

## 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-522 - Humboldt County CoC

**1A-2. Collaborative Applicant Name:** Humboldt County

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Humboldt County

## 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	Not Applicable	No	Not Applicable
Law Enforcement	Yes	No	No
Local Jail(s)	No	No	No
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	No	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Chamber of Commerce	Yes	Yes	Yes
Downtown Business District	Yes	Yes	Yes
Native American Family Services	Yes	Yes	No

**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. The CoC is inclusive (i.e. open meetings, wide & varied membership), & benefits from & builds on the small community’s strong network of interested parties. This year, the CoC hosted a publicly advertised Housing First (HF) Summit (in alignment with HUD policies), as a General Meeting, attended by 250+ persons; attendees included most orgs/persons from question 1B-1. Four breakout sessions encouraged opinion sharing, & a panel of formerly homeless individuals, including a Youth Peer Coach, shared experiences. 2. This year, a Foster/Homeless Youth Liaison from the Cty Office of Education was added to the CoC Board; this Liaison & a Direct Service Provider (both part of the Homeless Education Project) regularly participate in HHC General and Exec. Meetings, and provided vital insight into how the CoC can better serve youth experiencing homelessness. These individuals were incorporated into the planning cmte for the HF Summit, ultimately contributing to its success.

**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.
Redwood Community Action Agency	Yes	Yes	Yes
Redwood Teen Challenge	No	Yes	No
Humboldt County Department of Education Foster Youth and Homeless Education Services	No	Yes	No

**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.
WISH Crisis Center	Yes	Yes
Humboldt Domestic Violence Services	No	No
North Coast Rape Crisis Center	No	No
Redwood Community Action Agency	Yes	Yes

**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)**

THE COC ACCEPTS ALL ELIGIBLE PROPOSALS. Our CoC is a network of CoC- & non-CoC-funded agencies that work closely together and share information about funding opportunities. The CoC published an announcement of the funding opportunity to a listserv (reaching 150+ stakeholders, mostly non-CoC funded) (6/29/16) & on its website. Interested agencies attend an open Technical Assistance workshop (7/14/16) at which the funding opportunity, application, & review process are explained in detail. Several non-CoC funded organizations attended the TA workshop, and one submitted an application. Collab App provides TA to new project applicants before, during, & after competition. 2. All new project applications are scored based on: Consistency with Community Needs, Project Quality, Appropriateness & Readiness, Budget & Cost Effectiveness, & Agency Capacity (which doesn't require CoC experience). All applicants meet with non-conflicted Ranking Cmte for interviews before scoring & ranking.

**1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation?** Quarterly

## 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	1
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

**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. The State of CA HCD is the only jurisdiction that has purview over Humboldt County & only applicable Consolidated Plan. The HHC collaborates with HCD through its members who receive funds from HCD, and through Advisory Cmte meetings for CDBG and HOME. 2. HHC interacts with HCD via regular email updates, by phone, and in person quarterly through its Adv. Cmte member. HHC reports regularly on funding available, & the current priorities in the NOFA that flow from the Consolidated Plan (when avail.) at CoC mtgs. 3. A member of the HHC sits on HCD Advisory Committees for CDBG and HOME; the Cmtes for CDBG meet monthly, & HOME meet semi-annually. 4. The Cmte members, in conjunction with staff and informed by HUD policy, help shape the State's Consolidated Plan; cmte members review proposed changes to regulations, policies or procedures, give input & pilot. In March, HCD sent HHC the FY2016-17 Annual Action Plan, which was then discussed at subsequent CoC Exec. Cmte meetings.

**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)**

Not an ESG recipient in 2015; in 2016 HHC worked with HCD, the State ESG recipient, to solicit applications from potential sub-recipients, holding a fair and open local competition, where HHC provided Con Plan jurisdiction PIT data, HMIS data & sub-recipient applicant information to aid HCD in ESG funding eligibility decision making. Arcata House Partnership (AHP) submitted an application to the local competition for a RRH project, and has received full funding, as expected. AHP also submitted an application to receive ESG funds for a new Emergency Shelter (ES) to the regional competition, which has also received full funding. To evaluate outcomes of these two projects to aid in development of performance standards, the CoC Coordinator and HMIS Lead will monitor the RRH & ES ESG funded projects' performance by running regular HMIS reports, looking at % of exits to PH, cost per exit to PH, and income growth.

