

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 | Yes | No |
| School Administrators/Homeless Liaisons | Yes | Yes | Yes |
| CoC Funded Victim Service Providers | Yes | Yes | No |
| Non-CoC Funded Victim Service Providers | No | No | No |
| Street Outreach Team(s) | Yes | Yes | No |
| 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 |
| Public Works/Flood Control | Yes | No | No |
| VA | Yes | Yes | Yes |

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness 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.

1. INCLUSIVE STRUCTURE, PROCESS: Our CoC, CoC Bd & cmtee mtgs are open to the public & widely publicized via listservs (250+ emails), CoC website, County (Cty)bulletin bds, & announcements at public mtgs.

2a-2b. Our CoC draws on Housing Authority of Contra Costa Cty (HACCC) to advance solutions. HACCC Exec Dir, a CoC Bd mem, who serves on Coordinated Entry (CE) & HUD Grantee Cmtees, is partnering w/ the CoC to launch the Moving On Program thru Coordinated Entry (CE) to pilot 50 hl preference HCVs to eligible families, and could expand up to 300 HCVs.

Our CoC Bd Vice Chair is formerly homeless & serves as CDBG Consultant to City of Antioch; she is a tireless advocate for homeless individuals & families, drives agenda setting for CoC and cmtee mtgs, & actively participates in CoC review and rank for local and federal funds applications/competition.

Antioch Police Captain sits on the board, and led a CoC panel discussion on criminalization of hln this year w/ PD and CBO reps.

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 between July 1, 2015 and June 20, 2016. | Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016. |
|--|-------------|--|--|
| Contra Costa health Services- Contra Costa Youth Continuum of Services | Yes | Yes | No |
| Northern California Family Center | Yes | Yes | 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 between July 1, 2015 and June 30, 2016 | Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016. |
|---|--|--|
| STAND for families Free of Violence | Yes | No |
| Contra Costa Health Services | Yes | Yes |
| Contra Costa County Zero Tolerance for DV Initiative | No | No |
| | | |
| | | |
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| | | |

1B-2. 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 new projects in 2016. (limit 1000 characters)

PROCESS: The CoC encourages apps from unfunded orgs. A Public Solicitation notice of the local competition was sent to the CoC listserv (250+ emails), incl. partners in education, DV, housing developers, etc. The notice encouraged broad sharing, was posted on the Cty CoC website, sent to community lists (e.g., Multi-faith ACTION Coalition, Human Svcs Alliance), & posted on Cty bulletin bds. The CoC offered a TA workshop on available funds, eligible uses, scoring criteria, requirements, & local process/FAQs. Applicants received on-call TA, accessed frequently by new orgs. Each app receives feedback to improve. We had 1 PSH app from a new affordable hsg developer.

FACTORS: New projects are included on the listing based on their score on an objective tool. The scoring tool for new apps has 5 factors: HUD priorities; project design & readiness; agency capacity (incl. experience with non-CoC federal, state, or local grants); budget; TH to PH reallocation bonus.

1B-3. 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with 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 |
| Head Start Program | Yes |
| Housing and service programs funded through Federal, State and local government resources. | Yes |

1C-2. The McKinney-Vento Act, requires CoC's 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 the CoC to 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)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the 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 |
|--|--------|
| 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 |
| How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data? | 6 |
| How many of the Con Plan jurisdictions are also ESG recipients? | 2 |
| How many ESG recipients did the CoC participate with to make ESG funding decisions? | 2 |
| How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities? | 2 |

1C-2a. Based on the responses provided 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 and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

1. Our CoC collaborates with all 6 of 6 Con Plan jurisdictions.
2. All Con Plan jurisdictions, incl. Contra Costa Cty and five largest cities, have formed a Consortium to coordinate ESG, CDBG, and HOME funds for the Cty. CoC and Consortium staff meet monthly to coordinate efforts to prevent & end homelessness. As CoC Bd voting members, Antioch, Concord & Cty CDBG/ESG staff update the CoC during monthly Bd. mtgs. on funding & planning. Consortium staff attend all CoC cmte mtgs.
3. The CoC meets for a total of 3 hrs/mo with 3 of 6 jurisdictions and 1.5 hrs /mo with the remaining 3 jurisdictions.
4. The CoC and Con Plan jurisdictions, together as a Consortium meet monthly, conduct phone calls and interact via email on a monthly basis to coordinate efforts, including alignment of funding priorities, assessment of geographic needs, and strategic planning.

1C-2b. Based on the response 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: CoC Exec. Bd. coordinates w/all ESG recipients re funding. For entitlement jurisdictions, Consortium prioritizes funding on the Con Plan, which quotes CoC's 2014 strategic plan priorities, & presents funding recs for CoC Exec Bd approval. For state ESG, a sub-cmtee of CoC Exec Bd. reviews & ranks all projects. Our CoC Governance Charter outlines our review process, which scores projects on leverage, component (RRH is highest priority), target pop (families, youth, & CH), & org capacity.

DATA SHARING: Our 2016 PIT Count has detailed Con Plan jurisdiction-level data, in HMIS by client. Data is shared with all jurisdictions to inform planning & funding decisions.

