



**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
Finance & Data Committee Agenda**

May 24, 2022, 10am

Members and the public may participate by Zoom video call:

[https://us06web.zoom.us/j/87985653162?
pwd=SmFoMnZsYUV1amdBT0ZEc0hkMms5QT09](https://us06web.zoom.us/j/87985653162?pwd=SmFoMnZsYUV1amdBT0ZEc0hkMms5QT09)

Or dial in:

+1 253 215 8782

Meeting ID: 879 8565 3162

Passcode: 989659

1. Call to Order and Introductions
2. Public Comment
3. Consent: Approval of Minutes
4. Action/Information/Discussion
 - 4.1. Action Item: Approve HMIS Release of Information Forms
 - 4.2. Action Item: Approval of Homeless Housing, Assistance and Prevention Program (HHAP) Round 3 Application Outcome Goals and Strategies
 - 4.3. Discussion Item: Strategic Plan
 - 4.4. Discussion Item: US Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program Competition
 - 4.4.1. Discussion Item: Fiscal Year 2021 (FY2021) HUD CoC Program Competition Debrief
 - 4.4.2. Discussion Item: HUD CoC Monitoring
5. Future Discussion/Report Items

6. Next Regular Meeting: July 26 at 10am

7. Adjournment

The full agenda packet for this meeting is available on the SLO County HSOC web page:

[https://www.slocounty.ca.gov/Departments/Social-Services/Homeless-Services/Homeless-Services-Oversight-Council-\(HSOC\).aspx](https://www.slocounty.ca.gov/Departments/Social-Services/Homeless-Services/Homeless-Services-Oversight-Council-(HSOC).aspx)

**HOMELESS SERVICES OVERSIGHT COUNCIL
HSOC FINANCE AND DATA COMMITTEE MEETING
March 22 2022, 10am-11:30pm**

MEMBERS PRESENT		MEMBERS ABSENT	STAFF & GUESTS
Andrea Montes Alvarado Bill Crewe Carrie Collins Janna Nichols Jessica Thomas Kate Swarthout Kelly Underwood Mark Lamore Mimi Rodriguez Sstoz Tes		Brandy Graham Riley Smith Shay Stewart	George Solis Jack Lahey Jessica Lorange Joe Dzvonik Leon Shordon Russ Francis
AGENDA ITEM			CONCLUSIONS/ACTIONS
1. Call to Order and Introductions	Mark called the meeting to order at 10am and introductions were made.		
2. Public Comment	<p>George shared that the Strategy Committee is working on a 5 year strategic plan with the County and consultants Homebase. Homebase is attempting to schedule focus groups for people with lived experience of homelessness. George gave a reminder to respond to Homebase's outreach so meetings can be scheduled.</p> <p>Carrie reported that Transitional Food & Shelter (TFS) will be sunsetting on June 30th. Four units at the El Camino property will become available. The new landlords are open to the program and purpose, and would be happy to talk to anyone interested in taking over the property. TFS will be continuing</p>		

	their Medically Fragile Homeless program under the umbrella of the Link Family Resource Center.	
3. Consent: Approval of Minutes		Kelly made a motion to approve the minutes, seconded by Bill. The minutes were approved with all in favor, none opposed and no abstentions.
4. Action/Information/Discussion		
4.1 Discussion Item: 2022 Point in Time (PIT) and Housing Inventory Count (HIC)		
4.1.1 Discussion Item: PIT Count Debrief	George reported that the observational Point in Time (PIT) Count was carried out on the morning of February 23. Around 80 volunteers, including agency staff, City leaders and County and City staff participated in the count. Applied Survey Research (ASR), the contractor, are currently working on the data. Count staff are currently analyzing data from the shelters and following up with agencies on any questions.	
4.1.2 Discussion Item: Housing Survey Update	The Housing Survey is ongoing. This survey includes questions regarding COVID, services accessed, and reasons for homelessness. The survey allows for more detailed information than the observational count. Peer guides (people with lived experience of homelessness) are being used to carry out the surveys. ASR's report will most likely be ready around June-July. The final PIT Count data must be submitted	

	to HUD (US Department of Housing & Urban Development) by April 30. Aggregate data will be available around this time.	
4.2 Discussion Item: Continuum of Care (CoC) Performance Profile	George presented data on the San Luis Obispo Continuum of Care (CoC), including changes in the years 2016-2020, which have shown a sharp increase in available beds from 2019-2020 and a gradual decrease in length of time people remain homeless.	
4.3 Discussion Item: Coordinated Entry Presentation Update	<p>George reported that the Executive Committee asked for a high level Coordinated Entry presentation for the full HSOC. Due to other priorities, this has been pushed back. As of the last Executive Committee meeting, the presentation has been deferred due to CAPSLO (Community Action Partnership of San Luis Obispo) hiring new Coordinated Entry staff, and the County making changes to integrate Coordinated Entry data into HMIS (Homeless Management Information System).</p> <p>Jessica reported that ClientTrack data has now been uploaded into HMIS. There were some data elements missing, so Jessica has sent a request to include this to the partner agencies.</p>	
4.4 Discussion Item: Data Maturity Assessment Tool	Jessica reported that the Data Maturity Assessment Tool is a self-assessment tool that helps communities to assess their own performance. The Finance & Data Committee used this tool in the last quarter of 2021, and after considering the results, decided to focus on improvement in two areas: performance expectations and entering 100% of projects into HMIS. Staff recommended setting quality benchmarks that will be presented to the next meeting of the Finance & Data Committee.	

4.5 Discussion Item: Homeless Management Information System (HMIS)		
4.5.1 Discussion Item: System Administrators Monthly Call	Jessica reported on the last System Administrators Monthly Call, which included security reminders for HMIS leads, and reporting deadlines for SPM (System Performance Measures) and LSA (Longitudinal Systems Analysis) data.	
4.5.2 Discussion Item: Moving Towards an Open HMIS	Jessica reported that there is a possibility to integrate HMIS with Octavia, which would include service referrals. Jessica has confirmed the systems are compatible and will follow up with more information in the next meeting.	
4.5.3 Discussion Item: HMIS Emergency Shelter Exit Destination Data Quality	<p>Jessica reported that Emergency Shelter exit destination data quality has been an issue for the SLO County CoC. Last year's data showed only 35% successful exits from emergency shelters. County staff recommended implementing the following changes: quarterly monitoring of exit destination data collection, and agency staff checking all possible sources for exit destination.</p> <p>George added that clients are currently auto exited from shelters after 90 days without attendance, which is happening to nearly all clients currently. There should be a process for known exits, such as people put into housing via Rapid Rehousing.</p> <p>The Committee discussed the proposed changes. Agencies felt that this may involve making assumption about people's destinations, and were reluctant to invest time into searching for people just to enter the data, but were willing to look at ROI (Release of Information) forms again to improve data</p>	

	collection. Jessica will bring revised ROI forms to the next meeting.	
4.6 Discussion Item: HUD (US Department of Housing & Urban Development) Reporting		
4.6.1 Discussion Item: System Performance Measures	Jessica reported that SLO County CoC's SPM guidance was published by HUD, and included a number of selection criteria, many of which are performance based. There are six measurements which the CoC is measured on, with data from 2018-2021. Jessica shared the core measures HUD has now incorporated into the CoC program competition.	
5. Future Discussion/Report Items	<ul style="list-style-type: none"> • Data quality benchmarks • Moving towards an open HMIS update • Revised ROI forms 	
6. Next Meeting Date: April 26, 2022		
7. Adjournment	Mark adjourned the meeting at 11:40am.	

**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
FINANCE AND DATA COMMITTEE MEETING MINUTES**

Date

April 26, 2002

Time

10am-11:30am

Location

Room 356, County of San Luis Obispo Department of Social Services, 3433 South Higuera Street, San Luis Obispo, California, 93403

Members Present

Mark Lamore
Sstoz Tes

Members Absent

Bill Crewe
Brandy Graham
Carrie Collins
Janna Nichols
Jessica Thomas
Kate Swarthout
Kelly Underwood
Mimi Rodriguez
Riley Smith
Shay Stewart

Staff and Guests

George Solis
Jessica Lorance
Joe Dzvonik
Laurel Weir
Russ Francis

1. Call to Order and Introductions

Mark called the meeting to order at 10:05am.

2. Public Comment

None.

3. Consent: Approval of Minutes

Minutes could not be approved due to lack of quorum.

4. Action/Information/Discussion

4.1 Discussion Item: Point in Time Count Data Update

George reported that the County is working on validating the sheltered data from the Point in Time (PIT) Count, and the data from the Housing Inventory Count (HIC). County staff are comparing numbers to the previous year and working with agencies to ensure data is valid and correct. The contractor Applied Survey Research (ASR) are also in the final stages of validating the unsheltered PIT Count data. The PIT and HIC data is due to HUD (US Department of Housing and Urban Development) by 5pm on Friday, April 29. More detailed data will be available from ASR in June/July, including a regional breakdown and data from the surveys.

4.2 Discussion Item: Data Maturity Assessment Tool

Jessica reported that the Finance and Data Committee used the Data Maturity Assessment Tool to review the HSOC's performance in late 2021, and considered areas for improvement. The first area for improvement was ensuring all projects are entering data into HMIS (Homeless Management Information System). Data from the Good Samaritans' SSVF (Supportive Services for Veteran Families) project will now be included in HMIS for the first time, so progress is being made towards this goal.

4.2.1 Discussion Item: Quality Benchmarks

Jessica and George reported that the next area for improvement approved by the Finance and Data Committee is HMIS data quality benchmarks. The HSOC approved data quality benchmarks in May 2020, which included a bed utilization rate of 85% for Emergency Shelter, Transitional Housing and Permanent Housing projects. At present, Permanent Housing projects have a bed utilization rate over 85%. For Emergency Shelter projects, this is much harder to gauge as capacity was reduced

in 2020, increased in 2021, then reduced again in 2022. Also included in the data quality benchmarks were: data timeliness (i.e. the length of time between client contact and entry of data into HMIS) which was changed to 3 business days; and data consistency, which County staff have been working to progress via HMIS training. County staff will work on setting benchmarks for collecting missing HMIS data. Sstoz shared that the requirements of low barrier programs make it difficult to collect all data, as these programs only require clients to provide a name. Where this is the only data entered into HMIS, this may appear to HUD that there is data missing. George responded that one of the County's recommendations may be to set different benchmarks by project type. County staff will follow up on this discussion at the next meeting.

4.3 Discussion Item: Homeless Management Information System (HMIS)

4.3.1 Discussion Item: System Administrators Monthly Call

Jessica, Laurel and George reported on the last HMIS System Administrators call. HUD have moved the expenditure deadline for the ESG-CV (Emergency Solutions Grant – Coronavirus) program to September 30, 2023, allowing all recipients another year to spend down the funding. However, they are also requiring 50% of funds to be expended by June 16, 2022, and have said they will recapture the difference if this deadline is not met. For the State ESG-CV grant program, HCD (California Department of Housing and Community Development) is the subrecipient, and it is not clear how close HCD is to meeting this expenditure deadline. If HCD does not reach the 50% expenditure deadline, they may recapture money from their grantees, including SLO County, in order to pay the money back to HUD. Depending on the outcome of this, the County may release another Request for Proposals (RFP) for the reallocation of ESG-CV funding. Other matters from the System Administrators call included a reminder of SSVF data uploads in the first week of May, and the annual HMIS data standards update, for which HUD is seeking suggestions via their online AAQ (Ask a Question) tool.

4.3.2 Discussion Item: Moving Towards an Open HMIS – Compatibility with Octavia

Jessica reported that HMIS will be using an umbrella release form instead of the current 815 form, as this will allow any of the participating agencies to view all the data. The HMIS vendor BellData is working with Octavia to establish how the data

can be transferred. The next step is approval of the new HMIS Release of Information form.

4.4 Action Item: Approve HMIS Release of Information Forms

Action could not be taken due to lack of quorum.

4.5 Action Item: Approval of Homeless Housing, Assistance and Prevention Program (HHAP) Round 3 Application Outcome Goals and Strategies

Action could not be taken due to lack of quorum.

4.6 Discussion Item: Fiscal Year 2022 (FY22) California Emergency Solutions Grant (ESG) Request for Proposals

George reported that the Department of Social Services (DSS) will be imminently releasing an RFP for the Fiscal Year 2022 State ESG (Emergency Solutions Grant) program. The RFP will be released in advance of the State's NOFA (Notice of Funding Availability), in order to give local applicants a chance to apply. Applications will be due to DSS on May 25. A special full HSOC meeting will be convened in June to review the recommendations from a Grant Review Committee, and the full ESG application will be submitted to HCD most likely at the end of July.

5. Future Discussion/Report Items

County staff to convene a special meeting of the Finance and Data Committee in the next couple of weeks, to approve the HMIS Release of Information forms.

6. Next Meeting Date: May 24, 2022

7. Adjournment

Mark adjourned the meeting at 12:20pm.



County of San Luis Obispo Continuum of Care Homeless Management Information System (HMIS) Consent for Release of Information

The County of San Luis Obispo Continuum of Care Homeless Management Information System (HMIS) is an electronic database that securely records information (data) about clients accessing housing and homeless services within San Luis Obispo County. This organization participates in the HMIS database and shares information with other organizations that use this database. This database helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members.