**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. HHC agencies & Collab App (DHHS) refer DV survivors to appropriate

housing/svcs quickly; no local DOJ. Staff give clients options based on history/need & use 2-1-1 (CES) to best fit hsg (incl funded by CoC or local sources. ESG available later this year). All family & TAY projects assess for DV needs. If presenting at ES, AHP provides screening for DV & trauma for all families in shelter. RCAA operates a secure TH program for DV survivors. WISH & Humboldt DV Svcs operate priv. funded DV safe housing & services. In April, HHC Exec. Cmte rep met w/Humboldt DV Coordinating Cmte to discuss hln & new CES. DV providers use separate database for client safety; use of CES will be secure. 2. Providers screen for DV, record PII data & refer households to DV services, cognizant of client choice, w/o sharing data. CoC agencies, Humboldt DV Services, WISH, & RCAA apply non-disclosure policies to ensure info is collected & used in a secure manner.

**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
County of Humboldt/City of Eureka Housing Authority	10.00%	No

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

HHC and its member agencies are playing an integral role in bringing more subsidized, low-income, and affordable housing options for homeless persons to the geographic area. The Collab App., DHHS, has recently reserved 12 units in a newly renovated prop w/pref for CH DHHS clients w/SPMI, anticipated funding thru MSHA. Arcata Bay Crossing provides low-income hsg w/hl pref. (15 units for at risk of hln, 4 for CH), & receives local foundation, local gov., and MSHA funding & is managed by a CoC grantee org (Housing Humboldt); CoC grantee orgs (DHHS and AHP) provide svcs. North Coast Veterans Resource Center (Exec Cmte mem) has 50 VASH vouchers and 44 GPD-funded beds, and is working to increase hsg for hl. DHHS received a \$496,000 RRH CalWORKS grant for families that will increase access to affordable housing for homeless families. DHHS received \$150,000 for a Measure Z RRH project for



rental assistance in FY2016-17, funded by local sales tax revenue, 100% dedicated to CH.

**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)	
IMPLEMENTED HOMELESS ADVOCATE: The Local Police Department has a Homeless Advocate on staff, and members of Law Enforcement were also some of the 250+ attendees at the Housing First Summit; the Summit provided a chance to discuss alternate strategies that do not lead to further criminalization of individuals and families experiencing homelessness. Having a homeless advocate on PD staff enables Law Enforcement to gain a perspective perhaps otherwise difficult to achieve. By also participating in the Summit, members of PD also had the opportunity to come together with many interested members of the community face to face, encouraging further participation and accountability.	<input checked="" type="checkbox"/>
PD MENTAL HEALTH TRAINING: DHHS works w/ multiple Law Enforcement Agencies to plan & provide mental health training to officers annually. Chief of Eureka PD has been a champion of this work. A Mental Health Clinician and Case Manager travel w/ 2 officers to work with most vulnerable persons experiencing homelessness. 2 BoS members and one City Councilmember have also been on outreach trips. As the CoC has increased efforts to involve law enforcement in de-criminalizing homelessness, the result has been a 24% decrease in arrests.	<input checked="" type="checkbox"/>
HOMELESS STRATEGY & IMPLEMENTATION PLAN: This year cmty implemented Phase 1 of a Strategic Plan to prevent & end hln, informed by input from cmty stakeholders, incl Police Chief of Eureka. It states that rental assistance is needed for those exiting the criminal justice system, & that arrests are not the long-term solution. Members of Exec Cmte discussed the Plan, & are working w/ cmty leaders, BoS members, Eureka City Council members, Eureka PD, city planners & business owners in Community Homeless Improvement Project (CHIP) to work against the criminalization of homelessness. CHIP develops solutions for Eureka's homeless, resulting in funds for short-term housing while permanent housing is secured. Funds for deposits & rent, substance use treatment, & for operation of the MIST (joint effort of DHHS and Eureka PD) outreach program were secured through city/MHSA/IGT county funds to support this effort.	<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.

