Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections REQUIRES SUBMISSION:
- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/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

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Bi-Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Bi-Monthly

IB-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Select all that apply. Outreach, Advisor, Volunteer, Organizational employee, Community Advocate

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Humboldt Housing and Homeless Coalition (HHHC) Executive Committee	CoC Board. (10 YR Plan (TYP) coordination; ensuring equal access; completes CoC application; project review & selection; disaster planning; PIT/HIC preparation) Exec Cmte coordinates outcome-oriented, community-wide process to implement a CoC system of housing & services. Plans, oversees & implements multi-pronged CoC & 10-year strategy to prevent & eliminate homelessness among families & individuals including CH, LGBT & veterans. Coordinates committee work, sets HHHC annual work plan & meeting agendas, monitors outcomes of CoC agencies, represents HHHC in other forums, informs Board of Supervisors of the CA Con Plan. Establishes annual Ranking Committee. Conducts the PIT count. Approves Exhibit 1, makes it available for community review.	Monthly	DHHS (Pub. Health, MH, Social Svcs); RCAA (nonprofit; TAY); WISH (DV); Humboldt Cty/Eureka PHA; N. Coast Vets Resource Ctr; Open Door Clinics/Mobile Health; Arcata House; North Coast Substance Abuse Council (Crossroads); Eureka Chamber of Commerce

1C-1.2	CoC HMIS Committee	(HIC/PIT planning; TYP Coordination; HMIS planning) Plans to resolve issues in the countywide HMIS, obtains unduplicated counts of homeless people in the community, and analyzes data to respond to unmet needs. The group reviews HMIS bed coverage (HUD and non HUD- funded), considers best practices and program ideas for expanding coverage, and reports at each HHHC meeting. The group focuses on using HMIS for program performance review and client case management. This is a forum to consider integration of HMIS data or reports with mainstream systems. The group reviews and looks to improve HMIS data quality and compliance with technical standards, including by training. The group is exploring using HMIS for PIT counts.	Monthly	Humboldt County DHHS (Pub. Health, MH, Social Svcs); RCAA (nonprofit; TAY); Arcata House Partnership (nonprofit); N. Coast Vets Resource Ctr; WISH (DV); North Coast Substance Abuse Council (Crossroads)
1C-1.3	CoC ESG Planning Committee	(ESG Coordination; project review and selection; ensuring equal access) This committee was created to plan and coordinate the CoC's response to the 2013 Emergency Solution Grants funds available through the state Dept. of Housing and Community Development (HCD). This is the first year Humboldt County has an ESG grantee and accessed ESG funds, a CoC priority. The group meets to discuss the possible uses of ESG funding, including homeless prevention, rapid rehousing, shelter, and coordinated intake; discuss CoC funding priorities for the available funds, review best practices of former HPRP program and build on its success, and coordinate the submission of the application to HCD.	Monthly	DHHS (Pub. Health, MH, Social Svcs); RCAA (nonprofit; TAY); WISH (DV); Humboldt Cty/Eureka PHA; N. Coast Vets Resource Ctr; Open Door Clinics/Mobile Health; Arcata House; North Coast Substance Abuse Council (Crossroads); Eureka Chamber of Commerce
1C-1.4	CoC Discharge Planning Task Force	(Discharge planning) This workgroup was created to formalize the CoC's already robust discharge planning policy. The group creates a formal plan for discharge from local public institutions through coordination with law enforcement/probation, hospitals, the CoC's TAY Collaboration Group, mental health service providers, and other stakeholders. The group leverages existing strong relationships and informal arrangements between homeless service providers and public institutions to develop and adopt a written discharge planning policy for the CoC. This group reports to the CoC quarterly.	Monthly	Arcata House Partnership, Open Door Clinics-Mobile Health, St. Joseph Hospital Care Transitions Team, Mad River Hospital, North Coast Substance Abuse Council (Crossroads)

1C-1.5	CoC Coordinated Assessment Committee	(Coordinated assessment planning) This committee was created to plan and implement CoC-wide coordinated assessment. Committee meets to identify issues, gaps, and barriers to implementation. Identifies CoC needs and develops and adopts a common screening tool for coordinated assessment. Develops a plan to integrate current intake and assessment frameworks into the CoC-wide coordinated assessment, such as 2-1-1 system. Develops work plans for training of staff and future HMIS upgrades to system. Additionally, committee meets to streamline and eliminate hurdles between current project procedures and formalize system intake procedures.	Monthly	DHHS, RCAA-Youth Services Bureau, United Way/2-1-1, Arcata House Partnership, North Coast Veterans Resource Center

1C-2 Describe how the CoC 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 when establishing the CoC-wide committees, subcommitees, and workgroups.
(limit 750 characters)

HHHC recognizes that diverse community representation and shared knowledge is essential to achieve CoC and HEARTH goals; because of our small population, all individuals and organizations with interest in or knowledge of homelessness are well known in our CoC. The CoC invites participation from new members quarterly through outreach to listserves and at County Board of Supervisors meetings. A wide range of stakeholders attend HHHC meetings including: local government representatives, nonprofits, the PHA, business leaders, veterans, faith-based organizations, hospitals, law enforcement, school systems, and homeless persons. Exec Cmte includes representatives of the County, nonprofits, PHA, health facilities, chamber of commerce, and veterans services.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)

HHHC has an objective & comprehensive process to score & rank projects. Exec Cmte develops scoring criteria aligned with TYP objectives, HUD goals/directives, & gaps in available housing. Criteria published online include: outcome measurements, review of budget/audits, cost effectiveness, agency capacity & leverage. New applicants invited via listserve. In 2013, TH projects (HHHC has no SSOs) were incentivized to reallocate to PSH to align with HUD/CoC priorities. Ranking Cmte (impartial panel trained in HUD requirements & CoC priorities) meets with & scores projects according to approved scoring tool & ranking process. Projects at risk of losing funding may appeal. Projects notified of scores 1/14/14; ranked list published online 1/28/14.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)

To determine each project’s effectiveness in returning high-need clients to PH, HHHC created a database of each project’s APR, drawdown, audit, and other application data. The database generates detailed evaluations of each project’s most recent operating year, which simplifies review and allows the Ranking Cmte to easily compare projects. The Cmte annually meets with and scores each project according to a CoC-approved scoring process and tool, which measures whether projects operate at capacity, housing retention (6 months and 1 year), exits to PH, access to employment and mainstream resources, rapid exits to PH for TH projects, cost-effectiveness, CoC participation; financial, CoC and HUD audits; drawdown history, match, and leverage. The Ranking Cmte also reviews the special needs of clients served to ensure that projects are reaching those who are hardest to serve. Projects at risk of losing funding may appeal.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)

Our CoC is an network of CoC- & non-CoC-funded agencies that work closely together and share information about funding opportunities. The CoC publishes an announcement of the funding opportunity to a listserve (that includes a wide range of stakeholders) & at CoC & at cmty meetings. Interested agencies attend a Technical Assistance workshop at which the funding opportunity, application, and review process are explained in detail. Collab App provides assistance to new project applicants before, during, and after competition. All applicants meet with the non-conflicted Ranking Cmte, who ask questions & provide feedback about the application. After the application process is complete, each applicant may request feedback on their application.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.

01/30/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?

Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)

N/A

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)

N/A

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1E-1 Did the CoC submit the 2013 HIC data in the HDX by April 30, 2013? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices.
(limit 1000 characters)

All CoC- and ESG-funded beds enter data in HMIS in accordance with the CoC Interim Rule, 2010 HMIS Data Standard and related notices. All project data entry staff receive data entry training and enter the Universal and Project Specific Data Elements. Our HMIS Administrator generates weekly data quality reports and hosts regular security, privacy, and data quality trainings. All data entry staff are required to comply with confidentiality requirements. Our HMIS Committee is in the process of updating our Policies and Procedures to include a privacy plan, security plan, and data quality plan for HMIS.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead?
If yes, a copy must be attached.

Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan.
(limit 1000 characters)

Privacy, security, and data quality are of top importance in our small CoC (only 11 participating HMIS agencies). Member agencies have always received training on HUD’s requirements and proper protocol for each item. The HHHC HMIS Committee is in the process of drafting formal plans for inclusion in our Governance Charter.
In partnership with DHHS (HMIS Lead and Exec Cmte Chair), the HMIS Committee will review and revise the Privacy, Security, and Data Quality plans annually. All plans will be available for review and shared with HMIS users by September 2014.

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

ServicePoint

2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).

Bowman Systems

2A-6 Does the CoC plan to change the HMIS software within the next 18 months?

No

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

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

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) CA-522 - Humboldt County CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$69,500
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$69,500

2B-3.2 Funding Type: Other Federal

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

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	$0
County	$35,000
State	$0
State and Local - Total Amount	$35,000

2B-3.4 Funding Type: Private

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

2B-3.5 Funding Type: Other

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

2B-3.6 Total Budget for Operating Year	$104,500

2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

As the historical CoC Lead Agency, Humboldt County Department of Health and Human Services has an unequaled amount of institutional knowledge and experience in Humboldt County homelessness and CoC management. Because of its position as a local government agency with many staff and agency oversight, DHHS has the agency capacity to manage the community-wide HMIS.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

*** Emergency shelter**	86%+
*** Safe Haven (SH) beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) beds**	86%+
*** Rapid Re-Housing (RRH) beds**	Housing type does not exist in CoC
*** Permanent Supportive Housing (PSH) beds**	86%+

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

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

While our bed coverage rate for all bed types is very high, we are always working to include all beds in HMIS.
Humboldt County is a large, rural county that has, for the most part, responded to its homeless population through small community- and faith-based organizations that receive very little, if any, government funding. Most of the agencies in Humboldt County have very limited administrative capacity, very few staff, and no or old computers. To improve data quality and timeliness of data entry, in 2013 DHHS provided computers for agencies struggling with technological barriers to HMIS participation. For agencies unable to add more administrative or technological functions to already burdened jobs, DHHS offers data entry assistance. Further, HHHC has faced resistance from faith-based organizations who maintain strong church-state boundaries and are thus philosophically opposed to HMIS participation. The HHHC's advocacy efforts with these agencies remain strong.

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage.
(limit 750 characters)

In 2012, our emergency shelter bed coverage rate was 64% or below; our coverage rate in 2013 is 100%. In 2013, DHHS provided computers for agencies struggling with technological barriers to HMIS participation. DHHS offers data entry assistance to agencies struggling with staffing capacity. We will continue regular outreach to faith-based and other non-CoC-funded agencies to strengthen relationships and capacity and ensure continued HMIS participation.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	24
Transitional Housing	4
Safe Haven	0
Permanent Supportive Housing	5
Rapid Re-housing	0

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	1%
Date of birth	1%
Ethnicity	1%
Race	4%
Gender	0%
Veteran status	3%
Disabling condition	5%
Residence prior to program entry	2%
Zip Code of last permanent address	0%
Housing status	3%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HHHC uses HMIS to generate all HUD-required reports. We received ESG funding for the first time in 2013, but will use HMIS to generate CAPERs; all CoC-funded projects use HMIS to generate APRs. Our HMIS Administrator runs sample APR and data quality reports for each project on a regular basis to review data quality. Each projects reviews the reports and adjusts HMIS data before final APR generation. HHHC also uses HMIS data to review project performance, and is developing reports to track homelessness across the CoC.

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

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

HHHC reviews HMIS data quality at least quarterly. The HHHC Executive and HMIS Committees have begun discussions to share client-level data between agencies, which will reduce duplication of client records. As HMIS lead, Collaborative Applicant, and Executive Committee Co-Chair, DHHS is well-placed to collaborate with the CoC on HMIS issues. The Administrator generates weekly data quality reports, hosts HMIS compliance trainings for all case managers & trains data entry staff on data input and report generation. Agency-specific data quality reports are created upon request.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Quarterly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

*** Measuring the performance of participating housing and service providers**	Quarterly
*** Using data for program management**	Quarterly
*** Integration of HMIS data with data from mainstream resources**	Never
*** Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)**	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

HHHC agencies have always received training on proper data entry protocol. To formalize our system, HMIS Cmte is revising our Policies and Procedures manual. Our existing charter includes this information on page 3.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/28/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2014

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters			50%	50%
Transitional Housing			50%	50%
Safe Havens				100%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

2013 Sheltered PIT: 180
2012 Sheltered PIT: 392
Difference: -212
ES: The number of persons in ES is significantly lower than in 2012 because of the new requirement that to be considered "dedicated homeless beds" projects must verify homeless status w/ HUD's definition. Our 2 largest ES, Eureka Rescue Mission (105 beds) & Serenity Inn (102 beds) are not HUD-funded & do not verify homeless status w/ HUD's definition. 3 other ES (WISH: 9 beds; WISH Motel Vouchers: 11 beds; Rose Bay Safe Haven: 10 beds) were removed for the same reason.
TH: The number of people in TH decreased. Launch Pad lost 5 beds after being forced to close their over-18 TH facility due to funding loss. Rural Host Home lost 4 beds & THP Plus lost 3 beds b/c of funding loss.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

2H-2 If other, provide a detailed description.
(limit 750 characters)

N/A

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)

HMIS: HHHC informed all HMIS-participating projects (including nearly all ES and TH) in advance about the date of the count; projects were instructed to review HMIS data for that date for accuracy. HMIS administrator constructed and ran an HMIS report to determine the number of persons in ES and TH on the designated night; she reviewed a test report for data quality problems. Projects corrected data quality issues and the administrator ran a final report. Survey: For non-HMIS participating providers, HHHC conducted extensive outreach to collect occupancy data for the night of the count. These providers relied on observation, knowledge of clients and case files for subpopulation data to complete all portions of the sheltered count.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	X
Interviews:	
Non-HMIS client level information:	
Other:	

2I-2 If other, provide a detailed description. (limit 750 characters)

N/A

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

HMIS: Nearly all of our ES and TH programs input data into HMIS, including CH, veteran, and disability status. HMIS data quality is checked twice monthly for all programs. All programs were instructed that all subpopulation data for the night of the count must be input promptly. The HMIS administrator reviewed the data, and data quality problems were addressed before the final count was generated.
Provider Expertise: Providers that do not participate in HMIS received training regarding subpopulation definitions and were interviewed by the HHHC. These agencies reported subpopulation data based on case files and provider knowledge of clients. All data reported was reviewed by HHHC staff.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	X
Follow-up	X
HMIS:	X
Non-HMIS de-duplication :	X
Other:	

2J-2 If other, provide a detailed description. (limit 750 characters)