What information is shared in the HMIS Database?

- Your Name
- Your Date of Birth
- Your Social Security Number
- Your Gender
- Your Ethnicity
- Your Race
- Your Veteran Status
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your household composition
- Your self-reported medical history (including any physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem or substance abuse)
- Your disability status
- Your health insurance
- Your contact information
- Your income and sources; and non-cash benefits
- Any history of domestic violence

Who can have access to your information?

Your information will be shared with other County of San Luis Obispo Continuum of Care HMIS participating agencies (both public and private) as well as our service referral system Octavia; all of which agree to maintain the security and confidentiality of the information. These organizations may include homeless service providers, housing groups, healthcare providers and any other appropriate service providers. A list of participating agencies within the County of San Luis Obispo Continuum of Care HMIS is available upon request.

How is your personal information protected?

The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth of federal, state, and local regulations governing confidentiality of client records. Each person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. HMIS data is secured by passwords and encryption technology.

BY SIGNING THIS FORM, I UNDERSTAND AND AGREE THAT:

- The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only shared with participating agencies, who have entered into an HMIS Agency Participating Agreement.
- You have the right to receive services, even if you do not sign this consent form.
- You have a right to receive a copy of this consent form.
- You have the right to revoke your consent, in writing, at any time. The revocation will not apply to information that has already been shared or until the provider receives the revocation. Upon receipt of your revocation, we will remove your Personal Protected Information (PPI) from the shared HMIS database.
- This consent and release is valid for two (2) years after the date of signature below, unless I revoke my consent in writing.
- You have the right to file a grievance with any HMIS participating agency.

SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your dependent children (if any), entered into the HMIS database and shared with other participating organizations as described in this consent form.

CLIENT NAME	SIGNATURE OF CLIENT	DATE
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SPOUSE NAME	SIGNATURE OF SPOUSE	DATE
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List all dependent children under 18 in household (if any):

☐ I DO NOT WISH TO PARTICPATE IN HAVING MY PERSONAL INFORMATION SHARED IN THE HMIS SYSTEM

NAME OF ORGANIZATION STAFF	ORGANIZATION NAME	DATE
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TO REVOKE CONSENT:

I, _____ revoke consent as of _____
SIGNATURE OF CLIENT DATE

Organization Staff: _____ Date: _____

County of San Luis Obispo Department of Social Services Website: <https://www.slocounty.ca.gov/Departments/Social-Services.aspx>



County of San Luis Obispo Continuum of Care Homeless Management Information System (HMIS) Inter-Agency Data Sharing Agreement

By signing this Inter-Agency HMIS Data Sharing Agreement, _____ shall be designated a “participating agency” in the County of San Luis Obispo Continuum of Care HMIS. This agency agrees to share select HMIS Universal Data Elements and Program of Enrollment (when authorized to do so by the client) using the County of San Luis Obispo Continuum of Care HMIS (Homeless Management Information System). This agency’s client data shall be shared with all “participating agencies” that have a signed *Inter-Agency Data Sharing Agreement* on file with the HMIS Lead, San Luis Obispo County Department of Social Services (DSS).

Each “participating agency” must also complete and comply with the *County of San Luis Obispo Continuum of Care HMIS Participating Agency Agreement*, and *County of San Luis Obispo Continuum of Care HMIS Policies and Procedures*. Each individual HMIS user must complete and comply with the *HMIS User Agreement*.

What Client Data is being shared in HMIS:

- | | |
|--|--|
| • 3.1 Name | • 4.2 Income and Sources |
| • 3.2 Social Security Number | • 4.3 Non-Cash Benefits |
| • 3.3 Date of Birth | • 4.4 Health Insurance |
| • 3.4 Race | • 4.5 Physical Disability |
| • 3.5 Ethnicity | • 4.6 Developmental Disability |
| • 3.6 Gender | • 4.7 Chronic Health Condition |
| • 3.7 Veteran Status | • 4.8 HIV/AIDS |
| • 3.8 Disabling Condition | • 4.9 Mental Health Problem |
| • 3.10 Project Start Date | • 4.10 Substance Abuse |
| • 3.11 Project Exit Date | • 4.11 Domestic Violence |
| • 3.12 Destination | • 4.12 Contact |
| • 3.15 Relationship to Head of Household | • 4.13 Date of Engagement |
| • 3.16 Client Location | • Enrollment History(Project and Organization name) |
| • 3.20 Housing Move-In Date | |
| • 3.917 Living Situation | |

Uses of Shared HMIS Data:

- Coordinate housing services for families and individuals experiencing or facing a housing crisis in San Luis Obispo County.
- Understand the extent and nature of homelessness in San Luis Obispo County.

- Evaluate performance and progress toward community benchmarks.
- Improve the programs and services available to San Luis Obispo County residents experiencing homelessness or a housing crisis.
- Improve access to services for all San Luis Obispo County homeless and at-risk populations.
- Reduce inefficiencies and duplication of services within our community.
- Ensure that all services are targeted to those most in need, including hard to serve populations.
- Ensure that clients receive the amount and type of services that best fits their needs and preferences.
- Pursue additional resources for ending homelessness.
- Advocate for policies and legislation that will support efforts to end homelessness in San Luis Obispo County.

Client Protection:

- Informed consent must be given by clients in order for their information to be shared among participating agencies in the San Luis Obispo County Continuum of Care HMIS.
- Informed consent is valid for (7) seven years from the date the client signed Consent for Release of Information form, unless the client revokes the consent in writing.
- Identifying client information will only be shared among agencies that have signed a data sharing agreement. At the time of informed consent, and at any point after, the client has a right to see a current list of participating agencies.
- Additional agencies may join the County of San Luis Obispo Continuum of Care HMIS and will be added to the list of participating agencies. As part of the informed consent process, clients must be informed that additional agencies may also have access to the client’s information.
- HMIS users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals or entities.
- Clients may not be denied services based on their choice to withhold their consent.

COVID-19 Release of Information Update

- In general, HMIS standards do not stipulate what form of consent must be obtained to share data within HMIS.
- Decisions regarding permitted types of consent (inferred, written, verbal, etc.) may be made locally by the CoC, working in conjunction with the HMIS Lead, and should also consider possible state or other local requirements. (HUD Exchange Date Published: October 2017)

Note regarding Verbal Consent: Agencies are required to have the HMIS ROI in the client file indicating verbal consent was obtained and reviewed with the client.
Written consent must be obtained during the first in-person meeting with client.

This agency shall defend, indemnify, and hold all other agencies harmless from any and all claims arising out of another agency’s negligent performance of this agreement. Any loss or liability to third parties or agencies resulting from negligent acts, errors, or omissions of a County of San Luis Obispo CoC HMIS “participating agency,” while acting within the scope of their authority under this Agreement, shall be borne by that user exclusively.

Agreed to and signed by the following agency representative:

PRINTED NAME AND TITLE	AGENCY NAME
SIGNATURE	DATE



County of San Luis Obispo Continuum of Care (CoC)

Agencies Participating in HMIS Data Sharing

Updated 4/11/22

5 Cities Homeless Coalition
Behavioral Health- San Luis Obispo County
Community Action Partnership of San Luis Obispo
Department of Social Services- San Luis Obispo County
El Camino Homeless Organization
Family Care Network
Housing Authority of San Luis Obispo County
LAG Recovery
Law Enforcement in San Luis Obispo County
Mental Health- San Luis Obispo County
Octavia Service Referral System
Sheriff's Department- San Luis Obispo County
Supportive Services for Veterans Families
The Salvation Army
Transitional Food and Shelter
Transitions Mental Health Association
Veterans Affairs

HOMELESS HOUSING, ASSISTANCE AND PREVENTION (HHAP) PROGRAM OUTCOME MEASURES

Measure	Data Set	Affected by New Groups Participating in HMIS	Comments
Measure #1a: Reducing the number of persons experiencing homelessness.	<p>HMIS - # of persons recorded by an HMIS participating agency</p> <p>Includes Street Outreach, CES, Day Shelter, Supportive Services Only, Emergency Shelter, RRH, TH, and PSH projects</p>	Yes, more agencies will likely result in increases in clients	<p>More projects participate in HMIS in 2022 than 2020 including CES, HUD-VASH PSH, ECHO Paso Emergency Shelter, HASLO Paso Homekey PSH, Good Sam SSVF RRH, 5CHC ESG-CV RRH, Salvation Army ESG-CV RRH, 5CHC ESG-CV Street Outreach, Salvation Army ESG-CV Street Outreach, CAPSLO ESG-CV Street Outreach, and Warming Centers (classified in HMIS as seasonal shelters), plus additional projects expected in FY2022-23 (e.g. 5CHC Longbranch Pallet Shelters, People's Self-Help Housing Pismo Terrace PSH program)</p>
Measure #1b: Reducing the number of persons experiencing unsheltered homelessness on a daily basis	<p>Homeless Point in Time Count (unsheltered only)</p> <p>2019 PIT Unsheltered Count = Baseline #</p>	Not affected by changes in HMIS	May be affected by changes in Point-in-Time Count methodology
Measure #2: Reducing the number of persons who become homeless for the first time.	<p>HMIS – All projects</p> <p>Includes Street Outreach, CES, Day Shelter, Supportive Services Only, Emergency Shelter, RRH, TH, and PSH projects</p>	Yes, more agencies will likely result in increase in client numbers	More projects participate in HMIS in 2022 than 2020 (see comments for Measure 1a above)
Measure #3: Increasing the number of people exiting homelessness	HMIS - All projects	In some cases	Comments: Despite more projects being entered into HMIS from CY2020 to 2022,

HOMELESS HOUSING, ASSISTANCE AND PREVENTION (HHAP) PROGRAM OUTCOME MEASURES

Measure	Data Set	Affected by New Groups Participating in HMIS	Comments
into permanent housing.			total numbers recorded in HMIS as exiting to PH has been declining since 2020. The definition of PH includes not only PSH but also exits to housing where the participant receives a housing subsidy, as well as exits to housing where the unit is unsubsidized, and staying with family/friends on a permanent basis. Exits to PH are only included in HMIS if the case manager is aware of the exit destination and records it in HMIS.
Measure #4: Reducing the length of time persons remain homeless.	HMIS – Emergency Shelter, Transitional Housing, Street Outreach, CES, RRH and PSH (prior to housing move-in date)	Impact on data will depend on average Length of Time Homeless for each program's clients	State data for RRH and PSH are different than #s for HUD report.
Measure #5: Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.	HMIS – All projects	Less impacted by # of projects; results impacted more by client stability	Starting measure is the percentage of all persons who exited an HMIS project to a PH destination but was re-enrolled in an another HMIS participating program within six months of their exit to PH
Measure #6: Increasing successful placements from street outreach.	HMIS – Street Outreach Projects only	Numbers may increase with increasing numbers of street outreach program but is not a given	This measures the number of persons who exited from street outreach to Emergency Shelter, TH, or PH destinations

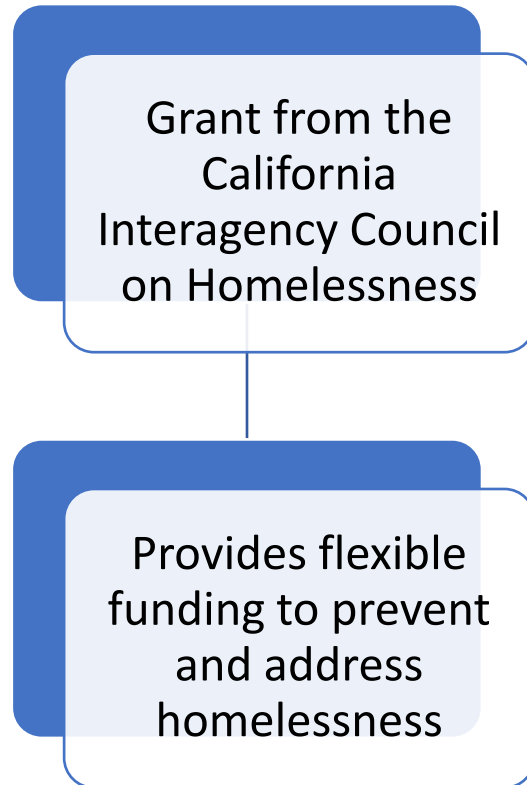
Homeless Housing, Assistance and Prevention (HHAP) Program

Draft Goals and Strategies

May 14, 2022



Homeless Housing, Assistance and Prevention (HHAP)



Eligible Activities

PH and Emergency Shelter Operating Subsidies

Rapid Rehousing

Landlord Incentives

Outreach and Coordination, including access to jobs

Systems Support

Delivery of Innovative Housing Solutions

Prevention and Diversion

New Navigation Centers and Emergency Shelters

Overview

- Joint funding to CoC/County
 - 10% set aside for Youth Services
@ \$429,000
 - 7% set aside for grant
administration - @ \$300,000
 - @ \$3.56 million for all other
eligible activities
 - @\$1 million prioritized for
systems improvements
 - 18% bonus funding in 2024
if meet goals

7 Outcome Goals

Outcome Goal #1a: Reducing the number of persons experiencing homelessness.