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

1C-3. Describe 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)

1. As 1st Zero Tolerance for DV Cty in CA, using DOJ funding, the Cty & CoC coordinate w/victim svc providers to offer No Wrong Door: DV, family violence, elder abuse, & human trafficking survivors are linked to safe housing & svcs. Our Cty provides a continuum of svcs & is implementing multi-disciplinary case & sys review for DV, sexual assault and stalking victims. CoC, ESG, and HHS are prioritized for other populations. We engaged cmtty incl: Dedicated Human Traffic Awareness Month and Say No More Campaign via social media, & recruited local school athletes to raise DV awareness.
2. Our DV service providers never share personally identifiable information w/ anyone unless a time-limited Release of Information is authorized. Our DV clients are id'd via CE assessment + screening & referred to STAND! (DV provider), which offers svcs informed by client choice in partnership with providers for housing and svcs. STAND! is using client data software to safely + securely interface w/ 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 July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

| Public Housing Agency Name | % New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry | PHA has General or Limited Homeless Preference |
|--|---|--|
| Housing Authority of Contra Costa County | 35.00% | Yes-HCV |
| City of Pittsburgh Housing Authority | 0.00% | No |
| City of Richmond Housing Authority | 0.00% | No |
| | | |
| | | |

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

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)

Low-income hsg is funded thru:

CalWORKS: \$1.4M in RRH dedicated for hl families to Cty Empl & Human Svcs & SHELTER, Inc. to house 100 families.

SSVF: \$729K in prevention & RRH dedicated for hl/at-risk Vets to SHELTER, Inc., plus portion of \$2M awarded to Berkeley Food & Housing Project & East Bay Cmty Recovery Project to serve multiple counties.

HUD-VASH: 160 PH vouchers dedicated for hl Vets to Cty PHA w/svcs via VA NorCA Health Care.

HOPWA: \$563k formula allocation to Cty as a sub-grantee to the City of Oakland, portion of which funds RCD Lakeside Apts. (12 dedicated hl units) & CCIH Housing Advocates for hl clients.

MHSA: \$31.5M to Cty Behavioral Health Div, incl. staff & resources for Cty Homeless Program & 120 dedicated hl PSH beds thru SHELTER, Inc.

AB-109: \$980,000 total to SHELTER, Inc.; 50,000 to Reach Fellowship Intl., and up to \$150,000 to Mz Shirliz Transitional for reentry housing access svcs, incl hl prevention.

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.

| | |
|---|-------------------------------------|
| 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"/> |
| Other:(limit 1000 characters) | |
| CoC partners with the Homeless Court & Behavioral Health Court, through the CoC's Laura' Law and Assisted Outpatient Treatment Program. Also implemented Homeless Encampment Protocol in partnership with law enforcement and Cty Flood Control. | <input checked="" type="checkbox"/> |
| Our Mental Health Evaluation Team (MHET) is a partnership between the Cty Police Chiefs Assoc. and the CoC. 3 regional teams staffed by a police officer and a behavioral health clinician provide welfare checks after a psychiatric call for service to the police. If person encountered by the team is homeless, the team offers outreach services. | <input checked="" type="checkbox"/> |
| Contra Costa CoC convened panel discussion on local criminalization ordinances, bringing together stakeholders (e.g., Public Defender, faith advocates, libraries, local legislative representatives, providers, and law enforcement) to build common ground and shared goals for addressing homelessness. | <input checked="" type="checkbox"/> |

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) 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 system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure 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) that were not selected 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 award-winning Philip Dorn Respite Center in Concord, 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

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)

1. Our CES is accessible thru svc ctrs, outreach teams & 2-1-1. Coordinated Outreach, Referral & Engagement (CORE) team offers day & eve outreach to encampments & others least likely to have access.
2. Clients are connected to Coordinated Assessment REsource (CARE) Ctrs for hsg assessment, hsg navigation & hsg location svcs.
3. Access is easy & well-advertised. Hsg navigators work w/ 2-1-1, CARE Ctrs & CORE team to connect clients to appropriate hsg. Strategies incl prevention & diversion, crisis svcs, hsg location & landlord engagement.
4. CES uses VI-SPDAT to prioritize based on acuity & chronicity. HMIS tracks VI-SPDAT scores to prioritize for PSH or RRH for those most in need of assistance. Hsg Placement Cmte convenes regularly as case conference to place clients into housing in standardized manner.
5. All CoC/ESG programs are committed to Hsg 1st, reducing barriers to entry. New HMIS to be implemented Jan 2017 will track project criteria to support referrals.