N/A

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Training: HHHC informed all projects in advance about the count & provided key information.
Follow-Up: HHHC informed all projects about the PIT in advance. Projects reviewed HMIS data for accuracy. B/c most HHHC agencies CoC are very small, ES & TH providers are very familiar w/ their clients which contributes to accurate data. HMIS admin followed up w/ projects to fix data quality problems.
HMIS: We use PIT data for CoC planning so high-quality PIT data is key. Our bed coverage for all housing types is very high so we used HMIS to minimize duplicate counting.
Non-HMIS De-Duplication: To doubly ensure that no person was counted twice, after the PIT our HMIS Admin manually reviewed the unique identifiers assigned by HMIS for each person counted.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/28/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change.
(limit 750 characters)

2011:454
2013: 684
Difference: 230
Our unsheltered count increased compared to 2011. We believe that much of this increase was the result an error in training of our unsheltered count volunteers. We are a very rural county with many people living in mobile homes and trailers. In 2013, PIT volunteers were mistakenly trained that these persons should be counted as homeless, though they are not living in places not meant for human habitation. We are correcting this error for the 2015 PIT count planning and training, which will begin early in 2014.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	X
Other:	

2L-2 If other, provide a detailed description. (limit 750 characters)

N/A

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Public Places Count: Volunteers visited known homeless camps on the day of the count
Public Places Count w/ Interviews on Night of Count: Volunteers interviewed people in known homeless camps
Service-Based Count: People surveyed at soup kitchens/day centers/outdoor areas where unsheltered people congregate during the day. Survey asks, “Have you already filled out this survey in the last 24 hrs?” to allow potentially duplicated persons to self-identify
HMIS: After the count, a consultant analyzed data, generated reports & compared unique IDs ensuring only 1 survey was collected from each person. Each person given a unique ID: first 2 letters of last name & DOB. Volunteers were trained to assign an accurate unique identifier to each person.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	X
"Blitz" count:	
Unique identifier:	X
Survey question:	X
Enumerator observation:	
Other:	

2N-2 If other, provide a detailed description. (limit 750 characters)

N/A

2N-3 For each method selected, including other, describe how the method was used to reduce the occurance of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to recieve credit for any selection, it must be described here. (limit 750 characters)

Training: Volunteers received training to assign accurate unique IDs to each person & accurately collect subpopulation data.
Unique ID: To ensure our figures were not duplicated, each respondent was given a unique ID: first 2 letters of last name & DOB.
After the count, we hired a consultant to analyze the data, generate reports, and compare unique identifiers, ensuring that only one survey was collected from each respondent.
Survey question: Our survey asks, “Have you already filled out this survey in the last 24 hours?” to allow potentially duplicated persons to self-identify.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		0	0	0
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	33	34	43	49
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		0	0	0
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		100%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		12	0	0

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)

HHHC has prioritized CoC funds for PSH for CH, so all CoC-funded PSH beds are dedicated for use by CH persons. Each year the number of CH beds in our CoC increases. Our outcomes for keeping this population housed exceed HEARTH goals (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.
1. We will create additional CoC-funded PSH beds. In 2014, we expect a new CoC-funded 6-bed PSH for CH project to begin operations. 2. In 2013, we incentivized TH projects to reallocate funds to PSH for CH persons. We accordingly created 2 new PSH projects in 2013 with funds reallocated from TH and HMIS: Crossroads to Housing will serve 12 CH with AOD needs & TAY Division proposes to serve 4 CH persons ages 18-26.
3. HHHC uses PIT data to identify gaps in housing & services for CH people to advocate for additional CH beds.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)

HHHC Executive Committee will prioritize CoC funds for PSH for CH persons through the annual development of review and scoring tools for new project applicants.
1. Arcata House, and DHHS, the HHHC Exec Cmte Co-Chairs and the CoC's most experienced PSH providers, will continue to expand existing PSH projects and provide mentoring to other organizations wishing to begin serving the CH population (including NCSAC, which will begin operating PSH in 2015).
2. Exec Cmte will continue to incentivize reallocation to PSH and provide assistance to agencies wishing to transition.
3. The Exec Cmte is responsible for reviewing PIT data to identify gaps in housing; in 2013, the Exec Cmte identified a need for PSH for CH persons under age 26, and worked with DHHS's TAY Division to apply for reallocated funds to meet this need.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	37	46	52
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	35	51	56
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	95%	89%	92%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

Our CoC far exceeds HUD's goal of 80% with 95% of people in our PH projects remaining at least 6 months or exiting to PH. We will sustain our current success through the following strategies:
1) Continue investing in our strong existing relationship with the PHA.
2) Provide intensive support to participants in housing programs. Because our PH programs are small (Apartments First! is the largest, with 24 beds; Humboldt Housing offers 5 beds, and Project HART 4 beds), participants receive an extraordinary amount of one-on-one support from dedicated program staff. Apartments First! has strong partnerships with mental health and AOD service providers; as part of our integrated DHHS, Humboldt Housing and Project HART both have instant connections to the wide range of supports that the County offers.
3) Encourage development of new PH in our CoC.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The Exec Cmte will be responsible for monitoring CoC-wide housing stability and the Ranking Cmte will review the performance of each CoC-funded project.
1. The Exec Cmte will continue to invest in its strong relationship with the PHA (Executive Committee member) to coordinate moving CoC clients onto Sec. 8 once needs decrease,
2. The Housing and Services Cmte will assist projects to continue providing client-tailored services so that housing, income & service needs are addressed as part of a coordinated package of care, enhancing long-term housing stability, self-sufficiency, & quality of life.
3. Exec Cmte and Housing and Services Cmte will work with the Board of Supervisors and developers to increase available PSH and affordable housing,

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 156

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	5%	20%	20%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	8%	20%	30%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	15	9.62	%
Unemployment Insurance	3	1.92	%
SSI	31	19.87	%

SSDI	4	2.56	**%**
Veteran's disability	0		**%**
Private disability insurance	0		**%**
Worker's compensation	0		**%**
TANF or equivalent	62	39.74	**%**
General Assistance	3	1.92	**%**
Retirement (Social Security)	0		**%**
Veteran's pension	0		**%**
Pension from former job	0		**%**
Child support	3	1.92	**%**
Alimony (Spousal support)	1	0.64	**%**
Other Source	1	0.64	**%**
No sources	44	28.21	**%**

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
(limit 1000 characters)

Though the percentage of people in CoC-funded projects receiving income from non-employment sources we are reporting in 2013 is low, we strongly believe that this is largely a reporting issue, as in 2012 74% of participants received gained access to mainstream resources. In 2014, we will
1) Increase our training to HMIS data entry staff to ensure that all case managers fully understand data collection requirements, which will allow us to accurately report our successes. Additionally, Exec Cmte is supporting our TH projects in restructuring. Crossroads will become PSH, which will allow project staff to work more intensively with participants to increase incomes. HHHC assisted MAC (which serves approximately 80% of the CoC’s exiting participants, most of whom remain for less than 6 months) to apply for HUD TA, which will begin in February 2014.
2) Continue to leverage the assistance of our integrated DHHS: DHHS connects people with a variety of resources upon entry to any DHHS program.

3A-3.5 Describe the CoC’s two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

Our persistently high county-wide unemployment rate (which remains 1.5-2% higher than the national average) has made it difficult to achieve our previous high
employment outcomes. We are a largely rural CoC, geographically isolated from large population centers (the nearest large city is 277 miles away). Particularly in the rural southern area of the county, employment opportunities are scarce. Many clients must rely on reduced public transportation to reach faraway jobs. Our short-term plan is to:
1) Improve access to public transportation
2) Improve childcare access available at Changing Tides and North Coast Child Services
3) Improve access to employment training through relationships with Job Market and the Department of Rehabilitation
4) Support TH projects in restructuring to increase positive outcomes for clients.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

1) Improve transportation: Exec Cmte annually advocates with local govt to provide transportation & bus passes for working clients,
2) Improve childcare access: Exec Cmte continues to advocate for increased childcare services available at Changing Tides and N. Coast Child Services
3) Access to employment training: Exec Cmte will maintain strong relationships with Dept. of Rehab and Job Market to improve client access to countywide opportunities.
4) Exec Cmte is supporting our TH projects in restructuring to increase positive outcomes for clients. Crossroads will become PSH, which will allow project staff to work more intensively with participants to increase incomes and access employment opportunities whenever possible. HHHC assisted MAC (which serves approximately 80% of the CoC’s exiting participants, most of whom remain for less than 6 months) to apply for HUD TA, which will begin in Feb. 2014.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 156

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	91%	90%	90%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1	
Supplemental nutritional assistance program	81	51.92	%
MEDICAID health insurance	96	61.54	%
MEDICARE health insurance	15	9.62	%
State children's health insurance	0		%
WIC	19	12.18	%

VA medical services	2	1.28	%
TANF child care services	8	5.13	%
TANF transportation services	19	12.18	%
Other TANF-funded services	3	1.92	%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	1	0.64	%
Other Source	16	10.26	%
No sources	21	13.46	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

90.9% of our CoC-funded project participants access mainstream benefits, which far exceeds HUD’s goal of 56%.
1. Support TH projects in restructuring to increase positive outcomes. We anticipate that our strong outcomes will continue in 2014 with the restructuring of Crossroads into PSH, which will allow project staff to work more intensively with participants to increase access to mainstream resources, and with the HUD Technical Assistance for restructuring that the MAC will begin receiving in February 2014.
2. Continue leveraging assistance of our integrated DHHS, which connects people with WIC, food stamps, MediCal, access to a public health nurse and child welfare services w/in 24 hours of initial contact.
3. Leverage C4Yourself, our county’s electronic benefits application system, which allows clients to apply for food stamps, CalWORKS, CMSP, and MediCal with a single application.
4. Monitor mainstream benefits access at least annually.
5. Consider bringing SOAR to the CoC.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit.
(limit 1000 characters)

1. Exec Cmte is supporting our TH projects in restructuring to increase positive outcomes for clients.
2. Housing and Services Cmte will continue leveraging integrated DHHS to support projects connecting clients with benefits.
3. DHHS (Collab App) will continue to use C4Yourself, our county’s electronic benefits application system, which allows clients to apply for food stamps, CalWORKS, CMSP, and MediCal with a single application.
4. Exec Cmti=e (with assistance of the Ranking Cmte) will continue to monitor mainstream benefits access at least annually through the annual Review and Rank process, during which CoC projects are scored on their success connecting participants to mainstream benefits.
5. In 2013, HHHC Exec Cmte began considering bringing SOAR training to the CoC to improve SSI/SSDI access; we will continue that planning in 2014/2015.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	0	15	20
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	0	0

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g.., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

Homeless families are a top HHHC priority. In 2014/2015, HHHC plans to:
1. Draw on its experience operating a very successful HPRP program through the creation of ESG-funded rapid rehousing. HHHC has prioritized CoC funding for PHS for chronically homeless persons, and plans to use ESG funding primarily for rapid rehousing for families. In 2013, Arcata House (Exec Cmte Co-Chair) has applied for ESG funds for 18 rapid rehousing beds for homeless families; Catholic Charities has also applied for funding for rapid rehousing for families. (In our CoC, ESG funding is determined by the state and is competitive, so while we are confident in our proposals, we may not receive funding.)
2. Offer mentoring and technical assistance to agencies interested in beginning to provide rapid rehousing.
3. DHHS will continue using CalWORKS funding to provide first and last month's rent and security deposits to reduce barriers to housing for and quickly rehouse families.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

1. The ESG Committee will work with ESG applicants to access funds for rapid rehousing for families. HHHC Executive Committee will continue to prioritize ESG funds for rapid rehousing for families.
2. DHHS and Arcata House (Executive Committee Co-Chairs), the most experienced rapid rehousing providers in the CoC, will offer mentoring and technical assistance to agencies interested in beginning to offer rapid rehousing services.
3. DHHS will continue using CalWORKS funding to provide first and last month's rent and security deposits to reduce barriers to housing for and quickly rehouse families.

**3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable.
(limit 1000 characters)**

Currently there are no CoC- or ESG-funded rapid rehousing projects in Humboldt County. However, because we hope to begin operating at least one ESG rapid rehousing project in 2014 (Arcata House and Catholic Charities both applied in 2013), in 2014 the Coordinated Assessment Committee in partnership with the Executive Committee will design policies and procedures for prioritizing which eligible households will receive rapid re-housing assistance.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)**

There are currently no rapid rehousing providers in Humboldt. However, we hope to begin operating at least one rapid rehousing project in 2014, through which case managers will provide case management to project participants at least weekly. Because our CoC's projects are typically quite small (the largest pending application for rapid rehousing is to serve a total of 18 persons during an operating year) the rapid rehousing providers will be able to provide tailored, one-on-one services to project participants. These strong relationships will allow projects to have first-hand knowledge of when a household needs additional assistance or is prepared for independence. All rapid rehousing providers will be required to provide regular case management and connect all clients with necessary services. RRH providers will have regular contact with participant and assess independence through case management.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)**

Though our CoC does not currently operate any rapid rehousing projects, former HPRP providers continue to monitor the housing status and possible needs of former project participants. On the rare occasions on which a household has been at risk of losing housing stability, Arcata House has been able to provide the household with a loan to stabilize the family and allow them to maintain housing. Because our CoC is small and relationships between agencies and participants are strong, routine follow-up occurs through personal contact with and individual outreach to former participants.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

3B-1.1a If other, please explain. (limit 750 characters)

N/A

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

HHHC has a policy of not discharging foster youth into homelessness. In 2013, DHHS (Collab App) was one of 6 grantees nationwide to receive a 2-year ACF grant for foster care discharge planning, which will fund surveys, focus groups, data analysis, planning and implementation in partnership with TAY to ensure no TAY are discharged to homelessness. Under AB 12 youth can remain in foster care until age 21; DHHS case managers, RCAA, Remi-Vista, and ILSP ensure that youth are aware of this option, which can provide the extra support necessary to achieve stability. DHHS's TAY Division provides all exiting foster youth with a case mngr to develop a discharge plan, assist w/ visiting apartments, employment sites & colleges, & connect youth with DHHS's Employment Training Dept. ILSP provides self-sufficiency workshops for TAY. Most youth exit foster care to market rate or shared housing; otherwise, RCAA's Youth Services Bureau and Remi-Vista maintain non-HUD McKinney-Vento housing for TAY.

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

In partnership with the Exec Cmte and HHHC general membership, DHHS, through its new 2-year Administration for Children & Families foster care discharge planning grant, will be responsible for leading HHHC efforts to identify weaknesses in our current discharge planning protocol and ensure that all foster youth are discharged to housing. Humboldt County TAY Collaborative (HCTAYC; composed of TAY service providers and TAY) works closely with HHHC to ensure that the unique needs of former foster youth are met. HCTAYC collaborates with the HHHC Discharge Planning Task Force, ILSP, RCAA, and Remi-Vista to ensure that youth discharged from foster care are not discharged into homelessness and to formalize our current discharge plan. DHHS's (Collaborative Applicant) TAY Division, which provides case management for every youth being discharged from foster care, is responsible for developing individualized case plans to achieve stability and success for every youth.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

3B-2.1a If other, please explain. (limit 750 characters)

N/A

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

Our CoC has a policy to prevent people being discharged from health care facilities into homelessness. Discharge Planning Task Force coordinates w/ local healthcare facilities to monitor discharge practices. Open Doors Community Health Center (Exec Cmte member) provides a nurse case manager to review St. Joseph’s Hospital (St. Joe’s; our largest medical facility) patients’ needs to determine whether the patient needs a St. Joe’s respite bed. St. Joe’s has a Care Transition Team that develops discharge plans for homeless early in a patient's stay & holds weekly team meetings to discuss discharge options, including independent living facilities or skilled care facilities. St. Joe’s operates Ring House, a privately-funded respite home w/ 5 beds for homeless people being discharged from hospitals who need further recuperation. St. Joe’s Care Transition Team helps residents access skilled nursing facilities, board & care housing, market rate housing, halfway houses or reunite with family.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

St. Joseph’s Hospital, Redwood Memorial Hospital, Jerold Phelps, tribal services and the K’ima:w Medical Clinic all employ discharge planning staff who are responsible for ensuring that people are not discharged into homelessness. The Discharge Planning Committee is coordinating with these organizations to develop a formalized discharge planning agreement, and these organizations will be involved in the implementation of our coordinated assessment system.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

3B-3.1a If other, please explain.
(limit 750 characters)

N/A

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

HHHC has a policy to prevent discharge from MH facilities into homelessness. HHHC coordinates w/ MH facilities to implement this policy: Homeless persons are discharged from MH facilities to destinations appropriate for the care they need. highest level of care is state hospitals; secondary care is Institutes for Mental Disease, MH Rehab Centers, & Skilled Nursing Facilities/Psych. Health Facilities; tertiary care is Transitional Residential Svcs. Persons discharged from Psych. Emergency Svcs work w/ hospital discharge planners to connect w/housing. Sempervirens (Psych. Health Facility) works w/ Rural Outreach Services Enterprise & Street Outreach Services connect patients to housing before discharge.
Persons discharged from MH facilities may go to market-rate housing, board-and-care facilities, & friends/family; others are discharged to Institutes for Mental Disease, Mental Health Rehabilitation Centers, & Skilled Nursing Facilities/Sempervirens, or Transitional Residential Svcs.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Hospital psychiatric emergency services, Sempervirens, the Mental Health Rehabilitation Centers and Institutes for Mental Disease all employ discharge planning staff to ensure that homeless clients are discharged to appropriate housing and not into homelessness. Rural Outreach Services Enterprise, Street Outreach Services, and Open Doors Community Health Center (Executive Committee member) coordinate with the mental health discharge planning staff to locate appropriate housing. The Eureka Police Department employs a mental health specialist as a homeless liaison who accompanies police officers when working with people in mental health crisis and coordinates with hospital discharge planners. DHHS offers a week-long crisis intervention training twice each year in order to form a team of trained officers and volunteers who can work with homeless people with mental health problems.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

3B-4.1a If other, please explain. (limit 750 characters)

N/A

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

HHHC has a policy to prevent discharge from corrections into homelessness. AB 109 shifted responsibility for supervision of many parolees from state prison to county govt. In our CoC, AB 109 funding established Community Corrections Reporting Center (CCRC), a 1-stop facility for those being discharged from corrections. CCRC employs a psych. nurse, MH clinician, case managers & employment specialists, who connect people w/ family/other housing.
CA Dept. Corrections, County Sheriff, & HHHC agreed to a discharge planning protocol & to intervene to prevent homelessness for those leaving custody. Discharge Planning Task Force coordinates w/ jail discharge planner (HHHC member), CCRC & probations to ensure discharge plan effectiveness.
Most people are discharged to market rate housing or housed w/ family/friends; CCRC assists w/transportation costs when family is not local. Some receive HOPWA funding through CCRC & are connected with an apartment. Some exit to residential AOD facilities.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The County Sherriff, jail discharge planning staff, the Community Corrections Reporting Center, and local probations work directly with people being discharged from corrections to ensure that they access housing and services. The Discharge Planning Task Force coordinates with these entities to make sure that the Corrections Discharge Plan is implemented properly. DHHS’s Department of Employment Training connects the AB 109 population with job placement assistance to increase self-sufficiency and stability. The AOD Task Force and Family Violence Prevention Task Force incorporate probation staff. DHHS's social worker liaison to the jail works with people who may be discharged into homelessness. The focus is on non-McKinney housing & services in favor of market-rate housing. The jail discharge planner participates in CoC activities.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

CA State Con Plan: 1)Reaching out to homeless persons (esp. unsheltered people) & addressing their individual needs; 2) Addressing ES and TH needs of homeless persons; 3) Helping homeless persons (esp. CH individuals & families, families w/children, vets & their families & unaccompanied youth) transition to PH & independent living, including shortening period of time that individuals & families experience homelessness, facilitating access for homeless individuals & families to affordable housing units & preventing individuals & families who were recently homeless from becoming homeless again; helping low-income individuals & families avoid becoming homeless, esp. extremely low-income individuals & families & those who are: being discharged from publicly-funded institutions & systems of care (health care & MH facilities, foster care, corrections); or receiving assistance from public or private agencies that address housing, health, social svcs, employment, education, or youth needs.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The ESG Cmte of the HHHC coordinates the ESG application to the CA Dept. of Housing & Community Development (HCD) & in partnership with Exec Cmte worked with all HHHC agencies interested in applying for ESG funds (RCAA, Arcata House, North Coast Veterans Resource Center, Crossroads, & WISH) to determine funding priorities & evaluation criteria. HHHC Ranking Cmte reviews & ranks applications for both ESG & CoC funds & is trained as to how the funding streams should complement one another. Ranking Cmte will review HMIS data for ESG projects annually. ESG applicants are all active HHHC members. In 2013, Arcata House (Exec Cmte Chair & CoC recipient) received an ESG grant for ES. In 2013, Arcata House & Catholic Charities (HHHC member) applied for rapid rehousing funds; WISH (HHHC member) applied for shelter and outreach funds. The ESG & Exec Cmtes will develop written policies & procedures for evaluating eligibility, admission, diversion, referral, & discharge for all CoC agencies.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities.
(limit 1000 characters)

Arcata House received our first ESG grant in 2013 for emergency shelter for $135,000. As this is currently our only ESG funding, 0% of ESG funds in Humboldt provide rapid rehousing and homeless prevention. Arcata House and Catholic Charities have both applied for rapid rehousing grant in 2013; if the application is successful, our CoC will be able to rapidly rehouse 18 families annually through Arcata House and [#] families through Catholic Charities. Though our CoC receives no federal funds for homelessness prevention, HHHC members are actively engaged in prevention activities funded through other sources, including utility assistance and supportive services such as employment assistance. Several HHHC agencies have experience operating homeless prevention programs through HPRP.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area.
(limit 1000 characters)

CA State Con Plan addresses homelessness prevention through provision of ESG, HOPWA, and Emergency Housing Assistance Program funds to CA CoCs. CA State Analysis of Impediments includes inadequate affordable housing, shortage of subsidies, & inadequate access to employment, transportation, & public/social svcs. HHHC works w/households in all regions of the CoC to increase housing/subsidies available & prevent homelessness. DHHS automatically connects all clients to services in physical health, MH, child welfare, AOD & public benefits to increase housing stability. Exec Cmte works w/PHA to identify families at risk of falling out of Sec. 8 housing and work closely with them to maintain their housing stability. HHHC Exec Cmte assists agencies interested in applying for ESG prevention funds.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects.
(limit 1000 characters)

As a small CoC, nearly all entities serving homeless and at-risk persons are active HHHC members. Exec Cmte members include the Executive Director of the PHA, the Assistant Director of the county Dept. of Health and Human Services, and representatives of private nonprofits.
1. DHHS (Collaborative Applicant) was granted $165,009 in HOPWA funding over 3 years to provide Short-Term Rent Mortgage Utility Assistance and supportive services, including case mgmt, meals, nutrition, and transportation.
2. Any eligible household receiving CoC services is connected with TANF. DHHS targets TANF funds for security deposits & first/last month's rent to reduce barriers to housing.
3. Humboldt does not currently receive RHY funds but our several TAY-focused projects are considered best practices.
4. Head Start offers on-site services to kids under 2 at the MAC and serves kids in all HHHC family projects.
5. Humboldt Area Foundation provides funds to HHHC members to provide medical and dental services.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The Executive Director of the Eureka Housing Authority (our CoC's only PHA) is an active member of the HHHC Exec Cmte and also serves on the ESG and Ranking Cmtes. Under his leadership, the PHA opened the Sec. 8 waitlist for the first time in many years and hosted a 2-day Sec 8 Fair during which case managers registered all eligible homeless clients. Arcata House (Exec Cmte Chair) works closely with the PHA to provide expedited housing subsidies for homeless clients paired with services from Arcata House. Though the PHA is not able to provide supportive services directly, when a household is at risk of eviction into homelessness the PHA works directly with Arcata House (Exec Cmte member) and DHHS (Collaborative Applicant) to provide services to enable the household maintain housing stability.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

Most of our CoC-funded projects are extremely low-barrier, as housing the hardest to serve is a pillar of the HHHC. The MAC, Apartments First!, Crossroads, SVK House, Humboldt Housing, and Project HART do not require a period of sobriety or credit checks before admission. In particular, the MAC has very few admission criteria, and will accept all families seeking assistance. While our projects do not require income eligibility prior to project entry, many referrals come through DHHS which automatically connects clients to most public benefits. Though our communal living projects may request a background check for safety purposes, other projects do not. Crossroads is specifically designed to serve women re-entering from jail with substance use issues and does not require sobriety or clean background check before entry. HHHC Exec Cmte will work with any project with identified barriers to reduce them.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach.
(limit 1000 characters)

100% of our 5 renewal PSH recipients and both applicants for new PSH funds follow a housing first approach. Housing First is an HHHC priority, and the Exec Cmte will assist any project (whether CoC funded or not) to adopt a Housing First model. No PSH in our CoC requires pre-admission sobriety, background checks, credit checks or minimum income thresholds; the only requirement for entry into PSH in Humboldt County is chronic homelessness. North Coast Veterans Resource Center, a non-CoC funded agency, worked with the CoC to respond to a need for lower-barrier housing for homeless veterans, and in 2012 opened a 15-bed project for veterans with behavioral health and alcohol and other drug issues, which does not require sobriety before admission.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need.
(limit 1000 characters)

Our rural CoC is composed of a tightly woven network of providers who coordinate to route households in need to the most appropriate housing & services. To formalize our already strong coordination, the Coordinated Assessment Cmte is working to establish a centralized assessment system through the local 2-1-1. Centralizing our system through a remote access tool will allow us to reach the CoC’s entire geographical area including the far rural areas that otherwise have limited access to services. 2-1-1 will administer a standardized screening tool (ideally through HMIS) to assess needs (inc. MH, AOD, RRH, veteran, family status) & determine appropriateness for available housing. Detailed assessments of client needs will continue to be administered at the project level but will not duplicate the standardized screening tool. We will advertise through the public access TV station, brochures in multiple languages, connections with faith communities, and outreach workers.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach.
(limit 1000 characters)

The Housing and Shelter Committee works to ensure that all eligible persons, regardless of race, color, national origin, religion, sex, age, familial status, or disability are aware of the housing and services available and feel comfortable accessing them. In 2013, we began translating our housing brochures into Spanish. All staff regularly attend trainings, including trainings on LGBT issues, to improve cultural competency. Our local public access TV station and street homeless newspaper both regularly feature local homeless projects and include information about access and available services. 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 daily with meals and information. North Coast Veterans Resource Center, a nonprofit not affiliated with the VA, does special outreach to this population.

**3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community.
(limit 1000 characters)**

Housing and service providers across the entire CoC are required to post notice of students' rights under the McKinney-Vento Act, explain those rights to families and youth at intake, and assist families and students in exercising those rights. Agencies keep track of the enrollment and attendance of students in their care and collaborate with local schools. The Ranking Cmte annually monitors CoC & ESG-funded agencies to ensure compliance.
Our McKinney Education Liaison regularly collaborates with our family projects to refer eligible clients to housing and track the progress of homeless students. For families with students who have Independent Education Plans, which are designed for special education students, agencies coordinate with the school to ensure the student has adequate support. Organizations that serve youth are encouraged to gather students' report cards and grading information, truancy and suspension notices, and other communications with school staff.

**3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services.
(limit 1000 characters)**

Our McKinney Education Liaisons are active in CoC activities and in developing CoC educational policies. The County Office of Education (COE) Foster/Homeless Youth Coordinator is HHHC Ranking Committee member. Schools have Family Resource Centers (FRCs) located on-site; FRC staff regularly meet with school administrators and the Liaisons to identify homeless or at-risk families. When teachers or educational staff identify homeless and at-risk households, those families are referred directly to the MAC (a CoC TH project) for connection with housing and services. All CoC family providers maintain designated staff to coordinate with the Liaisons, the FRCs, teachers, the COE, housing and benefits counselors, and other appropriate stakeholders. Housing and service providers across the entire CoC are required to post notice of students' rights under the McKinney-Vento Act, explain those rights to families and youth at intake.

**3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing.
(limit 1000 characters)**

Our TYP prioritizes access to housing & svcs for families with children. HHHC Housing & Shelter Cmte ensures that families are admitted and housed in settings that allow them to remain with all of their children under age 18; families are not subject to inquiries regarding sexual orientation, gender identity, & marital status; & that these (whether perceived or actual) are not factors in eligibility for program admission. As our ESG-funded RRH projects begin operating, families will be placed together in PH, bypassing the shelter and facility-based housing system. Ranking Cmte evaluates projects on compliance with this requirement. Our governance charter, currently under revision, will include a policy preventing separation. Our coordinated assessment system (under development) will divert families to available RRH or prevention services before they enter the shelter system, or identify their housing needs immediately and make referrals to the most appropriate available intervention.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.
(limit 1000 characters)

Our PSH projects have an extremely high housing retention rate; participants regularly remain housed for many years, and returns to homelessness are extremely rare. To track recidivism, at project entry providers ask about previous episodes of homelessness. Because our CoC has a small population and relationships between homeless housing & service providers are unusually vibrant, in many cases people experiencing additional spells of homelessness are already known to our providers. Former HPRP clients are monitored by the project that placed them in housing; in the very rare case that a family has been at risk of re-entering housing, Arcata House has successfully assisted the family with temporary non-federal funds to maintain housing. Our CoC does not currently use HMIS to track returns to homelessness; however, as part of our coordinated assessment process, we are developing an HMIS recidivism report. We plan to run recidivism reports monthly and present them at Exec Cmte meetings.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, 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 1000 characters)

N/A

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition?	No

3C-16.1 If 'Yes', 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)

N/A

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

HHHC Exec Cmte features leaders from a wide variety of agencies & functions as local Interagency Council. HHHC's TYP (approved by Board of Sups.) is based on Opening Doors; we are making clear progress toward meeting each Opening Doors goal.
- CH: PSH beds for CH persons is a top HHHC priority. In 2013 HHHC incentivized TH projects to reallocate to PSH for CH persons.
- Vet Homelessness: HHHC targets outreach to hard-to-reach homeless vets in rural areas & is reducing barriers to vet-specific housing.
- Family, Child & Youth Homelessness: In 2013 DHHS (Collab App) received a grant for foster care discharge planning. Our TAY Collaborative ensures that we are meeting TAY needs. HHHC members are establishing RRH projects for families to build on our successful HPRP projects.

All Homelessness: HHHC reviews PIT/HIC data annually to improve knowledge of the populations we serve & approves an update to the TYP. HHHC develops funding priorities & has begun a moving away from ES toward RRH & PSH.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

Our small, geographically isolated CoC is composed of a strong, coordinated network of providers. HHHC's outreach plan is: Families seeking DHHS assistance are automatically connected with public benefits & referred to MAC or Arcata House depending on needs. DHHS uses TANF funds for security deposits & first/last month's rent to reduce barriers to housing. At shelter intake, families are automatically referred to appropriate TH or PSH. Families being discharged from CoC hospitals are referred to Arcata House & MAC. Arcata House & Catholic Charities are establishing RRH projects for families. HHHC family projects coordinate with all local faith communities to reach families in need. All families in shelter receive housing access training.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)

Ensuring safety for domestic violence survivors is of paramount importance for HHHC. Member agencies have non-disclosure policies in place to protect the identity and safety of program participants. HHHC agencies connect DV survivors to appropriate services quickly; in 2013, Arcata House (Exec Cmte Chair) received a Child Abuse Prevention Coordinating Council grant to provide targeted screening for domestic violence and trauma for all families entering shelter, and all family and TAY projects assess for DV needs. WISH (Exec Cmte member) and Humboldt Domestic Violence Services operate non-CoC funded domestic violence safe housing and DV services. Both programs routinely refer families to Arcata House when safe for the families. Crossroads (CoC TH) serves women coming from correctional settings, most of whom are DV survivors; Crossroads provides targeted DV services to all participants.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)

Advancing health & housing stability for TAY is a CoC TYP priority. In 2013, DHHS (Collab Applicant) was one of 6 grantees nationwide for an ACF foster care discharge planning grant. DHHS TAY Division includes clinicians and TAY peer specialists to connect all youth to housing and services. RCAA (Exec Cmte member) is recognized as a state leader in serving TAY, & operates 4 youth projects: Launch Pad (CoC TH for youth 16-18); Raven (peer-based supportive services for youth 10-21); Our House (youth shelter for youth 12-16); & THP+ (TH for former foster youth 18-22). We use AB 12 (state legislation extending the foster care emancipation to age 21) to meet TAY needs; TAY are systematically informed of their right to remain in foster care, which, with the assistance of ILSP workshops, allows TAY to become more self-sufficient before emancipation. Humboldt County TAY Collaborative presents at HHHC meetings on tailoring services to youth & evaluates projects for cultural competency.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)

Our rural CoC has many areas isolated from our small population centers; outreach is crucial to connect people to housing & services. We have developed the following responses to cover all areas of our CoC: DHHS Mobile Outreach runs a mobile unit in a converted RV, staffed w/ MH professionals & case managers which travels to remote locations & connects people w/ housing & services; case managers assist people to apply for public benefits electronically on site. Arcata Night Shelter runs a mobile food truck through rural areas to connect people w/ Arcata Night Shelter. County AIDS program has 2 mobile outreach vans staffed w/ community health workers. WISH, Open Doors Community Health Center, Resource Centers, & NCVRC also provide outreach.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)

Our CoC is in alignment with the Opening Doors goal of ending veteran homelessness by 2015. Our CoC was not initially eligible for HUD-VASH; however North Coast Veteran's Resource Center (NCVRC; Exec Cmte member) & the PHA lobbied the local VA office to bring Humboldt a total of 50 HUD-VASH beds. Eligible vets are referred to VA-funded programs, while other vets are served in other HHHC member projects. HHHC and NCVRC organize an annual Stand Down event that all CoC agencies support with staff and resources. NCVRC is the recipient of a highly competitive SSVF grant for services to keep vets housed. NCVRC has fully implemented HMIS for all of its services, allowing the CoC to more fully track the needs of vets in our community and progress toward ending veteran homelessness. NCVRC has recently opened a housing facility with no pre-admission sobriety requirement to reduce barriers to vets accessing housing. DHHS (Collab Applicant) is a PATH grantee which offers resources to vets.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)

While our CoC is not planning to create new rapid rehousing projects with reallocated funds, serving homeless families through rapid rehousing remains a priority for HHHC member agencies. However, at this time, we are targeting CoC funds to PSH to the greatest extent possible (In 2013, we incentivized TH projects to reallocate to PSH for 100% chronically homeless persons, and propose to create12 new chronically homeless PSH beds with the resulting reallocated dollars.), while using other funding sources, including ESG, to fund new rapid rehousing projects. In 2013, two HHHC member agencies (Arcata House – Executive Committee member; Catholic Charities – HHHC member) are applying for ESG rapid rehousing funds to serve families.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
$111,817				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
Crossroads "Women...	---	TH	$111,817	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Crossroads "Women Rock"

Grant Number of Eliminated Project:

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: $111,817

3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)

Permanent supportive housing is a priority in our CoC, particularly for Continuum of Care Program funds. In 2013, transitional housing projects were incentivized to reallocate their funds to new permanent supportive housing, which Crossroads "Women Rock" voluntarily did. The project will continue to operate with alternative funds.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
$30,602					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
Humboldt County HMIS	CA0311L9T221201	$83,922	$69,500	$14,422	Regular
Multiple Assistan...	CA0315L9T221205	$120,327	$104,147	$16,180	Regular

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Humboldt County HMIS
Grant Number of Reduced Project:	CA0311L9T221201
Reduced Project Current Annual Renewal Amount:	$83,922
Amount Retained for Project:	$69,500
Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)	$14,422

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

As a small CoC with few HMIS-participating agencies, it has been difficult to for our CoC to completely spend our HMIS grant each year. In 2013, HHHC determined that excess funds would be better used to provide needed permanent supportive housing in our CoC and is reallocating these funds to a project that will serve chronically homeless persons under age 26, which was previously a gap in our available housing.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Multiple Assistance Center
Grant Number of Reduced Project:	CA0315L9T221205
Reduced Project Current Annual Renewal Amount:	$120,327
Amount Retained for Project:	$104,147

Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button) $16,180

3G-2 Describe how the CoC determined that this project should be reduced. (limit 750 characters)

Permanent supportive housing is a CoC priority; as a transitional housing project whose project design struggles to meet HUD's outcome goals, the MAC was the lowest-scoring renewal project in our 2013 Review and Rank process. In 2014 the MAC will begin receiving HUD TA to restructure, but for the 2013 competition HHHC felt that some of the MAC's funds would be better used for PSH for persons under age 26.

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$142,419

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
10	TAY Division	PH	$30,602	Regular
5	Crossroads t...	PH	$111,817	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 10
Proposed New Project Name: TAY Division
Component Type: PH
Amount Requested for New Project: $30,602

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 5
Proposed New Project Name: Crossroads to Housing
Component Type: PH
Amount Requested for New Project: $111,817

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, “Remaining Reallocation Balance” should equal “0.” If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	$142,419
Amount requested for new project(s):	$142,419
Remaining Reallocation Balance:	$0

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals?
(limit 1000 characters)

Our rural CoC has many areas isolated from our small population centers; outreach is crucial to connect people to housing & services. We have developed the following responses to cover all areas of our CoC: DHHS Mobile Outreach runs a mobile unit in a converted RV, staffed w/ MH professionals & case managers which travels to remote locations & connects people w/ housing & services; case managers assist people to apply for public benefits electronically on site. Arcata Night Shelter runs a mobile food truck through rural areas to connect people w/ Arcata Night Shelter. County AIDS program has 2 mobile outreach vans staffed w/ community health workers. WISH, Open Doors Community Health Center, Resource Centers, & NCVRC also provide outreach.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals?
(limit 1000 characters)

Projects identified as low-performing during the annual review and rank process receive special attention from the Collaborative Applicant and Exec Cmte to improve outcomes. During 2012 review, 2 TH projects (Crossroads and the MAC) were identified as having program structures not well-suited to HUD's performance goals. In partnership with DHHS (Collab App) and Exec Cmte, MAC applied for and was granted TA from HUD (which will begin in February 2014) to adjust its program model to ensure that it is serving the most appropriate population for the housing and services it offers. Exec Cmte offered assistance to Crossroads to reallocate its existing TH project to PSH, which is a more appropriate program model for Crossroad's target population (CH people with correctional histories and severe substance use issues). Crossroads will continue to operate the existing TH project with funds from non-HUD sources.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity?
(limit 1000 characters)

During the annual review and rank process, the non-conflicted Ranking Committee reviews performance information for each CoC-funded project. The Committee meets with each applicant for an in-depth conversation about the projects and voices any concerns about/suggestions for improving agency capacity. In 2013, all of our agencies had sufficient capacity to manage their CoC grants; any performance issues were related to project structure (for which the agency has already requested HUD TA), rather than agency capacity. If a project performs poorly, the Executive Committee will assist them to improve. In 2013, the Executive Committee assisted the MAC to access HUD TA to adjust project structure, and Crossroads to reallocate to PSH, a more appropriate housing type for their population and available services. In 2013, HHHC provided new computers for HHHC agencies struggling with HMIS participation due to inadequate technology.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)

To comply with HEARTH performance measurements regarding length of homelessness, our CoC has begun implementing a number of protocols. At intake, providers ask all households entering the system about how long they have been homeless. All CoC and ESG projects participate in HMIS, as do nearly all of our non-HUD funded projects. HMIS participating agencies have been trained in the importance of collecting accurate data and updating exit date and destination at exit. We are developing an HMIS report that will allow us to track average length of homelessness in our CoC. Each year, we add new PSH beds to ensure that there are beds available immediately when needed. We work closely with our PHA to move people into independent housing quickly. Our TH providers, when appropriate, are moving toward program models of rapid stabilization in TH and quick placement into PH.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)

Once housed, very few people in Humboldt County return to homelessness. Our PSH programs have extremely high retention rates (95% remain housed at least 6 months) and persons placed in PH through TH and our former HPRP projects have generally maintained their housing. Because we are a small, tightly-knit CoC, HHHC providers develop strong relationships with project participants; generally, people experiencing additional spells of homelessness are already known to our providers. On rare occasions when a household has risked falling out of housing, Arcata House has assisted the household with a loan of non-federal dollars to help them re-stabilize. Our HMIS administrator is designing an HMIS recidivism report that will track additional spells of homelessness for all households entered into HMIS. As our HMIS data quality improves, we will begin running monthly recidivism reports for presentation at Executive Committee meetings.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)

Our very rural CoC has many areas that are isolated from our small population centers; 1 settlement is not accessible for part of the year because the roads are impassible. HHHC’s outreach plan covers all geographic areas through use of mobile outreach units. HHHC member agencies (DHHS, Arcata Night Shelter, WISH, Open Doors Community Health Center, Resource Centers, and North Coast Veterans Resource Center) visit encampments daily and weekly to assist people to apply for public benefits on site, distribute food and other emergency assistance, and connect people with housing and services. Outreach staff are trained in cultural competency and to work with persons with disabilities (including PTSD) and limited English proficiency. In 2013, we began translating our housing brochures into Spanish. Our local public access TV station and street homeless newspaper both regularly feature local homeless projects and include information about access and available services.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting $200,000 or more in funding? No

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?
(limit 1000 characters)**

N/A

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? No

4C-3.1 If yes, indicate the most recent training date:

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

ACA implementation was the focus of two HHHC meetings in 2013. Open Door Community Health Centers (ODCHC; Exec Cmte member) is the HHHC leader for ACA implementation; HHHC agencies work closely with and refer clients to ODCHC to ensure eligible households are able to take advantage of new healthcare options. ODCHC staff is certified to screen and enroll clients into insurance or Medi-Cal through the health care exchange. ODCHC's Mobile Health Services case manager accompanies ODCHC's Mobile Van to community outreach sites to enroll homeless individuals into Medi-Cal or insurance on-site. ODCHC has partnered with DHHS (Collab App) to assist community members with a quick enrollment turn-around time; ODCHC also advocates on behalf of the patient. Crossroads and MAC (both Exec Cmte members) are becoming certified to provide Medi-Cal services directly to clients.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)

2 of our 7 CoC-funded renewal projects (Humboldt Housing and MHSA PSH) already receive no CoC supportive services funds. In 2013, MAC (CoC-funded TH) is reducing its CoC supportive services budget line item; MAC will instead fund those services with SAHMSA funds and Healthy Moms (AOD day treatment). Our local review and rank process awards points to new project applicants that apply for no or minimal CoC-funded supportive services dollars, but instead secure alternative services funding. New project applicant TAY Division will request no supportive services funds, and Crossroads to Housing will request less than 10% in supportive services. These agencies will instead leverage supportive services from DHHS, Humboldt County Office of Probation, Humboldt State University, and local agencies.