Outcome Goal #1b: Reducing the number of persons experiencing homelessness on a daily basis

Outcome Goal #2: Reducing the number of persons who become homeless for the first time.

Outcome Goal #3: Increasing the number of people exiting homelessness into permanent housing.

Outcome Goal #4: Reducing the length of time persons remain homeless.

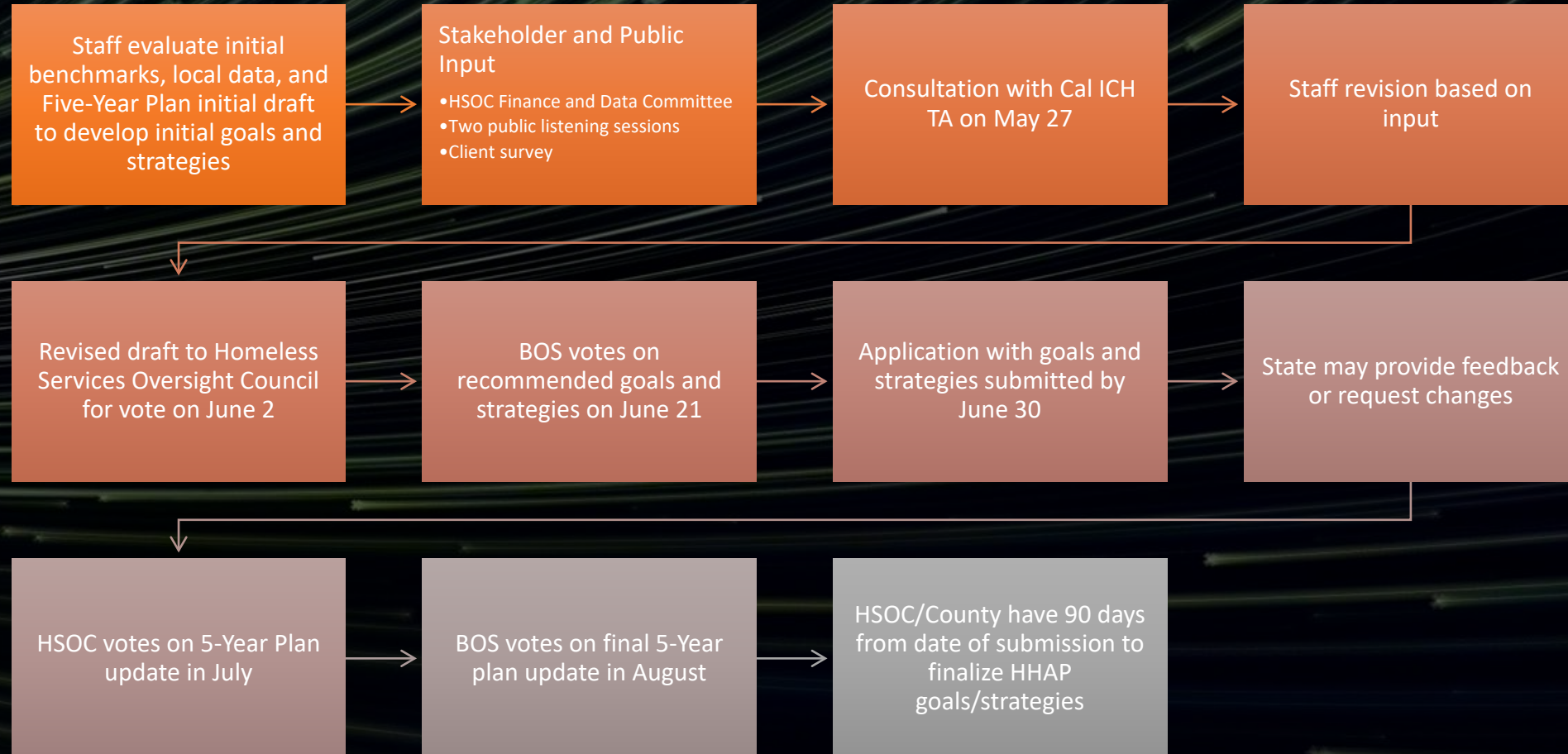
Outcome Goal #5: Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.

Outcome Goal #6: Increasing successful placements from street outreach.

Outcome Goal Measurements

- Most will be measured using data from local Homeless Management Information System (HMIS) uploaded into the state's Homeless Data Integration System (HDIS)
- Measure 1(b) will be measured by 2024 Homeless Point in Time Count
- State has developed their own reports, so it does not match our HMIS data (different universes and adjustments)
 - State will provide quarterly updates on our progress as measured in HDIS
- Bonus funding (18%) will only be awarded if we meet or exceed our goals
 - Goals in HHAP-3 application should be achievable, not aspirational or aggressive

Iterative Process for Goal and Strategy Setting



What is HMIS?

- Data system
 - Follows specifications established by the U.S. Department of Housing and Urban Development
 - HUD and many federal and state agencies require that grant-funded programs enter client and services data into HMIS and use it to provide grant reports
- What's in an HMIS client record
 - Includes name, demographic info., when they entered a program, housing move-in date (if they have one), program exit date
 - Entered by the agency staff, not the client

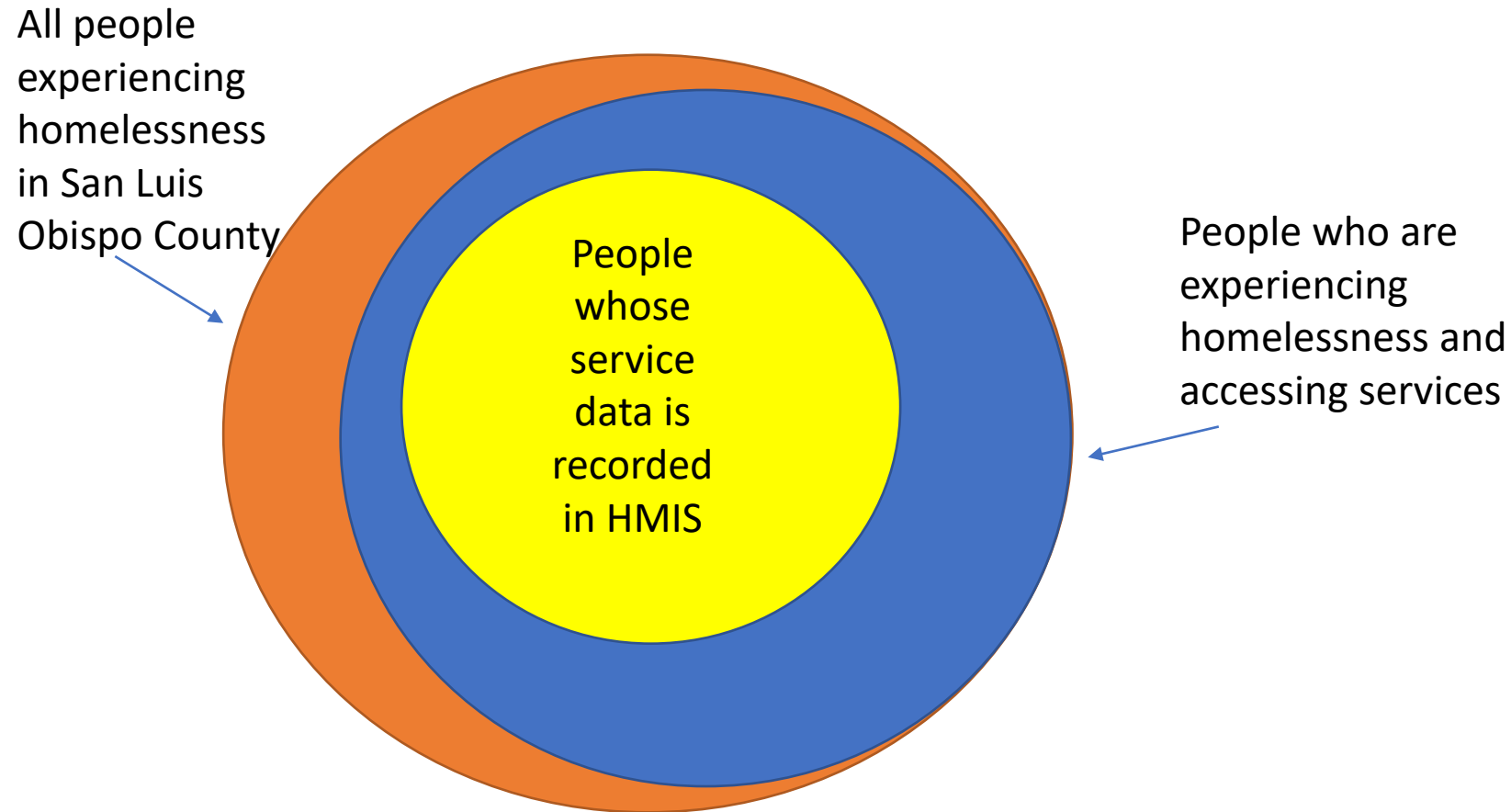
Important Facts to Know about HMIS

- Performance outcomes measured based on project type, not agency
 - Types of projects
 - Street Outreach (SO)
 - Emergency Shelter (ES)
 - Day Shelter/Supportive Services Only (SSO), i.e. client participates in case management, not shelter or housing
 - Coordinated Entry Services (CES)
 - Transitional Housing (TH)
 - Rapid Rehousing (RRH)
 - Permanent Supportive Housing (PSH), i.e. subsidized permanent housing that also includes ongoing housing stabilization services

HMIS Background (continued)

- Not all services or persons captured in HMIS
 - HMIS participating agencies include shelters, some street outreach programs, some permanent supportive housing programs
 - Doesn't include data from jail, Psychiatric Health Facility or many other programs
 - Primarily includes those who access case management services
 - Generally doesn't include people who only came for meal programs
 - Generally doesn't include street outreach clients who are not engaged in case management services
- HMIS considers someone an active client unless an HMIS user records them as having exited (exit destination required)
- Most projects do direct entry, but some imported

HMIS data not collected on all persons



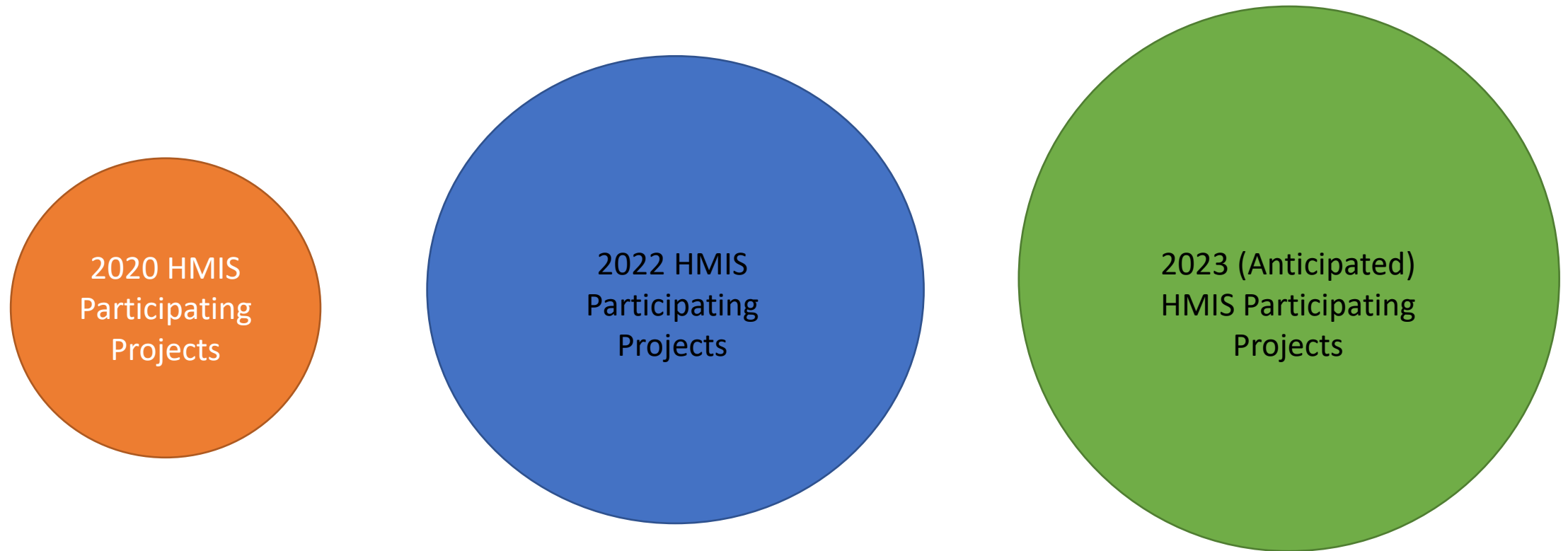
Key Projects Not in HMIS

Coordinated Entry
Services – single
upload in 2022, Five-
Year Plan proposing to
change to direct entry

HUD-VASH – imported
quarterly beginning in
2022

Good Samaritan
Supportive Services for
Veteran Families
Program – will begin to
be imported in 2022