## 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)**

Our CoC is a tight network of providers who coordinate to route households in need to the most appropriate housing & services. Coord. Assmt Cmte has established a CES through 2-1-1. ACCESS: We 1. Use a virtual system (2-1-1) to reach the CoC's entire rural geographical area. 2. Use DHHS outreach teams & RCAA Multiple Assistance Center (MAC) workers to engage those without phone access. 3. Utilize day center operators & two mobile outreach teams. QUICK&EASY HSG: Administer VI-SPDAT 2.0 (input in HMIS) to assess needs & determine appropriateness for available housing. Detailed client assessments done at project level but do not duplicate standardized screening tool. PRIORITIZE: CoC has adopted and is implementing 14-12 thru CE. LOW BARRIER: Maintain HF at all CE agencies, in accord. with HUD policy. BY-NAME: Use HMIS to generate byname list from which providers match the most vulnerable persons in need of housing with available units.

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<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 Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-1-1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<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?	11
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2
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?	9
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.

<b>Performance outcomes from APR reports/HMIS:</b>	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
<b>Monitoring criteria:</b>	
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 checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" 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)**

For our CoC scoring tools, it is an eligibility Threshold Req. that New Projects serve CH for PSH or Ind./Fam./Un. Youth from streets/ES for RRH. Scoring factors for New Projects prioritize projects that are HF and do not discriminate based on criminal background (exc. Fed. & State restrictions). Renewal PSH projects are eligible for Bonus pts. if they are HF, & operate w/o barriers to entry: must NOT require sobriety, min. income, background or credit checks. Also, renewal TH projects are eligible for Bonus pts. if they serve a HUD priority pop. for TH (Youth, DV, or In Recovery), are transitioning to CoC-funded PSH/RRH, or seeking alt funding for TH.

Pop. served is reviewed when scoring other criteria (info on the # of disabilities at entry, # of seniors, Veterans, & persons exp. DV served) thru data, interviews, & narratives. 2016 Appl.'s Included expansion for proj. serving CH clients w/ HIV/AIDS, requiring a significant level of support to maintain PH.

**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)**

HHHC had a collaborative public process to design the review & rank criteria (final mtg. 7/14/16). After release, all portions of CoC's review & rank process (incl timeline, scoring tools, tiering policy, & appeals policy) were approved by CoC Exec Cmte at pub mtg held 7/20/16. An open TA workshop was held 7/14/16 where all materials were distributed. Workshop was advertised on 7/12/16 via the CoC listerv (150+ members, mostly not CoC funded) & website. Exec Cmte did targeted outreach to non-CoC funded orgs to increase attendance & inform/encourage apps. Three Non-CoC funded agencies attended; one submitted an app. Collab App ensured any interested party

received competition materials. Materials publicly posted to the CoC website 7/12/16.

**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).** 09/12/2016

**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.)** No

**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.)** 08/11/2016

**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)

1. To determine effectiveness in meeting performance outcomes, HHHC created a database of project APR, drawdown, audit, and other local data; this monitoring system has proven highly effective. 2. The database generates detailed evaluations of each project's most recent operating year, which simplifies review & allows the Review Committee to easily compare projects. Cmte annually meets with & scores each project according to a CoC-approved scoring process & tool, which measures performance (operate at capacity, housing retention, exits to PH, access to empl. and mainstream resources) & capacity (cost-effectiveness, CoC participation; financial, CoC & HUD audits; drawdown history). Cmte reviews the needs of clients served to ensure that projects are reaching those who are hardest to serve. The CoC is planning to establish performance targets and procedures to evaluate performance frequently & in consultation with all stakeholders.

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

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this form, please reference the FY 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.** Page 5-7 MOU

**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 Systems

## 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 Single CoC coverage area:**

**\* 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	\$69,500
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$69,500</b>

### 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
<b>Other Federal - Total Amount</b>	<b>\$0</b>

### 2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$17,375
State	\$0
<b>State and Local - Total Amount</b>	<b>\$17,375</b>

**2B-2.4 Funding Type: Private**

Funding Source	Funding
Individual	\$0
Organization	\$0
<b>Private - Total Amount</b>	<b>\$0</b>

**2B-2.5 Funding Type: Other**

Funding Source	Funding
Participation Fees	\$0
<b>Other - Total Amount</b>	<b>\$0</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$86,875</b>
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## 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	97	0	97	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	146	0	146	100.00%
Rapid Re-Housing (RRH) beds	7	0	7	100.00%
Permanent Supportive Housing (PSH) beds	108	0	108	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.