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 there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

| Organization/Person Categories | Participate s in Ongoing Planning and Evaluation | Makes Referrals to the Coordinate d Entry Process | Receives Referrals from the Coordinate d Entry Process | Operates Access Point for Coordinate d Entry Process | Participate s in Case Conferenci ng | Does not Participate | Does not Exist |
|---|---|--|---|---|--|-------------------------------------|-------------------------------------|
| 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"/> | <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"/> | <input type="checkbox"/> |
| Law Enforcement | <input checked="" type="checkbox"/> | <input 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"/> | <input type="checkbox"/> |
| Hospital(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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 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"/> | <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 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"/> | <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"/> | <input type="checkbox"/> |
| 2-1-1/Crisis Call Center | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input checked="" 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 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 2016 CoC Program Competition? | 19 |
| How many of the renewal project applications are first time renewals for which the first operating year has not expired yet? | 4 |
| 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 2016 CoC Program Competition? | 15 |
| Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition? | 100.00% |

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

| | |
|--|-------------------------------------|
| Performance outcomes from APR reports/HMIS: | |
| % permanent housing exit destinations | <input checked="" type="checkbox"/> |
| % increases in income | <input checked="" type="checkbox"/> |
| | |
| Monitoring criteria: | |
| Utilization rates | <input checked="" type="checkbox"/> |
| Drawdown rates | <input checked="" type="checkbox"/> |
| Frequency or Amount of Funds Recaptured by HUD | <input checked="" 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"/> |
| 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)

Our publicly advertised rank + review process 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 prioritize chronically homeless HH. The tool awarded 40 pts for performance outcomes (length of stay, housing stability, income, non-cash mainstream benefits, & exits to homelessness), w/the Review & Rank Panel instructed to consider that outcomes will naturally be lower in a more difficult to serve pops incl. chronic homelessness, current/past subst. abuse, and health, behavioral health or disability requiring significant support to maintain PH.

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. training for cultural sensitivity (e.g., LGBTQ status) & access for disabled populations.

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. Evidence of the public posting must be attached. (limit 750 characters)

Scoring tools were revised over the spring before the competition by our NOFA Cmte; tools were approved by the CoC Bd.at a well-advertised, public meeting on 7/7/16. Approved tools and minutes were posted on our website on 7/11/16.

A Public Solicitation of the local process (incl review, ranking & selection criteria) was sent to the CoC listserv (250+ emails) on 7/8/16, including cmty partners. The notice was posted on CoC website, sent to cmty lists (e.g., Multi-

faith ACTION Coalition, Human Svcs Alliance), & posted on city bulletin boards. The CoC Bd. reached out to non-CoC funded orgs, offering an open to all TA workshop on 07/15/2016. Materials were emailed to all TA workshop attendees w/TA offers to CoC & non-CoC funded orgs.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 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). 07/08/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 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 that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/25/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 ongoing evaluation 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 and ELIGIBILITY, HOUSING STABILITY, LENGTH OF TIME HOMELESS, length of participation, EXIT DESTINATIONS, CHANGE IN INCOME, CONNECTION TO MAINSTREAM BENEFITS, 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, incl TIMELY SUBMITTED APR data, to monitor project performance and recipient capacity & reviews measures quarterly, as do the CoC staff & the HMIS Policy Cmte.

1G-2. Did the Collaborative Applicant include Yes
accurately completed and appropriately
signed form HUD-2991(s) for all project
applications submitted on the CoC Priority
Listing?

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, 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 attached MOU/MOA. 21 (HMIS P&Ps incorporated by reference into Governance Charter)

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 Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software ServicePoint

used by the CoC (e.g., ABC Software)?

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

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 | \$175,596 |
| ESG | \$0 |
| CDBG | \$0 |
| HOME | \$0 |
| HOPWA | \$0 |
| Federal - HUD - Total Amount | \$175,596 |

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 | \$49,410 |
| State | \$0 |
| State and Local - Total Amount | \$49,410 |

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 | \$32,825 |
| Other - Total Amount | \$32,825 |

| | |
|---|------------------|
| 2B-2.6 Total Budget for Operating Year | \$257,831 |
|---|------------------|

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

| Project Type | Total Beds in 2016 HIC | Total Beds in HIC Dedicated for DV | Total Beds in HMIS | HMIS Bed Coverage Rate |
|---|------------------------|------------------------------------|--------------------|------------------------|
| Emergency Shelter (ESG) beds | 394 | 24 | 344 | 92.97% |
| Safe Haven (SH) beds | 0 | 0 | 0 | |
| Transitional Housing (TH) beds | 147 | 0 | 147 | 100.00% |
| Rapid Re-Housing (RRH) beds | 248 | 0 | 248 | 100.00% |
| Permanent Supportive Housing (PSH) beds | 867 | 0 | 867 | 100.00% |
| Other Permanent Housing (OPH) beds | 0 | 0 | 0 | |

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

Not Applicable. Our bed coverage rates for each existing project type is above 85%.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

| | |
|-----------------------------|--------------------------|
| VA Grant per diem (VA GPD): | <input type="checkbox"/> |
| VASH: | <input type="checkbox"/> |

| | |
|---------------------------------------|-------------------------------------|
| Faith-Based projects/Rescue mission: | <input type="checkbox"/> |
| Youth focused projects: | <input type="checkbox"/> |
| Voucher beds (non-permanent housing): | <input type="checkbox"/> |
| HOPWA projects: | <input type="checkbox"/> |
| Not Applicable: | <input checked="" 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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" within the last 10 days of January 2016.

| Universal Data Element | Percentage Null or Missing | Percentage Client Doesn't Know or Refused |
|---|----------------------------|---|
| 3.1 Name | 1% | 0% |
| 3.2 Social Security Number | 3% | 5% |
| 3.3 Date of birth | 3% | 0% |
| 3.4 Race | 3% | 2% |
| 3.5 Ethnicity | 3% | 1% |
| 3.6 Gender | 3% | 1% |
| 3.7 Veteran status | 3% | 1% |
| 3.8 Disabling condition | 1% | 1% |
| 3.9 Residence prior to project entry | 1% | 1% |
| 3.10 Project Entry Date | 0% | 0% |
| 3.11 Project Exit Date | 0% | 0% |
| 3.12 Destination | 0% | 0% |
| 3.15 Relationship to Head of Household | 3% | 0% |
| 3.16 Client Location | 0% | 0% |
| 3.17 Length of time on street, in an emergency shelter, or safe haven | 4% | 0% |

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, System Performance measures, local performance measures | <input checked="" type="checkbox"/> |

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

2D-3. If you submitted the 2016 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context 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. Accurate, high quality data is vital to inform Congress' funding decisions.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/27/2016
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, 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)** 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 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 checked="" type="checkbox"/> |
| HMIS plus extrapolation: | <input type="checkbox"/> |
| Interview of sheltered persons: | <input checked="" type="checkbox"/> |
| Sample of PIT interviews plus extrapolation: | <input type="checkbox"/> |
| Provider Surveys | <input checked="" 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 2016 PIT Count included two data sources for sheltered population: HMIS data and PIT Count surveys. HMIS data was used to identify all consumers in emergency and transitional shelters that enter data into HMIS (577 of the 620

consumers sheltered consumers identified in PIT). One of the emergency shelters included in the PIT Count does not use HMIS for data management and provided PIT data via a PIT Count survey for the 43 consumers it sheltered the night of the count.

HMIS data, along with surveys in the only non-HMIS shelter site, ensures comprehensive data collection for all consumers residing in shelters the night of the PIT count. Utilization of HMIS data is the most efficient and accurate data for counting the sheltered population.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, 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 or change in partners participating in the PIT count). (limit 1000 characters)

There were no changes in methodology from our sheltered PIT count in 2015 to 2016.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

The 2016 PIT Count included Trinity Winter Shelter because this was a new seasonal emergency shelter with 36 beds. The Bay Area Rescue Mission's Women and Family Shelter and their Transitional Shelter are no longer providing shelter beds. Greater Richmond Interfaith Transitional Housing is also no longer providing transitional beds. And, lastly, Rubicon Inc.'s Project Independence became a rapid rehousing program this year.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 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 methods). (limit 1000 characters)

Not Applicable (there were no changes in how sheltered count was conducted between 2015 and 2016)

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days 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): 01/27/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, 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): 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent 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"/> |
| 2-1-1 call center surveys | <input type="checkbox"/> |

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

FULL CENSUS, SERVICE SITE COUNT W/ VOLUNTEERS & OUTREACH TEAMS: Full census at svc sites & across cmty w/ volunteers & outreach teams. Entire geography covered thru 2-day PIT count. Survey used at HMIS participating sites to capture where they slept the night of the count. Longer survey used at non-HMIS locations, incl food distribution, soup kitchens, crisis centers, libraries, & health care facilities. For individuals in encampments not willing to complete survey, the 2016 PIT Observation Tool was completed to capture basic, observable information such as age & gender.

Collecting data on unsheltered individuals at a variety of service and community sites over a two-day period allows us to maximize the quantity and quality of data captured for the population over our large geography. A complete census ensures more accurate demographic data for the unsheltered population.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, 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 or change in partners participating in the count). (limit 1000 characters)

The 2016 PIT count unsheltered methodology ensured better data quality through two key changes. The survey for unsheltered count was reduced from three days to two because no additional persons were identified on the third day of data collection in 2015. For 2016, the PIT survey was also conducted over the phone through the 2-1-1 call center to homeless consumers that called access lines in an effort to identify individuals that are not captured at service sites.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

Yes. In 2016, we canvased community sites where homeless youth both receive services and congregate, including soup kitchens, libraries, and youth shelters. Additionally, because Contra Costa conducted the PIT survey over the phone through access lines, informational posters were displayed in public transit sites (bus stops and train stations) and day labor sites. PIT Count flyers were also passed out to service providers that serve teens and transition age youth. Staff at homeless access lines surveyed consumers for the PIT count to increase the number of unsheltered persons, incl. unaccompanied youth, captured in the count.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

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

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 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 in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

INCREASED PARTNERSHIPS WITH SERVICE SITES AND CALL CENTERS:
 This year, staff at homeless access lines surveyed consumers for the PIT count to increase the # of unsheltered persons & special pops counted, incl unaccompanied youth. This was the second year that cmty & service sites were engaged in PIT Count data collection and the process was smoother and more efficient than in previous years.