Changes in HMIS Participation



HHAP Outcome Goals Baseline Year = CY2020

- 2020
 - Shelters reduced capacity due to CDC guidance to increase spacing and decrease crowding
 - Some reduction in homeless services
 - Eviction moratorium in place
 - Unusual labor market disruption
 - Rapid increases in the cost of housing

Implications for Goal Setting

Differentiate
between real
world changes
and HMIS

- HMIS Changes
 - Impacts of the # of HMIS participating agencies
- Real World Change
 - Pandemic
- Data recorded vs. client experience
 - Client may find and move in to Permanent Housing but will only be reflected if their case manager records it in HMIS

“Bend the curve”
rather than
decrease where
appropriate

Understanding
the pool of data
important

Baseline Measurements

Outcome Measure 1a

of persons experiencing homelessness (as measured by # of people accessing HMIS participating services)

Baseline Data for CY2020: Annual estimate of number of people accessing services who are experiencing homelessness	Baseline and Prior Performance Data - HDIS				HMIS Data	
	CY2018	CY2019	CY2020	% Change from CY2018	CY 2021	Partial CY 2022 (Jan-May 20)*
1,669	1,780	2,024	1,669	-6%	1864	1596

*This equals approximately 354.67 persons/month or 4,256 persons projected for CY2022 and does not include newly homeless persons served only by CES

Option A - Assume state 2-year rate of change for projection	
Change	CY2023 Projection
6% decrease every two years	1,386

(Recommended) Option B - Apply the 13.7% increase seen from CY2018 to CY2019 to the CY2022 projected number to calculate est. CY2023 projected number	
Change	CY2023 Projection
13.7% increase from 2022 Est. Numbers	4839

Outcome Measure 1b

of Persons Experiencing Homelessness on a Daily Basis (as measured by the PIT Count)

Baseline Data for 2020: Estimate of # of people experiencing unsheltered homelessness on the 2020 PIT Count
1,172

Baseline and Prior Performance Data – PIT Count			
2018 PIT	2019 PIT	2020 PIT	% Change from 2018 PIT
822	1,172	1,172	43%

**Option - Assume state
rate**

Change

43% increase every
two years

**2024 PIT
Projection**

2,397*

*In 2013, following the recession, the PIT Count identified 1,951 persons who were experiencing unsheltered homelessness

Outcome Measure 2

of People Who Become Homeless for the First Time (as measured by # of people in HMIS for the first time)

Baseline Data for CY2020: Annual Estimate of # of people who become homeless for the first time	Baseline and Prior Performance Data- HDIS				HMIS Data*		
				% Change from CY2018			Partial CY 2022 (Jan- May)
	CY2018	CY2019	CY2020	CY2018	CY 2021	% change from CY2020	
775	960	1,030	775	-19%	988	22%	330

*Does not include CES data

Option A - Assume state 2- year rate of change	
Change	CY2023 Projection

19% decrease every
two years 412

(Recommended) Option B - Assume 7.3% increase each year (Increase recorded in HMIS from CY2018 to CY2019) and apply to 2020 and future years.	
Change	CY2023 Projection

7.3% increase each CY 1366

Outcome Measure 3

of People Exiting to Permanent Housing (PH) (as measured in HMIS/HDIS)

Baseline Data for CY2020: Annual Estimate of # of people exiting homelessness into permanent housing	Baseline and Prior Performance Data - HDIS				HMIS Data			
	CY2018	CY2019	CY2020*	% Change from CY2018	CY 2021**	% change from CY2020 to CY2021	Partial CY 2022 (Jan- May)**	% change from CY2020 to CY2022 (est. annual)
418	346	423	418	21%	357	-15%	94	-40%

*HMIS indicated 515 exits to PH in CY2020, with 247 exiting to rental by client no subsidy, and 150 exiting to rental PH with Housing Choice Voucher (HCV)

**HMIS indicated 357 exits to PH in CY2021, with 101 exiting to rental by client no subsidy, and 151 exited to rental PH with HCVs

***HMIS indicated 94 exits to PH from 1/1/21-5/19/21, a rate of approximately 20.88 persons/month or 251 persons annually

Outcome Measure 3 (cont.)

Option A - Use HDIS two-year rate of increase	
Change	CY2023 Projection
21% increase every two years (10/5% for one year period between 2022 and 2023)	559

(Recommended) Option B - Use decrease seen in HMIS exits to PH from CY2021 to the projected CY2022 outcomes (using partial year data to calculate monthly outcomes and project annual CY2022 expected outcomes)	
Change	CY2023 Projection
20% decrease per year	201

Outcome Measure 4

Length of Time Homeless

(as measured in HMIS/HDIS)

Baseline Data for CY2020: Average length of time (in # of days) persons enrolled in street outreach or other non-residential projects (while homeless), emergency shelter, transitional housing, safe haven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing projects
130

Baseline and Prior Performance Data - HDIS

			% Change from CY2018
CY2018	CY2019	CY2020	
114	107	130	14%

Option - Use state rate

Change

14% every 2 years (7% increase from 2022 to 2023)

CY2023 Projection

158

Outcome Measure 5

Returns to Homelessness from PH

Baseline Data for CY2020: % of people who return to homelessness within 6 months of exiting homelessness to permanent housing*	Baseline and Prior Performance Data – HDIS				HMIS Data	
	CY20 18	CY20 19	CY2020	% Change from CY2018	CY 2021	CY 2022
6%	8%	4%	6%	-1%	3%	1%

*This measure is calculated differently than the HUD System Performance Measure. HDIS uses all projects as the denominator, with persons who returned to an HMIS-participating program within the time frame noted above.

Option - Use state rate

Change

1% decrease every 2 years (0.5% decrease from 2022 to 2023)

CY2023 Projection

4.50%

Outcome Measure 6

Increasing Successful Exits to ES or PSH from Street Outreach (as measured in HMIS/HDIS)

Baseline Data for CY2020: Annual # of people served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.	Baseline and Prior Performance Data – HDIS				HMIS Data	
	CY2018	CY2019	CY2020	% Change from CY2018	CY 2021	Partial CY 2022 (Jan-May)*
3	1	5	3	200%	3	13

*Approximately 2.88 persons/month are exiting successfully in the first part of CY2022. Over the course of a year, this would equal 35 persons.

Option - Use state rate of increase

Change

CY2023 Projection

200% increase every two years (100% increase from CY2022 to 2023)

36

Goals and Strategies for HHAP-3 Application



HHAP-3 Application - Goals and Strategies

Measure	Baseline (Increase/decrease and need to bend)	Strategies	Impact of anticipated interventions (non-HHAP and HHAP)	HHAP-3 Outcome Goal
1a – decrease # homeless (HMIS)	4256 (increase - need to bend)	Homelessness prevention, operations funding to sustain existing/new shelters PSH, innovative housing solutions (incl. tiny homes/modular structures)	70 modular units or tiny homes in 2023 (HHAP and non-HHAP), 24 PSH units (Pismo Terrace), 80 HP (HHAP)	4,082 persons (4% decrease from anticipated)
1b – decrease # homeless (unsheltered 2024 PIT)	2,397 (increase – need to bend)	Homelessness prevention, operations funding to sustain existing/new shelters PSH, innovative housing solutions (incl. tiny homes/modular structures)	70 modular units or tiny homes in 2023 (HHAP and non-HHAP), 24 PSH units (Pismo Terrace), 80 HP (HHAP)	

HHAP-3 Application - Goals and Strategies (cont.)

Goal	Baseline (Increase/ decrease and need to bend)	Strategies	Impact of new, anticipated interventions	HHAP-3 Outcome Goal
2 – decrease number of 1 st time homeless (HMIS)	1,366 (increase – need to bend)	Homelessness prevention	80 HHs prevented from becoming homeless	1,286 in CY2023
3 - increase # of exits to PH (HMIS)	201 (decrease – need to bend)	Operations funding to sustain existing and new PSH, innovative housing solutions (incl. tiny homes/modular structures)	24 PSH units (Pismo Terrace)	225 in CY2023

HHAP-3 Application - Goals and Strategies (cont.)

Goal	Baseline (Increase/decrease and need to bend)	Strategies	Impact of anticipated interventions	HHAP-3 Outcome Goal
4 – reduce Length of Time Homeless (HMIS)	158 days (increase – need to bend)	Operations funding to sustain existing and new PSH, innovative housing solutions (incl. tiny homes/modular structures)	24 PSH units (Pismo Terrace)	157 days average in CY2023
5 – decrease returns to homelessness (HMIS)	4.5% (decrease)	Operations funding to sustain existing and new PSH	Help maintain operations and services at existing PSH	4.5% decrease

HHAP-3 Application - Goals and Strategies (cont.)

Goal	Baseline (Increase/decrease and need to bend)	Strategies	Impact of anticipated interventions	HHAP-3 Outcome Goal
6 – increase successful exits from Street Outreach projects (HMIS)	36 persons (increase)	Funding to sustain existing/new shelters PSH, innovative housing solutions (incl. tiny homes/modular structures)	70 new modular shelters or tiny homes (but not all referrals will come from street outreach projects in HMIS)	36 persons

Comments on Baseline Data

- 2020 data does not include data from multiple large projects (projects added in 2021 or 2022)
 - Coordinated Entry System
 - HUD-VASH
 - Emergency Solutions Grant – Coronavirus special projects
 - Including CAPSLO, ECHO, 5CHC, Salvation Army, Lumina
- Does not include projects expected to come online in 2023
 - E.g. Pismo Terrace Supportive Housing Program
- Large drop in # of persons from 2019 to 2020
 - 2021 data suggests 2020 was an anomaly year

Assumptions for Projection

- Assume change from 2018 to 2019 reflects “real world” change
- Assume change from 2019 to 2020 reflects change in persons served, not numbers of homeless persons and some changes in capacity
- Take into consideration large increase in # of participating providers from ‘20 to ‘22
- Take into consideration increase in services capacity from ‘20 to ‘22 (Homekey project in Paso Robles, ESG-CV projects, OK Avenue Parking Village)

Line of Effort 3: Improve and expand data management efforts through HMIS and coordinated entry system to strengthen data-driven operational guidance and strategic oversight.

Focus: Improve homeless system data quality and reporting, increase data sharing, and analyze and share data to drive improvements in homeless system performance.

Metric:

- HMIS access provided to all participating agencies for shared clients to the extent allowed by federal and state laws governing HMIS and privacy.
- Law enforcement, health care organizations, government agencies and nonprofit organizations may make referrals to coordinated entry.
- Devise mechanism to analyze aggregate data when individualized data cannot be shared due to privacy laws, regulations, or guidance.

Summary of Timing:

- Year 1: Create single HMIS database, data analysis and reporting tasks
- Years 2-3: **Establish**
- Years 4-5: Data driven refinements in service

A. Create a coordinated entry system that is open and accessible to all partner agencies to make referrals into the coordinated entry system and access data.

1. All data is entered into **one Homeless Management Information System (HMIS)**. Acquire and implement software platform/vendor that fulfills community needs.
2. Create a **streamlined and automated referral process** and allow referrals from law enforcement, health care agencies, government agencies, and not-for-profit organizations.
3. **Open access for HMIS participating agencies**, consistent with client consent and relevant federal and state privacy laws.

B. Expand access and usage of data in service coordination and decision-making.

1. **Monitor participation** from HMIS participating agencies to ensure compliance with HMIS policies and procedures.
2. Create and sustain HMIS **technical support positions** in proportion to number of users.
3. Streamline data processes to **eliminate duplicate data entry** and improve understanding of need across the community.
4. Design and implement a **data quality improvement plan** within HMIS for all program types.

5. Create a **data analyst position** to analyze performance and produce reports needed for data-driven management.
6. **Community Action Teams and Mobile Crisis Units will have access to and utilize HMIS** data to coordinate and maximize service provision.
7. **Integrate GIS data and HMIS data** so that street outreach teams have access to and can utilize real-time information to better assist homeless persons.
8. Expand **data sharing and coordination with hospitals and managed care organizations** to identify populations with greater medical and behavioral health needs and increase coordination of services.
9. Improve **use of justice department, jail, police data (including TEMP data) and reports** to improve services to people with criminal legal system involvement. Share aggregate data with criminal legal system.
10. Develop a **dashboard and schedule of analytical reports** that can be used to assess program effectiveness, identify and quantify trends in the mix of needs, and fine-tune recommendations for resource generation and allocation.
11. **Reports on performance measures** provided bimonthly to the HSOC.
12. **Expand analysis** of Stella, HDIS, Point in Time Count, and HMIS and HUD System Performance Measures to provide a more comprehensive picture of homelessness.
13. Update data system to ensure timely **monitoring of Release of Information authorizations**.
14. Create **data tracking and reporting mechanism** to measure housing and shelter (including alternative housing models) production against Five-Year Plan development goals.

Comparison of Southern California CoCs FY 2021 Continuum of Care Program Competition Debriefings

The debriefing document that HUD provides each CoC is divided into three sections.

The focus of this report concerns the first section, which is **High Priority CoC Application Questions** and consists of five (5) subsections and detailed below.

The second section provided by HUD is the **CoC Scoring Summary**, which consists of seven scoring categories that were assigned the maximum number of points a CoC could score which was a total of 173 points. This section also included the number of points a CoC scored for each section. The summary of points for each SoCal CoC is provided at the top of the Excel document sent to all SoCal CoCs along with this summary document.