**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	0%	0%
3.2 Social Security Number	1%	13%
3.3 Date of birth	1%	0%
3.4 Race	3%	2%
3.5 Ethnicity	2%	3%
3.6 Gender	1%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	0%	3%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	1%	2%
3.15 Relationship to Head of Household	1%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	1%	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"/>
HIC and PIT, System Performance Measures, CoC Application	<input checked="" type="checkbox"/>



None	<input type="checkbox"/>
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**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?**

8

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

Monthly

**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"/>
	<input 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 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)**

1. To achieve the most accurate count our CoC chose to use HMIS data exclusively. Our 100% bed coverage & robust data quality allowed us to ensure deduplication by using comparisons of PII data and unique identifiers. All ES &

TH on the HIC participated. Data Quality: HHHC notified all orgs in HMIS of PIT count date; projects reviewed HMIS data for accuracy. HMIS admin built & tested an HMIS report to count clients in ES & TH on PIT count night, & corrected any data quality problems w/orgs. For non-HMIS orgs (DV only), HHHC conducted outreach to collect occupancy data for PIT count night. They relied on observation, knowledge of clients & case files for subpop data. De-duplication: Comparison of unique identifiers in provider surveys was used to de-duplicate. 2. HMIS data w/o extrapolation produced reliable, clean, accurate picture of the pop of sheltered persons in the CoC, b/c of the HMIS's strong data quality & small # of sheltered persons.

**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)**

The CoC used HMIS only (with provider surveys for DV projects) to produce its sheltered PIT count in 2016, and in 2015 used HMIS plus interviews as a way to gather subpopulation data in the sheltered count. The CoC has worked hard to make great strides in the HMIS data quality and bed coverage, and felt confident in the HMIS subpopulation data to use it for the PIT Count in 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)**

Provider coverage for the 2016 PIT Count experienced the following changes: AHP's Keys to Success was included in the 2015 Count but not the 2016 Count; the project was not operational at the time due to loss of funding Included in the 2016 Count but not the 2015 Count were: Humboldt Housing Expansion, a new PSH project; PACT, a newly funded Youth focused TH; Our House Youth Shelter, a project transitioning from a TH model to an Emergency Shelter (ES) model, more in line with HUD goals; and Safe Haven, an ES for DV.

## 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 type="checkbox"/>
Follow-up:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input 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)**

Since the count relied exclusively on HMIS data (except for DV), volunteers and other materials were not needed this year. The CoC strives to implement changes to improve data quality on an ongoing basis. The Collaborative Applicant works to improve HMIS data quality for HMIS-participating projects by following up with agencies to ensure that client records have as much information as possible, as well as encouraging agencies to collect data not previously collected or required to be collected. Additionally, the HMIS lead works to enhance data accuracy by communicating with HMIS users through email and at monthly HMIS Users Meetings concerning data issues, and works to correct data and run reports as needed.

## 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):** 01/27/2015

**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):** 05/15/2015

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

**Instructions:**

For guidance on completing this form, please reference the FY 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 checked="" type="checkbox"/>
Night of the count - known locations:	<input type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

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

HHHC conducted a night of the count complete census, w/ over 30 agencies and 100 trained volunteers. The PIT Committee held meetings to gather input and to plan. Volunteers, organized & overseen by the PIT Cmte, conducted the count. Volunteers worked in 7 hubs divided by location w/in the County. 2 coordinators managed volunteers, one in the north section of the county & one in the south.

Efforts were increased in southern & outlying areas of the county to maximize the count's reach.

Surveys were administered (completed by volunteer or self-administered) to homeless individuals encountered by volunteers on the streets and in rural encampments, & thru local providers. To avoid duplicating respondents each respondent was asked whether they had already completed a survey.

WHY: Community planning processes surfaced a need for a census count that did not exclude any geographic area. Partnerships, training, & extensive planning made this possible.

**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 CoC did not conduct an unsheltered PIT Count in 2016; for that reason, the data and methodology from the 2015 Count is included. The 2013 unsheltered PIT count used a service-based count methodology that focused on public places and known areas. It did not cover the entire geography of the largely rural county. The HHHC solicited community input that surfaced a need to include outlying and sparsely populated areas. As a result the HHHC committed to a more robust methodology in the 2015 count to ensure that the full geography of the county, including hard to access areas in the southern part of the county, would be counted. The 2015 count also utilized maps and GIS upgraded version of the survey administered to homeless persons. To successfully conduct a complete census unsheltered count, the PIT committee reviewed HUD guidance and trainings on conducting such a count and partnered with a local expert at the California Rural Policy Center to develop this improved methodology.