IMPROVED TRAINING: Three trainings were offered throughout the county for

non-HMIS providers and volunteers to learn how to best administer the PIT survey. Outreach to encampments relied on CoC's regular outreach teams, fully trained in outreach & familiar with encampment locations & pops. Teams also utilized HMIS for new & current clients, tracked each encampment using GPS/hardcopy maps & ARCGIS for visual reps of encampments and service sites, and used 2016 Observation Tool to capture basic observable info; staff at the 3 access line call centers were trained to conduct PIT surveys.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange 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 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

| | 2015 PIT (for unsheltered count, most recent year conducted) | 2016 PIT | Difference |
|--|---|----------|------------|
| Universe: Total PIT Count of sheltered and unsheltered persons | 2,031 | 1,730 | -301 |
| Emergency Shelter Total | 474 | 454 | -20 |
| Safe Haven Total | 0 | 0 | 0 |
| Transitional Housing Total | 230 | 166 | -64 |
| Total Sheltered Count | 704 | 620 | -84 |
| Total Unsheltered Count | 1,327 | 1,110 | -217 |

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

| | Between October 1, 2014 and September 30, 2015 |
|---|--|
| Universe: Unduplicated Total sheltered homeless persons | 1,736 |
| Emergency Shelter Total | 1,489 |
| Safe Haven Total | 0 |
| Transitional Housing Total | 247 |

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 of becoming homeless.

(limit 1000 characters)

1. ID RISK FACTORS: Our CoC coordinates w/ prev & assistance providers to understand what puts indiv/families at risk of hln. We monitor basic need trends (subsidized hsg, rent assistance & eviction) and demographics. We engage w/ law enforcement (LE) & outreach reps through monthly CoC Bd mtgs to id occurrences of criminalization.

2, 3: PREVENTION: Our CE Sys uses a prev/diversion screening tool (modified NAEH tool) to ID clients at risk & connect to prev & mainstream svcs. Clients are connected to prev providers (SHELTER, Inc., Trinity Ctr., Cty Homeless Program) via a Crisis Center (211). Our CES IDs landlord liaisons & developed a housing stability fund to retain housing & avoid eviction. Season of Sharing provides \$900k/yr in temporary assistance (emergency rent payments, util, & aids to prevent homelessness) for families in crisis. Discharge planning w/hospitals, mental health, substance abuse treatment, corrections & foster care systems 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)

1. REDUCE LOTH. Our CoC perf measures incl. reducing avg. length of stay (LOS) in ES for PH exits. B/n 2013 & 2015, we reduced LOS from 53 to 51 days. We increased exits from TH to PH from 80% in 2013, to 81% in 2015.

2. 96% of CoC providers adopted the Housing First model which impacts duration of time a person remains homeless by reducing barriers to PH. We set CoC-wide targets to reduce LOS in ES for PH exits and increase exits from TH to PH.

3. We continue to track & record LOTH in HMIS. Our CE System uses VI-SPDAT (incl. LOTH as measure of vulnerability).

4. STRATEGIES TO REDUCE: The main barrier to reducing LOTH is lack of affordable HSG. As a CoC, we target innovative solutions: our Zero: 2016 campaign, & Multi-faith ACTION Coalition improved landlord engagement & we placed 185 vets in 2016 and saw a 31% decrease in Vet hln in 12 mos.

5. Hsg is prioritized for longest term homeless & our CoC/ESG providers are committed to reducing LOTH.

*** 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:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

| | Between October 1, 2014 and September 30, 2015 |
|---|--|
| Universe: Persons in SSO, TH and PH-RRH who exited | 413 |
| Of the persons in the Universe above, how many of those exited to permanent destinations? | 284 |
| % Successful Exits | 68.77% |

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, 2014 and September 31, 2015.

| | Between October 1, 2014 and September 30, 2015 |
|---|--|
| Universe: Persons in all PH projects except PH-RRH | 912 |
| 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? | 888 |
| % Successful Retentions/Exits | 97.37% |

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe 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)

1. For RETURN TO HOMELESSNESS, we track critical indicators and outcomes (e.g., avg. increased income, exits to PH exits to homelessness, connection to mainstream benefits).
2. Our CES incl housing navigators & landlord liaison svcs that support recently homeless to retain housing and REDUCE RETURNS, promoting our CoC-wide Housing 1st approach.
3. STRATEGIES: Our CES offers standardized prevention/diversion screening via 2-1-1 and at svc ctrs, w/ centralized referral to supportive svcs & alt. housing. We advertise access through our CoC network so providers who ID ind/fam who return to hln can connect to CES.

4. HMIS tracks perf measures incl. exits and returns w/ quarterly monitoring & follow-up calls to id client hsg status upon exit. For clients exits to PH, we've set aggressive targets to improve on prior year perf: 30% vs. 27% (ES); 85% vs. 81% (TH); 64% vs. 65% (RRH). Housing retention (more than 1 yr.) target for PSH is 98% (in FY 2014-15, we achieved 99%).

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

Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

- 1. ASSIST STRATEGIES: All CoC-funded providers partner w/ Cty Empl & Human Svcs Dept (EHSD) Workforce Svcs Bureau to help get child care, transportation, & low interest loans to buy vehicles for CalWORKS & Welfare-to-Work clients.
- 2. CoC PROG FUNDED STRATEGIES: SHELTER, Inc. connects clients to empl svcs via assessments, resume/interview help & work placement/retention, supported by Empl Coordinator & Specialist. Rubicon works w/clients to develop economic empowerment plans & offers financial stability svcs, incl. budgeting & improving credit. Providers use the Bay Area Self-Sufficiency Calculator to test eligibility & begin apps, incl. CalWORKS, disability supports, unemployment, SNAP, WIC, & Head Start.
- 3. Cty Homeless Program and Cty EHSD coordinate with CoC to leverage Workforce Svcs Bureau svcs. Providers offer cross-org referrals.
- 4. In 2016, 25% of adult system stayers increased total income. 57% of adult leavers increased total income (cash, non-cash benefits).

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)

- 1-2: Our main empl. org is Cty Employment & Human Svcs Dep't (EHSD), Wkfc Svc Bureau, offering tailored svcs & tools to meet client's barriers to employment and self-sufficiency incl., job readiness workshops, one-on-one career coaching, transitional employment, job placement, job retention, & career advancement support. SVCS TO INCREASE EMPL/INCOME incl. child care & transportation for CalWORKs (TANF) working adults / in Welfare-to-Work; KEYS Auto Loan Program: helps CalWORKs get low interest loans to buy vehicles; Hsg Assistance Programs for CalWORKs families who need relocation, and emergency assistance; EASTBAY Works One-Stop Business and Career Centers: Job Seekers Svcs provides job search tools such as resume writing, access to phones and computers.
- 3. The CoC Program funds 19 PH projects, of which 100% partner w/ EHSD to connect participants with employment svcs.

3A-7. 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)

1. Our CoC conducted a full census at service sites and across the cmtty w/ volunteers & outreach teams. No geographic areas were excluded.
2. Survey used at HMIS participating sites to capture where they slept the night of the count. Longer survey used at non-HMIS locations, incl food distribution, soup kitchens, crisis centers, libraries, & health care facilities. For individuals in encampments not willing to complete survey, the 2016 PIT Observation Tool was completed to capture basic, observable information such as age & gender.
3. STRATEGIES: CE System connects unsheltered persons to low barrier PH using Hsg 1st w/ screening & assessment, centralized prevention & diversion, outreach teams, housing & supportive svcs offered. Our CoC network is actively engaged to enable partnerships to move unsheltered indiv. to ES while awaiting PH; information sharing & collaboration thru CoC Bd, CoC Providers, HMIS, Perf Measurement, Coord Entry, & Exec Directors Cmtes.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)

Not applicable.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 08/14/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next

**HDX submission deadline for System Performance Measures data.
(limit 1500 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

| | 2015 (for unsheltered count, most recent year conducted) | 2016 | Difference |
|---|---|------|------------|
| Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons | 551 | 346 | -205 |
| Sheltered Count of chronically homeless persons | 174 | 145 | -29 |
| Unsheltered Count of chronically homeless persons | 377 | 201 | -176 |

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, 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 2016 compared to 2015.
 (limit 1000 characters)**

NOT APPLICABLE. There was a 205 person (37%) DECREASE in the total CH population & 46% decrease in unsheltered. By removing barriers to entry through Housing 1st, our PH increased access for CH clients. Through our Zero:2016 campaign, housing CH clients is a top priority; implementation of our CE Sys and use of VI-SPDAT prioritizes our most vulnerable clients, resulting in our decrease in total & unsheltered CH population.

Improved PIT Count methodology gives us a more accurate picture of our population (no longer use extrapolation for subpop. data). The decrease in sheltered CH persons (-29) paired w/the decrease (-176) in unsheltered CH highlights how our outreach & care providers have successfully engaged with the CH population to begin the process of establishing & maintaining stable hsg. Our CoC is on target to achieve functional zero for the CH population by 2017 through Zero: 2016.

3B-1.2. 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 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

| | 2015 | 2016 | Difference |
|--|------|------|------------|
| Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC. | 0 | 207 | 207 |

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

Due to a data entry error in 2015, HDX reflects no CH PSH beds; however, we later corrected this to 238 CH PSH beds in updated AHAR reports. For 2016, we reported 208 beds but have since identified data entry errors. In 2016, our HIC data shows 207 beds. However, on review, we acknowledge a data error of 38 unreported beds as well as missing data from some service providers. Our actuals show a total of 293 CH dedicated beds, which is an INCREASE OF 10 CHRONICALLY HOMELESS BEDS over the prior year. We are working to improve timely receipt of data and will continue to work with HUD to update our HIC counts to reflect actual inventory.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for 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-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. Pages 1-4

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

The Zero: 2016 Leadership Committee developed the following strategies and has accomplished/ will accomplish targets to achieve functional zero for CH:
1. Change local culture to engender collective responsibility: outreach events for 8 faith orgs w/100 participants; presentations to civic grps + 2 planned for Fall '16; & 11/16: Homeless Awareness Month media events.
2. Id new housing resources and maximize housing inventory: developed flyer + training for landlords: junior accessory dwelling units, housing security fund; & shared housing: expert met w/svc operators to id strategies.
3. Optimize comprehensive and sustainable services and system to end homeless: Assisting in redesign of CE system; establish Housing Authority homeless preference; & held 2 action camps to set community goals.
4. Increase use and communication of data to drive change: develop by-name list in HMIS; id how clients enter and exit system of care; & Priority housing for CH Vets w high VI-SPDAT score.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 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"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| N/A: | <input type="checkbox"/> |

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

1. ID VIA COORD ENTRY: Families experiencing a hsg crisis who cannot be diverted are connected to crisis services & assessed using VI-F-SPDAT. Using a Hsg 1st approach, families scoring for RRH are prioritized based on LOTH/service need & referred through our Hsg Placement Cmtee, & paired w/a housing navigator & locator to find housing.