The third section provided by HUD is the **Overall Scores for all CoCs**, which consists of

- Highest Score for any CoC 168.25
- Lowest Score for any CoC 60.25
- Median Score for all CoCs 143
- Weighted Mean Score for all CoCs 155.5

High Priority CoC Application Questions

Sub-Section 1. 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organizations

HUD provided a scoring summary for just five questions/requests for information within this Sub-Section: **1C-9. Housing First–Lowering Barriers to Entry; 1C-9a. Housing First–Project Evaluation; 1C-10. Street Outreach–Scope; 1C-12. Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC); and 1C-15. Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**

SoCal CoC answers to **1C-9. Housing First–Lowering Barriers to Entry** are detailed in the following table.

The table shows that 100% of all new and renewal projects for all SoCal CoCs have adopted the Housing First approach. HUD stated that a CoC must demonstrate at least 75 percent of all project applications adopted a Housing First approach. However, not all SoCal CoCs received the maximum number of 10 points for the following questions/requests for information **1C-9. Housing First–Lowering Barriers to Entry** and **1C-9a. Housing First–Project Evaluation.**

The quantitative comparison for **1C-9. Housing First–Lowering Barriers to Entry** shows that eight of 13 SoCal CoCs received the maximum number of 10 points. However, the other five CoCs did not. The loss of one or two points is likely related to their qualitative answer to **1C-9a.**

Housing First–Project Evaluation. A comparison to 1C-9a was not made because the answers to this question were qualitative.

The question for 1C-9a was

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

Apparently, eight CoCs did not lose any points regarding their answer to the question above and five CoCs did lose one or two points because of their answer to this question.

1C-9. Housing First–Lowering Barriers to Entry

CoC	Max Pts	Pts	1. Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	2. Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	3. This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.
Glendale	10	10	9	9	100%
Imperial	10	8	2	2	100%
Kern	10	10	15	15	100%
Long Beach	10	10	27	27	100%
Los Angeles	10	10	151	151	100%
Orange	10	9	27	27	100%
Pasadena	10	10	11	11	100%
Riverside	10	10	23	23	100%
San Bernardino	10	10	20	20	100%
San Diego	10	10	48	48	100%
San Luis Obispo	10	9	7	7	100%
Santa Barbara	10	9	10	10	100%
Ventura	10	9	16	16	100%

The third question/request for information that HUD included in **Sub-Section 1. 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organizations** and provided a scoring summary was **1C-10 Street Outreach**.

HUD asked CoCs to describe the following concerning **1C-10 Street Outreach**:

- your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
- whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
- how often your CoC conducts street outreach; and
- how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

The following four tables provide the answers that each SoCal CoC for the four requests for information noted above.

The maximum number of points for all four requests was three.

However, nine of 13 SoCal CoCs received the three maximum number of points and four did not as noted in the tables below. CoCs that did not receive three points can compare their answers to those CoCs that did receive three points.

1C-10 Street Outreach. Whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area

	Max Pts	Pts	Whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area
Glendale	3	3	Glendale CoC has a robust Outreach Team that covers 100% of the CoC's geographic area with the primary goal of engaging all unsheltered homeless persons in the Community.
Imperial	3	3	Outreach covers 100 percent of our area. Through various organizations that are either sub recipients of our grants, members of our CoC or service providers, population in each incorporated and non-incorporated area is reached through various methods.
Kern	3	3	In order to reach 100% of the CoC geographic area, there are two regions for outreach. They are: metro Bakersfield and rural Kern County. Two agencies work together to provide rural outreach on a daily basis, splitting their efforts between west and east Kern County. Both agencies communicate their contacts on a daily basis. One agency within the CoC targets daily outreach in metro Bakersfield, where 90% of our unsheltered homeless have been identified. Outreach efforts are then discussed during monthly meetings, identifying the types

			of services our homeless persons request. Populations discussed are primarily individuals, couples and veterans.
Long Beach	3	3	The CoC covers 100% of the Long Beach jurisdiction, in addition to overlapping properties with the County of Los Angeles, railroads, and riverbeds.
Los Angeles	3	3	Outreach covers 100% of CoC's geography which is divided into zones.
Orange	3	0	The CoC Street Outreach works seven days a week and covers 100 percent of the CoC's geographic area through regional street outreach providers and increased coordination with Homeless Liaison Officers in both the Sheriff's Department and municipal Police Departments.
Pasadena	3	3	All of the CoC's SO teams collectively cover 100% of the CoC's geographic area.
Riverside	3	3	The CoC improved system performance across street outreach efforts by strengthening coordination among teams, increasing coverage to 100% of geographic areas, targeting marginalized populations such as LGBTQ persons and other disproportionately served race and minority groups, and implementing strategies to reduce the risk and spread of COVID-19.
San Bernardino	3	3	Outreach teams cover 100% of the CoC and go to these areas on an on-going basis.
San Diego	3	0	The CoC covers all of San Diego County and there are outreach teams in all regions but areas that are unincorporated and expansive do not have full outreach coverage.
San Luis Obispo	3	3	The CoC's street outreach covers 100% of the CoC's geographic area. The five service providers coordinate efforts based on geography to reduce a duplication of efforts.
Santa Barbara	3	0	No clear answer provided
Ventura	3	1.5	The VC CoC has expanded street outreach capacity in Ventura County, funding additional outreach services to ensure 100% of the countywide CoC geography.

1C-10 Street Outreach. How often your CoC conducts street outreach

	Max Pts	Pts	How often your CoC conducts street outreach
Glendale	3	3	The 5-person team consists of 3 outreach and engagement workers through Ascencia/CES Lead Agency. In addition, this year with the use of ESG-Cares Act funding, the Glendale Police Foundation is also conducting robust outreach with 4 full time officers that are available to respond to calls for services involving homeless persons in the evening and on the weekend.
Imperial	3	3	Through our grant sub recipients, street outreach is performed every day of the week. Additionally, local law enforcement agencies are active participants in our CoC membership, allowing for the knowledge of available resources to spread to those that are active in the community around the clock.
Kern	3	3	Street Outreach is conducted Monday – Friday and at least one team providing outreach on every Saturday and Sunday ensuring outreach is provided seven days a week.
Long Beach	3	3	Outreach is conducted 7 days a week in a coordinated & consistent approach focusing on those least likely to request assistance. Outreach hours will change depending on focused efforts or areas of need.
Los Angeles	3	3	Each zone is assigned at least 2 teams for full weekday coverage, with separate teams for the weekends, ensuring consistent, repeat coverage across each zone. Special teams are assigned to key transit routes, beaches, libraries & other public spaces. This level of coverage ensures quick identification of new encampments & unsheltered persons.
Orange	3	0	This group meets monthly to coordinate outreach efforts and target outreach to those experiencing unsheltered homelessness who are least likely to request assistance. The CoC Street Outreach has expanded hours of operation from 6 am to 8 pm, noting that ongoing engagement is needed in early morning and evening hours.
Pasadena	3	3	At least 3 SO teams have dedicated, 40 hour full-time schedules & the remaining have standing weekly scheduled days/times of operation to ensure SO is conducted on a regular basis. Early morning, nighttime & weekend coverage can be arranged. SO groups meet monthly to discuss opportunities for continued coordination & service delivery improvement. SO teams continued

			operating during the pandemic & distributed information on COVID-19 prevention + showers & handwashing stations. Hygiene kits were also provided.
Riverside	3	3	Based on 2020 unsheltered PIT (2,155), there is one FTE outreach staff for every 35 unsheltered persons, providing 7-days a week bilingual coverage across 100% of the geographic area. A CES 24/7 hotline ensures residents seeking assistance directly are linked to designated teams in their areas.
San Bernardino	3	3	They are trained to identify cognitive and behavioral problems and when there are problems that they cannot handle, they contact other professionals such as mental health workers who often come the same day. San Bernardino 2-1-1 call center is contacted by phone by outreach workers who connect homeless households to trained community resource advisors. Call Center is open 7 days a week and 24 hours a day
San Diego	3	0	Outreach is conducted daily and includes dedicated teams of outreach in our Central, Southern, East and North Regions. Outreach staff shall ensure their service area receives outreach in its entirety at least once every two weeks.
San Luis Obispo	3	3	Outreach efforts are conducted daily. Hot spots are frequented weekly, other encampments at least monthly.
Santa Barbara	3	0	CoC increased field outreach teams & leveraged one-time infusions of State CVD19 relief funding to sustain outreach to ensure strong coordination among teams & ample time for engagement.
Ventura	3	1.5	Engagement consists of multiple contacts to develop rapport and trust.

1C-10 Street Outreach. Your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged

	Max Pts	Pts	Your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged
Glendale	3	3	The goal of the program is the engage at a minimum 90 homeless persons within this fiscal year and of the 90, the officers will place 30% in some type of permanent supportive housing program including EHV. The officers are collaborating with Ascencia and providing intake which involves the use of the HMIS system. This effort has been proven to be very effective. Within 3 months,

			the officers were able to engage over 35 chronically homeless individuals and provide them with various services and referrals to EHV and HUD-VASH. In addition to the outreach provided to chronically homeless individuals, Family Promise of the Verdugos, the CES lead agency for families, is conducting outreach for homeless families in Glendale.
Imperial	3	3	The IVCCC's street outreach includes programs operated by the Department of Social Services, Department of Behavioral Health Services, non-profits, churches and various civic groups. The regional plan for coordinated street outreach calls for organizations to conduct assessments of homeless individuals and families and for submission of assessment data to the CES database. Outreach coordinators & volunteers provide transportation and linkages to medical and mental health care, mainstream benefits, interim housing and other services. HMIS use and case conferencing allow for verification of referral services to ensure no service available is left on the table and that adequate referral takes place.
Kern	3	3	The CoC developed a "Street Outreach Written Standards" document which provides guidance to all agencies within the CoC when interacting with people experiencing unsheltered homelessness and to establish professional standards of conduct for those interactions. A Street Outreach Committee was established to provide monthly communication on each agency's outreach efforts, ensuring the agencies that conduct outreach cover the CoC area. Outreach agencies are encouraged to include at least one bi-lingual person on each team in the rural areas where the population is overwhelmingly Hispanic.
Long Beach	3	3	The Street Outreach Network (SON) is comprised of City staff, CBO's and specialized teams of police, fire & clinicians who are trained in outreach & engagement. Activities are person-centered and include assessment, linkage to housing, case management, benefits assistance, linkage to healthcare, mental health, substance use treatment, ES, TH, and PH, & vital documentation needed for housing applications. The SON has bilingual staff and translation services available to reduce engagement barriers. Street outreach is staffed to a level to ensure that outreach workers can take time to develop rapport and relationships and provide services

			to assist unsheltered individuals with housing navigation for those not currently in a shelter. Staff coordinate with hospitals and substance use treatment centers to refer, and provide care coordination for people who have co-morbid and tri-morbid conditions. The City ensures outreach is conducted in all areas of the CoC throughout the week. Over 2,000 contacts are made annually and on average over 100 unduplicated locations are visited monthly.
Los Angeles	3	3	CoC's outreach consists of a network of 166 teams operated by LAHSA, County Depts & CES Agencies and coordinated through 1-2 Coordinators assigned to each of the 8 SPAs. All teams provide transportation & linkages to medical & mental health care, benefits, shelter & other services, and track services in HMIS. Multidisciplinary teams (MDTs) are staffed by medical, mental health & substance use specialists, & peer specialists. All services are voluntary & embrace progressive engagement & stages of change models. By assigning teams geographically, with repeating routes, CoC ensures that all persons are identified and engaged through repeated contact. CoC also uses an internetbased portal where any stakeholder (e.g., business owner) can request outreach services (10,600+ referrals in 2021), which further supports identification of all persons in need.
Orange	3	0	The Orange County Continuum of Care (CoC) has a multidisciplinary group of street outreach teams that help ensure all persons experiencing unsheltered homelessness are reached in the jurisdiction, including the most vulnerable with pre-existing conditions. This group includes veteran and Transitional Aged Youth service providers, public health nurses, behavioral health clinicians, law enforcement, community and faith-based organizations. The CoC Street Outreach serve as the first line of engagement in addressing unsheltered homelessness and encampments to facilitate connections to other services. The CoC coordinates street outreach efforts by Service Planning Area and facilitates placement into regional emergency shelters and permanent housing solutions. The CoC Collaborative Applicant developed a multi-disciplinary team in partnership with other County Departments called the County Homeless Assistance Response Team (CHART) to

			best address local homeless issues and connect individuals to appropriate program placements.
Pasadena	3	3	Street Outreach (SO) teams target known hotspots such as parks, libraries, churches, train stations, the ER, & encampments to connect people experiencing homelessness (PEH) to services & housing resources. Outreach is conducted more frequently to “hidden” areas (i.e. freeway embankments) to ensure that all PEH who may not feel comfortable leaving their areas are identified & engaged. SO teams are also integrated w/ a publicly available online portal enabling them to respond to outreach requests from the community. The CoC continues to engage our systems partners to enhance our coordination efforts. During the pandemic, SO teams partnered w/ healthcare agencies to provide COVID testing/vaccines & worked with law enforcement to allow people living in encampments to remain where they are to reduce the spread of disease.
Riverside	3	3	The CoC utilized data from its Homeless Point-in-Time Count, By-Name List, and funding distribution reports to enhance investments. Both the CoC & CES Lead Agencies in alignment with the CES P&P’s, coordinate outreach services and work alongside CBOs, public safety teams such as law enforcement, code enforcement, and probation, in addition to emergency management services, public health, medical/health and other specialized mobile teams (e.g. vets, youth, BH, foster youth, and others). There are 30 multi-agency outreach teams, made of 60 FTE staff countywide.
San Bernardino	3	3	Outreach teams have bi-lingual members that speak Spanish. When a Spanish speaking outreach worker is needed and not available, San Bernardino 2-1-1 call center is contacted by phone by outreach workers who connect homeless households to trained community resource advisors some are able to communicate in 21 languages. Outreach teams also have working relationships with a wide-range of providers that provide services to help overcome other barriers often encountered that include transportation, which is provided by Inland Housing Solutions, Department of Behavioral Health, Department of Public Health, Inland Empire Health Plan, US Department of Veterans Affairs, Inland Valley Hope Partners, LightHouse Social Service Centers, Step Up on Second Street, US Vets, and KEYs.