**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)**

NOT APPLICABLE. The CoC is committed to identifying and serving the most vulnerable subpopulations of individuals experiencing homelessness, including unaccompanied youth, for both the PIT Count and our CES. With the addition of a Foster/Homeless Youth Liaison from the COE to the CoC Exec Cmte, and the implementation of the CES (as of last month), the CoC is working to incorporate new CE access points for youth, and strategies for identifying youth in the area's school system, as well as in the geographic region through DHHS' outreach teams and coordination with both CoC- and Non-CoC-funded Youth programs.



## 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"/>
Written instructions to canvassers	<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)**

2015 Count improvements & changes from previous years: Improved volunteer training, improved data collection, increased reach to homeless youth and encampments, increased community involvement. 1. Volunteer training was improved specifically re the counting of people living in mobile homes or campers, a population that is prevalent in the county. Volunteers also received improved survey fielding training. An upgraded shorter survey was used, which improved response rates & data quality. Two youth CoC members attended a count workshop for special training, participated in the PIT Cmte, & led peer

teams to conduct outreach/count youth. Outreach teams used their expertise to identify encampments. Homeless Ed. Coordinator did outreach to each homeless liaison to create special school report. Hubs were set up in each supervisorial district in the county for centralized volunteer training & deployment. This increased both the geographic reach of the count & cmtly awareness/involvement.

## 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	928	1,134	206
Emergency Shelter Total	83	118	35
Safe Haven Total	0	0	0
Transitional Housing Total	161	80	-81
Total Sheltered Count	244	198	-46
Total Unsheltered Count	684	936	252

#### 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	766
Emergency Shelter Total	536
Safe Haven Total	0
Transitional Housing Total	340

### 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)**

RISK FACTORS: According to System Performance Measures, 158 people were homeless for the first time over the last 24 months. Providers regularly discuss factors at CoC meetings, e.g., lack of affordable housing, loss of job, & unforeseen health & family issues.

STRATEGIES/PARTNERSHIPS: The CoC has recently launched its CES, in partnership w/ 2-1-1, where Outreach Workers can make contact with those exp. FTH, assess needs, and make referrals – either connecting these individuals to housing or benefits (such as TANF, for sec. deposits & first/last month rent) depending on severity. The CoC is also engaging School Administrators and the COE's Homeless Youth Liaison, to provide assistance detecting risks for families and children who may become homeless. The CoC continues to partner with Family Resource Centers, who provide financial literacy & credit ed. classes, and a county prog. which provides bus tickets for those with housing/work in another county.

**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. Length of Time Homeless (LOTH) in ES was 6 nights, and TH was 36 nights; LOTH has been reduced by dedicating all PSH for CH and adopting CPD No14-12. 2. Through the newly implemented CES, the CoC will prioritize people with longest LOTH (& svc needs) for the first available appropriate unit. CoC is also working to increase PSH and implement HF system wide 3. The CoC will continue to monitor LOTH thru effective use of HMIS & CE prioritization, including CE outreach teams and 2-1-1. 4. On 8/11, 250+ interested comm. members met at the HF Summit to discuss better ways to assist CH and unsheltered and committed to implement HF system-wide to reduce LOTH through Landlord Engagement, enhancing local Business & Community support, coord. btn Hsg Serv. Prov., & addressing Health Care needs. 5. All homeless housing participates in HMIS to ID LOTH. CoC PSH is all dedicated to PSH, and all CoC/ESG will operate HF, hsg persons with longest LOTH out of CE.

**\* 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:**

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**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	401
Of the persons in the Universe above, how many of those exited to permanent destinations?	291
<b>% Successful Exits</b>	<b>72.57%</b>

**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	70
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?	66
<b>% Successful Retentions/Exits</b>	<b>94.29%</b>

**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. CoC projects have a low recidivism rate; total percentage is 20% in 2 years from all ES, TH, PH; for PH, it was only 7%. 2. Recidivism will be reduced through: use of CE to ID returning HH & prioritize them for more intensive hsg interventions; support for graduating HH (incl links to empl svcs & income benefits); & impl of progressive engagement 3. Because our CoC has a small pop & relationships between homeless hsg & svc providers are unusually vibrant, often HH are already known to our orgs. HHHC relies on the strength of its network to keep HH from returning to homelessness: projects frequently refer participants to each other's orgs when addtl svcs are needed to keep a HH in stable hsg. To track recidivism, 4. HMIS (used by CE) captures previous episodes of hln & destination at exit. Data is reviewed yearly when projects are evaluated & scored in the local competition and CE will be reviewing data regularly.

**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. COC STRATEGIES: Training providers on non-empl benefits thru SOAR, & connecting to empl through Job Market, enhancing systemic partnerships; if a project has low empl, the CoC will introduce the approp. party to the Job Market, where resources to support new employees can be found 2. CoC hsg providers successfully refer participants to DHHS (Collab Appl), connecting people w/WIC, food stamps, MediCal, & rapid access to public health & child welfare svcs. No income is required for entry into any CoC PSH program. After entry, individuals are assisted in obtaining cash & non-cash benefits, incl GA, MediCal, & SSI. 3. To gain/increase empl income, CoC-funded projects frequently refer to the DHHS Job Market, a one-stop workforce system that connects to job search assistance, workshops, training, & counseling, including resources for seniors, youth, & veterans. 4. The CoC-funded projects have had success this yr, increasing non-empl, non-cash income by 2% and empl income by 8%.

**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)**

In a county as geographically isolated and sparsely populated as Humboldt County, few mainstream employment organizations exist to aid homeless individuals and families in increasing their income. As such, existing organizations, CoC and non-CoC-funded, must work collaboratively and creatively to connect participants to opportunities to increase their income. 100% of CoC funded projects are connected to the primary employment agency in the county, DHHS (Collaborative Applicant). DHHS provides case management to all CoC PSH participants. All participants are referred to DHHS's Employment Training Division, where if eligible, they are connected to the Job Market, the county's comprehensive workforce resource center. Case managers check in regularly with participants on their progress after referral. Outside of the County DHHS, the CoC also has a relationship with the state Employment Development Department (EDD).

**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. Local outreach includes DHHS Street Outreach Services (SOS), the Mobile Intervention & Services Team (MIST) and Raven Project, a youth-focused outreach. Under direction of DHHS Senior Prog. Manager, SOS staff do outreach, prov case mgmt and mental health svcs by coordinating w/ DHHS PSH/RRH hsg providers. MIST predom. reaches out to ind struggling with homelessness and mental illness; the team is run jointly by the Collab App, DHHS, and the Eureka Police Dept (EPD), funded by Measure Z; a case manager helps to connect ind to svcs, counseling, medication supp, and approp hsg when necessary. Raven Project (RCAA) is a youth-led/-focused

outreach team; it provides weekly HIV testing, peer mediation/counseling, and connections to empl, benefits, and hsg, funded by an Administration for Children and Families grant.2. IDing and tracking of ind is done through HMIS.3. Outreach teams conduct intakes, assess for ind needs, and attempt to connect ind to hsg, and have begun using the CES.

**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	142	362	220
Sheltered Count of chronically homeless persons	15	0	-15
Unsheltered Count of chronically homeless persons	127	362	235

**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)**



The total number of unsheltered chronically homeless persons in the CoC reported in the PIT count increased from the 2013 unsheltered counts to the 2015 count. This increase can be attributed in large part to improved PIT count methodology,. The 2013 unsheltered PIT count was conducted only in known areas and did not encompass the entire geography. The 2015 count was intensified especially in the southern part of the county and in outlying areas of the county, made possible by the use of GIS tools and maps (tools not used in the 2013 unsheltered count) to get a more accurate picture of the number of homeless individuals and families in the county. As a result of more rigorous methodology and geographic coverage, the number of persons identified increased.

The 2016 Sheltered PIT Count CH number was accidentally omitted; the number should have read 11 CH sheltered on the night of the count.