2. FY2016 STRATEGIES: SHELTER, Inc. is our main RRH provider, assisting families through CoC, ESG, and CalWORKS grants for RRH. SHELTER, Inc. is expanding partnerships (CalWORKS, TANF, EHSD) to be notified when families are at risk of hln (e.g., lost benefits). SHELTER, Inc. phone line (8,000 calls last year) streamlines linkages to RRH (goal: 5 bus. days processing).

3. COC/ESG RRH: SHELTER, Inc. has CoC & ESG funding for RRH, and has applied for CoC PH bonus project to expand RRH by 9 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 2015 and 2016 HIC.

| | 2015 | 2016 | Difference |
|---|------|------|------------|
| RRH units available to serve families in the HIC: | 13 | 62 | 49 |

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, gender or disability 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

| | 2015 (for unsheltered count, most recent year conducted) | 2016 | Difference |
|---|--|------|------------|
| Universe: Total PIT Count of sheltered and unsheltered homeless households with children: | 116 | 113 | -3 |
| Sheltered Count of homeless households with children: | 91 | 74 | -17 |
| Unsheltered Count of homeless households with children: | 25 | 39 | 14 |

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

1. Not applicable. Our sheltered count of homeless households with children decreased by 17.
2. The total number of unsheltered homeless households with children increased by 14 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 2014, 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. The past two years, volunteers canvassed the community for two days at various service sites throughout the county and asked demographic information including family composition. The 2016 count more clearly depicts who was homeless on a single night in January.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth 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? | Yes |
| Unaccompanied minors/youth below the age of 18? | 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 btw 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 including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 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 including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

| | FY 2014 (October 1, 2013 - September 30, 2014) | FY 2015 (October 1, 2014 - September 30, 2105) | Difference |
|--|--|--|------------|
|--|--|--|------------|

Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:

| | | |
|----|----|---|
| 79 | 82 | 3 |
|----|----|---|

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 2015 is lower than FY 2014 explain why. (limit 1000 characters)

Not applicable.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

| | Calendar Year 2016 | Calendar Year 2017 | Difference |
|---|--------------------|--------------------|----------------|
| Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded): | \$1,878,504.00 | \$1,728,824.00 | (\$149,680.00) |
| 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 | \$1,528,724.00 | (\$149,680.00) |

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

| Cross-Participation in Meetings | # Times |
|--|---------|
| CoC meetings or planning events attended by LEA or SEA representatives: | 2 |
| 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. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

Cross org collaboration occurs w/ West Contra Costa, Mt. Diablo & San Ramon USDs, who regularly attend CoC mtgs; this fall, the CoC will dedicate a meeting to focus on youth homelessness. The CoC Bd recently elected an Ed & Vocational Svcs Rep, who will serve as liaison to homeless families in the school system; she provides TA, professional development and legislation tracking support to 18 districts and works directly w/ youth in foster care. Contra Costa employs a Homeless Education Liaison through McKinney-Vento

funding, who addresses the ed needs of homeless children & parents. 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 CE system.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless 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. (limit 2000 characters)

Our CoC Bd appointed Ed & Vocational Svcs Rep, who serves liaison to homeless families in the school system, provides TA, professional development and legislation tracking support to 18 districts & works w/ youth in foster care. The CoC works with McKinney-Vento education liaisons (incl. unified school district reps) & CoC- & ESG-funded providers to id students that are homeless/at risk of homelessness by developing interagency partnerships (led by SHELTER, Inc.), 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 McKinney-Vento. If the school is outside immediate area, students/families get transportation (a special bus system/transit passes).

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others? (limit 1000 characters)

No.

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

| | 2015 (for unsheltered count, most recent year conducted) | 2016 | Difference |
|---|--|------|------------|
| Universe: Total PIT count of sheltered and unsheltered homeless veterans: | 122 | 136 | 14 |
| Sheltered count of homeless veterans: | 44 | 51 | 7 |
| Unsheltered count of homeless veterans: | 78 | 85 | 7 |

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

We saw an 11.5% incr (+14) in homeless Vets & 8.9% incr (+7) in unsheltered homeless Vets. Sheltered Vets increased from 44 to 51 (+7), demonstrating the success of outreach engagement w/ unsheltered Vets. Our Cty collaborated closely w/ Vets svcs, incl a veteran outreach worker and the VA, for the 2016 PIT Count & incr. may be result of more comprehensive survey. The Cty tracked large in-flow of Vets monthly in our By Name List. In-flow is due to expensive & tight hsg market in San Fran Area; Vets are migrating to our Cty where cost of hsg /availability is slightly better. But our Cty is facing incr in rents making hsg unaffordable & increasing return to homelessness. Alameda Cty reallocated HUD-VASH eligible Vets (approx 1/2 total awards) to our Cty due to housing shortage. This also increased inflow. Since the 2016 PIT Count, we see reductions in homeless veterans and made significant progress. The Veteran

By Name List was 201 in January 2015 and is now 156 in August of 2016.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veteran's Affairs services and housing to appropriate resources such as HUD-VASH and SSVF. (limit 1000 characters)

Outreach teams assess veteran status with 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 community, 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 a VA seat on the CoC Board to ensure veteran resources are being coordinated.