San Diego	3	0	The CoC consulted with OrgCode Inc. and developed region-wide outreach standards. RTFH provides a system coordinator for all outreach activities for the San Diego CoC. The RTFH works with the County of San Diego to identify a regional coordinator for North, East and South parts of the San Diego CoC. The City of San Diego will provide a regional coordinator for the central part of the San Diego CoC. In areas served by multiple street outreach, teams shall reasonably coordinate to provide outreach coverage each day and across multiple days of the week including weekends. If overlap or lack of coordination occur, the supervisor of the outreach staff will report these challenges to the regional coordinator so that the funders can coordinate to address and resolve challenges.
San Luis Obispo	3	3	The CoC currently has five (5) service providers that conduct street outreach in the CoC geographic area. Homeless encampments are mapped and identified by location, including residents and conditions. As new locations are identified they are added to a regional mapping system. Outreach tools include on-site coordinated entry, as appropriate for connection to services, and engagement tools (including food, water, wound care).
Santa Barbara	3	0	Consistent outreach & engagement includes individual case management & housing navigation while following CDC guidance. Trust is developed over time between the outreach worker & the potential client. Teams conduct intensive outreach & assessment with people remaining unsheltered to educate about CVD19, assess needs, determine potential interventions, & organize the system to meet those needs to people could remain safe. These teams organized field support srvc: provision of phones/solar chargers, delivery of food & water, personal hygiene kits including h& sanitizer/masks/gloves, trash/debris pick-up including safe needle drops, regular visits from street medicine & public health for wound care/medicine/medical appointment coordination, behavioral wellness to assess & treat substance use disorder & mental health needs, public defender to navigate the justice system, & progressive engagement partnerships between homeless service providers & others to document consistent needs & assess for case management/housing navigation/referral to non-congregate shelter.

Ventura	3	1.5	Target areas include encampments to serve persons with the longest history of homelessness and most severe service needs. Teams immediately connect and link them to resources that assist with obtaining temporary placement and permanent housing. Connecting them means entering information into HMIS for the CES by-name master list to measure progress and to help make housing related decisions. CES has protocols in place to ensure that persons have immediate access to assistance and assist with obtaining permanent housing. Resources include housing navigation to help with housing search and overcoming barriers to obtain housing.
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1C-10 Street Outreach. How your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

	Max Pts	Pts	How your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
Glendale	3	3	All outreach teams have access to the HMIS system, conduct the VI-SPDAT and VI-FSPDAT and coordinated with one another to place homeless persons of all populations and sub-populations as quickly as possible. Outreach teams have bilingual staff and provide transportation vehicles that are wheelchair accessible vans to accommodate people with disabilities.
Imperial	3	3	Outreach workers are trained and versed in working with all vulnerable populations and utilize repeated outreach to build trust with those likely to request services. This year, our Executive Board added a lived-experience member who has assisted in identifying methods that can be implemented to existing processes to influence those that might otherwise not be interested in assistance.
Kern	3	3	Shelter resistant persons are still engaged through informal introductions with the street outreach team, discusses needs the individual may have, and provide items such as food, water, hygiene, clothing and blankets. Outreach reengages weekly, continuing to offer support in order to build trust. The CoC has partnered with Kern County Behavioral Health and Recovery Services (BHRS) so that individuals can be referred to the ROEM (Relational Outreach and Engagement Model) Team. Community resource guides are available in multiple languages.

Long Beach	3	3	Outreach is provided to riverbeds, alleys, libraries, empty buildings, parks, bridges, and hidden encampments where people are not likely to engage in traditional service. The Street Outreach Network is an interdisciplinary team comprised of people with lived experience, in recovery, & veterans as peer engagement support. The team includes clinical staff (public health nurse/mental health clinician) which addresses needs in the field. Staff uses evidenced-based practices including Housing First, Harm Reduction, & Motivational Interviewing to engage hard-to-reach populations.
Los Angeles	3	3	Outreach staff, of which approx. 50% have lived experience, are trained to work with populations least likely to request assistance. MDTs provide specialized services (e.g. street medicine) which can address immediate needs (e.g., wound care) and support engagement. Teams go to remote areas (e.g. riverbeds, desert) and practice repeated outreach to build trust. Via case conferencing, staff develop engagement strategies & do service planning for the most vulnerable. CoC maintains a roster of staff proficient in various languages who can assist clients with limited English proficiency. Outreach teams have access to Language Translation Services, TTY, Braille & tactile materials, & sign language supports.
Orange	3	0	This group meets monthly to coordinate outreach efforts and target outreach to those experiencing unsheltered homelessness who are least likely to request assistance. Additionally, this group coordinates to respond to large encampments and/or clean up efforts across the jurisdiction. CHART includes clinical staff to conduct screenings and assessments for physical and mental health, substance use disorders and housing needs. CHART also works to address cultural and disability barriers associated with communicating COVID-19 information.
Pasadena	3	3	SO teams administer the VI-SPDAT on the street to ensure all PEH are entered into CES. Housing & supportive services are advertised in accordance w/ Fair Housing/Equal Opportunity regulations. Teams have bilingual staff, translation/ASL services available to enhance communication & reduce language barriers to engagement. Transportation vehicles (i.e. wheelchair accessible vans) are also accessible to accommodate people w/ disabilities.

Riverside	3	3	Areas with higher concentrations of unsheltered residents and impacted by emergency incidents related to natural disasters and evacuations such as encampments are also targeted. The CoC prioritizes housing, such as PSH (75%) for persons coming from the streets and are most vulnerable with the highest severity of needs. As part of its COVID-19 response the CoC implemented new strategies targeting unsheltered residents: 1) Staging handwashing stations, 2) Testing and vaccination events, 3) Modifying COVID-19 educational materials, and 4) Targeting outreach and housing services for most vulnerable with preconditions, seniors, and expecting mothers.
San Bernardino	3	3	HMIS data shows that those persons least likely to request assistance are those who are chronically homeless and often with mental health and physical health needs. Outreach workers report that these persons are the least visible of all homeless persons and often live in hidden or remote areas. During the COVID-19 pandemic, outreach workers had to adjust street outreach activities to target individuals over 65 and those with health conditions who traditionally do not request assistance. These individuals were considered high risk and outreach teams worked to connect these high risk individuals with congregate shelter services and/or medical assistance. At times, health care workers join outreach workers to visit persons living in hidden or remote areas.
San Diego	3	0	In the event an unsheltered person does not wish to engage with outreach staff, this will be respected during the encounter. Outreach workers make repeated offers of service to that same person who previously declined service offers. The outreach provider do not employ any punitive measures to individuals who either refuse offers of services or decide at a later date they would like to receive services.
San Luis Obispo	3	3	Due to the Coronavirus response, some outreach efforts coordinated with medical outreach to provide medical services to homeless residents who would not otherwise be accessing medical care, screening for COVID-19, vaccination efforts, and providing care for acute and chronic illnesses. Street outreach staff also engage with community partners, including hospitals, jails, Chamber of Commerce (business requests), City Parks and recreation agencies, school districts, and other law

			enforcement agencies. There are bilingual outreach staff members to engage with non-English speaking persons.
Santa Barbara	3	0	These steps increase the likelihood that the person who was less likely to request assistance will accept the housing or shelter opportunity. CoC Street Outreach System Performance as increased to 57% having positive exits, while increasing the number of persons exiting SO programs by 66%.
Ventura	3	1.5	Street Outreach has been tailored to expand to more rural/remote areas and teams also partner with local law enforcement to reach persons that do not seek services on their own. In the last few years, the CoC has seen expansion with outreach and participation in CES through behavioral health and healthcare partners. A robust backpack medicine program is engaging persons with some of the most serious healthcare needs and behavioral health is partnering with law enforcement on improved engagement and linkages to services and housing. The Whole Person Care has partnered with Healthcare for the Homeless conducting outreach efforts through offering showers and healthcare services targeting known high utilizers of healthcare services with a history of poor health outcomes. Several outreach teams have hired persons with lived experience to leverage their specific expertise and ability to develop rapport with unsheltered persons.

SoCal CoC answers to **1C-12. Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC)** are detailed in the following table.

HUD stated in the application to *Demonstrate an increase, if needed, in the number of rapid rehousing beds available as recorded on the 2021 HIC data submitted to HUD.*

HUD also stated to *Demonstrate an increase in the number of rapid rehousing beds in the CoC geographic area as reported in HDX. OR Clearly demonstrate the number of rapid rehousing beds in the CoC's geographic area sufficiently meets the need for this type of housing, which will be verified against information in the 2021 PIT and HIC data reported in HDX.*

HUD also stated to *“Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”*

The following table notes that eight (8) SoCal CoCs received 10 out of 10 points. Each of the eight (8) CoCs had an increase in RRH beds when the 2021 number of RRH beds were compared to the 2020 number of RRH beds. The other five (5) CoCs received 0 out of 10 points. Each of the CoCs had a decrease.

Page 65 in NOFO states the following but there was not a field in the application to respond to the following: Clearly demonstrate the number of rapid rehousing beds in the CoC's geographic area sufficiently meets the need for this type of housing, which will be verified against information in the 2021 PIT and HIC data reported in HDX.

1C – 12 Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).

CoC	Max Pts	Pts	2020	2021	Difference
Glendale	10	10	15	60	+45
Imperial	10	0	125	86	-39
Kern	10	0	602	489	-113
Long Beach	10	0	378	247	-131
Los Angeles	10	10	6,045	7,191	+1,146
Orange	10	10	663	820	+157
Pasadena	10	0	25	19	-6
Riverside	10	10	318	467	+149
San Bernardino	10	10	2,101	2,260	+159
San Diego	10	10	1,846	2,116	+270
San Luis Obispo	10	10	404	429	+25
Santa Barbara	10	10	186	280	+94
Ventura	10	0	683	595	-88

HUD assigned a total of seven (7) points to the following:

- 1C-15. Promoting Racial Equity in Homelessness–Assessing Racial Disparities
- 1C-15a. Racial Disparities Assessment Results
- 1C-15b. Strategies to Address Racial Disparities
- 1C-15c. Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment

HUD did not assign points to each of the questions/requests for information noted above.

For **1C-15. Promoting Racial Equity in Homelessness–Assessing Racial Disparities**, all 13 SoCal CoCs answered “yes.”

SoCal CoC answers to **1C-15a. Racial Disparities Assessment Results** are noted in the following table.

Ten (10) CoCs received seven (7) out of seven (7) points. Three (3) CoCs received 5.5 points out of seven (7) points. How many of the seven (7) total points for the entire subsection were assigned to 1C-15a is unknown.

Q. 1C-15a Racial Disparities Assessment Results

Continuum of Care	Max Points	Points	People of different races or ethnicities are more likely to receive homeless assistance	People of different races or ethnicities are less likely to receive homeless assistance	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance	There are no racial or ethnic disparities in the provision or outcome of homeless assistance	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance
Glendale	7	5.5	No	Yes	Yes	No	No	Yes
Imperial	7	5.5	Yes	No	Yes	No	Yes	Yes
Kern	7	7	Yes	No	No	Yes	No	Yes
Long Beach	7	7	No	No	Yes	Yes	No	No
Los Angeles	7	7	Yes	Yes	Yes	Yes	No	No
Orange	7	7	Yes	Yes	Yes	Yes	No	No
Pasadena	7	7	Yes	Yes	Yes	Yes	No	No
Riverside	7	7	Yes	Yes	Yes	Yes	Yes	No
San Bernardino	7	7	Yes	Yes	Yes	Yes	No	No
San Diego	7	7	No	Yes	No	No	No	No
San Luis Obispo	7	7	No	No	No	No	No	Yes
Santa Barbara	7	7	Yes	Yes	No	Yes	No	No
Ventura	7	5.5	Yes	Yes	Yes	Yes	No	No

SoCal CoC answers to **1C-15b. Strategies to Address Racial Disparities** are noted in the following table.