**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.	89	98	9

**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)**

There was an increase in dedicated CH beds in the CoC, because dedicated PSH for CH persons is a top HHC priority. Between the 2015 HIC and the 2016 HIC 9 additional beds were dedicated to CH persons – an additional 4 beds in the Apartments First! Project were dedicated, as well as an additional 5 beds in the SVK House Project. The CoC continues to examine PIT and HIC data to set community priorities, and there is ongoing need for PSH for CH in the community. The CoC seeks every opportunity to fund and dedicate these resources, including through the PH Bonus process, for which Humboldt applied for 4 beds of PSH dedicated to CH.

**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.** Page 3-12

**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)**

STRATEGIES: HHC prioritized CoC funds for PSH for CH persons, so all CoC-funded PSH beds are dedicated for chronically homeless persons. Each year the number of CH beds in our CoC increases. (PH participants in our CoC remain housed, on average, over 2 years.) We will continue to prioritize CoC funds for PSH for CH & increase the number of PSH units available. The CoC has also focused efforts on street outreach services to the more service-resistant chronically homeless persons in the county. The mobile outreach team covers the wide geographic area of the county to engage unsheltered CH persons in services, helping to facilitate enrollment in Medi-Cal and supportive case management. RESOURCES NEEDED: Overall, despite our diligence in serving CH, the resources we receive are not scaled to our need. With 362 unsheltered CH, our 53 beds (every permanent CoC bed we have) barely touches the problem.

## 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"/>
Health Concerns	<input checked="" 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)**

Homeless families are a top HHC priority.

1. ALREADY DOING: DHHS uses CalWORKS to provide families up to 6 mos. of services including rent. The CE system uses the VI-SPDAT for families to assess families at intake and those determined appropriate for RRH are directed to available resources. All of the renewal CoC funded programs serving families are low-barrier and do not screen out families based on factors that do not have a bearing on their future housing success.

2. WILL TAKE: The CoC will draw on experience operating a successful HPRP program through the creation of RRH. Thru CE (CoC/ESG RRH) the CoC will connect families w/ RRH to DHHS. DHHS uses CalWORKS funds to provide first/last month's rent & security deposits to reduce barriers to housing for & quickly rehouse families. 3. HHC participating orgs were awarded new RRH in the FY15 CoC competition and will utilize ESG to bring more of this needed resource for families to the county.

**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:	33	7	-26

**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"/>
	<input 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:	97	77	-20
Sheltered Count of homeless households with children:	59	53	-6
Unsheltered Count of homeless households with children:	38	24	-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)**

NOT APPLICABLE. The number of sheltered homeless households with children decreased slightly from 2015 to 2016 due to an increased focus on rapidly rehousing households with children. The number of unsheltered homeless households with children decreased significantly between 2013 (previous unsheltered count) and 2015, attributable in part to improved PIT count training: in 2013 PIT volunteers incorrectly counted persons living in mobile homes and trailers as homeless even though they are not living in places meant for human habitation. This error in counting affected the number of homeless families counted, and after improved training in 2015 the number of unsheltered homeless families is a more accurate reflection of the situation in the county.

**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 type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
Education of Law Enforcement	<input 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"/>
Health Concerns	<input checked="" type="checkbox"/>
Age & Parenting Youth	<input checked="" 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:	25	30	5

**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. Ending youth homelessness is one of the CoC's main priorities; CoC- and Non-CoC-funded Youth dedicated programs continue to make strides to connect with and house unsheltered youth in Humboldt County. A 17% increase in the number of unaccompanied youth from an unsheltered situation prior to entry can be attributed to strides that the CoC has made in improving HMIS data quality and reporting standards, and as improvements in outreach to youth have revealed the true extent of this hardest to reach population in the CoC geographic area.

**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):	\$603,129.00	\$1,136,509.00	\$533,380.00
CoC Program funding for youth homelessness dedicated projects:	\$68,614.00	\$70,630.00	\$2,016.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$534,515.00	\$1,065,879.00	\$531,364.00

**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:	6
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	2
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	6

**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)**

1. The CoC coordinator works closely w/ Cty Office of Ed, including its Homeless Ed Coord., a CoC Exec. Cmte member. The Foster Youth & Homeless Education Services Program refers students & families struggling with or at risk of homelessness to Community Resources. Also, schools have Family Resource Centers (FRCs) located on-site; FRC's can provide support groups, counseling & case mgmt., emergency food, clothing, & supplies, etc. FRC staff regularly meet with school admin. and the Liaisons to identify homeless or at-risk families. All CoC family providers maintain designated staff

to coordinate w/ Liaisons, the FRCs, teachers, the COE, housing and benefits counselors, & other stakeholders. The Ranking Cmte annually monitors CoC-funded agencies to ensure compliance. 2. The CoC works in close collab with Head Start & Early Start reps. CoC-funded orgs svng youth are encouraged to gather students' report cards and grading information, truancy & suspension notices, etc.