3B-3.3. 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 2016 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) | 2016 | % Difference |
|---|--|------|--------------|
| Total PIT Count of sheltered and unsheltered homeless veterans: | 77 | 136 | 76.62% |
| Unsheltered Count of homeless veterans: | 69 | 85 | 23.19% |

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

3B-3.4a. 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 2016? (limit 1000 characters)

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

1. Change local culture to engender collective responsibility: outreach events for 8 faith orgs w/100 participants; presentations to civic grps + 2 planned for Fall '16; & 11/16: Homeless Awareness Month media events.
2. Id new housing resources and maximize housing inventory: developed flyer + training for landlords: junior accessory dwelling units, housing security fund; & shared housing: expert met w/svc operators to id strategies.
3. Optimize comprehensive and sustainable services and system to end homeless: Assisting in redesign of CE system; establish Housing Authority homeless preference; & held 2 action camps to set community goals.
4. Increase use and communication of data to drive change: develop by-name list in HMIS; id how clients enter and exit system of care; & Priority housing for CH Vets w high VI-SPDAT score.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This 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 2016 Assistance with Mainstream Benefits

| | |
|---|------|
| Total number of project applications in the FY 2016 competition (new and renewal): | 19 |
| 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 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A). | 19 |
| Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits: | 100% |

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

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 and the Financial Counseling Unit within Cty Behavioral 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 & cmty centers throughout the geography weekly. Svcs are also provided at Ambulatory Clinics & our Medical Respite Ctr.

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

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

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 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?

FY 2016 Low Barrier Designation

| | |
|--|------|
| Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal): | 19 |
| 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 2016 competition: | 19 |
| Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier": | 100% |

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

| | |
|---|------|
| Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal): | 19 |
| Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition: | 19 |
| Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First: | 100% |

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: | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div> |
|--------------------------------|---|

| | |
|--|-------------------------------------|
| 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 populations from the 2015 and 2016 HIC.

| | 2015 | 2016 | Difference |
|--|------|------|------------|
| RRH units available to serve all populations in the HIC: | 140 | 248 | 108 |

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", to 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 the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 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 since the submission of the FY 2015 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. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

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

Attachment Details

Document Description: 1. Communication to Rejected Projects

Attachment Details

Document Description:

Attachment Details

Document Description: 3. CoC Rating and Review Procedure

Attachment Details

Document Description: 4. CoC Rating and Review Public Posting

Attachment Details

Document Description: 5. CoC Process for Reallocating

Attachment Details

Document Description: 6. CoC Governance Charter

Attachment Details

Document Description: 7. HMIS Policies and Procedures

Attachment Details

Document Description: 8. Not Applicable

Attachment Details

Document Description: 9. PHA Admin Plan

Attachment Details

Document Description: 10. CoC-HMIS MOU

Attachment Details

Document Description: 11. CoC Written Standards

Attachment Details

Document Description: 12. Not Applicable

Attachment Details

Document Description: 13. HDX-system Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

| Page | Last Updated |
|---------------------------|--------------|
| 1A. Identification | 09/07/2016 |
| 1B. CoC Engagement | 09/11/2016 |
| 1C. Coordination | 09/11/2016 |
| FY2016 CoC Application | Page 62 |
| | 09/12/2016 |

| | |
|--|-------------------|
| 1D. CoC Discharge Planning | 09/07/2016 |
| 1E. Coordinated Assessment | 09/11/2016 |
| 1F. Project Review | 09/11/2016 |
| 1G. Addressing Project Capacity | 09/11/2016 |
| 2A. HMIS Implementation | 09/11/2016 |
| 2B. HMIS Funding Sources | 09/11/2016 |
| 2C. HMIS Beds | 09/11/2016 |
| 2D. HMIS Data Quality | 09/08/2016 |
| 2E. Sheltered PIT | 09/08/2016 |
| 2F. Sheltered Data - Methods | 09/11/2016 |
| 2G. Sheltered Data - Quality | 09/11/2016 |
| 2H. Unsheltered PIT | 09/11/2016 |
| 2I. Unsheltered Data - Methods | 09/11/2016 |
| 2J. Unsheltered Data - Quality | 09/11/2016 |
| 3A. System Performance | 09/11/2016 |
| 3B. Objective 1 | 09/11/2016 |
| 3B. Objective 2 | 09/11/2016 |
| 3B. Objective 3 | 09/12/2016 |
| 4A. Benefits | 09/12/2016 |
| 4B. Additional Policies | 09/12/2016 |
| 4C. Attachments | Please Complete |
| Submission Summary | No Input Required |