) in the homeless veteran population overall and a 64% decrease (-86) in unsheltered homeless vets. Sheltered homeless veterans increased from 11 to 20 (+9), which demonstrates the success of our outreach teams' increased engagement with unsheltered veterans. The huge decrease in the homeless veteran population is due to implementation of plans to increase the number of housed vets, including working with our public housing authorities and VA medical centers to prioritize VA eligible chronically homeless veterans for HUD-VASH and other VA programs (medical services, SSVF) and identifying and prioritizing HUD-funded programs for veterans that are ineligible for VA services. As a Zero: 2016 community, the CoC has committed to ending veteran homelessness by 2015, and on track to achieve functional zero, through the use of a by-name list of homeless veterans tracked in HMIS, and strong partnerships with VA Medical Center.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

OUTREACH: Outreach teams assess veteran status w/a standardized HMIS intake form. Outreach teams link qualifying clients to veteran service providers. Three providers (SHELTER, Inc., Berkeley Food & Housing, & the East Bay Community Recovery Project) partner to ensure clients are able to access SSVF using a Housing 1st model with full geographic coverage.
 ELIGIBILITY: All CoC program-funded providers assess veteran eligibility using a standardized HMIS intake form. Veterans service representatives (VSR) will assist clients with any veterans claim to ensure maximum benefits are awarded. VSRs are trained by the U.S. VA but are staffed by the Cty VA.
 REFERRALS: As a Zero: 2016 cmty, a main goal of our CoC is to provide bridges from non VA-funded orgs to VA orgs. Zero:2016 has improved data sharing between programs to assess the number of veterans being housed each month in the community. We have also added a VA seat on the CoC Board to ensure veteran resources are being coordinated.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

While VA-eligible veterans are directed to GPD beds or VASH vouchers, as part of our 2014 Strategic Plan Update permanent housing strategies, HUD-funded programs must identify and prioritize programs for veterans that are ineligible for VA services. The CoC uses a Homelessness Prevention Eligibility Screening Disposition Form to determine eligibility. Clients that are ineligible are tracked by the Zero:2016 Leadership Committee using the HMIS system, and are prioritized for appropriate housing placements as they become available through our coord. entry system. Through the prioritization of VA ineligible veterans under the Zero:2016 campaign, the CoC has placed 144 veterans in housing as of Sept. 2015.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

| | 2010 (or 2009 if an unsheltered count was not conducted in 2010) | 2015 | % Difference |
|---|--|------|--------------|
| Total PIT count of sheltered and unsheltered homeless veterans: | 215 | 69 | -67.91% |
| Unsheltered count of homeless veterans: | 0 | 49 | 0.00% |

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

The Zero: 2016 Leadership Committee developed the following strategies and has accomplished or will accomplish targets to achieve functional zero for veterans:

1. Change the local culture to engender collective responsibility
 - a. Board of Supervisors resolution supports the Zero:2016 campaign
 - b. Clergy events urging community members to get involved
 - c. November Homeless Awareness Month events

2. Identify new housing resources and maximize existing housing inventory
 - a. Developed a flyer for landlords
 - b. Establish housing locators and landlord liaisons
 - c. Urge landlords from clergy events to house veterans

3. Optimize comprehensive and sustainable services and system to end homeless
 - a. Assisting in the development of a coordinated entry system
 - b. Establish Housing Authority homeless preference

4. Increase use and communication of data to drive change
 - a. Develop by-name list in HMIS
 - b. Identify how clients are entering and exiting the system of care

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

| | |
|---|------|
| Total number of project applications in the FY 2015 competition (new and renewal): | 26 |
| Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A). | 26 |
| Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits: | 100% |

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

California is a Medicaid expansion state, greatly enhancing our ability to serve clients. Contra Costa Health Services (CCHS), our CoC's collaborative applicant, received \$456k under the state Outreach & Enrollment Initiative, targeting persons who are homeless for enrollment through Health Care for the Homeless, the Financial Counseling Unit, & Cty Mental Health. 2014 data shows 71.7% of homeless clients served by CCHS are now enrolled in Medi-Cal, up from 63% in 2013, & 47% in 2012. Including Medicare & private insurance, the total insured rate in 2014 was 88.6%.

Health Care for the Homeless is a multi-disciplinary bilingual team of medical, dental, behavioral health, & social support professionals. The HCH team includes Certified Enrollment Counselors to assist individuals w/applying for medical insurance. The team has medical vans that visit various shelters & cmtly centers throughout the geography weekly. Svcs are also provided at Ambulatory Clinics & our Medical Respite Ctr.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

| | |
|---|-------------------------------------|
| Educational materials: | <input checked="" type="checkbox"/> |
| In-Person Trainings: | <input checked="" type="checkbox"/> |
| Transportation to medical appointments: | <input checked="" type="checkbox"/> |
| Case management | <input checked="" type="checkbox"/> |
| Co-location of services | <input checked="" type="checkbox"/> |
| Help with enrollment paperwork | <input checked="" type="checkbox"/> |
| Not Applicable or None: | <input type="checkbox"/> |

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

| | |
|--|-----|
| Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal): | 26 |
| Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition: | 25 |
| Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier": | 96% |

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

| | |
|---|-----|
| Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal): | 26 |
| Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition: | 25 |
| Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First: | 96% |

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

| | |
|--|-------------------------------------|
| Direct outreach and marketing: | <input checked="" type="checkbox"/> |
| Use of phone or internet-based services like 211: | <input checked="" type="checkbox"/> |
| Marketing in languages commonly spoken in the community: | <input checked="" type="checkbox"/> |
| Making physical and virtual locations accessible to those with disabilities: | <input checked="" type="checkbox"/> |
| Collaboration with local law enforcement | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| Not applicable: | <input type="checkbox"/> |

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

| | 2014 | 2015 | Difference |
|---|------|------|------------|
| RRH units available to serve any population in the HIC: | 96 | 140 | 44 |

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)**

Not applicable

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not applicable.

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

Not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

| | |
|---|-------------------------------------|
| CoC Governance: | <input type="checkbox"/> |
| CoC Systems Performance Measurement: | <input type="checkbox"/> |
| Coordinated Entry: | <input checked="" type="checkbox"/> |
| Data reporting and data analysis: | <input type="checkbox"/> |
| HMIS: | <input type="checkbox"/> |
| Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth: | <input type="checkbox"/> |
| Maximizing the use of mainstream resources: | <input type="checkbox"/> |
| Retooling transitional housing: | <input type="checkbox"/> |
| Rapid re-housing: | <input type="checkbox"/> |
| Under-performing program recipient, subrecipient or project: | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| Not applicable: | <input type="checkbox"/> |

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

| Type of Technical Assistance Received | Date Received | Rate the Value of the Technical Assistance |
|---------------------------------------|---------------|--|
| | | |
| | | |
| | | |
| | | |