**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)**

1. Our McKinney Education Liaison regularly collaborates w/ our family projects to refer eligible clients to housing and track the progress of homeless students.
2. The CoC's Written Standards take the educational needs of children into account, requiring that families with children are placed as close to the child's school of origin as possible, causing minimum disruption in education. Providers are required to post notice of students' rights under the McKinney-Vento Act, explain those rights at intake, & assist in exercising those rights. This includes providing written materials, help with enrollment, and linkage to McKinney Vento Liaisons as part of intake procedures. They are also required to designate staff to ensure youth are in school & are receiving all educational services they are entitled to. The Ranking Cmte annually monitors CoC-funded agencies to ensure compliance.

**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)**

Not Applicable.



## 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:	133	131	-2
Sheltered count of homeless veterans:	53	39	-14
Unsheltered count of homeless veterans:	80	92	12

**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)**

Not Applicable: 1. There was a decrease rather than an increase in the number of Veterans in the 2016 Sheltered PIT Count from the 2015 Sheltered PIT Count; the decrease may be attributed to the prioritization of Veterans into PSH.

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

North Coast Veterans Resource Ctr (NCVRC) is the primary veterans-serving

organization in the county & has a host of VA-funded veterans' housing options: HUD-VASH, SSVF, & a GPD TH program. 1. (Local fund) Mobile outreach identifies veterans through on-board intake and assessment processes & 2. refers any veterans to the NCVRC to determine eligibility for VA services and benefits. (VA funded) NCVRC works with the veteran to determine eligibility; If the veteran is eligible, s/he is placed into the veterans' housing intervention that suits his/her needs. 3. All CoC organizations who encounter a homeless veteran immediately engage with NCVRC to refer the veteran for the most appropriate VA funded resource. The coordinated entry system will further streamline this process. Representatives from NCVRC provide updates & guidance to the CoC on the best ways to ensure a veteran is receiving the benefits to which s/he is entitled.

**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:	50	131	162.00%
Unsheltered Count of homeless veterans:	0	92	0.00%

**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 housing and service needs of veterans is a top priority of the CoC. Disabled unsheltered veterans in our CoC are particularly unlikely to seek housing and services due to a distrust of government assistance. Most of this population camps in a rural area of the county, which Street Outreach Services visits regularly with meals and information. North Coast Veterans Resource Center also does special outreach to this population in attempts to mitigate service resistance. A permanent supportive housing stock that is far outstripped by the demand in the community remains a primary barrier to ending Veteran homelessness in Humboldt County. There was no count conducted in 2010, nor was an unsheltered veteran count conducted in 2009. As the CoC has moved to embrace HUD's policy goals towards a complete counting on a regular basis,

the counting has improved both in methodology and in execution; our numbers have increased, but that is a reflection of better training and counting processes.

## 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):	10
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).	10
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)**

1. Humboldt County DHHS & Open Door Community Health Centers. DHHS (Collab App) is the primary organization responsible for MediCal enrollment in the county. 2. The CoC's partnership with Medi-Cal Enrollment Division has led to significant increases in Medi-Cal enrollment among participants in CoC projects in the county as DHHS & partner organizations have made significant efforts to enroll all who are eligible in Medi-Cal services. As participants are referred by projects, the Eligibility Department & the DHHS Mental Health Case Management department work together to ensure a streamlined enrollment

process. Approximately 62% of renewal project participants have access to health insurance, and county data shows strong trends in increased access to Medi-Cal benefits. Once a participant is connected to healthcare benefits, a CoC agency partnership with Open Door Community Health Centers ensures that the participant has an established primary care center.

**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"/>
Coordination with Open Door Community Health Centers to establish medical home/primary care clinic	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
<b>Not Applicable or None:</b>	<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):	10
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:	10
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):	10
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:	10
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"/>
Implemented Coordinated Entry System using 2-1-1 with Many Languages Available	<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:	33	7	-26

**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. No

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