Ten (10) CoCs received seven (7) out of seven (7) points. Three (3) CoCs received 5.5 points out of seven (7) points. How many of the seven (7) total points for the entire subsection were assigned to 1C-15a is unknown.

The three (3) CoCs that lost points could have lost points because of their qualitative answer to **1C-15c. Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment**, which was based on the following request for information:

- *Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.*

1C-15b.

CoC	Max Pts	Pts	CoC's board and decisionmaking bodies are representative of the population served in the CoC	CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in CoC.	CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups	CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness	CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector	CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity	CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness	CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system	CoC is conducting additional research to understand the scope and needs of different races and ethnicities experiencing homelessness
Glendale	7	5.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Imperial	7	5.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kern	7	7	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Long Beach	7	7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Los Angeles	7	7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Orange	7	7	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Pasadena	7	7	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Riverside	7	7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
San Bernardino	7	7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
San Diego	7	7	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
San Luis Obispo	7	7	No	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Santa Barbara	7	7	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Ventura	7	5.5	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes

High Priority CoC Application Questions (Con't)

The next Sub-Section is **Sub-Section 1. 1D. Addressing COVID-19 in the CoC's Geographic Area.**

HUD noted that the maximum number of points for this subsection was 21.5. HUD provided the total number of points that each CoC received in the debriefing summary sent to each CoC.

HUD did list the following questions/requests for information under this subsection in each CoCs debriefing summary. However, HUD did not provide the number of points that each CoC received for each of these questions/requests for information.

- 1D-1. Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.
- 1D-2. Improving Readiness for Future Public Health Emergencies.
- 1D-3. CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.
- 1D-4. CoC Coordination with Mainstream Health.
- 1D-5. Communicating Information to Homeless Service Providers.
- 1D-6. Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.
- 1D-7. Addressing Possible Increases in Domestic Violence.
- 1D-8. Adjusting Centralized or Coordinated Entry System.

HUD did provide the maximum points available for this subsection and the total points the CoC received in the debriefing summary sent to each CoC. See following table for a summary.

CoC	Maximum Points	Points Received
Glendale	21.5	11
Imperial	21.5	16.5
Kern	21.5	20
Long Beach	21.5	20.5
Los Angeles	21.5	21
Orange	21.5	16
Pasadena	21.5	18
Riverside	21.5	17
San Bernardino	21.5	21.5
San Diego	21.5	20.5
San Luis Obispo	21.5	21
Santa Barbara	21.5	16
Ventura	21.5	18

High Priority CoC Application Questions (Con't)

The next Sub-Section is **Sub-Section 1. 1E. Project Review, Ranking, and Selection**

This Sub-Section includes **1E-2. Project Review and Ranking Process Your CoC Used in Its Local Competition** and **1E-2a. Project Review and Ranking Process—Addressing Severity of Needs and Vulnerabilities.**

HUD noted that the maximum number of points for this subsection was 22. HUD provided the total number of points that each CoC received in the debriefing summary sent to each CoC.

HUD did list questions/requests for information under **1E-2. Project Review and Ranking Process Your CoC Used in Its Local Competition** in each CoCs debriefing summary. However, HUD did not provide the number of points that each CoC received for each of the questions/requests for information, which are noted in the table below. The table does note “yes” and “no” answers by each CoC.

1E-2a. Project Review and Ranking Process—Addressing Severity of Needs and Vulnerabilities included the following two questions/requests for information. However, HUD required qualitative, not quantitative, answers unlike 1E-2 as noted in the table below.

- Specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects
- Considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area

Five of 13 SoCal CoCs received 22 out of 22 points and did not lose any points because of their answers to 1E-2 and 1E-2a. Eight CoCs did lose points either because of their answers to 1E-2 and/or 1E-2a.

1E-2: Project Review and Ranking Process Your CoC Used in Its Local Competition

Continuums of Care	Max Pts	Pts	Established total points available for each project application type	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness)	Used data from a comparable database to score projects submitted by victim service providers	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing
Glendale	22	22	Yes	Yes	Yes	Yes	Yes	Yes
Imperial	22	20	Yes	Yes	Yes	Yes	Yes	Yes
Kern	22	22	Yes	Yes	Yes	Yes	Yes	Yes
Long Beach	22	16	Yes	Yes	Yes	Yes	Yes	Yes
Los Angeles	22	21.5	Yes	Yes	Yes	Yes	Yes	No
Orange	22	22	Yes	Yes	Yes	Yes	Yes	Yes
Pasadena	22	20	Yes	Yes	Yes	Yes	Yes	Yes
Riverside	22	20	Yes	Yes	Yes	No	Yes	Yes

San Bernardino	22	20	Yes	Yes	Yes	No	Yes	Yes
San Diego	22	22	Yes	Yes	Yes	Yes	Yes	Yes
San Luis Obispo	22	21	Yes	Yes	Yes	Yes	Yes	Yes
Santa Barbara	22	22	Yes	Yes	Yes	Yes	Yes	Yes
Ventura	22	21	Yes	Yes	Yes	Yes	Yes	Yes

High Priority CoC Application Questions (Con't)

The next Sub-Section is **Sub-Section 2A. Homeless Management Information System (HMIS) Bed Coverage**

This Sub-Section includes **2A-5. Bed Coverage Rate—Using HIC, HMIS Data** and **2A-5b. Bed Coverage Rate in Comparable Databases.**

This Sub-Section also includes **2A-6 Longitudinal System Analysis (LSA) Submission in HDX 2.0.** CoCs were asked *Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?*

The maximum points for 2A-6 were two (2) points. **Note: All 13 SoCal CoCs received two (2) points.**

The maximum number of points for 2A-5 and 2A-5b were six (6) points. HUD did not provide separate points for 2A-5 and 2A-5b.

Regarding **2A-5. Bed Coverage Rate—Using HIC, HMIS Data.** CoCs were asked to enter their Total Beds in 2021 HIC, Total Beds in HIC Dedicated for DV, and Total Beds in HMIS for ES, SH, TH, RRH, PSH, and OPH and the percentage of HMIS Bed Coverage Rate for each bed type was automatically generated.

The percentage of HMIS Bed Coverage Rate that was automatically generated for each bed type is noted in the table below.

The total bed coverage rate minus DV beds for ES, SH, TH, RRH, PSH, and OPH for each CoC was added to the table below. HUD did not calculate this total bed coverage rate minus DV beds.

HUD awarded points, as noted on p. 73 of NOFO, if “At least 85 percent of the beds in the CoC's geographic area are covered in HMIS.”

HUD also stated “To receive partial credit, if the bed coverage rate is below 85 percent, the CoC must provide clear steps on how it intends to increase this percentage over the next 12 months.”

The following table provides the percentage of HMIS Bed Coverage Rate automatically calculated by HUD for each bed type. Percentages less than 85% are noted in red.

2A-5:

CoC	Max Pts	Pts	% of HMIS Bed Coverage Rate					
			ES %	SH %	TH %	RRH %	PSH %	OPH %
Glendale	6	6	104	No beds	0	100	100	No beds
<i>Total Bed Coverage Rate minus DV beds: 294 non-DV beds in HIC/297 non-DV beds in HMIS = 99.0%</i>								
Imperial	6	4	100	No beds	100	100	0.0	No beds
<i>Total Bed Coverage Rate minus DV beds: 474 non-DV beds in HIC/229 non-DV beds in HMIS = 48.3%</i>								
Kern	6	5	104	No beds	118	93	90	110
<i>Total Bed Coverage Rate minus DV beds: 3,838 non-DV beds in HIC/3,592 non-DV beds in HMIS = 93.6%</i>								
Long Beach	6	6	100	100	100	100	100	100
<i>Total Bed Coverage Rate minus DV beds: 3,034 non-DV beds in HIC/2,756 non-DV beds in HMIS = 90.8%</i>								
Los Angeles	6	4	77	85	54	99	60	74
<i>Total Bed Coverage Rate minus DV beds: 56,757 non-DV beds in HIC/40,426 non-DV beds in HMIS = 71.2%</i>								
Orange	6	1.5	86	No beds	63	100	94	100
<i>Total Bed Coverage Rate minus DV beds: 6,448 non-DV beds in HIC/5,702 non-DV beds in HMIS = 88.4%</i>								
Pasadena	6	6	100	No beds	100	100	96	No beds
<i>Total Bed Coverage Rate minus DV beds: 587 non-DV beds in HIC/571 non-DV beds in HMIS = 97.2%</i>								
Riverside	6	6	107	No beds	145	100	100	No beds
<i>Total Bed Coverage Rate minus DV beds: 2,617 non-DV beds in HIC/2,694 non-DV beds in HMIS = 102.9%</i>								
San Bernardino	6	6	94	100	69	100	100	No beds
<i>Total Bed Coverage Rate minus DV beds: 4,602 non-DV beds in HIC/4,493 non-DV beds in HMIS = 97.6%</i>								
San Diego	6	6	99	100	92	98	100	90
<i>Total Bed Coverage Rate minus DV beds: 14,527 non-DV beds in HIC/14,264 non-DV beds in HMIS = 98.2%</i>								
San Luis Obispo	6	6	100	N/A	0	96	98	100
<i>Total Bed Coverage Rate minus DV beds: 970 non-DV beds in HIC/938 non-DV beds in HMIS = 96.7%</i>								
Santa Barbara	6	1.5	67	N/A	83	84	54	59
<i>Total Bed Coverage Rate minus DV beds: 2,122 non-DV beds in HIC/1,352 non-DV beds in HMIS = 63.7%</i>								
Ventura	6	4.5	71	100	57	100	57	No beds
<i>Total Bed Coverage Rate minus DV beds: 1,575 non-DV beds in HIC/2,147 non-DV beds in HMIS = 73.3%</i>								

HUD awarded points, as noted on p. 73 of NOFO, if “At least 85 percent of the beds in the CoC's geographic area are covered in HMIS and comparable databases.”

The next table notes that nine (9) of 13 SoCal CoCs had a percent greater than 85%. Percentages less than 85% are noted in red.

The loss of points could be for a % of HMIS Bed Coverage Rate that is less than 85% noted in the table above and/or for a percentage of less than 85% noted in the table below.

2A-5b. Bed Coverage Rate in Comparable Databases

CoC	Max Pts	Pts	Enter the percentage of beds covered in comparable databases in your CoC's geographic area
Glendale	6	6	100%
Imperial	6	4	100%
Kern	6	5	0%
Long Beach	6	6	100%
Los Angeles	6	4	51%
Orange	6	1.5	27%
Pasadena	6	6	100%
Riverside	6	6	100%
San Bernardino	6	6	100%
San Diego	6	6	92%
San Luis Obispo	6	6	100%
Santa Barbara	6	1.5	100%
Ventura	6	4.5	0%

High Priority CoC Application Questions (Con't)

The last of the six Sub-Sections is **Sub-Section 2C. System Performance**

This Sub-Section focuses on the following System Performance Measures

- 2C-1. Reduction in the Number of First Time Homeless
- 2C-2. Length of Time Homeless
- 2C-3. Exits to Permanent Housing Destinations/Retention of Permanent Housing
- 2C-4. Returns to Homelessness
- 2C-5. Increasing Employment Cash Income
- 2C-5a. Increasing Employment Cash Income–Workforce Development–Education–Training
- 2C-5b. Increasing Non-employment Cash Income

There are no comparative tables for this last Sub-Section because the questions/responses for information was qualitative and not quantitative.

A comparison of the maximum number of points to the awarded number of points for each CoC is included in the Excel spreadsheet that was included along with this Word document in an email sent to SoCal CoC leaders.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Max Score	Glen-dale	Imperial County	Kern County	Long Beach	Los Angeles	Orange County	Pasa-dena	Riverside County	San Ber-nardino	San Diego County	San Luis Obispo	Santa Barbara	Ventura County
2	Scoring Category														
3	1B. and 1C. CoC Coordination and Engagement	74.5	65.5	45	58.5	56	73	67.5	58.5	71.5	71.5	68.5	64.5	61	57
4	1D. Addressing COVID-19 in the CoC's Geographic Area	21.5	11	16.5	20	20.5	21	19.5	18	17	21.5	20.5	21	16	18
5	1E. Project Capacity, Review, and Ranking	30	28.5	26.5	30	23	29	19.5	28	27	27	30	29	29.5	28
6	2A. Homeless Management Information System	11	11	9	9	11	7	9	10	11	11	10	10	5.5	7.5
7	2B. Point-in-Time Count	3	3	3	3	3	3	3	3	3	3	3	3	3	3
8	2C. System Performance	23	15.5	12.5	20	20.25	21	20.75	20.5	18.75	19.75	15.75	19.5	16.25	18
9	3A. Coordination with Housing and Healthcare Bonus Points	10	0	0	10	5	10	10	10	10	10	7	5	0	10
10	Total CoC Application Score*	173	134.5	112.5	150.5	138.75	164	149.25	148	158.25	163.75	154.75	152	131.25	141.5
11	*The total does not include bonus scores.														
12															
13	1B. and 1C. CoC Coordination and Engagement	74.5													
14															
15	1B-1. Inclusive Structure and Participation—Participation in	1													
16	Coordinated Entry														
17	1B-2. Open Invitation for New Members	1													
18	1B-3. CoC's Strategy to Solicit/Consider Opinions on Preventing														
19	and Ending Homelessness														
20	1B-4. Public Notification for Proposals from Organizations Not														
21	Previously Funded														
22															
23	1C-1. Coordination with Federal, State, Local, Private, and	2													
24	Other Organizations														
25	1C-2. CoC Consultation with ESG Program Recipients														
26	1C-3. Ensuring Families are not Separated	2													
27	1C-4. CoC Collaboration Related to Children and Youth—	3													
28	SEAs, LEAs, Local Liaisons & State Coordinators														
29	1C-4a. CoC Collaboration Related to Children and Youth—														
30	Educational Services—Informing Individuals and Families														
31	Experiencing Homelessness about Eligibility														
32	1C-4b. CoC Collaboration Related to Children and Youth—														
33	Educational Services—Written/Formal Agreements or														
34	Partnerships with Early Childhood Services Providers														
35	1C-5. Addressing Needs of Domestic Violence, Dating Violence,	5													
36	Sexual Assault, and Stalking Survivors—Annual Training—														
37	Safety and Best Practices														
38	1C-5a. Addressing Needs of Domestic Violence, Dating Violence,														
39	Sexual Assault, and Stalking Survivors—Using														
40	De-identified Aggregate Data														

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1		Max Score	Glen-dale	Imperial County	Kern County	Long Beach	Los Angeles	Orange County	Pasa-dena	Riverside County	San Ber-nardino	San Diego County	San Luis Obispo	Santa Barbara	Ventura County
41	1C-5b. Addressing Needs of Domestic Violence, Dating Violence,														
42	Sexual Assault, and Stalking Survivors—Coordinated Assessment—														
43	Safety, Planning, and Confidentiality Protocols.														
44	1C-6. Addressing the Needs of Lesbian, Gay, Bisexual,	5													
45	Transgender—Anti-Discrimination Policy and Training.														
46	1C-7. Public Housing Agencies within Your CoC's Geographic Area—	10													
47	New Admissions—General/Limited Preference—														
48	Moving On Strategy. You Must Upload an														
49	Attachment(s) to the 4B. Attachments Screen														
50	1C-7a. Written Policies on Homeless Admission Preferences with PHAs														
51	1C-7b. Moving On Strategy with Affordable Housing Providers														
52	1C-7c. Including PHA-Funded Units in CoC's Coordinated Entry System														
53	1C-7c.1. Method for Including PHA-Funded Units in														
54	Your CoC's Coordinated Entry System														
55	1C-7d. Submitting CoC and PHA Joint Applications for														
56	Funding for People Experiencing Homelessness														
57	1C-7d.1. CoC and PHA Joint Application—Experience—Benefits														
58	1C-7e. Coordinating with PHA(s) to Apply for or Implement HCV														
59	Dedicated to Homelessness Including American Rescue Plan Vouchers														
60	1C-7e.1. Coordinating with PHA(s) to Administer Emergency Housing														
61	Voucher (EHV) Program—List of PHAs with MOUs														
62	1C-8. Discharge Planning Coordination	3													
63	1C-9. Housing First—Lowering Barriers to Entry	10	10	8	10	10	10	9	10	10	10	10	9	9	9
64	1C-9a. Housing First—Project Evaluation														
65	1C-9b. Housing First—Veterans. Not Scored—For Information Only														
66	1C-10. Street Outreach—Scope	3	3	3	3	3	3	0	3	3	3	0	3	0	1.5
67	1C-11. Criminalization of Homelessness	2													
68	1C-12. Rapid Rehousing—RRH Beds as Reported in the	10	10	0	0	0	10	10	0	10	10	10	10	10	0
69	Housing Inventory Count (HIC)														
70	1C-13. Mainstream Benefits and Other Assistance—	4													
71	Healthcare—Enrollment/Effective Utilization														
72	1C-13a. Mainstream Benefits & Other Assistance—Information & Training														
73	1C-14. Centralized or Coordinated Entry System—Assessment Tool.	3													
74	You Must Upload an Attachment to the 4B. Attachments Screen														
75	1C-15. Promoting Racial Equity in Homelessness—	7	5.5	5.5	7	7	7	7	7	7	7	7	7	7	5.5
76	Assessing Racial Disparities														
77	1C-15a. Racial Disparities Assessment Results														

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1		Max Score	Glen-dale	Imperial County	Kern County	Long Beach	Los Angeles	Orange County	Pasa-dena	Riverside County	San Ber-nardino	San Diego County	San Luis Obispo	Santa Barbara	Ventura County
78	1C-15b. Strategies to Address Racial Disparities														
79	1C-15c. Promoting Racial Equity in Homelessness Beyond														
80	Areas Identified in Racial Disparity Assessment.														
81	1C-16. Persons with Lived Experience–Active CoC Participation	1													
82	1C-17. Promoting Volunteerism and Community Service	2													
83															
84	1D. Addressing COVID-19 in the CoC’s Geographic Area	21.5	11	16.5	20	20.5	21	16	18	17	21.5	20.5	21	16	18
85															
86	How CoCs addressed challenges resulting from the outbreak of COVID-19														
87	affecting individuals and families experiencing homelessness.														
88															
89	1D-1. Safety Protocols Implemented to Address Immediate Needs														
90	of People Experiencing Unsheltered, Congregate Emergency														
91	Shelter, Transitional Housing Homelessness.														
92	1D-2. Improving Readiness for Future Public Health Emergencies														
93	1D-3. CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds														
94	1D-4. CoC Coordination with Mainstream Health														
95	1D-5. Communicating Information to Homeless Service Providers														
96	1D-6. Identifying Eligible Persons Experiencing Homelessness														
97	for COVID-19 Vaccination														
98	1D-7. Addressing Possible Increases in Domestic Violence														
99	1D-8. Adjusting Centralized or Coordinated Entry System														
100															
101	1E. Project Capacity, Review, and Ranking														
102															
103	1E-2. and 1E-2a. Project Review and Ranking Process Your	22	22	20	22	16	21.5	22	20	20	20	22	21	22	21
104	CoC Used in Its Local Competition														
105															
106	These questions assessed whether your CoC used objective														
107	criteria and past performance to review and rank projects based														
108	on required attachments.														
109															
110	1E-2:														
111	1. Established total points available for each project application type.		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
112															
113	2. At least 33 percent of the total points were based on objective criteria		Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
114	for the project application (e.g., cost effectiveness, timely draws, utilization														
115	rate, match, leverage), performance data, type of population served														
116	(e.g., DV, youth, Veterans, chronic homelessness), or type of housing														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Max Score	Glen-dale	Imperial County	Kern County	Long Beach	Los Angeles	Orange County	Pasa-dena	Riverside County	San Ber-nardino	San Diego County	San Luis Obispo	Santa Barbara	Ventura County
117	proposed (e.g., PSH, RRH)														
118															
119	3. At least 20 percent of the total points were based on system performance		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
120	criteria for the project application (e.g., exits to permanent housing														
121	destinations retention of permanent housing, length of time homeless,														
122	returns to homelessness)														
123															
124	4. Used data from a comparable database to score projects submitted														
125	by victim service providers		Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
126															
127	5. Used objective criteria to evaluate how projects submitted by														
128	victim service providers improved safety for the population they serve		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
129															
130	6. Used a specific method for evaluating projects based on the														
131	CoC's analysis of rapid returns to permanent housing		Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
132															
133	1E-2a:														
134	1. Specific severity of needs and vulnerabilities your CoC														
135	considered when ranking and selecting projects														
136	2. Considerations your CoC gave to projects that provide housing and														
137	services to the hardest to serve populations that could result in lower														
138	performance levels but are projects your CoC needs in its geographic area														
139															
140	2A. Homeless Management Information System (HMIS) Bed Coverage														
141															
142	2A-5. Bed Coverage Rate—Using HIC, HMIS Data	6	6	4	5	6	4	1.5	6	6	6	6	6	1.5	4.5
143	2A-5b. Bed Coverage Rate in Comparable Databases														
144	2A-6. Longitudinal System Analysis (LSA) Submission in HDX 2.0	2	2	2	2	2	2	2	2	2	2	2	2	2	2
145	Did your CoC submit LSA data to HUD in HDX 2.0 by														
146	January 15, 2021, 8 p.m. EST?														
147															
148	2C. System Performance														
149															
150	2C-1. Reduction in the Number of First Time Homeless	3	1	2	3	2	3	2	3	2	2	3	2.5	2	1
151	We scored this question based on data your CoC submitted in HDX														
152	and your narrative response														
153	Describe in the field below:														
154	1. how your CoC determined which risk factors your CoC uses to														
155	identify persons becoming homeless for the first time														
156	2. how your CoC addresses individuals and families														

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1		Max Score	Glen-dale	Imperial County	Kern County	Long Beach	Los Angeles	Orange County	Pasa-dena	Riverside County	San Ber-nardino	San Diego County	San Luis Obispo	Santa Barbara	Ventura County
157	at risk of becoming homeless;														
158	3. provide the name of the organization or position title that is														
159	responsible for overseeing your CoC's strategy to reduce the														
160	number of individuals and families														
161	experiencing homelessness for the first time														
162	or to end homelessness for individuals and families.														
163															
164	2C-2. Length of Time Homeless.	6	3.5	0	5	5	6	5	5	5	5	5.5	5	5	5
165	We scored this question based on data your CoC submitted														
166	in HDX and your narrative response														
167	Describe in the field below:														
168	1. your CoC's strategy to reduce the length of time individuals														
169	and persons in families remain homeless;														
170	2. how your CoC identifies and houses individuals and persons														
171	in families with the longest lengths of time homeless														
172	3. provide the name of the organization or position title that is														
173	responsible for overseeing your CoC's strategy to reduce the														
174	length of time individuals and families remain homeless.														
175															
176	2C-3. Exits to Permanent Housing Destinations/	5	4.5	4.5	5	5	4.5	5	5	5	5	2.5	4.5	5	5
177	Retention of Permanent Housing.														
178	We scored this question based on data your CoC submitted														
179	in HDX and your narrative response														
180	Describe in the field below how your CoC will increase the rate that														
181	individuals and persons in families residing in:														
182	1. emergency shelter, safe havens, transitional housing, and														
183	rapid rehousing exit to permanent housing destinations														
184	2. permanent housing projects retain their permanent housing														
185	or exit to permanent housing destinations.														
186															
187	2C-4. Returns to Homelessness	4	3	3	3	4	3.5	1	4	3	4	1	3	1	3.5
188	We scored this question based on data your CoC submitted in HDX														
189	and your narrative response														
190	Describe in the field below:														
191	1. how your CoC identifies individuals and families who return														
192	to homelessness;														
193	2. your CoC's strategy to reduce the rate of														
194	additional returns to homelessness;														
195	3. provide the name of the organization or position title that is														
196	responsible for overseeing your CoC's strategy to reduce the														

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1		Max Score	Glen-dale	Imperial County	Kern County	Long Beach	Los Angeles	Orange County	Pasa-dena	Riverside County	San Ber-nardino	San Diego County	San Luis Obispo	Santa Barbara	Ventura County
197	rate individuals and persons in families return to homelessness.														
198															
199	2C-5. Increasing Employment Cash Income	4	2.5	2	4	3.75	4	2.25	2.5	3.75	3.75	3.75	4	2.25	3.5
200	We scored this question based on data your CoC submitted in HDX														
201	and your narrative response.														
202	2C-5a. Increasing Employment Cash Income–Workforce														
203	Development–Education–Training.														
204	2C-5b. Increasing Non-employment Cash Income.														
205															
206	3A. Coordination with Housing and Healthcare Bonus Points	10	0	0	10	5	10	10	10	10	10	7	5	0	10
207															
208	3A-1. Is your CoC applying for a new PSH or RRH project(s) that uses														
209	housing subsidies or subsidized housing units which are not funded														
210	through the CoC or ESG Programs to help individuals and families														
211	experiencing homelessness?		No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
212															
213	3A-1a. New PH-PSH/PH-RRH Project–Leveraging Housing Commitment:														
214	Private organizations		No	No	No	No	No	Yes	No	No	Yes	Yes	No	No	No
215	State or local government		No	No	No	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No
216	Public Housing Agencies including use of a set aside or limited		No	No	Yes	No	No	Yes	Yes	No	No	Yes	No	No	No
217	preference Faith-based organizations		No	No	No	No	No	No	No	No	No	No	No	No	Yes
218	Federal programs other than the CoC or ESG Programs		No	No	No	No	No	No	Yes	No	Yes	No	No	No	No
219															
220	3A-2. New PSH/RRH Project–Leveraging Healthcare Resources.														
221	Is your CoC applying for a new PSH or RRH project that uses healthcare														
222	resources to help individuals and families experiencing homelessness?		No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
223															
224	3A-2a. Written Agreements–Value of Commitment–Project Restrictions														
225	Did your CoC obtain a formal written agreement?		No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
226	Is project eligibility for program participants in the new PH-PSH or														
227	PH-RRH project based on CoC Program fair housing requirements														
228	by the health care service provider?		No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
229															
230	3A-3. Leveraging Housing Resources–Leveraging Healthcare Resources–														
231	List of Projects.														
232	Enter information on each project		No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes