Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: CA-506 - Salinas/Monterey, San Benito Counties CoC

1A-2. Collaborative Applicant Name: Coalition of Homeless Services Providers

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Coalition of Homeless Services Providers

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	**Affordable Housing Developer(s)**	Yes	Yes	Yes
2.	**Agencies serving survivors of human trafficking**	Yes	No	Yes
3.	**CDBG/HOME/ESG Entitlement Jurisdiction**	Yes	Yes	Yes
4.	**CoC-Funded Victim Service Providers**	Nonexistent	No	No
5.	**CoC-Funded Youth Homeless Organizations**	Yes	Yes	Yes
6.	**Disability Advocates**	Yes	No	Yes
7.	**Disability Service Organizations**	Yes	No	Yes
8.	**Domestic Violence Advocates**	Yes	No	Yes
9.	**EMS/Crisis Response Team(s)**	Yes	No	No
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	No	No	No
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent	No	No
13.	**Law Enforcement**	Yes	No	No
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	No
15.	**LGBT Service Organizations**	Yes	Yes	No
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	No	No	No
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	No	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	No	Yes
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	Yes	Yes	No
24.	**Organizations led by and serving people with disabilities**	Yes	No	Yes
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	Yes
28.	**Street Outreach Team(s)**	Yes	No	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Faith Community	Yes	Yes	No
34.	Philanthrophy	Yes	Yes	No

1B-2.	**Open Invitation for New Members.**	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	**communicated the invitation process annually to solicit new members to join the CoC;**
2.	**ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
3.	**conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and**
4.	**invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).**

(limit 2,000 characters)

1.LMHCoC SOLICITS NEW MBRS to join CoC by: posting invite on CoC/CHSP website at least semi-annually; emailing invite with every CoC announcement to CoC listserv of approx 200 orgs, groups, jurisdictions, advocates & interested individuals; invite to join at LC MEETINGS, OTHER PUBLIC MEETINGS & FORUMS. LMHCoC conducts IN-PERSON OUTREACH to hard-to-reach populations, ppl w/lived experience & the following: H/LESS SERVICES, CBOs, FBOs, NON-PROFIT HSNG DEVS, LOCAL GOVTS, KEY CIVIC COMMUNITY LEADERS, H/LESS, VETS, VSPs, YOUTH/FOSTER CARE ADVOCATES, PHAs, MENTAL HLTH, SUBSTANCE ABUSE SERVICES, OTHER HEALTHCARE PROFESSIONALS, COLLEGES/UNIVERSITIES, SCHOOL DISTRICTS, EMPLOYERS, RELIGIOUS, BUSINESS LEADERS, LAW ENFORCEMENT/CORRECTIONAL. 2.To ENSURE EFFECTIVE COMMUNICATION w/ppl with disabilities, LMHCoC makes invites electronically available online & through email; all documents are available online in electronic format; large print docs provided upon request. LMHCoC partners & mbrs help distribute invitations to join CoC & conduct in-person outreach. Due to COVID-19 pandemic, virtual (not in-person) orientation provided to all new mbrs.

3.HOMELESS REP: CHSP conducts IN-PERSON OUTREACH to h/less ENCAMPMENTS to help ID potential LEADERS & INVITES to join CoC. Partners help ID H/LESS OR FORMERLY H/LESS INDIVIDUALS & invite to join CoC. One member of the LC has lived experience. LMHCoC is creating a Lived Experience Advisory Board which will include 8-10 people. 4.INVITE CULTURALLY SPECIFIC COMMUNITIES: CoC works closely with MBRS & PARTNERS to reach agencies serving culturally-specific communities (Latinix, Black/African Americans, American Indian, and Asian). CHSP staff participate on culturally-specific committees & board of Regions Rise Together (RRT), an org focused on supporting racially & economically diverse & sustainable communities. This relationship helps elevate CoC visibility & cross-inform CoC and RRT strategies related to housing, h/lessness & racial equity.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1.LMHCoC SOLICIT/CONSIDER OPINION FROM ARRAY OF ORGS w/knwldge of h/lessness or interest in prevent & end h/lessness at Leadership Council (LC) mtgs held 6 times/year. LC, COC MBRS & PARTNERS, incl. LOCAL GOVT, BUSINESS, CBO, FBO; YOUTH, VETERAN, DISABILITY, LEGAL ADVCTS; AFFORDABLE HSNG, HLTHCARE, EDUC REPS provide input on h/less issues at COC MTGS. CoC invites OPEN DIALOGUE & gives time for PUBLIC COMMENT AT COC MTGS. 7 COMMUNITY (COMM) SESSIONS (SESS) in 2020 to update 5-year Plan to End H/lessness, get feedback on system priorities (h/less prevention, unsheltered h/less response, ES, permanent hsng). Unsheltered SESS: encampment residents connected live to other SESS participants to share their experience & needs. CoC & Second Nature (environment org) working on a paper re impact of h/lessness on envirnmnt. 2.LMHCoC COMMUNICATES INFO RE H/LESSNESS ISSUES IN PUBLIC COC MTGS & other forums to CoC mbrs, electeds & public VIA EMAIL BLASTS, CoC WEBSITE & FACEBOOK, incl info on CoC PROGRAMS, FUNDING OPPORTUNITIES, AWARDS, MTG AGENDAS, MINUTES, COMMITTEE UPDATES, H/LESS DATA. In CoC mtgs, mbrs discuss PIT, HIC, HMIS data, project outcomes/performance, client feedback. CoC presents at Board of Supervisors & city council mtgs on h/less issues. CoC is preparing to release COMM-facing h/lessness data dashboard. CoC is collaborating w/ESG recipients, Monterey & San Benito counties to host SUMMIT ON H/LESSNESS in Spring 2021 for all electeds; topics incl 5-year plan overview, proposed jx policies to improve h/less intervention & increase hsng production. 3.LMHCoC CONSIDERS INFO FROM PUBLIC MTGS: CoC used feedback from COMM SESSs to update 5-year Plan to End H/lessness, set goals, priorities, & strategies (i.e. reduce the number of h/less by 50% over 5 years). PPL living in RVs attend LC mtgs to inform CoC, counties & cities on lack of safe parking for

RVs - CoC formed Ad Hoc RV committee to identify land & other resources for safe RV parking w/access to srvcs.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1.OPEN COMPETITION & ACCEPTING APPS: 9/10/21 LMHCoC posted on CoC website, Facebook & CoC listserv (incl 200+ individuals, CBOs, FBOs, local govts, PHAs, educational partners) a NOFO ANNOUNCEMENT (ANN.) & SOLICITATION & INVITE FOR ALL AGENCIES, INCL NEW AGENCIES NOT PREVIOUSLY FUNDED, to apply. ANN. incl LOCAL COMPETITION RANKING PROCESS, SCORING TOOLS, APP SUBMISSION INSTRUCTION & DEADLINE. 2. LMHCOC CONSIDERED NEW AGENCIES: CoC ANN. encouraged NEW AGENCIES NOT PREVIOUSLY FUNDED to apply for CoC funds; developed and publicized on CoC website & in all other ANNS the NEW PROJECT SCORING TOOL, NEW PROJECT SUPPLEMENTAL QUESTIONS, NEW PROJECT APP INSTRUCTIONS. CoC provided online technical assistance (TA) workshop for all CoC applicants which incl info & materials for NEW PROJECT. CoC received 4 new project apps in 2021. 3. SUBMITTING APPS: All projects were instructed to submit apps to CoC for review by 10/1/2021. Applicants were provided access to TA handbook & other resources incl instructions on HUD NOFO requirements, project requirements, esnaps application process. CoC offered TA to all applicants. 4. REVIEW PROCESS: Applications were submitted for REVIEW AND RANKING TO A NEUTRAL RATING PANEL; were scored & ranked per local scoring criteria approved by LMHCoC Leadership Council & made publicly available on CoC website. Rating Panel reviewed & ranked projects based on objective performance measures, incl APR, HUD or CoC findings, grant expenditures, CoC participation, HMIS participation & local priorities. Final project ranking list was presented to CoC Board for final approval. 5. ACCESSIBLE COMMUNICATION: CoC ensures effective communication w/ppl w/disabilities by providing electronic versions of NOFO invite & local process on CoC website, providing phone number & email address for ppl to request docs in large print or easy to read w/assistive tech format. CoC held an online TA workshop for prospective applicants w/live transcript.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

	In the chart below:
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**
2.	**select Nonexistent if the organization does not exist within your CoC's geographic area.**

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	**Funding Collaboratives**	Yes
2.	**Head Start Program**	No
3.	**Housing and services programs funded through Local Government**	Yes
4.	**Housing and services programs funded through other Federal Resources (non-CoC)**	Yes
5.	**Housing and services programs funded through private entities, including Foundations**	Yes
6.	**Housing and services programs funded through State Government**	Yes
7.	**Housing and services programs funded through U.S. Department of Health and Human Services (HHS)**	Yes
8.	**Housing and services programs funded through U.S. Department of Justice (DOJ)**	Yes
9.	**Housing Opportunities for Persons with AIDS (HOPWA)**	Yes
10.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes
12.	**Organizations led by and serving LGBT persons**	Yes
13.	**Organizations led by and serving people with disabilities**	Yes
14.	**Private Foundations**	Yes
15.	**Public Housing Authorities**	Yes
16.	**Runaway and Homeless Youth (RHY)**	Yes
17.	**Temporary Assistance for Needy Families (TANF)**	Yes
	Other:(limit 50 characters)	

18.		

1C-2.	**CoC Consultation with ESG Program Recipients.**	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	**consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;**
2.	**participated in evaluating and reporting performance of ESG Program recipients and subrecipients;**
3.	**provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and**
4.	**provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.**

(limit 2,000 characters)

1.COC CONSULT W/ESG TO PLAN/ALLOCATE ESG FUNDS: LMHCoC & Salinas (ESG admin) coordinate in ALLOCATING ESG FUNDS to fill gaps in srvcs. CoC & ESG PLAN ESG ACTIVITIES, DEVELOP LOCAL ESG PRIORITIES, CRAFT ESG RFP to align ESG & CoC activities & strategies. CSHP (Collaborative Applicant) participates in ESG Rating Panel to review ESG project apps based on performance & local priorities. Leadership Council (LC) votes on ESG panel recommendations (recom). ESG CV: CoC funding committee (Monterey County (MC) Health Dept, MC DSS, San Benito HHS, community foundations, City of Salinas, & other funders) analyzed ESG CV uses, state funds (HEAP, HHAP) uses & developed recom for use of ESG CV to fill gaps in srvcs: emergency shelter/motel vouchers/trailers, sanitation/hygiene supplies, street outreach, other uses to minimize COVID-19 spread & help h/less to shelter in place. 2. CoC EVALUATES ESG PERFORMANCE: LMHCoC applies continuum-wide PERFORMANCE MEASURES (LOT h/less, returns to h/lessness, bed coverage, job & income growth) to eval ESG programs during ESG competition. CHSP sits on ESG RFP panel to eval ESG programs during local competition. CoC also REVIEWS ESG PROGRAM PERFORMANCE through CES, HMIS, & ESG CAPER/SAGE data & meets w/ ESG recipient/subrecipients to provide TA, training. Projects that do not meet performance benchmarks must complete a Performance Improvement Plan & may be excluded from community application. 3. PROVIDE HIC/PIT TO CONSOLIDATED PLAN (CON PLAN) JX: Mayor of Salinas (ESG admin) is a voting member of LC, ESG staff regularly attend CoC mtgs where local homeless data, incl PIT & HIC are presented by CoC staff. 4. PROVIDED INFO TO CON PLAN JX TO BE ADDRESSED: CoC granted ESG admin system-level admin access to HMIS. ESG admin has access to live HMIS data & can run reports as needed. CoC & HMIS Lead collect & provide to ESG info to inform Con Plan, provide feedback on planning process & review final Plan for consistency w/CoC strategies & priorities.

1C-3.	**Ensuring Families are not Separated.**	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	No
3.	**Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.**	Yes
4.	**Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.**	Yes
5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	Yes
6.	**Other. (limit 150 characters)**	

1C-4.	**CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.**	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	**how your CoC collaborates with youth education providers;**
2.	**your CoC's formal partnerships with youth education providers;**
3.	**how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);**
4.	**your CoC's formal partnerships with SEAs and LEAs;**
5.	**how your CoC collaborates with school districts; and**
6.	**your CoC's formal partnerships with school districts.**

(limit 2,000 characters)

1.COLLAB W/YOUTH ED PROVIDERS: LMHCoC coordinated w/San Benito (SBC) & Monterey (MC) School Districts (SD) & Offices of Education (OE), educators & administrators across 3 Counties to address youth h/lessness (YHL): 100-day challenge (housed 40 youth), YHDP app (awarded $5.5m), develop strategies to solve YHL, incl creating youth CES, expanding youth hsng & srvcs. CoC youth liaison connects to youth & ed community, sits on Extended Opportunity Programs & Srvcs (EOPS) board of local colleges, partners with COEs & Guardian Scholars (org that supports college foster youth) to train teachers, counselors, health aids, administrators to support foster youth & connect students to h/less resources. 2.FORMAL PARTNER W/YOUTH ED PROVIDERS: LMHCoC has MOUs w/MC & SBC COEs to support YHDP app, incl participate in developing YHDP app, coordinate & implement Coordinated Community Plan, align existing programs & resources w/goals of the Plan, participate in Youth Advisory Board & CoC mtgs & community efforts to end YHL. MCOE H/less Srvcs Coordinator is a voting mbr of Leadership Council (LC). 3.COLLAB W/SEA/LEA: In addition to the above, MC Dept of Ed have dedicated staff to id & assess h/less families using VI-SPDAT & connect them CoC CES for help w/H&S. 4.FORMAL PARTNER W/SEA/LEA: In addition to the above, McKinney Vento Liaison for Dept of Ed is a voting mbr of LC. LMHCoC has the following MOUs w/MCOE: A) to facilitate client assessment & referrals in CES, & B) connect h/less individuals & families to EHV by making referrals to PHA & CES. MCOE H/less Srvcs Coordinator is a voting mbr of LC. 5.COLLAB W/SD: In addition to the above, all CoC SD helped to distribute food to encampments during COVID-19 pandemic, participated in youth system meetings, contributed data to inform the above efforts, & helped outreach to

youth experiencing h/lessness to inform strategies for solving YHL. 6.FORMAL PARTNER W/SD: a mbr of Salinas City Elementary SD is an alternate on LC.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

POLICIES INFORM HOMELESS FAMILIES RE ED SERVICES: Under the current LMHCoC policies, the CoC providers assisting families with children or unaccompanied youth must: A. Take the educational needs of children into account when placing families in housing and will attempt to place families with children as close as possible to their school of origin. B. Inform families with children and unaccompanied youth of their educational rights and provide written materials, help w/enrollment, and linkage to McKinney-Vento Liaisons as part of intake. C. Allow parents or unaccompanied youth to make decisions about school placement and not require transfer to a new school as a condition of receiving assistance. D. Not require children and unaccompanied youth to attend programs/services that would interfere with their regular school activities. E. Post notices of student's rights at each program site that serves homeless children and families in appropriate languages. F. Designate staff that will be responsible for: 1. Ensuring that homeless children and youth in their programs are in school and are receiving all educational services they are entitled to. 2. Coordinating with the CoC, the Department of Social Services, the County Office of Education, the McKinney-Vento Coordinator, the McKinney-Vento Educational Liaisons, and other mainstream providers as needed. In order to ensure compliance and to assist providers in meeting these requirements, the CoC provides annual trainings on these topics. All CoC-funded providers have dedicated staff to assess and regularly re-evaluate the educational and other needs of children participants, create an educational plan for each participant, work closely with the participating families to inform them of their ed rights, work directly with McKinney-Vento Homeless Liaisons to address the educational needs of children participants, incl. disability-related needs, tutoring, school and housing transfers, and behavioral challenges.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No

4.	**Early Head Start**	No	No
5.	**Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	No	No
6.	**Head Start**	No	No
7.	**Healthy Start**	No	No
8.	**Public Pre-K**	No	No
9.	**Tribal Home Visiting Program**	No	No
	Other (limit 150 characters)		
10.	MC & SBC Office of Education	Yes	Yes

1C-5.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	**Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and**
2.	**Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**

(limit 2,000 characters)

1.COC TRAINS PROGRAM STAFF: LMHCoC provides ANNUAL TRAININGS for CoC program staff on Violence Against Women Act (VAWA), emergency transfer process, confidentiality & privacy requirements, eviction & other protections for DV survivors under federal & CA laws. Last training was conducted by YWCA, a local VSP on October 19, 2021. The training included the following topics: definition of DV, DV stats & data, types of abuse, red flags, cycle of violence, why people stay in DV relationships, resources for DV survivors, & best practices when working with DV survivors. A representative from YWCA has joined the CoC & is instrumental in informing CoC policies & trainings for CoC program staff. 2.COC TRAINS CE STAFF: LMHCoC coordinated entry system (CARS) policies & procedures were developed in collaboration with Community Homeless Solutions & YWCA, the local victim shelter & services providers. LMHCoC conducts CARS training for new users, when CARS policies change, or a provider is failing to follow CARS policies. Such TRAININGS ARE HELD AT LEAST MONTHLY. Trainings include topics related to serving clients fleeing domestic violence (DV), such as the LOCAL PROTOCOLS for intake, assessment & referral of DV clients, CONFIDENTIALITY OF CLIENT INFORMATION, safety planning & emergency transfers, collaboration with VSPs outside of Monterey County, & BEST PRACTICES around client-centered, trauma-informed services, including providing services in a SAFE & CONFIDENTIAL ENVIRONMENT & AVOIDING RE-TRAUMATIZATION. CARS staff is also MENTORED & TRAINED ON THE JOB by partnering with local & out-of-county VSPs on individual cases to coordinate services & out-of-county transfers for DV survivors. CARS staff & Emmaus House, a VSP in San Benito County, partner to facilitate safety planning, emergency transfers, & services for clients who transfer out of Monterey for Safety reasons. CASE-BASED HANDS-ON LEARNING helps develop the expertise of CARS staff and improves services to DV survivors.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

DE-IDENTIFIED AGGREGATE DATA USED TO ASSESS DV NEEDS: LMHCoC utilizes a number of data sources to assess the scope of community needs related to domestic violence, dating violence, sexual assault, stalking and trafficking. Data sources include but are not limited to statistics from the CA Attorney General, statistics from Center for Disease Control, local HMIS data, local CES vulnerability information gathered through VI-SPDAT, homeless census statistics and data from the local YWCA and other providers serving those impacted by domestic violence. During the 2019 PIT count, surveys were conducted to determine the rate of domestic violence occurrence in individuals experiencing homelessness. 4% of those surveyed reported currently experiencing domestic violence while 26% reported to having a history of domestic violence or sexual assault or abuse. The PIT data and survey results were presented to LMHCoC Leadership Council and other stakeholders. To address the needs of domestic violence survivors, LMHCoC created special method of evaluating proposals from victim services providers and assigned additional points to new DV projects in the CoC competition. LMHCoC also works closely with VSPs in the area to inform decisions regarding programming for DV survivors and provides regular trainings to the CoC and ESG service providers to help address the needs of DV survivors.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1.PRIORITIZING SAFETY: Per LMHCoC CES Policies & Procedures (P&P) providers must PRIORITIZE SAFETY, CLIENT CHOICE & EQUITABLE ACCESS to hsng & srvcs for clients fleeing DV. CoC staff ID DV clients at intake & engage safety protocols. DV client have the option of a CONFIDENTIAL REFERRAL TO A VSP OR ANOTHER PROVIDER OF THEIR CHOICE. CES access agencies must coordinate w/VSPs on safety planning. Client intake & assessment must be administered on paper, client identifying info may not be entered into active list or HMIS. CoC & CES providers must attend trainings on DV protocols, survivor rights, best practices, safety planning, & trauma-informed/culturally appropriate srvcs at leaset annually.
2.EMERGENCY TRANSFER PLAN (ETP): CoC CES P&P incl EMERGENCY

TRANSFER PLAN (ETP) based on HUD model ETP for victims of DV & sexual assault who reas believe there is a threat of imminent violence if they remains in the unit. Clients may REQUEST A TRANSFER TO ANOTHER available safe unit based on a DV INCIDENT. Absent client's written consent, REQUEST & ANY INFO IN the REQUEST ARE CONFIDENTIAL. CARS staff COLLABORATE w/VSPs & other providers to facilitate CONFIDENTIAL REFERRALS, UNIT TRANSFERS, & SAFETY PLANS, incl hsng w/security, free cell phones, protected mailboxes, in-home training/medical care/legal srvcs, coordination w/Dept of Justice Victim Asst, alerts from Dist Attorney when abuser is released from custody. DV clients receive HIGH PRIORITY FOR PSH, TH, RRH, & ES. 3.ENSURE CONFIDENTIALITY: DV clients receive ANONYMOUS PAPER INTAKE & ASSESSMENT VIA VI-SPDAT & are ASSIGNED A UNIQUE ID. VSPs may not entering client data into HMIS. DV clients whose info was previously entered into HMIS by a non-VSP provider may request to lock their info. DV CLIENTS ARE NOT PLACED ON CARS ACTIVE LIST; referrals are made by providing client paper intake, acuity score & unique ID directly to appropriate srvc agency. TRANSFER REQUESTS & INFO PROVIDED IN THE TRANSFER REQUESTS ARE KEPT CONFIDENTIAL.

1C-6.	**Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.**	
	NOFO Section VII.B.1.f.	

1.	**Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?**	Yes
2.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?**	Yes
3.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?**	Yes

1C-7.	**Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of County of Monterey	84%	Yes-HCV	Yes
Housing Authority of County of Santa Curz	22%	Yes-HCV	Yes

1C-7a.	**Written Policies on Homeless Admission Preferences with PHAs.**	
	NOFO Section VII.B.1.g.	

	Describe in the field below:
1.	**steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or**
2.	**state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.**

(limit 2,000 characters)

1.STEPS TAKEN TO ADOPT HOMELESS PREFERENCE: BOTH THE MONTEREY COUNTY PHA AND THE SANTA CRUZ PHA HAVE DOCUMENTED HOMELESS ADMISSION AND MOVING ON PREFERENCES IN THEIR ADMINISTRATION PLANS. Monterey County PHA has a preference for homeless individuals and families referred by the Monterey County CoC and awards 50 additional points to these applicants. Monterey County PHA has also allocated 200 vouchers 100% dedicated to homeless individuals and families in Monterey County. The Housing Authority of the County of Santa Cruz has homeless set aside for people experiencing homelessness from San Benito County as well as set asides in special programs, including HUD VASH, family unification, medically vulnerable homeless, St. Stephens senior housing, Pippin Orchard Apartments, and Resetar Residential Hotel. Additionally, the Santa Cruz County PHA has a moving on preferences for individuals graduating Shelter+Care and YHDP programs and the Monterey County PHA has a preference for formerly homeless families enrolled in case management, transitional housing, or other self-sufficiency program. 2. LMHCoC IS WORKING WITH BOTH THE MONTEREY AND THE SANTA CRUZ PHAs. Neither PHA has a public housing program.

1C-7b.	**Moving On Strategy with Affordable Housing Providers.**	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	**Multifamily assisted housing owners**	No
2.	**PHA**	Yes
3.	**Low Income Tax Credit (LIHTC) developments**	Yes
4.	**Local low-income housing programs**	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	**Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

1C-7c.1.	**Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:
1.	**how your CoC includes the units in its Coordinated Entry process; and**
2.	**whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.**

(limit 2,000 characters)

1.COC INCLUDES PHA UNITS IN THE CES through A) an MOU with Monterey County Housing Authority (MCHA) to collaborate in connecting homeless clients with Emergency Housing Vouchers (EHV). CHSP will evaluate CES and build EHV waiting list, train agencies in the referral process, prioritize unsheltered homeless, serve most vulnerable clients first as determined by CARS assessment, update CARS system to include EHV, screen for eligibility, assist with document prep, recruit agencies to be referring agencies. MCHA receives referrals, complies with CARS policies and procedures, conducts client voucher orientation. B) Homeless Set-aside Voucher Preference (HSVP): MCHA 200 HSVP vouchers are also included in the coordinated entry system, referrals come from CoC providers through CARS/CES. Families exiting TH, ES, or who meet the HUD definition of homeless are referred through CES to MCHA. Referring agencies provide 1 yr of case management. Pueblo Del Mar is also a PHA TH program that receives referrals directly from CARS/CES. C) FOSTER YOUTH TO INDEPENDENCE (FYI): MCHA and CHSP also collaborated to apply for and received 65 Foster Youth vouchers. CHSP has an MOU with MCHA to facilitate referrals through CARS/CES and to support clients eligible for these vouchers. 2.THE COC'S FORMALIZED IN WRITING PRACTICES INCLUDE: A) CHSP has an MOU for EHV program with MCHA to facilitate referrals to EHV from CARS/CES. The MOU outlines the roles and responsibilities of MCHA, CoC and other agencies providing screenings, referrals, case management or other support services. B) HSVP: CHSP/LMHCoC has an MOU for HSVP homeless set aside voucher program to facilitate referrals and for referring agencies to provide ongoing supportive services. C) FYI: MCHA, CHSP, and Monterey County DSS have an MOU to cooperate, administer and support the Foster Youth to Independence voucher program by providing screening, referrals, and ongoing supportive services.

1C-7d.	**Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.**	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes

1C-7d.1.	**CoC and PHA Joint Application–Experience–Benefits.**	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

1.TYPE OF JOINT PHA/COC PROJECT: CHSP (LMHCoC collaborative applicant and CES administrator) collaborated on the following applications: Emergency Housing Vouchers, Foster Youth to Independence (FYI). 2.PROJECT APPROVED: Joint MCHA/CHSP application for EHV was approved. 269 EHV vouchers obtained for Monterey and San Benito counties. Foster Youth for Independence joint MCHA/CHSP application was also approved. 65 Foster Youth vouchers were obtained. 3.HOW FAMILIES BENEFITED FROM JOINT PHA/COC PROJECT: A) EHV: potential to house 269 families. So far, 30 clients have been approved and are in the process of finding housing. LMHCoC/CHSP is in the process of adjusting the prioritization for EHV to broaden the category to allow better voucher utilization and housing more families more quickly. LMHCoC is also working with Monterey County to provide long-term supportive services for these clients to increase the chances of client success and housing stability. B) FYI: LMHCoC and MCHA are in the process of finalizing the process for FYI referrals, screening and lease up for these clients.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Monterey County PHA

1C-7e.1. List of PHAs with MOUs

Name of PHA: Monterey County PHA

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

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.**	15
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.**	11
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.**	73%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

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.

(limit 2,000 characters)

REGULAR EVALUATION TO ENSURE HOUSING FIRST: LMHCoC monitors projects for compliance with Housing First principles through the CES system by reviewing any referrals that are rejected by the projects receiving referrals. Projects may reject referrals for specific limited reasons which does not include

anything that may violate Housing First principles (ie: requiring sobriety, etc.) as a valid reason to reject a referral. When rejecting a client, projects must provide an explanation for the rejections. LMHCoC CES staff reviews the rejections and reaches out to the project if the rejection is for Housing First or is otherwise inappropriate. CES staff works with the projects to eliminate barriers to accepting the referral and has the authority to override the project's decision to reject a client. Additionally, LMHCoC has a client grievance process where clients can submit a grievance if the client feels that they were rejected or terminated from a program for unfair reasons, including a project's failure to follow Housing First principles. An appeals committee is formed which includes neutral members of the CARS CES committee. The committee reviews the grievance and has the authority to override a project's decision to reject or terminate a client. LMHCoC also reached out to HUD field representative when a recovery program was unable to comply with Housing First principles due to the nature of the program. Finally, the yearly HUD NOFO application process allows the LMHCoC to verify whether a provider practices Housing First principles and awards additional points to projects that are compliant with housing first principles.

1C-9b.	**Housing First–Veterans.**	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No

1C-10.	**Street Outreach–Scope.**	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1.COC OUTREACH (SO): LMHCoC has multiple specialized & general Street Outreach Teams (SOT) working w/each other to reach various h/less populations, incl youth, veterans, & h/less w/mental health disabilities: CSU of Monterey Bay Community Health Engagement (CHE) Center, Dorothy's Place SOT, Salinas SO & Resource Team, McHome SOT (severe mental illness SO), Salinas Valley Street SO (youth SOT). SOTs provide case mngt, connection to services (mental health, substance abuse trmt, medical health, financial benefits, transportation, meals, ES, bridge & long-term hsng). SOTs use Hsng First, Motivational Interview, trauma-informed, culturally sensitive approach to build rapport clients. Using HMIS in the field, SOTs assess clients & input client info into CES from remote areas of the CoC geography. Public can inform CoC of new encmts through CoC website to help target outreach accordingly.
2.100% COVERAGE: LMHCoC street SOTs cover 100% of CoC geographic

area, incl all of San Benito & Monterey counties. 3.FREQUENCY: LMHCoC conducts street SO daily Monday-Saturday, on holiday weekends & community events. 4.SO TO THOSE LEAST LIKELY TO REQUEST ASSISTANCE: LMHCoC has targeted SOTs for youth, w/focus on victims/at risk of sexual abuse, prostitution, trafficking or sexual exploitation. SOT mbrs speak English & Spanish & provide CoC materials in both languages. LMHCoC has SOTs focusing on clients w/mental health challenges & veterans. LMHCoC & ESG recipient coordinate a SO Collaborative (incl youth, veterans, & mental health service providers) to outreach to encmt before an encmt sweep is conducted. SOTs provide connection to services & hotel vouchers. ROIs across agencies assists w/data sharing.SOTs use HMIS in the field, which makes it easy to connect to services those individuals & families who are most difficult to reach & least likely to request assistance. CoC is working on creating a Geographic Info System Map of existing encmts.

1C-11.	**Criminalization of Homelessness.**	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	**Engaged/educated local policymakers**	Yes
2.	**Engaged/educated law enforcement**	Yes
3.	**Engaged/educated local business leaders**	Yes
4.	**Implemented communitywide plans**	Yes
5.	**Other:(limit 500 characters)**	
	ESG recipient	Yes

1C-12.	**Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).**	
	NOFO Section VII.B.1.l.	

	2020	**2021**
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."	226	200

1C-13.	**Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.**	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	**Assist with**	**Assist with**

		Enrollment?	Utilization of Benefits?
1.	**Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)**	Yes	Yes
2.	**Private Insurers**	Yes	Yes
3.	**Nonprofit, Philanthropic**	Yes	Yes
4.	**Other (limit 150 characters)**		

1C-13a.	**Mainstream Benefits and Other Assistance–Information and Training.**
	NOFO Section VII.B.1.m

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	**systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;**
2.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**
4.	**providing assistance with the effective use of Medicaid and other benefits.**

(limit 2,000 characters)

1.SYSTEMICALLY PROVIDE UP-TO-DATE INFO ON AVAILABLE RESOURCES: LMHCoC, Monterey County (MC) DSS & San Benito County HHS train CoC program staff on benefits at least annually. Last training (8/19/2021) incl info on mainstream benefits (MB), eligibility, best practices on overcoming individual & systemic barriers to accessing & maintaining MB. DSS has a close partnership w/CHSP & provides MB info for distribution to LMHCoC listserv. 2.COMMUNICATING INFO ABOUT AVAILABLE RESOURCES: LMHCoC distributes MB info via postings on CoC website, Facebook & email listserv (200+ providers, members, partners, case managers). MB updates & news provided at least annually & as new info becomes available. 3.WORKING W/HLTHCARE PROVIDERS TO ENROLL PARTICIPANTS IN HLTH BENEFITS: LMHCoC partners w/Clinica de Salud (Clinica) mobile clinic to provide street outreach (SO), help w/enrollment & utilization of Medi-Cal. LMHCoC relies on MC Children's Health Outreach for Insurance, Care & Enrollment (MCCHOICE) program to provide Medi-Cal SO, education, enrollment, retention & utilization help to h/less families w/children in MC. Both Clinica & MCCHOICE bring services to CoC services providers sites & conduct targeted SO to areas where h/less congregate.4.LMHCoC PROVIDES ASSISTANCE W/UTILIZING MEDICAL BENEFITS by coordinating w/Clinica to conduct SO & provide medical treatment to unsheltered h/less, including in Salinas Chinatown, one of the largest h/less encampments in LMHCoC area. Veterans Transition Center (VTC) (CoC-funded) assists clients w/connecting to the Palo Alto VA clinic for medical & mental health treatment. CSU Monterey Bay (LMHCoC Board member) is opening a health center in Chinatown (highest density of CH encampment) w/office hours for DSS, VA, & LMHCoC providers. Interim, Inc. & Community Human Services (both CoC funded) assist clients to utilize hlthcare benefits by assessing clients hlth needs, making drs appts, providing transportation to med appts.

1C-14.	**Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	**covers 100 percent of your CoC's geographic area;**
2.	**reaches people who are least likely to apply for homeless assistance in the absence of special outreach;**
3.	**prioritizes people most in need of assistance; and**
4.	**ensures people most in need of assistance receive assistance in a timely manner.**

(limit 2,000 characters)

1.100% COVERAGE: LMHCoC CES (CARS) covers ENTIRE COC GEOGRAPHIC AREA using DECENTRALIZED "ANY DOOR" ACCESS. County govts, local law enforcement, educational liaisons, PHA, FBOs, CBOs are CARS access points. CARS staff administers phone assessment to increase access. 2.CARS REACHES THOSE LEAST LIKELY TO SEEK ASSISTANCE through STREET OUTREACH (SO). Multiple SO teams & Outreach Collaborative (CO) use HMIS in the field to connect unsheltered clients who are most difficult to reach to CARS. LMHCoC works w/a person w/lived experience to help ID encampments & provide peer outreach. LMHCoC website allows citizens to notify CoC of encampment locations to help target SO. 3.PRIORITIZE THOSE MOST IN NEED: CARS staff assesses & prioritizes clients based on VI-SPDAT score (family, single, & TAY), local priorities (chronically h/less, families w/children, youth, veterans, & medically frail) & the level of service need to ensure those most in need are housed first. Families w/children: LMHCoC aims to mediate/prevent h/lessness, reduce h/less episode through RRH & transitional hsng & place families w/children into PH w/in 30 days of entering h/lessness. An emergency addendum adopted during COVID-19 (COVID-19 Add) pandemic prioritizes medically frail & those at highest risk of COVID complications who were place in hotel rooms. 4.LMHCoC ensures that PPL MOST IN NEED RECEIVE TIMELY ASSISTANCE: CARS P&P prescribes specific timeline for client referrals: program notifies CARS immediately when bed becomes available, CARS refers next client on the list w/in 3 days, program aims to house client w/3 days of referral. If the client cannot be reached, absent extenuating circumstances, staff moves to the next client on BNL. COVID-19 Add facilitates rapid movement of hotel room clients into PH through weekly case conferences, leniency for clients to meet doc/program requirements per HUD guidance. CARS Committee evaluates CES annually w/opportunities for stakeholder feedback.

1C-15.	**Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	**Racial Disparities Assessment Results.**	

NOFO Section VII.B.1.o.

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	**People of different races or ethnicities are more likely to receive homeless assistance.**	No
2.	**People of different races or ethnicities are less likely to receive homeless assistance.**	Yes
3.	**People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.**	Yes
4.	**People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.**	No
5.	**There are no racial or ethnic disparities in the provision or outcome of homeless assistance.**	No
6.	**The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.**	No

1C-15b.	**Strategies to Address Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	**The CoC's board and decisionmaking bodies are representative of the population served in the CoC.**	Yes
2.	**The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.**	Yes
3.	**The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.**	Yes
4.	**The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.**	Yes
5.	**The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.**	Yes
6.	**The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.**	Yes
7.	**The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.**	Yes
8.	**The 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.**	Yes
9.	**The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.**	No
10.	**The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.**	Yes
11.	**The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.**	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	**Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.**	
	NOFO Section VII.B.1.o.	

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.

(limit 2,000 characters)

1.COC & H/LESS PROVIDERS TOOK STEPS TO IMPROVE RACIAL EQUITY BEYOND THOSE AREAS IDENTIFIED IN ASSESSMENT: A) LMHCoC created a Youth Advisory Board (YAB) w/particular attention to incl people from different races & ethnicities, (also LBGTQ+, disabled, & system involved). B) Conducted Equity Training Series by True Colors United for CoC providers on equity, oppression & intersectionality in h/lessness & hsng. C) CoC NOFO scoring criteria incl up to 5 points for agencies who can demonstrate that they have identified barriers to participation by people of different races/ethnicities, taken steps to eliminate identified barriers & can show commitment to measuring & improving its response to racial disparities. Applicants are asked for a narrative response to the following: whether agency reviewed client outcomes w/an equity lens (incl. race/ethnicity) & what agency is doing to measure & improve its response to racial disparities & biases. D) Vaccine taskforce had an equity committee to ensure people experiencing h/lessness had equal access to vaccinations regardless of race/ethnicity. 2.LMHCOC H/LESS SERVICES PROVIDERS TAKE STEPS TO IMPROVE RACIAL EQUITY IN PROVISION & OUTCOMES OF ASSISTANCE: A) PROVIDE SERVICES & PROGRAM MATERIALS IN LANGUAGES OTHER THAN ENGLISH, offer telephone translation services, provide access to & partnership w/local Native American organizations & translators (Mixteco, Triqui, Zapoteco); B) adopt CoC-wide ANTI-DISCRIMINATION POLICIES & PROCEDURES in the provision of service; C) conduct ANNUAL CULTURAL COMPETENCY & IMPLICIT BIAS TRAININGS; D) cultivate RACIAL DIVERSITY IN STAFF, BOARD OF DIRECTORS, UPPER MANAGEMENT, hire from their clientele & cultivate professional development of all employees, follow anti-discrimination laws in hiring & employment; E) ANALYZE CLIENT DEMOGRAPHICS & RACIAL DISPARITIES in outcomes, gather client surveys, provide opportunity for client grievances & feedback, tailor services to racially & culturally diverse clients.

1C-16.	**Persons with Lived Experience–Active CoC Participation.**	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	**Included and provide input that is incorporated in the local planning process.**	61	48
2.	**Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.**	9	2
3.	**Participate on CoC committees, subcommittees, or workgroups.**	12	4
4.	**Included in the decisionmaking processes related to addressing homelessness.**	6	2

5.	**Included in the development or revision of your CoC's local competition rating factors.**	1	1

1C-17.	**Promoting Volunteerism and Community Service.**	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	**The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.**	Yes
2.	**The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).**	Yes
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	Yes
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	Yes
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	
	Downtown Street Salinas	Yes

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1.LMHCoC implemented UNSHELTERED COVID-19 PROTOCOLS to address safety needs as follows: A) regional outreach team (RSOT) provided education to unsheltered residents on COVID-19, sanitation, CDC guidelines & mitigating the spread of COVID-19. RSOT tracked which resources encmpts needed; CoC coordinated acquisition & delivery to encmpts: hygiene station, portable toilets, food, PPEs & services. B) local public hlth officers & LMHCoC communicated w/local jx to stop encmpt sweeps & adhere to CDC guidelines re encmpts. C) h/less vaccination taskforce (HVT) coordinated outreach to encmpts, distributed info about COVID-19, vaccines, obtained & distributed vaccines to unsheltered (in partnership w/a local pharmacy), gathered racial data on unsheltered residents. 2. LMHCoC CONGREGATE ES COVID-19 PROTOCOLS incl social distancing, routine cleaning of common spaces & frequently touched surfaces, limit/discontinue non-essential group activities or moving to virtual groups, moving medically fragile residents to non-congregate shelter (NCS), reducing ES capacity, spacing beds 6ft or installing barriers btwn beds, regular hlth checks, distributing PPE & hand sanitizers. LMHCoC met regularly w/local hlth dept & service providers to coordinate implementation of CDC recommendations as they were being released. LMHCoC providers identified & arranged for hotel rooms to be used as ES & moved symptomatic clients, persons under investigation & medically fragile individuals into NCS. LMHCoC had about 150 clients in NCS. LMHCoC facilitated data sharing & coordinated emergency response when outbreaks occurred in ES facilities. 3. COVID-19 PROTOCOLS in TH programs incl. mandatory COVID-19 testing before admission into programs, social distancing, PPE, sanitation, limiting group activities, contact tracing & quarantine. TH staff were trained COVID-19

symptoms & safety protocols, regularly updated on new mandates & recommendations, & worked w/local medical providers to implement new CDC & local hlth guidelines.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

IMPROVED READINESS FOR FUTURE PUBLIC HEALTH EMERGENCIES: Collaborations that were created during the pandemic, including partnerships with local pharmacies, medical providers, public health officials will persist and can be activated in case of another public health emergency. LMHCoC and its providers learned to be flexible and act quickly to implement new programs, protocols, CES prioritization, and work together to share knowledge and data to inform decisions and practices across the CoC. LMHCoC has also acquired a seat on the local Office of Emergency Services as a subject matter expert on homeless health and will continue to participate in that capacity into the future. Working on addressing the needs of the homeless population during the COVID-19 pandemic strengthened the existing collaboration and created new partnerships that can help support the LMHCoC work and individuals experiencing homelessness in future efforts. LMHCoC sent out a survey to its providers and partners to help identify what worked and what can be improved to help support its clients and service providers in future public health emergencies.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

1.ESG CV Funded SAFETY MEASURES through the LMHCoC funding committee (Monterey County (MC) Hlth Dept, MC DSS, San Benito HHS, City of Salinas (ESG admin), & other funders). Committee analyzed ESG CV eligible uses & gaps in service/resources & recommended the use of ESG CV accordingly: about $1.5m for ES, non-congregate shelter (NCS), trailers & motel vouchers to house medically fragile, persons under investigation & those exhibiting symptoms. LMHCoC used ESG CV to implement about 150 NCS rooms with services (medical services, food distribution, case management, housing navigation). About $500,000 of ESG CV used on outreach to

encampments, food, info & supplies distribution. 2. HOUSING ASSISTANCE: About $294,000 of ESG CV funding was used for RRH connected to rehousing clients from NCS. Funding decisions were made according to the funding committee recommendations, incl City of Salinas, ESG admin. 3. EVICTION PREVENTION: LMHCoC only used $28,500 in ESG CV for eviction prevention because CA Emergency Rental Assistance Program provided about $28m in eviction prevention. ESG CV was primarily used for ES, NCS, TH, motel vouchers, trailers, RRH & h/less outreach. 4. HEALTHCARE SUPPLIES: ESG CV funds were used to obtain & distribute to unsheltered & program staff PPE, thermometers, sanitizers, barriers for shelter beds. 5. SANITARY SUPPLIES: ESG CV funding was used to purchase handwashing stations for encampments, PPE for unsheltered, ES residents & staff, cleaning supplies for ES, hand sanitizers. LMHCoC is in the process of acquiring mobile showers for encampment residents.

1D-4.	**CoC Coordination with Mainstream Health.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	**decrease the spread of COVID-19; and**
2.	**ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).**

(limit 2,000 characters)

1.LMHCoC COORDINATED WITH MAINSTREAM HLTH TO DECREASE THE SPREAD OF COVID by building a stronger relationship with the Monterey County (MC) Health Dept, MC Dept of Social Services, San Benito Health & Human Services, community foundations, City of Salinas, & other funders. In collaboration with its medical partners, LMHCoC created about 150 non-congregate shelter (NCS) rooms, trailers & motel vouchers to house medically fragile, persons under investigation & those exhibiting symptoms to help prevent the spread of COVID-19. Medical partners, including the Dept of Health helped interpret & distribute state, local & CDC guidance & educate staff on COVID-19 prevention protocols. LMHCoC, its partners & providers coordinated the acquisition & distribution of PPE, sanitation supplies, stood up barriers between shelter beds, decreased shelter density, distributed information about COVID-19 & vaccines, & stood up hygiene stations at encampments. LMHCoC collaborated with Nativadad hospital to hold vaccination clinics in high density encampments. Clinica de Salud provided COVID-19 testing for h/less residents in programs & encampments. Monterey County Health Dept participated in Vaccine H/less Taskforce (VHT) to collaborate in obtaining vaccines & delivering them to encampments & program participants. Central Avenue Pharmacy (CAP) RX contributed all of their vaccinations for LMHCoC h/less clients. Whole Person Care coordinator helped coordinate delivery of vaccines to NCS sites. CoC coordinated with ES & outreach services to identify outbreaks & minimize the spread of COVID-19. 2. ENSURE SAFETY MEASURES IMPLEMENTED: All of the above medical partners trained service providers & clients about COVID-19, how to contain the spread, best practices & vaccination. Monterey County Hlth Dept helped inform providers & clients about available vaccines, their efficacy, eligibility & to correct misinformation & address people’s fears about vaccines.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

1.LMHCoC COMMUNICATED COVID-19 SAFETY MEASURES on its COVID-19 webpage & provided information about local restrictions, CDC guidance, vaccine information, best practices on staying safe for clients & providers. This information was also distributed via LMHCoC listserv & every case conferencing & community meeting. Vaccination Homeless Taskforce (VHT) was in charge of putting out information about vaccination effectiveness, eligibility & distribution through LMHCoC website & listserv. The VHT consisted of 51 members (including youth & those with lived experience) & included several subcommittees, including equity, finance, distribution & data committees. VHT distribution committee wrote guidance on best practices for clinics & service providers & created flyers to distribute to clients & post at service offices in English & Spanish. Outreach teams distributed COVID-19 & vaccine info to unsheltered. 2.LMHCoC COMMUNICATED CHANGING LOCAL RESTRICTIONS to the providers the same way as the general COVID-19 & vaccination information was distributed: information was shared at all community & CoC meetings, case conferences, posted on the LMHCoC COVID-19 website & sent over the LMHCoC listserv. Additional emergency meetings were called as needed to share out new information & help with implementing new restrictions. 3.LMHCoC COMMUNICATED VACCINE IMPLEMENTATION through the VHT which was responsible for vaccine implementation & worked with providers, medical partners, gov't depts, pharmacies & outreach teams to identify clients eligible for vaccination, potential vaccination sites & vaccine supplies. Information about vaccine efficacy & upcoming eligible categories & clinics were distributed to all CoC providers through the LMHCoC website, listserv, Facebook page & case conferencing meetings.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

THE COC IDENTIFIED ELIGIBLE INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS BY using outreach teams to help identify those who wanted vaccinations (and were eligible) in encampments, engaged with ES and smaller orgs who provided meal services to hold vaccination clinics

and repeat events for second dose. Every ES offered the opportunity to get vaccine and transportation to vaccine clinics for its clients. VHT and LMHCoC made flyers with vaccine info combating misinformation about vaccines and distributed to encampments, shelters and other service offices. Some clinics provided incentives for clients to get vaccinated, including gift cards, cell phones and tablets. Client with lived experience helped spread the word about vaccination, provided support at vaccination clinics, talked to their peers and communities about getting vaccinated, and helped locate unsheltered locations and hidden encampments.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

ADDRESSED INCREASES IN DV CALLS: LMHCoC collaborated w/VSPs & other service providers to ensure that the needs of DV clients & increased DV calls, if any during the pandemic were provided for. LMHCoC organized regular trainings for its providers in collaboration w/YWCA, Rape Crisis Center & San Benito Community Solutions to make sure that all CoC staff were aware of the potential increase in people fleeing DV, knew how to recognize the signs of DV, how to address the safety & other needs of families experiencing DV & what resources are available for those fleeing DV. LMHCoC service providers experienced an increase in the need for DV specific services. Community Homeless Solutions reported that its DV clients experienced added stress & anxiety & reported the need for additional mental health support. Community Homeless Solutions will work w/County Behavioral Health Center, County Dept of Health & Clinicas de Salud to provide for the mental health needs of its DV survivors. Community Homeless Solutions also reported experiencing delays in communicating w/housing programs & applying for housing. As a result, Community Homeless Solutions shelters provided DV guests w/an automatic 30-day stay extension. YWCA also reported an increased need for DV services. Monterey County Public Health Dept declared YWCA a vital emergency service. YWCA responded to this crisis by continuing to provide the same level of service to clients needing assistance since the pandemic began. The organization served over 123 survivors during this time. Pre-pandemic, all services were provided in person, & as restrictions increased staff moved much of the operating to a virtual setting, w/only residential & housing services operating in-person. As restrictions wind down, non-residential services have moved to a hybrid model w/availability of in person & virtual mtngs following safety guidelines & protocols recommended by local, state & federal health organizations.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

ADJUST CES TO COVID-19 CHANGES: During the COVID-19 pandemic, LMHCoC were about to house between 100 and 150 medically frail clients in Project Roomkey (PRK) hotel/motel rooms. As the funding for PRK was going to come to an end, LMHCoC increased efforts to permanently house PRK clients as quickly as possible to avoid exiting these vulnerable clients to the streets. To aid in these efforts, in May 2020, the LMHCoC adopted an Emergency Addendum to CARS (LMHCoC coordinated entry system) Policies and Procedures to help prioritize PRK clients for permanent housing placement. The Addendum prioritizes Project Roomkey clients for 60 days, requires reassessment of all clients currently on CARS list, and weekly case conferences during the 60-day period. Upon completion of the 60-day period, the VI-SPDAT scores of the unhoused PRK clients would include Medically Frail prioritization points. The Addendum also recommended that CARS participating agencies reduce barriers to entry for clients by waiving program requirements (where HUD waiver applied) and by granting leniency to clients who are not able to provide some documents for program entry. The Addendum also recommended increasing efforts to permanently house individuals out of TH and RRH, thus opening availability for PRK clients in those projects.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	**Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.a. and 2.g.	

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	09/10/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	09/10/2021

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.**	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	**Established total points available for each project application type.**	Yes
2.	**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 (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**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).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	No
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	**the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and**
2.	**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.**

(limit 2,000 characters)

1.SEVERITY OF NEEDS/VULNERABILITIES CONSIDERED BY R&R: R&R could assign up to 5 extra points for projects showing the ability TO SERVE CHRONICALLY H/LESS INDIVIDUALS. Additional up to 5 points were available for projects serving VULNERABLE POPULATIONS, INCLUDING H/LESS YOUTH, DV SURVIVORS, FAMILIES W/ CHILDREN, & VETERANS. Up to additional 5 points were available for projects showing the ability to IDENTIFY & ADDRESS BARRIERS faced by persons of different RACES & ETHNICITIES that are overrepresented in the h/less population. Additionally, up to 5 points were available for projects adhering to HSNG FIRST PRINCIPLES & showing the ability to SERVE CLIENTS W/SIGNIFICANT BARRIERS, including LOW OR NO INCOME, CURRENT OR PAST SUBSTANCE ABUSE, A HISTORY OF VICTIMIZATION SUCH (DV, SEXUAL ASSAULT) & CRIMINAL HISTORIES.
2.CONSIDERATIONS GIVEN TO PROJECTS SERVING THOSE HARDEST TO SERVE: Renewal projects were asked to provide the following client OUTCOMES DATA: CLIENT INCOME AT ENTRY & FOLLOW UP OR EXIT, AVERAGE LENGTH OF PROGRAM STAYS, PROGRAM EXIT DESTINATIONS. Full 5 points were awarded if at least 50% of program participants maintained or increased their income. Full 15 points are awarded if at least 80% of clients exited to PH. While the data points were final & authoritative, OPEN-ENDED QUESTIONS for both new & renewal projects allow applicants to provide a narrative about their projects. TO HELP OFFSET POTENTIALLY LOWER SCORES BASED ON DATA for projects serving HARD TO SERVE POPULATION, R&R panel had the DISCRETION to award points for projects that show the ability to serve hardest to serve populations, including CHRONICALLY H/LESS, CLIENTS W/ LOW OR NO INCOME, DV SURVIVORS, CLIENTS W/ CRIMINAL HISTORIES & CURRENT OR PAST SUBSTANCE ABUSE. Additional points are also awarded for projects employing HSNG FIRST PRINCIPLES to help quickly place clients w/significant barriers into PH.

1E-3.	**Promoting Racial Equity in the Local Review and Ranking Process.**	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	**obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;**
2.	**included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;**
3.	**rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).**

(limit 2,000 characters)

1.INCLUDED PPL OF COLOR IN DETERMINING RATING FACTORS: LMHCoC Leadership Council (LC) reviewed & approved CoC competition ranking tools prior to the competition. LC is comprised of local community leaders that represent the population CoC serves, incl Latino/a/x, White & Black/African American, who are overrepresented in the CoC h/less population. LC Chair comes from a lineage of migrant farmworkers & is a champion for farmworker community. 2.INCLUDED PPL OF COLOR IN R&R: Rank & Review (RR) panel had 3 white people & 1 black person. White & Black people are over-represented in CoC h/less population. CoC intentionally appointed a local Black/African American woman w/a long history of serving marginalized populations had a to the R&R panel. 3.RANK PROJECTS BASED ON WHETHER PROGRAM PARTICIPANTS MIRROR H/LESS POPULATION: Rating factors for CE, renewal, & new projects, awarded points based on the degree to which the project had identified barriers to participation faced by persons of different races & ethnicities, particularly those over-represented in the local h/less population, & taken or planned to take steps to eliminate the identified barriers. Applicants also received points if their organization/agency demonstrated a commitment to measuring & improving their response to racial disparities & biases. In order to get the additional points, applicants had to describe the specific steps that they have taken or planned to take to ensure their staff, leadership, highest earners, population of clients served & boards of directors included significant representation from people of color, indigenous people, people who are non-native speakers &/or people w/ lived expertise of h/lessness.

1E-4.	**Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	**your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;**
2.	**whether your CoC identified any projects through this process during your local competition this year;**
3.	**whether your CoC reallocated any low performing or less needed projects during its local competition this year;**
4.	**why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and**
5.	**how your CoC communicated the reallocation process to project applicants.**

(limit 2,000 characters)

1.REALLOC PROCESS: A) LMHCOC MONITORS programs annually for HUD compliance, performance outcomes & concerns, compliance w/policies & procedures. CoC may realloc program funds if program fails to meet program requirements. B) During LOCAL CoC COMPETITION agencies may choose to voluntarily realloc part/all of their project funds if they are unwilling/unable to continue their program. RATING PANEL has discretion to recommend projects for involuntary realloc due to substandard performance in outcomes &/or utilization of funds. Funding captured from an existing project will be made available to a new project that meets NOFO requirements. Projects not meeting threshold requirements may also be realloc. LMHCoC has identified the need for PSH in San Benito/Monterey County. Lowest performing projects may be

realloc to support new PSH or RRH serving Chronically Homeless or Transition Aged Youth. 2.PROJECTS IDENTIFIED FOR REALLOC in 2021: During FY2021, Community Homeless Solutions forfeited their TH grant of about $389,317 because they were not able to administer the project. This money was realloc to other TH programs. 3.PROJECTS REALLOC IN THIS COMPETITION: No projects were identified for realloc during the local CoC competition. One new project was placed in Tier 1 & one new project scored at the top of Tier 2, which pushed some renewal projects to the bottom of Tier 2. 4.WHY DID NOT REALLOC: LMHCoC chose to work with projects & provide technical assistance instead of realloc funding this year. Due to COVID-19 pandemic, programs struggled to keep operational & continue to provide services. Also, the total amount of funding requested this year by the CoC projects was less than the total amount of funding available to the CoC in this year's competition. 5.COMMUNICATE REALLOC PROCESS TO APPLICANTS: LMHCoC communicated the realloc process online in its Monitoring Plan & through the Local CoC Competition Handbook provided to all CoC competition participants & available online at CHSP.org.

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	No
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	10/22/2021

1E-5a.	**Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/22/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: **1. the CoC Application;** **2. Priority Listings; and** **3. all projects accepted, ranked where required, or rejected.**	11/10/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2A-1.	**HMIS Vendor.**	
	Not Scored–For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	WellSky

2A-2.	**HMIS Implementation Coverage Area.**	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

1.STEPS TAKEN TO HAVE A COMPARABLE DATABASE: LMHCoC in collaboration with ESG recipient is in the process of working with WellSky to build a comparable HMIS for DV survivors. ESG will provide the funding necessary to build out the new comparable database and the CoC is coordinating the efforts. The CoC will be coordinating with YWCA, and other VSPs in the CoC area to help develop and implement the new comparable database. 2. DV PROVIDERS SUBMIT DE-IDENTIFIED AGGREGATE PERFORMANCE MEASURES TO COC AND HMIS: VSP providers contribute de-identified client data to HMIS. LMHCoC also utilizes a number of data sources to assess the scope of community needs related to domestic violence, dating violence, sexual assault, stalking and trafficking. Data sources include but are not limited to statistics from the CA Attorney General, statistics from Center for Disease Control, local HMIS data, local CES vulnerability information gathered through VI-SPDAT, homeless census statistics and data from the local YWCA and other providers serving those impacted by domestic violence. During the 2019 PIT count, surveys were conducted to determine the rate of domestic violence occurrence in individuals experiencing homelessness. 4% of those surveyed reported currently experiencing domestic violence while 26% reported to having a history of domestic violence or sexual assault or abuse. The PIT data and survey results were presented to LMHCoC stakeholders and Board. CES and HMIS data are combined in a data warehouse and expressed in Tableau reporting public dashboard to create community awareness. To address the needs of domestic violence survivors, LMHCoC created special method of evaluating proposals from victim services providers and assigned additional points to new DV projects.

2A-5.	**Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.**	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	572	55	379	73.31%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	453	0	432	95.36%
4. Rapid Re-Housing (RRH) beds	200	0	200	100.00%
5. Permanent Supportive Housing	483	0	255	52.80%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	**Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.**	
	NOFO Section VII.B.3.c.	

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

1.STEPS TO INCREASE COVERAGE: LMHCoC RRH BED COVERAGE IS AT 100%; TH COVERAGE IS AT 95%. LMHCoC increased bed coverage in PSH and ES: PSH COVERAGE IS AT 52.8% (an increase from 23.25% in 2019); ES coverage is at 73% (an increase from 50% in 2019). The COVID-19 pandemic made it challenging for the service providers to keep their programs operational and to provide the needed services for their clients. As a result, LMHCoC was working diligently with the providers to ensure the timely and accurate data entry into HMIS. Also, during the time period relevant to this application, two new PSH programs (Moon Gate and Hayes Circle) were starting up and were in the beginning stages of getting their data into HMIS. Some of the Monterey County grassroots and FBOs do not currently have the administrative capacity to participate in HMIS. These small programs are valuable partners & LMHCoC will continue working with these providers to find a way for them to utilize HMIS. LMHCoC will take the FOLLOWING STEPS to increase bed coverage over the next 12 months: a) continue to MONITOR HMIS DATA QUALITY AND TIMELY HMIS ENTRIES; b) OUTREACH AND EDUCATION to partnering agencies not currently participating in HMIS to encourage participation. 2.IMPLEMENTING THE STEPS TO INCREASE COVERAGE: In the next 12 months, LMHCoC will IMPLEMENT THE STEPS above by a) conducting a COC-WIDE HMIS TRAINING on HMIS use and recent changes to HMIS policies and procedures; b) IN-PERSON OUTREACH AND EDUCATION to help agencies not currently using HMIS understand the benefits of participation; c) use case conferencing meetings to remind projects to enter data into HMIS timely and accurately and use this platform as an opportunity to bring new agencies into HMIS.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	0.00%

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

1.STEPS TO INCREASE OVERALL COVERAGE: LMHCoC currently does not have a comparable database. LMHCoC is working with its HMIS provider WellSky on acquiring a comparable database. Funding for the comparable database is provided by the ESG recipient. Once the comparable database is functioning, LMHCoC will work with its VSPs to contribute data to the database. 2.IMPLEMENTING STEPS: LMHCoC will implement the steps as follows: 1) regularly meet with WellSky to build the comparable database; 2) collaborate with YWCA and other VSPs to review and tailor the database to local needs; 3) train VSP providers on the use of the comparable database; 4) monitor data quality in comparable database.

2A-6.	**Longitudinal System Analysis (LSA) Submission in HDX 2.0.**	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	**Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	**Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	**how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;**
2.	**how your CoC addresses individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.**

(limit 2,000 characters)

1.DETERMINING RISK FACTORS for FIRST-TIME H/LESS: A) LMHCoC conducted a hsng market analysis & COMMUNITY sessions throughout CoC to update Lead Me Home Strategic Plan. Input received from YOUTH, SENIORS, PROFESSIONAL COMMUNITY, FBOs, PEOPLE W/ LIVED EXPERIENCE. Risk factors for FTH were identified: LACK OF INCOME, LOSS OF EMPLOYMENT, MENTAL & PHYSICAL DISABILITIES, GROWING RENTS, SHRINKING RENTAL MARKET, LACK OF AFFORDABLE HSNG. Market analysis found an estimated shortage of about 9200 units of ELI hsng in Monterey & San Benito Counties combined. B) Low-income individuals & BIPOC population were disproportionately impacted by COVID-19 pandemic, incl loss of service sector jobs, reduced work schedule for parents w/young children to accommodate remote schooling, loss of hsng & increased incidents of DV. This contributed to an increase in the first-time h/less. LMHCoC will continue to investigate ways to support these families & utilize funding to fill gaps for those experiencing first time h/lessness, incl prevention & diversion funds & connection to services. 2. LMHCoC STRATEGIES TO ADDRESS FAMILIES/INDIVIDUALS AT RISK OF H/LESSNESS incl: A) expand h/lessness prevention through system-wide use of problem solving/diversion/rapid resolution techniques w/ emphasis on people w/behavioral health needs; B) building 500 new PSH & ELI affordable hsng units over 5 years; C) coordinate h/lessness prevention between h/lessness response system & other systems of care that YOUNG PEOPLE at-risk of & experiencing h/lessness frequently engage (child welfare system, juvenile & adult justice systems, education system, & behavioral health system); D) continue to invest in h/less prevention, RRH & flexible subsidies to help prevent h/lessness & facilitate rapid exit to PH; E) addressing racial inequities in the system by evaluating outcomes for

racial/ethnic groups & crafting specific solutions. 3. NAME RESPONSIBLE: Coalition of Homeless Services Providers (CHSP)

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

	Describe in the field below:
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

1.STRATEGY TO REDUCE LOTH: average LOTH for persons in ES & PH programs (prior to "hsng move in") decreased from 1494 bed nights in FY2019 to 950 bed nights in FY2020 (or a decrease of 36%) (SPM 1.1). The average LOTH for persons in ES, TH, & PH programs (prior to "hsng move in") also decreased from 1256 bed nights in FY2019 to 970 bed nights in FY2020 (or a decrease of 23%) (SPM 1.2). LMHCoC participated in two community-wide 100-day challenges. The community came together to help outreach to clients & landlords & to house clients quickly to help decrease LOTH. A) strategies to reduce LOTH identified in LMHCoC Strategic Plan update: expand hsng solutions, incl adding PSH units & rental assistance, expanding hsng navigation services, improving mental health services to clients, enriching & expanding outreach services w/connection to hsng. B) LMHCoC is working w/Monterey County PHA to couple its RRH programs w/PHA programs to create more pathways to PH. C) PRIORITIZE CH FAMILIES: LMHCoC CES policies & procedures require providers to prioritize CH homeless individuals & families & strive to place all families w/children in PH w/in 30 days to decrease LOTH. D) PHA SET ASIDE & HOMELESS PREFERENCES: Both PHAs serving CoC jurisdictions (Monterey & Santa Cruz) have HOMELESS PREFERENCE in HCV programs & HOMELESS SET ASIDES in PBV programs, incl dedicated units for veterans, youth & families in reunification. Monterey County PHA also has 200 vouchers dedicated to homeless. 2. IDENTIFYING & HSNG LONGEST TIME HOMELESS: A) CES TARGETING LOTH: LMHCoC's CE Active List is prioritized based on LOTH, in addition to VI-SPDAT scores, severity of need & local priority populations. B) ACCESS & OUTREACH: LMHCoC utilizes its member agencies as CES access points & makes CES available to outreach teams remotely from the field to help ID & connect those w/longest LOTH to hsng. In 2020 LMHCoC allocated an addl $1.7mil to increase street outreach. 3. NAME RESPONSIBLE: Coalition of Homeless Services Providers

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1.HOW COC WILL INCREASE ES/SH/TH/RRH EXIT TO PH: rate of exits to PH among persons in ES, TH, & RRH increased from 36% in FY2019 to 39% in FY 2020 (SPM 7b.1). A) LMHCoC partnered w/multiple agencies across CoC to participate in CA governor's 100-day challenge to help house individuals residing in non-congregate shelter. LMHCoC offers short-term financial assistance, landlord (LL) incentives, & deposits. LMHCoC also employed hsng navigators to create long-lasting partnerships w/LLs to support them w/shared clients. B) LMHCoC allocated over $1m to HSNG NAVIGATION & FLEXIBLE HSNG SUBSIDIES (one-time rent, application fees, security deposit, utility payments, LL incentives & mitigation) to increase exits to PH. C) During CoC COMPETITION LMHCoC PRIORITIZES FOR FUNDING projects w/high rates of exit to PH (15 pts for 80%+ clients exit to or retain PH) & lowering barriers (+5 pts for accepting into program regardless of substance use, criminal history, income & DV history; +5 points for not terminating from programs for failure to participate in services, improve income, other activities not covered under the lease). D) Both PHAs serving LMHCoC area have move on preferences for clients exiting TH. Monterey County PHA allocated 200 vouchers for individuals & families experiencing h/lessness. 2. HOW COC WILL INCREASE RETAIN PH/EXIT TO PH: LMHCoC rate of exits to PH & PH retention among persons enrolled in PH (excluding RRH) INCREASED FROM 91% in FY2019 to 98% in FY2020 (SPM 7b.2). A) LMHCoC programs provide services to increase self-sufficiency & independent living beyond housing placement (EMPLOYMENT, EDUCATION, FINANCIAL TRAINING, MENTAL HEALTH, MAINSTREAM BENEFITS). B) Clients housed in PH using PHA H/less Set-Aside Vouchers are CASE MNG by referring agency for 1 YEAR. Whole Person Care also provides EXTENDED CASE MNGT BEYOND HSNG PLACEMENT. D) During CoC competition PSH & lowering barriers projects (i.e. not terminate clients for failure to participate in services, failure to improve income) receive +5 pts.

2C-4.	**Returns to Homelessness–CoC's Strategy to Reduce Rate.**	
	NOFO Section VII.B.5.e.	

	Describe in the field below:
1.	**how your CoC identifies individuals and families who return to homelessness;**
2.	**your CoC's strategy to reduce the rate of additional returns to homelessness; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.**

(limit 2,000 characters)

1. ID PERSONS RETURN TO H/LESSNESS: LMHCoC uses VI-SPDAT, CES & HMIS data to identify ppl returning to h/lessness. Before a full client assessment, CES staff & access agencies check HMIS to see if the client previously received services. Clients who are identified as having returned to h/lessness are assessed for additional service needs, such as mainstream benefits (MB), employment, financial training, mental health, DV services. When CES data doesn't align w/HMIS data, or when client circumstances have changes, CES staff &/or CES providers reassess client to identify vulnerabilities not captured the first time. 2. CoC STRATEGY TO REDUCE RETURN TO H/LESSNESS: A) SUPPORT SERVICES: Whole Person Care, HUD-VASH & H/less Set-Aside Voucher programs all provide extensive wraparound case

mngt to clients after they are permanently housed, incl mental health, connect to benefits, employment, emergency/one-time hsng subsidy. B) CoC agencies help clients in apply for & maintain MB, incl SSI, CalWORKs, VA benefits by addressing personal & system barriers, such as transport to appointments, gathering required docs, help w/application process. Local employers (Portola Hotel & Spa, Revival Ice Cream Company, Shanes Nursery, McDonalds, Taylor Farms, Full Steam Staffing) receive h/less clients from CoC programs into part-&full-time jobs. San Benito & Monterey Workforce Development Boards have MOUs w/CoC to prioritize h/less clients for access to jobs & training programs. C) CoC is collaborating w/local 211 services to divert those in need of prevention services directly to United Way – Emergency Rental Assistance Program operator & Emergency Food & Shelter Program (EFSP) - to help streamline those at risk of becoming h/less again quickly toward needed services & to help avoid backlogs in CES. CHSP member sits on the funding committee of the United Way & collaborates w/ United Way to fill gaps in funding in areas where prevention funds are needed. 3. PERSON RESPONSIBLE: Coalition of Homeless Services Providers, Roxanne Wilson.

2C-5.	**Increasing Employment Cash Income-Strategy.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	**your CoC's strategy to increase employment income;**
2.	**how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
3.	**provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.**

(limit 2,000 characters)

1. LMHCoC STRATEGY TO INCREASE EMPLOYMENT INCOME: The rate of adult system leavers in CoC-funded programs who increased their earned income grew from 14% in FY2019 to 26% in FY2020 (SPM 4.4). A) CoC-funded providers & partners to provide job training & education for CoC clients. Community Human Services (Safe Passage), CoC-funded youth provider supports their clients w/career planning, work skills dev, & encourages clients to attend school & work part-or full-time within 60 days of entering the program. Safe Passage coordinates educational services & facilitates enrollment in local colleges. Sandy Shores (CoC-funded PSH) helps clients connect w/Education Center at Monterey Peninsula College for enrollment & resources, incl financial aid, shower facilities. 2. LMHCoC WORKS W/MAINSTREAM EMPLOYMENT ORGS: LMHCoC partners w/Chamber of Commerce & Downtown Business Assn. to create strategies for connecting h/less clients to employment. Director of Health & Human Services, who oversees San Benito Workforce Dev, is a voting mbr of CoC Leadership Council, regularly attends CoC & Board meetings, votes on local CoC priorities, informs CoC mbrs of employment & training opportunities, & contributes to strategies for connecting h/less individuals to jobs & training. LMHCoC has a working relationship w/San Benito & Monterey County Workforce Dev, both of which signed support letters for LMHCoC YHDP app. Mbrs of Center for Employment Training & San Benito County Community Services & Workforce Development (SB CSWD) are voting mbrs of the Leadership Council. SB CSWD coordinates most shelter & hsng programs in San Benito County & facilitates a direct connection between hsng &

employment for its h/less residents & often hire people w/lived experience for their programs. 3. RESPONSIBLE: Services, Employment & Income Committee of LMHCoC

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

	Describe in the field below how your CoC:
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1.PROMOTED PARTNERSHIPS AND ACCESS TO EMPLOYMENT W/PRIVATE EMPL/EMPL ORGS: LMHCoC has MOUs with San Benito Dept of Community Service & Workforce Dev and Monterey County Workforce Dev Board to PRIORITIZE ACCESS TO EMPLOYMENT OPPORTUNITIES AND TRAINING for people experiencing homelessness. LMHCoC & its providers work directly with over 30 PRIVATE EMPLOYERS in various industries (pharmacy, hospitality, transport, security, food industry) and govt employers to provide job training, workshops, & employment placement. Veteran Transition Center, Community Human Services, and San Benito County have AGREEMENTS WITH PRIVATE EMPLOYERS to place their clients directly into jobs. 2.WORKING WITH PUBLIC AND PRIVATE ORGS TO PROVIDE ED/TRAINING/EMPLOYMENT OPPORTUNITIES: LMHCoC providers support PSH residents in accessing jobs: A) CoC-funded PSH providers (Interim, Inc.: Sandy Shores, MCHOPE & Shelter Plus Care & COSB: Helping Hands) provide JOB DEVELOPMENT & PLACEMENT SERVICES for their PSH residents. Interim, Inc. PSH residents are encouraged to obtain employment & are offered services through the Supported Employment & Education Program. Interim, Inc. has an agreement with Monterey County Behavioral Health Dept. & State Dept. of Rehab. To train & place their PSH clients into jobs as clinic wellness navigators. Interim, Inc. also HIRES THEIR OWN PSH CLIENTS into paid jobs in landscaping, maintenance, wellness navigation, community support & clerical work.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

1.LMHCoC STRATEGY TO INCREASE NONEMPL INCOME: 31% of adult system stayers in CoC-funded programs increased their non-emplt cash income (up from 30% in 2019). (SPM 4.2). 38% of adult system leavers in CoC-funded

programs increased their non-emplt cash income (up from 21% in 2019). (SPM 4.5). A) Monterey County (MC) DSS TRAIN PROGRAM STAFF on mainstream benefits (MB) (SSI/SSDI, CalWORKs, CalFresh, Medi-Cal, WIC, VA benefits, other state & local programs), eligibility criteria, app process, best practices in identifying & solving clients' personal & systemic barriers to accessing benefits. Program staff are encouraged to attend SSI/SSDI Outreach, Access, & Recovery trainings as well as joint CoC/DSS trainings on MB. CoC has scheduled a Case Management Resource Fair where services & MB providers can provide info to CoC case mngrs. B) PRIORITIZE FOR FUNDING agencies that show high rates of connecting clients w/ MB & support to maintain MB. 2. LMHCoC STRATEGY TO INCREASE ACCESS TO NONEMPL INCOME: A) Case mngrs at each CoC program assess client income & help identify MB for which each client might be eligible to maximize non-employment cash income potential. B) program staff assist clients in completing DSS app related to TANF, food stamps, general assistance & other MB. CoC veteran services providers partner w/ local VA & Veteran Resource Officer to help connect h/less veterans w/VA benefits. Program staff help clients solve barriers to accessing MB, by providing transportation to appointments, gathering & submitting documentation, filling out benefits apps, connecting w/ appropriate govt agency staff to submit & follow up on apps. C) CoC agencies follow up w/clients at least annually to ensure benefits are renewed & provide additional support (transportation, obtaining & submitting renewal documents& verifications). D) CoC has invited MC DSS to hold events onsite at h/less programs to help enroll clients into MB & check app status. 3. RESPONSIBLE: CHSP, LMHCoC Employment Services & Income Committee.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	**Private organizations**	No
2.	**State or local government**	No
3.	**Public Housing Agencies, including use of a set aside or limited preference**	No
4.	**Faith-based organizations**	No
5.	**Federal programs other than the CoC or ESG Programs**	No

3A-2.	**New PSH/RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

3A-2a.	**Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.b.	

1.	**Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?**	Yes
2.	**Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?**	Yes

3A-3.	**Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.**	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
Housing Resource ...	RRH	5	Healthcare

3A-3. List of Projects.

1. What is the name of the new project?	Housing Resource Center
2. Select the new project type:	RRH
3. Enter the rank number of the project on your CoC's Priority Listing:	5
4. Select the type of leverage:	Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

3B-1.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

n/a

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

3C-1.	**Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

n/a

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	**SSO Coordinated Entry**	No
2.	**PH-RRH or Joint TH/RRH Component**	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	**Number of Domestic Violence Survivors in Your CoC's Geographic Area.**	
	NOFO Section II.B.11.	

1.	**Enter the number of survivors that need housing or services:**	703
2.	**Enter the number of survivors your CoC is currently serving:**	350
3.	**Unmet Need:**	353

4A-2a.	**Calculating Local Need for New DV Projects.**	
	NOFO Section II.B.11.	

Describe in the field below:

1.	**how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or**
3.	**if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.**

(limit 2,000 characters)

1.CALCULATING NUMBER OF DV NEED: San Benito County (SBC) reported about 282 h/less individuals in the 2019 PIT count; Monterey (MC) reported 2422 (2704 combined total). According to the 2019 PIT survey, about 26% (or 703 individuals) of the h/less individuals surveyed reported having history of VD, sexual assault, abuse or stalking. Currently, the CoC geographic area has about 79 total DV shelter beds, no DV dedicated RRH or TH. All DV programs in the CoC areas are currently at capacity & have waiting list. The current ES beds are able to serve about 350 individuals per year. Thus, MC & SBC DV ES are not able to accommodate about 353 h/less individuals w/ history of DV. KSBW news recently reported that due to the COVID-19 pandemic there has been a 60% increase in demand for DV services & a 40% increase in DV calls to crisis hotline in the neighboring counties. YWCA DV shelter alone reported at least 40 people on the waiting list during the pandemic. While exact numbers of DV survivors in need of hsng is difficult to determine due to lack of reliable data, it is reasonable to assume that at least 353 individuals w/ history of DV who are not currently being served by h/less system of care are in need of DV shelter beds & PH. 2.DATA SOURCE: 2019 PIT for MC & SBC; 2020 MC & SBC HIC; KSBW https://www.ksbw.com/article/domestic-violence-services-spike-in-monterey-santa-cruz-counties-during-stay-at-home-order/32102602#, YWCA Monterey County, Community Homeless Solutions. 3.BARRIERS TO MEETING DV NEEDS: CoC IS CURRENTLY UNABLE TO MEET THE NEED of all DV survivors, as they currently have only 2 primary victim services provider (YWCA & Community H/less Solutions). The two agencies have about 59 DV shelter beds in Monterey County & 20 beds in San Benito & serve approximately 350 individuals per year. The providers are limited by the number of beds & the amount of funding they have. The largest barrier is lack of funding resources to be able to provide hsng & services to all who need them.

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.**	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Community Homeles...
YWCA

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	**Applicant Name**	Community Homeless Solutions
2.	**Rate of Housing Placement of DV Survivors–Percentage**	90.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	95.00%

4A-4a.	**Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).**

(limit 1,000 characters)

1.HOW PROJECT APPLICANTS CALCULATE RATE OF HOUSING PLACEMENT: Project staff regularly review client case plan while clients are in the program and track who is exiting to permanent housing. Project staff also report to the Monterey and San Benito counties and other grantors with de-identified aggregate case data, including exits from the program and reentry into the program. Projects also follow up with clients after the client is placed in permanent housing to see whether the client is able to successfully maintain housing. Clients who reenter homelessness are tracked without identifying information. 2.DATA SOURCE: projects' internal data tracking spreadsheets and projects reports to the San Benito and Monterey counties.

4A-4b.	**Providing Housing to DV Survivor–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	**ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;**
2.	**prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;**
3.	**connected survivors to supportive services; and**

4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 characters)

1.QUICKLY MOVE DV SURVIVORS INTO AFFORDABLE SAFE HSNG: Community Homeless Solutions (CHS) case mngrs & hsng navigators help client to identify client's unique hsng needs, incl safe hsng locations, hsng safety features, affordability, any barriers to obtaining hsng quickly. Case mngrs investigate whether the client is already on waiting lists at PHA or other affordable hsng projects & inform hsng provider of the changed circumstances to help client obtain hsng more quickly if a DV or h/less preference is available. CHS use Hsng First approach to place clients into hsng quickly without preconditions or service requirements. Projects provide move-in assistance (rental app fees, security deposits, utility payments) & emotional support to help guide their clients toward stability in PH. 2. PRIORITIZATION USED FOR DV: CHS inform CES staff when beds become available, attend case conferences & accept referrals from CES. CES prioritizes DV survivors for VSPs & other programs with highest VI-SPDAT receiving highest priority. Because CHS operate DV shelter programs & are not currently CoC or ESG funded, they accept clients outside of CES system as well. 3. CONNECT SURVIVORS TO SERVICES: Services are provided in-house by CHS in groups or individually, incl case mngt, safety planning, hsng search & placement assistance, counseling/therapy for adults & children, children's group activities, emergency food & clothing, criminal justice & social service advocacy, assistance with accessing benefits, assistance at court accompaniment, connection to employment, financial literacy & planning. Participation in services is voluntary & driven by client's individual case plan. 4. MOVE SURVIVORS INTO SUSTAINABLE HSNG: CHS will provide up to 6 months of rental assistance, ongoing case mngt & services after rental assistance ends to ensure that clients are able to follow through with the action plan or adjust the plan as needed.

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

1.TRAIN STAFF ON SAFETY PLANNING: Community Homeless Solutions trains staff to protect the physical & emotional safety of DV survivors. Community Homeless Solutions staff working directly with clients must take 40-hour DV cert training required by the state, incl safety planning, trauma-informed care, motivational interview techniques. 2. PRIVATE INTAKE SPACE: Community Homeless Solutions have a confidential space for intake &

interviews with clients w/doors & windows that can be closed. Project staff use white noise machines or humidifiers to ensure conversation can't be heard outside the office door. 3. CONDUCT SEPARATE INTERVIEWS W/EACH MEMBER OF A COUPLE: Community Homeless Solutions clients are individual DV survivors, not couples. 4. SURVIVORS ID WHAT IS SAFE FOR THEM: Community Homeless Solutions staff interview DV Survivors to identify hsng options that are safe for each individual client, incl proximity to abuser, client's choice, proximity to family or cultural affiliations/orgs, hsng security features. Case mngrs create safety plans to keep client safe in the hsng of their choice. Case managers & hsng navigators have extensive experience & connections with landlords in the community to help clients find & secure hsng of their choice. 5. OTHER SAFETY IN CONGREGATE DV: Community Homeless Solutions operates a DV ES program. All congregate facilities have cameras on the perimeter of the buildings, front desk staff screen anyone going in or out of the building, common areas inside the building do not face the street, outdoor areas are fenced in & do not face the street. Areas are well lit, locked & monitored by staff at all times. All visitors need authorization to enter premises. 6. KEEPING LOCATION CONFIDENTIAL: entry is limited to staff, clients, essential support, & vendors. All visitors are screened, educated on the importance of keeping the location confidential & required to sign confidentiality agreements. Staff never disclose the address of the location in any media or marketing materials. Clients are asked to walk a few blocks from the premises to make calls or meet with anyone.

4A-4c.1.	**Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

Community Homeless Solutions will look at the following data to evaluate its ability to ensure the safety of its clients: the number of households who secure move-in dates as a result of participating in the Project; the number of households that remain in housing for more than 6 months; the number of households who exit the Project into permanent housing. Households with secure move-in dates, that stay in housing for more than 6 months, and exit into permanent housing are an improvement in safety since the victim/household is away from the abuser or unsafe condition. Project will also review the number of households (enrolled in the Project or housed) with an increase in cash income; number of households (in the Project or housed) with increase in benefits, non-cash income; the number of households (in the Project or housed) that are engaged or referred to employment services. Increasing benefits and services helps the household to gain independence and stability which in turn helps to improve their housing situation and level of safety. Projects will also evaluate the number of households that develop a safety plan while enrolled in the Project or housed and the number of households that update their safety plan while enrolled in the Project or housed. Developing and updating personalized safety plans helps to prevent the possibility of harm or abuse and clearly enhances Project participant safety. Finally, the project will review the number of households that indicate in a Project-sponsored survey whether Project

services improved their safety.

4A-4d.	**Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	**prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offering support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1.PARTICIPANT CHOICE, RAPID PLACEMENT & STABILIZATION IN PH: COMMUNITY H/LESS SOLUTIONS prioritize program participant choice & rapid placement & stabilization in permanent housing consistent with participants' preferences. The case manager employs motivational interviewing techniques & principles of trauma informed care to ensure clients understand they are the decision makers in determining where they live, the type of housing they live in. The case managers work with each client to find housing opportunities in the areas selected by the client & explore residential houses, duplexes, apartments, condos, affordable housing programs, tiny homes, accessory dwelling units & trailer homes. Handicap accessible units are identified as needed. 2. MAINTAIN AGENCY & MUTUAL RESPECT: COMMUNITY H/LESS SOLUTIONS establish & maintain an environment of agency & mutual respect, do not use punitive interventions, ensure program participant staff interactions are based on equality & minimize power differentials. COMMUNITY H/LESS SOLUTIONS place each survivor's priorities, needs, & interests at the center of program activities & services. Staff provide support & info to enable clients to make informed choices. COMMUNITY H/LESS SOLUTIONS employ trauma informed care principles & practices to provide safe, confidential housing; create trust & transparency, offer peer support, take a collaborative approach to daily living activities, empower clients & provide them with voice & choice, & ensure staff respond to the cultural/linguistic needs of clients. Also, staff use active listening, effective communication techniques, exercise patience & transparency to develop trust, practice motivational interviewing skills, & enhance a sense of worth & self-efficacy so clients can begin to address their traumas & work toward stable housing. COMMUNITY H/LESS SOLUTIONS follows Housing First, Victim-Centered, & Trauma-Informed Care principles. 3. PROVIDE PARTICIPANTS INFO ON TRAUMA: COMMUNITY H/LESS SOLUTIONS train staff on providing program participants with info on trauma. COMMUNITY H/LESS SOLUTIONS

work with counselors to educate clients on the cycle of DV, power dynamics & impact of DV on children. 4. EMPHASIZE PARTICIPANTS STRENGTH: COMMUNITY H/LESS SOLUTIONS emphasize program participants' strengths & provide strength-based coaching; assessment tools include assessments of program participants strengths & case plans are geared to help clients works towards the goals & aspirations identified by the client. Staff also bring to the client case planning the strengths they notice in the client, like patience, or unique skills they see the client possess. 5. CULTURAL COMPETENCE: centering on cultural responsiveness & inclusivity, staff are trained on equal access, cultural competence, nondiscrimination. Two-thirds of DV clients are Hispanic. COMMUNITY H/LESS SOLUTIONS employ bilingual, bicultural (Spanish/Latino) staff with deep understanding of the culture & its impact on family ties & unique cultural perspective of DV. Services are provided in a culturally sensitive manner & staff respond to the cultural/linguistic needs of clients. During all advocacy & service provision, staff follow protocols that are built around six principles of a trauma-informed approach: safety; trustworthiness & transparency; peer support; collaboration & mutuality; empowerment voice & choice; cultural, historical, & gender issues. Projects also employ people with history of DV who help bring their perspective to the program & provide peer support. 6. CONNECTIONS FOR PROGRAM PARTICIPANTS: COMMUNITY H/LESS SOLUTIONS provide opportunities for connection for program participants such as groups, mentorships, peer support, spiritual needs. COMMUNITY H/LESS SOLUTIONS offer peer support, take a collaborative approach to daily living activities, such as cooking & eating together, & promote social/community activities to integrate clients into the program & local community. At the core of program services is victim-centered approach. The program places each survivor's priorities, needs, & interests at the center of program activities & services & strives to bring the services & supports that are needed for the clients. 7. SUPPORT FOR PARENTS: COMMUNITY H/LESS SOLUTIONS offers support for parenting, including connection to parenting classes & subsidized childcare. Case managers help connect clients with childcare services & help clients to create a plan on how to inform childcare providers/schools on who is/who is not authorized to take the child/ren, keep a photo of the abuser at children's school so they can be alerted if he shows up. Children can stay at the facility (under the supervision of staff & client volunteers) while parents go to work. With the help of local community, faith-based providers & local women's groups, projects hold events that include kids activities to give parents a break, including various holiday events. Clients also support each other with childcare.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

TYPE OF SUPPORTIVE SERVICES PROVIDED: Program participants have access to all basic needs, including housing navigation, legal services for

restraining orders and immigration issues, counselling, legal advocacy and court accompaniment, 24 -hour domestic violence crisis line, case management services for survivors of human trafficking, bilingual therapy services, support groups, and emergency clothing and food, financial literacy, help securing personal documents, applying for benefits, re-entering the education systems, opening a savings account, employment connection, peer support and group support, connection to childcare and other children's services. Community Homeless Solutions also provides refuge for pets while clients are in shelter. 2. PROVIDING SERVICES: examples of how the project applicant provided the supportive services to domestic violence survivors: Where possible, services are provided in-house by the project applicants. Projects strive to bring the needed services, classes and support in-house frequently to ensure that DV shelter guests can participate in the environment where they feel safe. Where the client does not feel comfortable participating in group classes, staff offers individual sessions. Services are offered and are never mandatory. Which services the client participates in depends on their individual case plan and their readiness to participate.

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offer support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1.PARTICIPANTS CHOICE & RAPID PLACEMENT IN HSNG: COMMUNITY HOMELESS SOLUTIONS will use new DV bonus funding to expand their existing program to assist more clients. Program models will remain the same as described above & will continue to focus on rapidly hsng clients in PH of their choice. Funding will be used on additional case mngt staff & flexible hsng/rental assistance. Funding will also help extend financial assistance for clients who are not hsng stable after 6 mths & need more time to become independent. COMMUNITY HOMELESS SOLUTIONS will prioritize client's choice & rapid placement & stabilization in PH consistent w/participants' preferences. The case mngrs will work w/each client to find hsng in the areas selected by the client & explore residential houses, duplexes, apartments, condos, affordable hsng programs, tiny homes, accessory dwelling units, & trailer homes. Handicap accessible units are identified as needed. 2. MAINTAIN AGENCY & MUTUAL RESPECT: COMMUNITY HOMELESS SOLUTIONS will continue to maintain

an environment of mutual respect w/clients & ensure that participant-staff interactions are based on equality & minimize power differentials. COMMUNITY HOMELESS SOLUTIONS will continue to follow Hsng First, Victim-Centered, & Trauma-Informed Care principles, use active listening, effective communication techniques, exercise patience & transparency to develop trust, practice motivational interviewing skills, & enhance a clients' sense of worth & self-efficacy so clients can begin to address their trauma & work toward stable hsng. 3. PROVIDE PARTICIPANTS INFO ON TRAUMA: COMMUNITY HOMELESS SOLUTIONS will train staff regularly on providing program participants w/info on trauma. COMMUNITY HOMELESS SOLUTIONS has therapists & all staff received mandated 40 hours of DV cert training. Where culture plays an important role in family or DV dynamics, staff w/deep cultural understanding will provide case mngt & education around DV in the language of client's choice. COMMUNITY HOMELESS SOLUTIONS works w/therapists to provide therapy & education so clients understand the cycle of DV, power dynamics & impact of DV on children. 4. EMPHASIZE PARTICIPANTS STRENGTH: COMMUNITY HOMELESS SOLUTIONS will continue to emphasize program participants' strengths & build the client case plan based on the strength clients have identified or are exhibiting. Staff will help clients identify paths to independence utilizing the skills & strengths clients have. Staff will provide every opportunity for the client to determine their path & priorities to help clients regain their confidence & control of their lives. 5. CULTURAL COMPETENCE: COMMUNITY HOMELESS SOLUTIONS will center on cultural responsiveness & inclusivity, staff are trained on equal access, cultural competence, nondiscrimination. Two-thirds of DV clients are Hispanic. COMMUNITY HOMELESS SOLUTIONS will employ bilingual, bicultural (Spanish/Latino) staff w/deep understanding of the culture & its impact on family ties & unique cultural perspective of DV. Services will be provided in a culturally sensitive manner & staff will respond to the cultural/linguistic needs of clients. COMMUNITY HOMELESS SOLUTIONS will employ people w/history of DV who help bring their perspective to the program & provide peer support. 6. CONNECTIONS FOR PROGRAM PARTICIPANTS: COMMUNITY HOMELESS SOLUTIONS will continue to provide opportunities for connection for clients, including groups, mentorships, peer support, spiritual need, classes, childcare sharing & holiday celebrations. COMMUNITY HOMELESS SOLUTIONS will continue to utilize the same facilities which already provide ample opportunity for community events & every-day interactions. Project staff will continue to encourage clients to build supports & relationships w/each other & outside the shelter. COMMUNITY HOMELESS SOLUTIONS will take a collaborative approach to daily living activities, such as cooking & eating together, & promote social/community activities to integrate clients into the program & local community. 7. SUPPORT FOR PARENTS: COMMUNITY HOMELESS SOLUTIONS will continue to offer support for parenting, including connecting to parenting classes, providing childcare opportunities at their facilities or by connecting to other childcare agencies who can provide quality affordable childcare to allow clients to seek employment, education or pursue other priorities on their case plan. Case mngrs will help clients to create a plan on how to inform childcare providers/schools on who is/is not authorized to take the child/ren, keep a photo of the abuser at children's school so they can be alerted if he shows up. Children will be able to stay at the facility (under the supervision of staff & client volunteers) while parents go to work. W/the help of local community, faith-based providers & local women's groups, projects will hold events that include kids activities to give parents a break, including various holiday events. Clients will also support each other w/childcare.

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	YWCA
2.	Rate of Housing Placement of DV Survivors–Percentage	79.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	79.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1.HOW PROJECT APPLICANTS CALCULATE RATE OF HOUSING PLACEMENT: Project staff regularly review client case plan while clients are in the program and track who is exiting to permanent housing. Project staff also report to the Monterey and San Benito counties and other grantors with de-identified aggregate case data, including exits from the program and reentry into the program. Projects also follow up with clients after the client is placed in permanent housing to see whether the client is able to successfully maintain housing. Clients who reenter homelessness are tracked without identifying information. 2.DATA SOURCE: projects' internal data tracking spreadsheets and projects reports to the San Benito and Monterey counties.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;

3.	**connected survivors to supportive services; and**
4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 characters)

1.QUICKLY MOVE DV SURVIVORS INTO AFFORDABLE SAFE HSNG: YWCA case mngrs & hsng navigators help client to identify client's unique hsng needs, incl safe hsng locations, hsng safety features, affordability, any barriers to obtaining hsng quickly. Case mngrs investigate whether the client is already on waiting lists at PHA or other affordable hsng projects & inform hsng provider of the changed circumstances to help client obtain hsng more quickly if a DV or h/less preference is available. YWCA use Hsng First approach to place clients into hsng quickly without preconditions or service requirements. Projects provide move-in assistance (rental app fees, security deposits, utility payments) & emotional support to help guide their clients toward stability in PH. 2. PRIORITIZATION USED FOR DV: YWCA inform CES staff when beds become available, attend case conferences & accept referrals from CES. CES prioritizes DV survivors for VSPs & other programs with highest VI-SPDAT receiving highest priority. Because YWCA operate DV shelter programs & are not currently CoC or ESG funded, they accept clients outside of CES system as well. 3. CONNECT SURVIVORS TO SERVICES: Services are provided in-house by YWCA in groups or individually, incl case mngt, safety planning, hsng search & placement assistance, counseling/therapy for adults & children, children's group activities, emergency food & clothing, criminal justice & social service advocacy, assistance with accessing benefits, assistance at court accompaniment, connection to employment, financial literacy & planning. Participation in services is voluntary & driven by client's individual case plan. 4. MOVE SURVIVORS INTO SUSTAINABLE HSNG: YWCA will provide up to 6 months of rental assistance, ongoing case mngt & services after rental assistance ends to ensure that clients are able to follow through with the action plan or adjust the plan as needed.

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

1.TRAIN STAFF ON SAFETY PLANNING: YWCA trains staff to protect the physical & emotional safety of DV survivors. YWCA staff working directly with clients must take 40-hour DV cert training required by the state, incl safety planning, trauma-informed care, motivational interview techniques. 2. PRIVATE

INTAKE SPACE: YWCA have a confidential space for intake & interviews with clients w/doors & windows that can be closed. Project staff use white noise machines or humidifiers to ensure conversation can't be heard outside the office door. 3. CONDUCT SEPARATE INTERVIEWS W/EACH MEMBER OF A COUPLE: YWCA clients are individual DV survivors, not couples. 4. SURVIVORS ID WHAT IS SAFE FOR THEM: YWCA staff interview DV Survivors to identify hsng options that are safe for each individual client, incl proximity to abuser, client's choice, proximity to family or cultural affiliations/orgs, hsng security features. Case mngrs create safety plans to keep client safe in the hsng of their choice. Case managers & hsng navigators have extensive experience & connections with landlords in the community to help clients find & secure hsng of their choice. 5. OTHER SAFETY IN CONGREGATE DV: YWCA operates a DV ES & a DV step-down temp hsng program. All congregate facilities have cameras on the perimeter of the buildings, front desk staff screen anyone going in or out of the building, common areas inside the building do not face the street, outdoor areas are fenced in & do not face the street. Areas are well lit, locked & monitored by staff at all times. All visitors need authorization to enter premises. 6. KEEPING LOCATION CONFIDENTIAL: entry is limited to staff, clients, essential support, & vendors. All visitors are screened, educated on the importance of keeping the location confidential & required to sign confidentiality agreements. Staff never disclose the address of the location in any media or marketing materials. Clients are asked to walk a few blocks from the premises to make calls or meet with anyone.

4A-4c.1.	**Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

YWCA MC provides an assessment form that helps measure a client's level of awareness about community resources and where to seek help if there is an emergency or domestic violence incident. Staff ensure that all clients have an emergency plan and gather data on whether or not a client will return to their abuser. The programs measure survivor empowerment within the domain of safety. The evaluation is available in English and Spanish and demonstrates a correlation and high reliability and validity with survivors seeking services and how they feel after receiving them. YWCA will utilize the surveys to make an assessment of how the services are performing and if there is a need for change/ restructuring of services.

4A-4d.	**Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	**prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**

2.	**establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offering support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1.PARTICIPANT CHOICE, RAPID PLACEMENT AND STABILIZATION IN PH: YWCA prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences. The case manager employs motivational interviewing techniques and principles of trauma informed care to ensure clients understand they are the decision makers in determining where they live, the type of housing they live in. The case managers work with each client to find housing opportunities in the areas selected by the client and explore residential houses, duplexes, apartments, condos, affordable housing programs, tiny homes, accessory dwelling units (ADUs), and trailer homes. Handicap accessible units are identified as needed. 2. MAINTAIN AGENCY AND MUTUAL RESPECT: YWCA establish and maintain an environment of agency and mutual respect, do not use punitive interventions, ensure program participant staff interactions are based on equality and minimize power differentials. YWCA place each survivor's priorities, needs, and interests at the center of program activities and services. Staff provide support and information to enable clients to make informed choices. YWCA employ trauma informed care principles and practices to provide safe, confidential housing; create trust and transparency, offer peer support, take a collaborative approach to daily living activities, empower clients and provide them with voice and choice, and ensure staff respond to the cultural/linguistic needs of clients. Also, staff use active listening, effective communication techniques, exercise patience and transparency to develop trust, practice motivational interviewing skills, and enhance a sense of worth and self-efficacy so clients can begin to address their traumas and work toward stable housing. YWCA follows Housing First, Victim-Centered, and Trauma-Informed Care principles. 3.PROVIDE PARTICIPANTS INFO ON TRAUMA: YWCA train staff on providing program participants with information on trauma. YWCA work with therapists to provide psycho-therapy and psycho-education so clients understand the cycle of domestic violence, power dynamics and impact of DV on children. 4. EMPHASIZE PARTICIPANTS STRENGTH: YWCA emphasize program participants' strengths and provide strength-based coaching; assessment tools include assessments of program participants strengths and case plans are geared to help clients works towards the goals and aspirations identified by the client. Staff also bring to the client case planning the strengths they notice in the client, like patience, or unique skills they see the client possess. 5.CULTURAL COMPETENCE: centering on cultural responsiveness and inclusivity, staff are trained on equal access, cultural competence, nondiscrimination. Two-thirds of DV clients are Hispanic. YWCA employ bilingual, bicultural (Spanish/Latino) staff with deep understanding of the culture and its impact on family ties and unique cultural

perspective of DV. Services are provided in a culturally sensitive manner and staff respond to the cultural/linguistic needs of clients. During all advocacy and service provision, staff follow protocols that are built around six principles of a trauma-informed approach: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment voice and choice; cultural, historical, and gender issues. Projects also employ people with history of DV who help bring their perspective to the program and provide peer support. 6.CONNECTIONS FOR PROGRAM PARTICIPANTS: YWCA provide opportunities for connection for program participants such as groups, mentorships, peer support, spiritual needs. YWCA offer peer support, take a collaborative approach to daily living activities, such as cooking and eating together, and promote social/community activities to integrate clients into the program and local community. At the core of program services is victim-centered approach. The program places each survivor's priorities, needs, and interests at the center of program activities and services and strives to bring the services and supports that are needed for the clients. 7.SUPPORT FOR PARENTS: YWCA offers support for parenting, including connection to parenting classes and subsidized childcare. Case managers help connect clients with childcare services and help clients to create a plan on how to inform childcare providers/schools on who is/who is not authorized to take the child/ren, keep a photo of the abuser at children's school so they can be alerted if he shows up. Children can stay at the facility (under the supervision of staff and client volunteers) while parents go to work. With the help of local community, faith-based providers and local women's groups, projects hold events that include kids activities to give parents a break, including various holiday events. Clients also support each other with childcare.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

1. TYPE OF SUPPORTIVE SERVICES PROVIDED: Program participants have access to all basic needs, including housing navigation, legal services for restraining orders and immigration issues, counselling/therapy, legal advocacy and court accompaniment, 24 -hour domestic violence crisis line, case management services for survivors of human trafficking, bilingual therapy services, psychoeducational support groups, and emergency clothing and food, financial literacy, help securing personal documents, applying for benefits, re-entering the education systems, opening a savings account, employment connection, peer support and group support, connection to childcare and other children's services. YWCA also provides refuge for pets while clients are in shelter. 2. PROVIDING SERVICES: examples of how the project applicant provided the supportive services to domestic violence survivors: Where possible, services are provided in-house by the project applicants. Projects strive to bring the needed services, classes and support in-house frequently to ensure that DV shelter guests can participate in the environment where they

feel safe. Where the client does not feel comfortable participating in group classes, staff offers individual sessions. Services are offered and are never mandatory. Which services the client participates in depends on their individual case plan and their readiness to participate.

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offer support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1.PARTICIPANTS CHOICE & RAPID PLACEMENT IN HSNG: YWCA will use new DV bonus funding to expand their existing program to assist more clients. Program models will remain the same as described above & will continue to focus on rapidly hsng clients in PH of their choice. Funding will be used on additional case mngt staff & flexible hsng/rental assistance. Funding will also help extend financial assistance for clients who are not hsng stable after 6 mths & need more time to become independent. YWCA will prioritize client's choice & rapid placement & stabilization in PH consistent w/participants' preferences. The case mngrs will work w/each client to find hsng in the areas selected by the client & explore residential houses, duplexes, apartments, condos, affordable hsng programs, tiny homes, accessory dwelling units, & trailer homes. Handicap accessible units are identified as needed. 2. MAINTAIN AGENCY & MUTUAL RESPECT: YWCA will continue to maintain an environment of mutual respect w/clients & ensure that participant-staff interactions are based on equality & minimize power differentials. YWCA will continue to follow Hsng First, Victim-Centered, & Trauma-Informed Care principles, use active listening, effective communication techniques, exercise patience & transparency to develop trust, practice motivational interviewing skills, & enhance a clients' sense of worth & self-efficacy so clients can begin to address their trauma & work toward stable hsng. 3. PROVIDE PARTICIPANTS INFO ON TRAUMA: YWCA will train staff regularly on providing program participants w/info on trauma. YWCA has therapists & all staff received mandated 40 hours of DV cert training. Where culture plays an important role in family or DV dynamics, staff w/deep cultural understanding will provide case mngt & education around DV in the language of client's choice. YWCA works w/therapists to provide psycho-therapy & psycho-education so clients understand the cycle of DV, power dynamics & impact of DV on children. 4. EMPHASIZE PARTICIPANTS

STRENGTH: YWCA will continue to emphasize program participants' strengths & build the client case plan based on the strength clients have identified or are exhibiting. Staff will help clients identify paths to independence utilizing the skills & strengths clients have. Staff will provide every opportunity for the client to determine their path & priorities to help clients regain their confidence & control of their lives. 5. CULTURAL COMPETENCE: YWCA will center on cultural responsiveness & inclusivity, staff are trained on equal access, cultural competence, nondiscrimination. Two-thirds of DV clients are Hispanic. YWCA will employ bilingual, bicultural (Spanish/Latino) staff w/deep understanding of the culture & its impact on family ties & unique cultural perspective of DV. Services will be provided in a culturally sensitive manner & staff will respond to the cultural/linguistic needs of clients. YWCA will employ people w/history of DV who help bring their perspective to the program & provide peer support. 6. CONNECTIONS FOR PROGRAM PARTICIPANTS: YWCA will continue to provide opportunities for connection for clients, including groups, mentorships, peer support, spiritual need, classes, childcare sharing & holiday celebrations. YWCA will continue to utilize the same facilities which already provide ample opportunity for community events & every-day interactions. Project staff will continue to encourage clients to build supports & relationships w/each other & outside the shelter. YWCA will take a collaborative approach to daily living activities, such as cooking & eating together, & promote social/community activities to integrate clients into the program & local community. 7. SUPPORT FOR PARENTS: YWCA will continue to offer support for parenting, including connecting to parenting classes, providing childcare opportunities at their facilities or by connecting to other childcare agencies who can provide quality affordable childcare to allow clients to seek employment, education or pursue other priorities on their case plan. Case mngrs will help clients to create a plan on how to inform childcare providers/schools on who is/is not authorized to take the child/ren, keep a photo of the abuser at children's school so they can be alerted if he shows up. Children will be able to stay at the facility (under the supervision of staff & client volunteers) while parents go to work. W/the help of local community, faith-based providers & local women's groups, projects will hold events that include kids activities to give parents a break, including various holiday events. Clients will also support each other w/childcare.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/09/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/09/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/09/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/09/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/09/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting-Pr...	11/09/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting-Pr...	11/09/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/09/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting-Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting-Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Healthcare Formal Agreement

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/04/2021
1B. Inclusive Structure	11/08/2021
1C. Coordination	11/09/2021
1C. Coordination continued	11/09/2021
1D. Addressing COVID-19	11/09/2021
1E. Project Review/Ranking	11/10/2021
2A. HMIS Implementation	11/09/2021
2B. Point-in-Time (PIT) Count	11/09/2021
2C. System Performance	11/09/2021
3A. Housing/Healthcare Bonus Points	11/09/2021
3B. Rehabilitation/New Construction Costs	11/09/2021

3C. Serving Homeless Under Other Federal Statutes	11/09/2021
4A. DV Bonus Application	11/10/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

CA-506 Salinas/Monterey, San Benito Counties Continuum of Care

FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: CE ASSESSMENT TOOL (Question 1C-14)

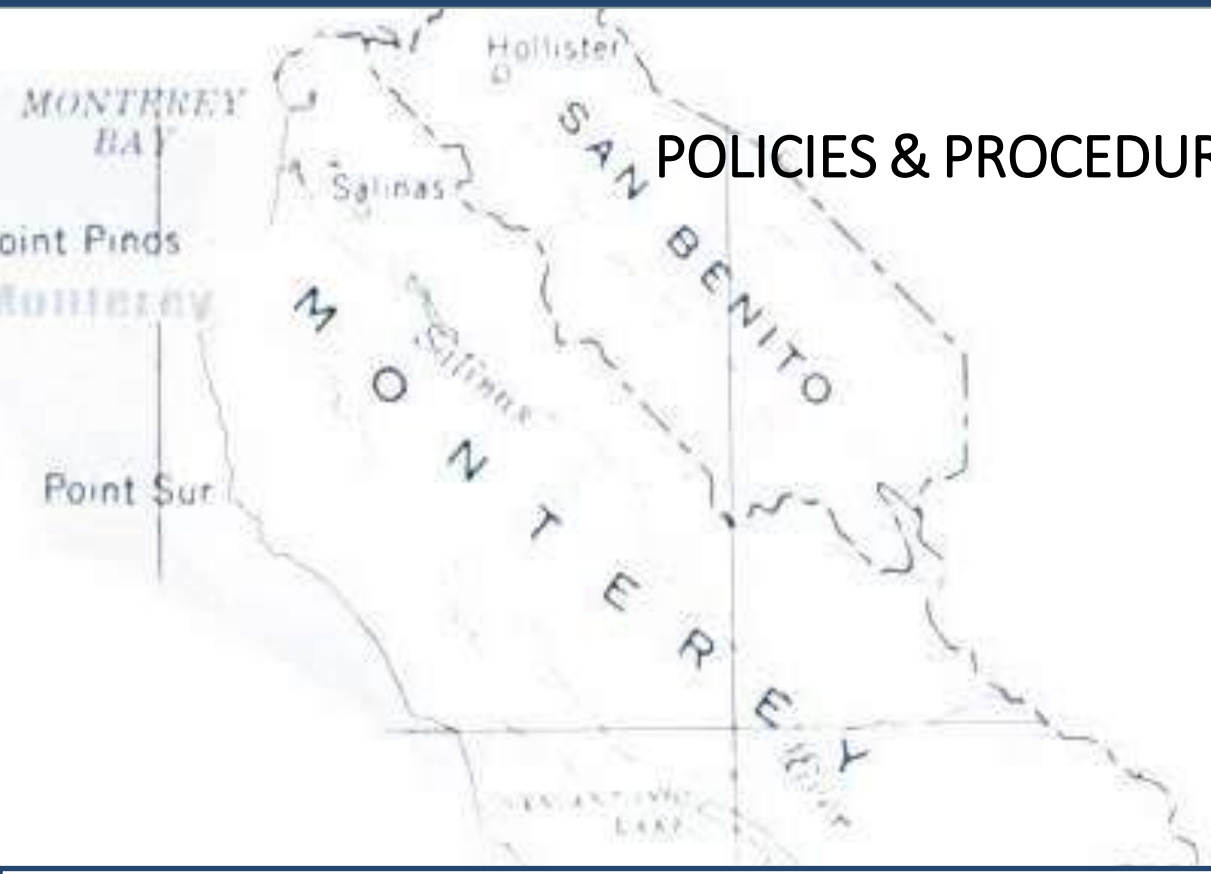
BACKGROUND

This attachment includes excerpts from the written Coordinated Entry policies of the Salinas/Monterey, San Benito Counties Continuum of Care, showing that the CoC uses the VI-SPDAT as a standard assessment tool for all incoming clients, as well as a copy of each VI-SPDAT used (Single Adult VI-SPDAT, Family VI-SPDAT, Transition Age Youth VI-SPDAT).

TABLE OF CONTENTS

Coordinated Assessment and Referral System

Monterey & San Benito Counties



POLICIES & PROCEDURES MANUAL

Prepared by the Coalition of Homeless Services Providers

August 2021

Version 2

Additional information can be found at CHSP of Homeless Service Provider's website: https://chsp.org/coordinated-entry/.

Assessment

Standardized Assessment Tool – VI SPDAT

As mentioned above, CARS uses the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as the standard assessment tool. The VI-SPDAT is built into the HMIS, facilitating participation in CARS by programs that do not use HMIS.

The CoC assesses all clients using the VI-SPDAT

The VI-SPDAT is completed in HMIS with all individuals and families who are homeless under HUD's definition of homelessness. The assessment can be conducted by any qualified agency or program participating in CARS.

See SOP documentation for more information.

Training and Authorization of Users

As mentioned above, the VI-SPDAT can only be conducted by agency staff (or volunteers who are connected to the agency) who have successfully completed training and been authorized by CHSP as the CARS lead agency. Trainings are coordinated by CoC staff and include but are not limited to training on:

- Using HMIS ServicePoint
- Completing the VI-SPDAT (conducted by OrgCode or a certified local trainer)
- Communicating with clients about coordinated entry and answering their questions.

Pre-Screening

As a first step, the individual or family should be asked basic pre-screening questions to determine if they need homelessness assistance, whether they have already received the VI-SPDAT, and whether they are a member of special population requiring specialized assistance.

If the individual or family is not homeless, the assessment process should not be continued. Rather, they should be provided or directed to other more appropriate services, e.g., prevention services if they are at risk of homelessness.

If the individual or family does need homelessness assistance, staff should check HMIS to see if they have already received the VI-SPDAT in the past year. If not, or if it seems their situation has changed significantly since the last time, the assessment can proceed as an Interim Update do their CARS Entry.

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. **SCORE:**

1 (800) 355-0420 info@orgcode.com www.orgcode.com

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	**SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	**SCORE:**

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? ____ ☐ Refused

b) Taken an ambulance to the hospital? ____ ☐ Refused

c) Been hospitalized as an inpatient? ____ ☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

8. Does anybody force or trick you to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ **Y** ☐ N ☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
19. When you are sick or not feeling well, do you avoid getting help?	☐ **Y**	☐ N	☐ Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?	☐ **Y**	☐ N	☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	☐ **Y**	☐ N	☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern?	☐ **Y**	☐ N	☐ Refused
b) A past head injury?	☐ **Y**	☐ N	☐ Refused
c) A learning disability, developmental disability, or other impairment?	☐ **Y**	☐ N	☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	**SCORE:**

27. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**	**SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/4
D. WELLNESS	/6
GRAND TOTAL:	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no housing intervention
4-7:	an assessment for Rapid Re-Housing
8+:	an assessment for Permanent Supportive Housing/Housing First

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

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- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
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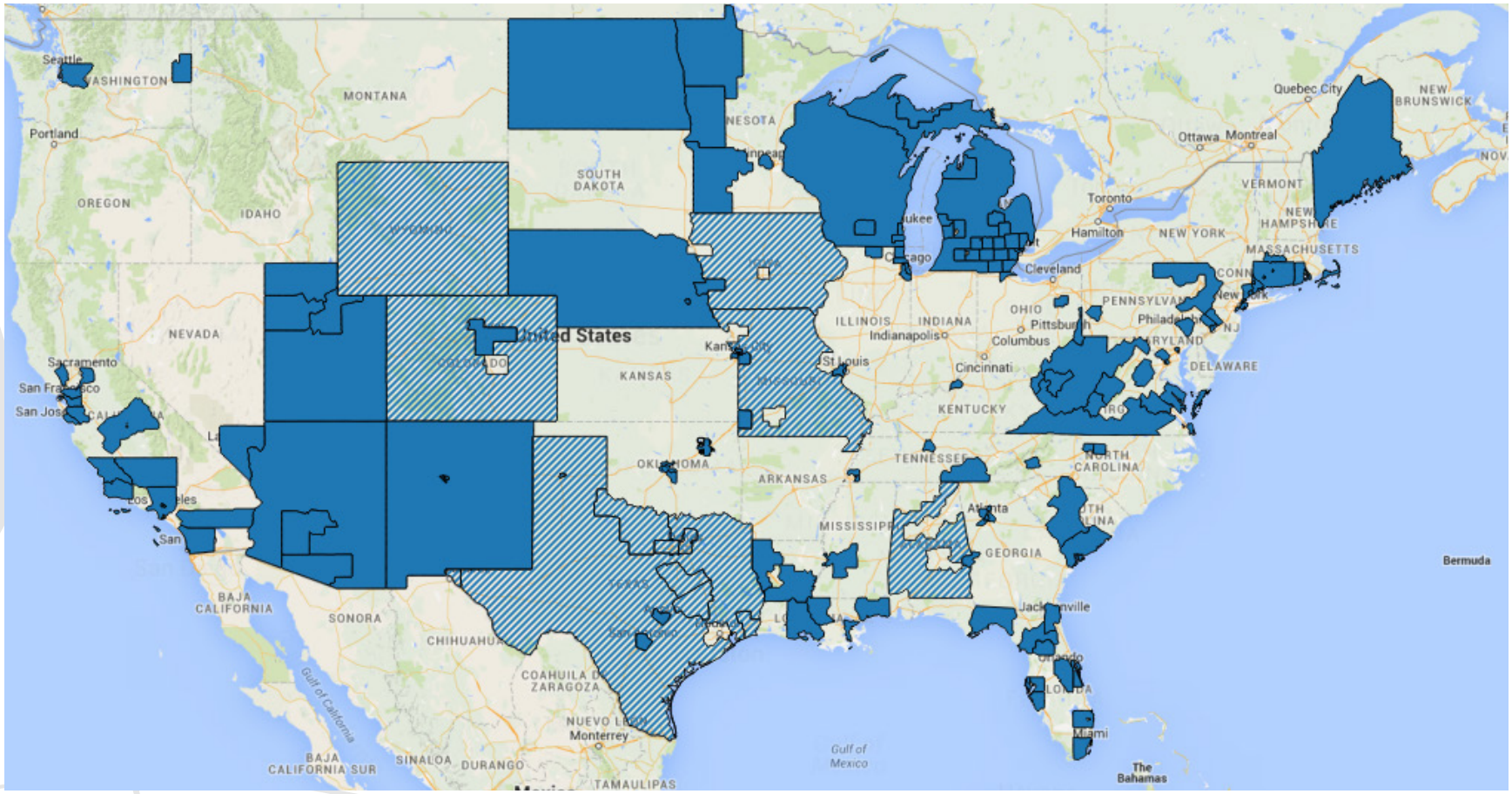
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

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Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

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SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

Administration

Interviewer's Name	Agency	
_____	_____	☐ Team ☐ Staff ☐ Volunteer
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

PARENT 2

☐ No second parent currently part of the household

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. **SCORE:**

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ **Y** ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE:

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

8. In the past six months, how many times have you or anyone in your family...

   a) Received health care at an emergency department/room? ____ ☐ Refused

   b) Taken an ambulance to the hospital? ____ ☐ Refused

   c) Been hospitalized as an inpatient? ____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

   e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ____ ☐ Refused

   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.** **SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ **Y** ☐ N ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.** **SCORE:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ **Y** ☐ N ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ **Y** ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ **Y** ☐ N ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

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24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with substance use? ☐ **Y** ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ **Y** ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.** **SCORE:**

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.** **SCORE:**

E. Family Unit

32.	Are there any children that have been removed from the family by a child protection service within the last 180 days?	☐ **Y**	☐ N	☐ Refused
33.	Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.** **SCORE:**

34.	In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	☐ **Y**	☐ N	☐ Refused
35.	Has any child in the family experienced abuse or trauma in the last 180 days?	☐ **Y**	☐ N	☐ Refused
36.	*IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?	☐ Y	☐ **N**	☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.** **SCORE:**

37.	Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	☐ **Y**	☐ N	☐ Refused
38.	Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.** **SCORE:**

39.	Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	☐ Y	☐ **N**	☐ Refused
40.	After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...			
	a) 3 or more hours per day for children aged 13 or older?	☐ **Y**	☐ N	☐ Refused
	b) 2 or more hours per day for children aged 12 or younger?	☐ **Y**	☐ N	☐ Refused
41.	*IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	☐ **Y**	☐ N	☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.** **SCORE:**

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Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	**Score:** **Recommendation:**
B. RISKS	/4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	/6	9+ an assessment for Permanent Supportive Housing/Housing First
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : _____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

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Appendix A: About the VI-SPDAT

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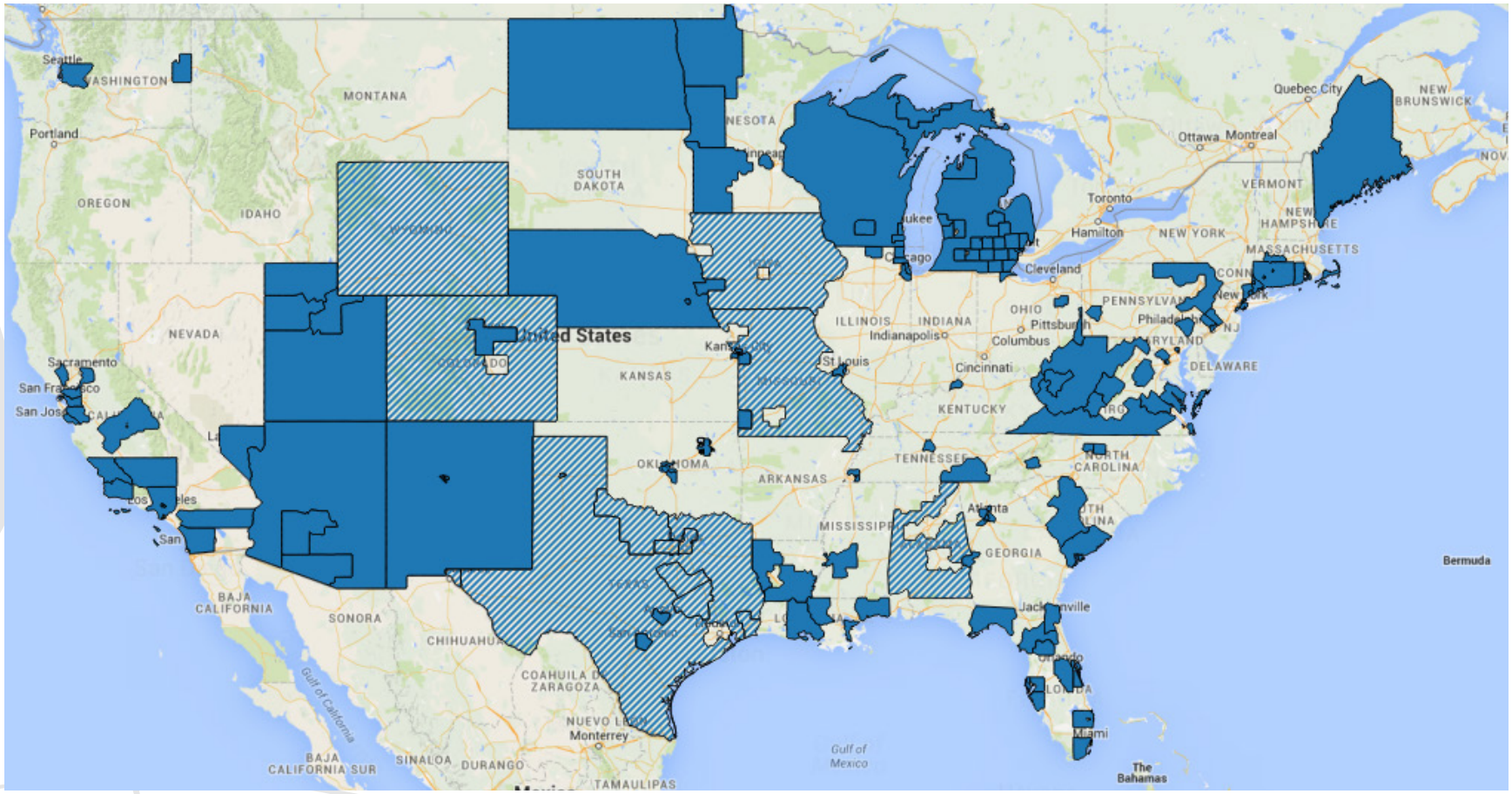


1 (800) 355-0420 info@orgcode.com www.orgcode.com

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(TAY-VI-SPDAT)

"Next Step Tool for Homeless Youth"

CANADIAN VERSION 1.0

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Eric Rice, PhD

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

Administration

Interviewer's Name	**Agency**	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	**Nickname**	**Last Name**
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	**Age**	**Social Insurance Number**	**Consent to participate**	
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes	☐ No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters ☐ **Outdoors** ☐ **Other (specify):**
☐ **Couch surfing** ☐ **Refused** _____

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", THEN SCORE 1.	**SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last year, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	**SCORE:**

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? ____ ☐ Refused

b) Taken an ambulance to the hospital? ____ ☐ Refused

c) Been hospitalized as an inpatient? ____ ☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused

f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused
8. Were you ever incarcerated when younger than age 18? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

9. Does anybody force or trick you to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the CRA that thinks you owe them money? ☐ **Y** ☐ N ☐ Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

15. Is your current lack of stable housing...

a) Because you ran away from your family home, a group home or a foster home? ☐ **Y** ☐ N ☐ Refused

b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? ☐ **Y** ☐ N ☐ Refused

c) Because your family or friends caused you to become homeless? ☐ **Y** ☐ N ☐ Refused

d) Because of conflicts around gender identity or sexual orientation? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

e) Because of violence at home between family members? ☐ **Y** ☐ N ☐ Refused

f) Because of an unhealthy or abusive relationship, either at home or elsewhere? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA.** **SCORE:**

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ **Y** ☐ N ☐ Refused

17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

19. When you are sick or not feeling well, do you avoid getting medical help? ☐ **Y** ☐ N ☐ Refused

20. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

23. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

24. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
    a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused
    b) A past head injury? ☐ **Y** ☐ N ☐ Refused
    c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused
25. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.**	**SCORE:**

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.	**SCORE:**

26. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused
27. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	**SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/4
D. WELLNESS	/6
GRAND TOTAL:	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no moderate or high intensity services be provided at this time
4-7:	assessment for time-limited supports with moderate intensity
8+:	assessment for long-term housing with high service intensity

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : _____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

Appendix A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the SPDAT products are being used in Canada

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is used in more communities than we know of. It is also being used in the United States and Australia. A partial list of regions in Canada where we know SPDAT products are being used includes:

Alberta
- Province-wide

Manitoba
- City of Winnipeg

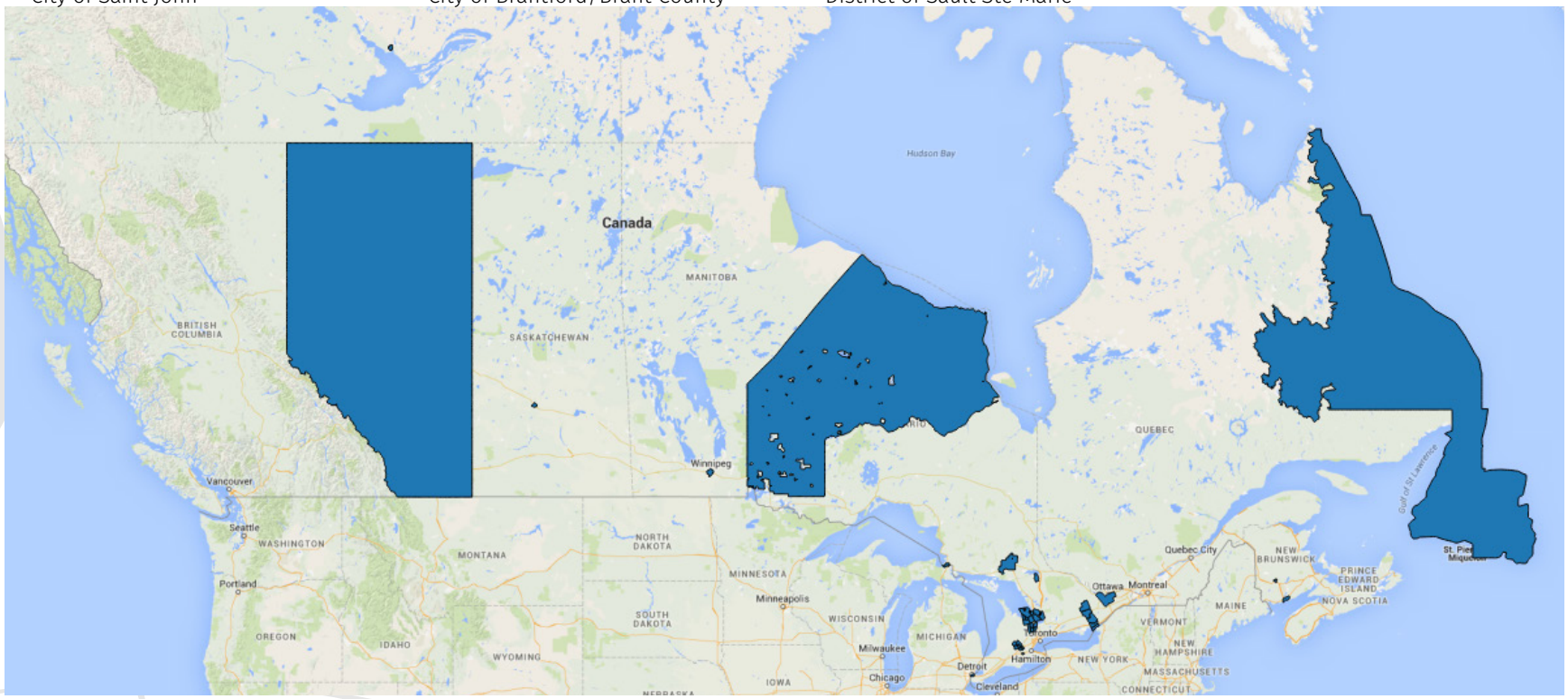
New Brunswick
- City of Fredericton
- City of Saint John

Newfoundland and Labrador
- Province-wide

Northwest Territories
- City of Yellowknife

Ontario
- City of Barrie/Simcoe County
- City of Brantford/Brant County
- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor
- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie
- Regional Municipality of Waterloo
- Regional Municipality of York

Saskatchewan
- Saskatoon



1 (800) 355-0420 info@orgcode.com www.orgcode.com

CA-506 Salinas/Monterey, San Benito Counties Continuum of Care

FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: PHA HOMELESS PREFERENCE (Question 1C-7)

BACKGROUND

This attachment includes excerpts from the Administrative Plans of the Housing Authorities for the County of Monterey and the County of Santa Cruz Housing Authorities, the two Housing Authorities the CoC works most closely with. The excerpts show that both Housing Authorities have a limited homeless preference that allows people experiencing homelessness to receive PHA vouchers regardless of their position on the waiting list. In addition, the Housing Authorities have formal partnerships with several other local homeless programs.

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Housing Authority County of Monterey

ADMINISTRATIVE PLAN
FOR THE
HOUSING CHOICE VOUCHER PROGRAM

Product# 301-002

January 1, 2005

Revision Date	Revision Date
September I, 2005	May I, 2011
May I, 2006	April I, 2012
December 1, 2006	April 1, 2013
July I, 2007	May I, 2014
August 1, 2008	October I, 2014
November 1, 2008	March 23, 2015
October 1, 2009	September 27, 2016
August 1, 2010	September 25, 2017

Approved by the HA Board of Commissioners: September 25, 2017

Housing Authority County of Monterey

ADMINISTRATIVE PLAN
FOR THE
HOUSING CHOICE VOUCHER PROGRAM

September 25, 2017

Chapter 4
APPLICATIONS, WAITING LIST AND TENANT SELECTION

Removal from the Waiting List

HACMPolicy

If at any time an applicant family is on the waiting list, the HACM determines that the family is not eligible for assistance (see Chapter 3), the family will be removed from the waiting list.

If a family is removed from the waiting list because the HACM has determined the family is not eligible for assistance, a notice will be sent to the family's address of record as well as to any alternate address provided on the initial application. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding the HACM's decision (see Chapter 16) [24 CFR 982.201(£)].

PART III: SELECTION FORHCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by the HACM and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The HACM must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the HACM's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-111.B. SELECTION AND BCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the HACM may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The HACM must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a HACM funding for a specified category of families on the waiting list. The HACM must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the HACM may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-IILC.

The HACM administers the following types of targeted funding:

Shelter Plus Care Program

Family Unification Program

VASH

HACMPolicy

Participants that have utilized the VASH, Family Unification or Shelter Plus Care Programs for a three-year term and that no longer require supportive services are eligible to transition to the regular HCV Program (with availability) provided they meet all other eligibility requirements. Verification from the supportive services provider stating that supportive services are no longer needed is required.

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

Set- Aside Homeless Program

The Set-Aside Homeless Program will allow homeless eligible families to be referred by Monterey County Continuum of Care agencies who are exiting transitional housing, emergency shelters or who meet the HUD definition of homeless. Referring agencies must provide one year of case management.

4-111.C. SELECTION METHOD

HACM must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the HACM will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

HACM is permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the HACM to establish other local preferences, at its discretion. Any local preferences established must be consistent with the HACM plan and the consolidated plan and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

HACM Policy

The HACM will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

Local preferences will be used to select 75% families from the waiting list and the remaining 25% will be selected by date and time.

From all eligible families: Selection shall be made without regard to race, color, creed, religion, sex, national origin, age familial status, or disability.

Each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicant's place on the waiting list.

Local Preference with the same points will be ranked by the Ranking Point system and the date and time of application.

- The HACM will offer a preference to families who have had their Section 8 Housing Choice Voucher revoked/suspended due to HUD HAP funding shortfalls within the last 12 months. (50 points)
- Monterey County Resident- County residency preference will be given to an applicant that lives or works in Monterey County at the time of application. (50 points)
- Working Family- A Working family preference will be given to an applicant where the head, spouse or co-head is employed at least 24 hours a week. A preference will also be given if the head, spouse or co-head are active participants in an accredited educational and training programs designed to prepare the individual for the job market. (15 points).
- Elderly or Disabled Person- An elderly preference applies if the head, spouse or co-head is a person who is age 62 or older. A disabled person preference is given if any family member receives Social Security or Supplemental Security benefits or otherwise meets the definition of disabled as defined under Section 223 of the Social Security Act.(15 points)
- United States Veteran's - This preference applies to active US Armed Forces Veterans and their surviving spouses. (10 points)

- Involuntary Displacement- An applicant is, or will be, involuntarily displaced if the applicant has vacated or will vacate his/her housing unit as a result of one or more of the following actions: (Maximum 50 points)
    - Displaced by a HUD Program- Includes displacement because of disposition of a public housing or multifamily rental housing project by HUD under Section 203 of the Housing and Community Development Amendments of 1978.
    - Displaced to avoid reprisals- Family members provided information on criminal activities to a law enforcement agency; and, based on a threat assessment, the District Attorney Office recommends relocating the family to avoid or minimize the risk of violence against family members as a reprisal for providing such information.
    - Displaced by government action- Displacement activity carried on by a local code enforcement agency or inhabitability as a result of a disaster such as fire or flood as verified by FEMA, American Red Cross or other disaster assistance agency. Local agency is defined as a public code enforcement agency in Monterey County.
- The PHA will offer a preference to families that include victims of domestic violence, dating violence, sexual assault, or stalking who have either been referred by a partnering service agency or consortia or is seeking an emergency transfer under VAWA from the PHA's public housing program or other covered housing program operated by the PHA. The PHA will work with the following partnering service agencies: [Insert name(s) of agencies] The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval. 10 points)
- Live -In Place- Families who are considered to be living in place. Those living in a unit that will be brought under contract where the landlord accepts the HCV Program. Verification required will be a copy of their lease in an appropriate size dwelling unit for the family. HACM will also require utility bills for a three-month period verifying their residency in the unit. (20 points)
- Set-Aside Homeless Preference- Eligible homeless applicants referred by agencies through the County of Monterey Continuum of Care who are exiting transitional housing programs or emergency shelters with no other permanent housing placement options. Must meet the HUD definition of homeless as defined in the Hearth Act. (50 points)
- Formerly Homeless- Formerly homeless families or homeless families actively enrolled in case management, transitional housing, or other self-sufficiency program. (25 points)

ADMINISTRATIVE PLAN

Section 8 Housing Choice Voucher Program

Housing Authority of the County of Santa Cruz

The Administrative Plan contains those policies of the Housing Authority of the County of Santa Cruz that have been adopted by the Board of Commissioners, as required by 24CFR 982.54, governing the establishment and administration of a waiting list, the issuance of Section 8 Housing Choice Vouchers, and overall program administration. The Housing Authority reserves the right to amend the Administrative Plan.

June 2021

Please note that the electronic copy of this document contains hyperlinks to applicable HUD regulations and other references. An electronic copy of this document is available at the following website: http://www.hacosantacruz.org/agency.htm. If you cannot access the electronic copy of this document, copies of the referenced links and regulations will be available upon request.

I. Selecting Applicants from the Waiting List, Targeting, Preferences, Closing and Opening Waiting List

Selecting Applicants from the Waiting List

All program admissions, except for special programs (described in Section III), and special admissions, must come from the applicable waiting list. Special admissions, defined by Housing and Urban Development (HUD) in 24 CFR 982.203 consist of HUD awards that are targeted for families living in specified units. Such HUD awards may include families displaced because of demolition or disposition of a public housing unit, families residing in a multifamily rental housing project when HUD sells, forecloses, or demolishes the project, or other circumstances as determined by HUD.

When a waiting list is open, the Housing Authority accepts pre-applications from all interested persons and places their name on the waiting list in accordance to that waiting list's policy (either random number sequence / lottery or by date of placement).

When a waiting list is closed to the general public, the Housing Authority may accept direct referrals for applicants that are eligible for preferences or special programs, as defined below. In all cases, the Housing Authority will endeavor to serve preference or special program eligible applicants already on the waiting list before accepting referrals for new preference or special program eligible applicants. Additionally, while a waiting list is closed, the Housing Authority will add applicants to the waiting list when required to do so by HUD, including but not limited to instances where eligible households are residing in units newly accepted into the Project-Based Voucher Program.

Upon the close-out of the Consolidated Annual Contributions Contract (CACC) with HUD for Low Income Public Housing, any remaining active applicants on the Low Income Public Housing Waiting List will be contacted and provided with an opportunity to be added to the end of the Santa Cruz County Housing Choice Voucher Waiting List. Such applicants would receive preference for the former Public Housing units as units become available. Additionally, any over-income families residing in Public Housing upon conversion may be added to the waiting list and admitted to the Housing Choice Voucher program if they become income eligible within two years of the conversion. These will be considered special admissions.

Except as otherwise stated, applicants are selected based random number sequence / lottery. As applicants approach the top of a waiting list, full applications are issued. Those applicants, who have submitted a complete application and are certified eligible for Section 8 Voucher assistance, are issued vouchers based on the date that eligibility was determined, in accordance with income targeting requirements.

All households who complete a pre-application to place their name on the waiting list are informed in writing of their responsibility to report any change in address promptly.

Pre-applications (those on the waiting list) will be cancelled from the waiting list if

1. they do not respond to required written correspondence within the given time period
2. mail sent to their last reported address is returned by the post office

Exceptions for persons with disabilities: Exceptions will be granted for pre-applicants and applicants with disabilities, as defined in 24 CFR 5.403 who were not able to respond within the time frame due to their disability. Exceptions may also be granted for hospitalization of sufficient duration to be the cause of the lack of response.

The Housing Authority will consider requests for reinstatement on the waiting list. The Housing Authority will consider the date of most recent contact, the length of time between cancellation and reinstatement request, disability status, homelessness or lack of access to mail, and other factors.
The Housing Authority may conduct voucher issuance briefings remotely via telephone or video conferencing.

Number of Waiting Lists
The Housing Authority maintains a combined waiting list for the Santa Cruz County Housing Choice Voucher Program (HCV), the Moderate Rehabilitation Program, and for some units of the Project-Based Voucher Program that do not have site based waiting lists. (See exceptions for Special Programs in Section III.) Additionally, the Housing Authority maintains a separate waiting list for the Housing Choice Voucher Program for the Cities of Hollister and San Juan Bautista.

Medicaid Waiver
The Housing Authority has established a waiting list for applicants who are eligible for a Medicaid Waiver and are referred by agencies with an active memorandum of understanding (MOU) with the Housing Authority. Available vouchers are issued based on date of placement on the waiting list.

Site-Based Waiting Lists for Project Based Developments
Project-Based Voucher sites may have separate site-based waiting lists, as listed below. The Housing Authority will consider the establishment of additional site-based waiting lists for new Project-Based Voucher contracts on a case-by-case basis. Units in all other Project Based Voucher developments are offered based on placement on the Housing Choice Voucher waiting list. Existing Housing Choice Voucher holders may transfer into a Project-Based Unit in developments that utilize a combined waiting list. Such voucher holders will be given preference over waiting list applicants.

PBV Development	Location	Waiting List Conditions
El Centro 44 PBV units – senior housing	1110 Pacific Avenue, Santa Cruz	44 units - Date of placement on the waiting list
Resetar Residential Hotel 52 PBV units	15 West Lake Avenue, Watsonville	45 PBV units - date of placement on the waiting list 8 HUD VASH PBV units - referrals from Veterans Administration

St. Stephens Senior Housing 39 PBV units – senior housing	2510 Soquel Avenue, Santa Cruz	29 PBV units - lottery number on the waiting list 5 HUD VASH PBV units - referrals from Veterans Administration 5 PBV units for frail elderly – referrals from Health Projects Center
Pippin Orchards Apartments 31 PBV units	56 Atkinson Lane, Watsonville	23 PBV units- lottery number on the waiting list 6 PBV units for persons with disabilities who will most benefit from supportive services – referrals from Housing Choices Coalition 2 PBV units for homeless young adults with disabilities – referrals from Encompass Community Services
Sunrise Senior Apartments 48 PBV units – senior housing	580 Westside Blvd., Hollister.	43 PBV units - Date of Placement on 2011 HSJB waiting list and followed by lottery number on 2018 HSJB waiting list. 5 HUD VASH PBV units - referrals from Veterans Administration
Water Street Apartments 33 PBV units	708 Water Street, Santa Cruz City	25 PBV units - lottery number on the waiting list 8 PBV units for persons with disabilities who will most benefit from supportive services – referrals from Housing Choices Coalition
San Andreas 43 PBV units – farmworker housing	295 San Andreas Road, Watsonville	43 PBV units- the Housing Authority may accept referrals of eligible families from Mid-Pen Housing's waiting List.
Villas del Paraiso 23 PBV units – farmworker housing	340 Paraiso Drive, Watsonville	23 PBV units - The Housing Authority may accept referrals of eligible families from Mid Pen Housing's waiting list.
Jardines del Valle 11 PBV units	76 Murphy's Crossing Road in unincorporated Santa Cruz County	11 PBV units - The Housing Authority may accept referrals of eligible families from Mid-Pen Housing's waiting list

Waiting List Preferences for Designated Groups on the Housing Choice Voucher Waiting List

Waiting list preferences are described below. All preferences are verified. These preferences will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, gender identity, sexual orientation, religion, disability, or age of any member of an applicant family. Unless otherwise stated, waiting list preferences apply to the Santa Cruz County Housing Choice Voucher Waiting List. All preferences adopted by the Housing Authority are based on local housing needs and priorities as determined by the Housing Authority. With the exception of these waiting list preferences, all other applicants on the Housing Choice Voucher waiting lists will be assisted by either date of placement or random number sequence lottery.

1. Live/Work Residency Preference
   The Housing Authority has established a partial live/work residency preference, such that at least 75% of the families selected from the waiting list will either currently live or work in the jurisdiction of the waiting list. The residency preference is applicable to the Santa Cruz County Housing Choice Voucher Waiting List (for households with a head of household, spouse or registered domestic partner that lives/works in Santa Cruz County) and the Hollister/San Juan Bautista Housing Choice Voucher Waiting List (for households with a head of household, spouse or registered domestic partner that lives/works in San Benito County.) The residency preference ensures that the majority of the Housing Choice Vouchers, which have been awarded to the Housing Authority by HUD to serve our jurisdiction, will be made available to those who live or work in the jurisdiction.

2. Disabled and Medically Vulnerable Homeless Persons (DMV)
   The Housing Authority has adopted a limited waiting list preference for disabled and medically vulnerable homeless persons. Housing Matters [using prioritization through Smart Path, the Coordinated Entry System for persons experiencing homelessness, (as administered by the County Human Services Department, Housing for Health Division)] provides referrals for persons who meet all of the following criteria:
   a) Disabled as defined by HUD at 24CFR 5.403.
   b) Medically vulnerable as defined by a Homeless Action Partnership approved Vulnerability Index.
   c) Homeless as defined by HUD per the HEARTH Act in Federal Register / Vol. 76, No. 233.
   d) Have established a case management plan with a provider of housing supportive services within Santa Cruz County.

   A maximum of 150 households may be assisted by this preference program at any given time. The Housing Authority may continue to accept referrals for persons eligible for this preference while the waiting list is closed. DMV voucher holders who have been stably housed for 2 years may "graduate" into the regular voucher program if they are in good standing with the program and there are vouchers/funding available. At that time, the DMV voucher would be available for the next eligible family referred to the Housing Authority.

3. Homeless Families with Minor Children
   The Housing Authority has adopted a limited waiting list preference for homeless families

with minor children. The preference is for applicants already on the Santa Cruz County Section 8 waiting list who meet the following criteria:

a) Homeless as defined by HUD per the HEARTH Act in Federal Register / Vol. 76, No. 233.
b) Head of household or spouse lives or works in Santa Cruz County
c) Head of household or spouse has at least one minor child residing with household

The Housing Authority will identify potentially eligible families who are already on the Santa Cruz County Section 8 waiting list. Eligible families will be referred to the Human Services Department (HSD) of the County of Santa Cruz. HSD will provide an appropriate level of case management to the homeless family, including assistance with the voucher eligibility application and paperwork and rental search assistance. Although the homeless family is not required to accept case management, HSD will offer case management for at least one year. A maximum of 40 households may be assisted by this preference program at any given time. If there are no eligible homeless families that can be identified on the Santa Cruz County Section 8 waiting list, or that respond to Housing Authority requests for application, the Housing Authority may accept referrals for persons eligible for this preference. Homeless family preference voucher holders who have been stably housed for 2 years may "graduate" into the regular voucher program if they are in good standing with the program and there are vouchers/funding available. At that time, the homeless family preference voucher would be available for the next eligible family.

4. Vulnerable Homeless Persons in San Benito County
The Housing Authority is working with San Benito County to develop a limited waiting list preference for persons who are experiencing homelessness or at risk of homelessness and have other vulnerability factors. This preference may be implemented following the establishment of a formal agreement with San Benito County and/or a lead service agency identified by San Benito County. The preference will be limited to 24 households, with a maximum of 2 new households per month.

5. Homeless Families with Minor Children for Brommer Street Supportive Housing Units
The Housing Authority has adopted a limited waiting list preference for homeless families with minor children for residency of six supportive housing units at the Brommer Street Supportive Housing Program. The Housing Authority will accept direct referrals from the County of Santa Cruz Human Services Department (HSD) of homeless families with minor children in accordance with the MOU.

6. Disabled Transitioning from Institutions (DTI)
The Housing Authority has adopted a limited waiting list preference for disabled persons transitioning from institutions into community-based settings, and persons at serious risk of institutionalization for persons who meet the following criteria:

a) Disabled as defined by HUD at 24CFR 5.403.
b) Transitioning – Individuals must either be currently living in, or at serious risk of being admitted to, a qualified institution at the time of referral to the Housing Authority, or must have been living in a qualified institution no more than 90 days prior to the referral to the Housing Authority.

The Housing Authority may consider additional exceptions on a case-by-case basis.

The "applicant family" is defined as those persons who were included in the full initial application for assistance and who meet the definition of "family" as defined in Section IV.

Any household members whom the applicant family wishes to add after the initial eligibility determination must meet the criteria listed in Section XVIII of this Plan. Changes to family members will not be processed while applicants are on the waiting list. All changes will be processed at the time of the initial eligibility determination or thereafter.

Selecting Applicants for the Moderate Rehabilitation Program
All vacant units under contract will be rented to eligible families referred by the Housing Authority from the waiting list.

II. Issuing or Denying Housing Choice Vouchers, Term of the Housing Choice Voucher, and Extensions or Suspensions of the Term

All Housing Choice Vouchers are issued with an initial term of at least 60 days. One or more extensions of at least an additional 60 days will be considered. Extensions may be granted

1. If voucher holders provide proof that despite a diligent effort, they could not find a unit suitable to their needs; or
2. In special cases only, such as a large family, a "special needs" family, hospitalization or drug rehabilitation, death in the family, etc.

The Housing Authority will provide written notice to the family when granting an extension. The number and duration of extensions may depend on a number of factors including market conditions and availability of vouchers / funding.

The Housing Authority will grant additional extensions on an individual case basis as a Reasonable Accommodation for Housing Choice Voucher holders with disabilities. Third party verification of disability and need for extension is required. The extension may be granted after the Housing Authority has received such verification from a doctor, other health care professional or a social worker with medical or professional knowledge of the person's disability. If acceptable verification is not received within 60 days of the Housing Authority's request, the extension may be denied.

See Section IV Occupancy Standards (Standards for denying admissions or terminating assistance) for information about denying assistance for applicants.

III. Special Purpose Programs

Over time, HUD has awarded the Housing Authority with funding for specific voucher types to serve specific populations. In some instances, these special programs offer vouchers to eligible persons from the Housing Choice Voucher (HCV) waiting list. In other instances, vouchers are issued based on referrals from service providers. All special voucher programs are listed and described below. If special program vouchers are project based, the unique eligibility criteria described below will be preserved.

Veterans Assisted Supportive Housing / VASH (368 vouchers)

The Department of Housing and Urban Development (HUD) and the Veterans Administration (VA) have partnered to create a program for homeless veterans. This program combines HUD Housing Choice Voucher rental assistance with the Department of Veterans Affairs case management and clinical services provided at its medical centers and in the community. Funding for this program is limited to housing authorities that partner with "eligible Veterans Affairs Medical Centers (VAMCs) or other entities as designated by the VA."

VASH vouchers are not issued based on placement on Housing Authority waiting lists. Instead, referrals for eligible homeless veterans are provided by the Veterans Administration. The Housing Authority will administer the VASH program in accordance with HUD VASH rules and regulations, which may differ from the Housing Choice Voucher Program.

Family Unification Program / FUP (218 vouchers)

Family Unification vouchers have been made available by HUD for this program. The Family Unification Program (FUP) vouchers are reserved for families for which lack of adequate housing is a primary factor in the imminent placement of their a child or children in out-of-home care or in the delay of discharge of a child or children to the family from out-of-home care, and for youth, 18-24 years old, who left foster care, or will leave foster care within 90 days, and are homeless or at risk of becoming homeless. To be considered for Family Unification assistance, families will be identified through the County Human Services Department (HSD).

Family Unification vouchers are not issued based on placement on the Housing Choice Voucher waiting list. Instead, HSD provides referrals to the Housing Authority based on comprehensive risk assessment and FUP-eligibility determination. HSD will provide written certification to the Housing Authority that a family or a youth qualifies as a FUP-eligible family or youth. A family will be certified as eligible if it is determined that (1) the children are at imminent risk of placement in out-of-home care or at risk of having their discharge to the family from out-of-home care delayed (2) the lack of adequate housing is a primary factor in the risk of placement or delay of discharge and (3) the family meets all other eligibility requirements for Section 8 assistance; youth will be certified as eligible by age, foster care history, and homelessness risk. Youth will also be identified through the county coordinated entry system. The Santa Cruz County Consortium of Care (CoC), titled Homeless Action Partnership, launched the Coordinated Entry System, titled Smart Path to Housing and Health. The Smart Path lead agency is now the County HSD. They will use it to assist in identifying youth who were previously on a child welfare caseload and may be eligible for FUP. Eight (8) vouchers were set aside for former foster youth ages 18 – 24 as referred by the Santa Cruz County HSD; now with the additional 2018 voucher award, more vouchers can be allocated to youth. FUP Youth vouchers have a HUD imposed 36-month limit on rental assistance. FUP Youth voucher holders who enter into a HUD Family Self-Sufficiency contract may have their FUP Youth rental assistance extended for the life of the FSS contract up to five years, with the possibility of an extension up to two years.

Responsibilities for administering the Family Unification Program are as follows:
The Housing Authority will be responsible wholly or in part for

1. accepting referrals from HSD
2. sorting the HCV waiting list to identify applicants who may qualify
3. certifying HCV voucher eligibility and issuing vouchers

4. providing orientation to the Section 8 Housing Choice Voucher Program
5. offering training to HSD and other HSD-subcontract agencies on HCV procedures
6. convening regular meetings with HSD and the Consortium of Care (CoC) Homeless Action Partnership
7. approving rental agreements for FUP and processing HAP contracts.

The Human Services Department will be responsible wholly or in part for

1. seeking and identifying eligible families and making referrals to the Housing Authority;
2. certifying special program eligibility;
3. assisting in identifying and securing housing appropriate to the family's size and needs;
4. offering training on HSD referral procedures to the Housing Authority and HSD-subcontractors
5. providing case management and some or all of the following supportive services:
    a. child welfare and family reunification services
    b. vocational training and educational assistance
    c. childcare assistance
    d. health, mental health, and substance abuse services
    e. renter education
    f. job search and placement assistance

The Continuum of Care will be responsible for

1. utilizing the Smart Path to Housing and Health, Coordinated Entry System (CES) to identify youth, including those who were previously on a child welfare caseload, who may be eligible for FUP
2. using Smart Path CES, to provide assessments and prioritization.

Once a family has been certified as eligible and accepted into the Family Unification Program, they will attend an orientation session provided by the Housing Authority, during which Section 8 procedures and regulations will be explained in detail. All FUP families and youth will be offered the opportunity to join the Family Self Sufficiency program.

The HSD will be responsible for case management for the FUP Youth Family Self-Sufficiency (FSS) for the first 18 months from the start of the FSS Contract. Case Management is intended to assist the youth fulfill their FSS plan toward independence and self-sufficiency. HSD will be responsible for a Transitional Independent Living Plan developed with each FUP-Youth as well as providing basic life skills, counseling, providing assurances to property owners, job preparation, and educational advancement opportunities.

FUP recipients who have been stably housed for 2 years may "graduate" into the regular voucher program if they are in good standing with the program and there are vouchers/funding available. At that time, the FUP assistance would be available for the next eligible family referred to the Housing Authority by the Human Services Department.

<u>Issuance as a Reasonable Accommodation</u>

A Housing Choice Voucher may be issued as a reasonable accommodation to persons with disabilities who live in a unit owned or managed by the Housing Authority if

the Santa Cruz County Human Services Department (HSD).

Responsibilities for administering the Welfare to Work vouchers are as follows:

The Housing Authority will be responsible wholly or in part for

1. certifying voucher eligibility
2. providing orientation with regards to the Section 8 Housing Choice Voucher Program
3. approving rental agreements

The Human Services Department will be responsible wholly or in part for

1. screening and refer CalWORKs participants;
2. assisting CalWORKSs participants who receive vouchers with housing-related issues and work with Housing Authority staff to resolve those issues;
3. supporting housing stability for eligible CalWORKs participants who receive vouchers by providing them with comprehensive services including individual assistance in the areas of vocational training and assessment, job search and upgrade, on-the-job training, transportation assistance, child care, participation in MediCal/MediCruz as appropriate, counseling services for substance abuse, domestic violence and mental health issues and other supportive services;
4. coordinating participant involvement in programs offered through the Small Business Development Center, Career Centers, and Cabrillo Student Resource Support Network

If the Human Services Department informs the Housing Authority that a Welfare to Work voucher holder has graduated from the program, the Housing Authority may absorb that program participant into the regular Housing Choice Voucher program if a voucher is available and if the program participant is in good standing, and if the participant has been stably housed for two or more years. At that time, the Welfare to Work voucher would be available for the next eligible family referred by the Human Services Department.

Emergency Housing Vouchers (EHV) (263 Vouchers)

The Department of Housing and Urban Development (HUD) has awarded the Housing Authority Emergency Housing Vouchers (EHV) to continue relief from the Covid-19 pandemic impacts.

Eligibility for these EHVs is limited to individuals and families who are (1) homeless; (2) at risk of homelessness; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking; or (4) recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability. EHVs are tenant-based rental assistance under section 8(o) of the United States Housing Act of 1937 (42 U.S.C. 1437f(o)).

The EHV allocation from HUD is accompanied with a one-time service fee to support the efforts of implementing the program. The Housing Authority will use this service fee in accordance with the requirements established in PIH 2021-15, as well as any subsequent HUD guidance. Use of the service fees may include security deposits assistance, owner-related recruitment, incentives, and retention programs, move-in assistance, and tenant readiness services, or any other allowable use that that supports the rapid issuance and utilization of these vouchers.

In most respects, EHVs will be administered like the regular HCV program. However, EHVs will

CA-506 Salinas/Monterey, San Benito Counties Continuum of Care

FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: PHA MOVING ON PREFERENCE (Question 1C-7)

BACKGROUND

This attachment includes excerpts from the Administrative Plans of the Housing Authorities for the County of Monterey and the County of Santa Cruz Housing Authorities, the two largest Housing Authorities the CoC works with. The excerpts show that both Housing Authorities have a "moving on" preference that allows people in homeless programs to receive PHA vouchers regardless of their position on the waiting list.

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Housing Authority of the County of Monterey

ADMINISTRATIVE PLAN

FOR THE

HOUSING CHOICE VOUCHER PROGRAM

Product # 301-002

January 1, 2005

Revision Date	Revision Date
September 1, 2005	May 1, 2011
May 1, 2006	April 1, 2012
December 1, 2006	April 1, 2013
July 1, 2007	May 1, 2014
August 1, 2008	October 1, 2014
November 1, 2008	March 23, 2015
October 1, 2009	September 27, 2016
August 1, 2010	

Approved by the HA Board of Commissioners: September 27, 2016

Chapter 4
APPLICATIONS, WAITING LIST AND TENANT SELECTION

4-III.C. SELECTION METHOD

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Each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicant's place on the waiting list.

Local Preference with the same points will be ranked by the Ranking Point system and the date and time of application.

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  - Displaced to avoid reprisals- Family members provided information on criminal activities to a law enforcement agency; and, based on a threat assessment, the District Attorney Office recommends relocating the family to avoid or minimize the risk of violence against family members as a reprisal for providing such information.
  - Displaced by government action- Displacement activity carried on by a local code enforcement agency or inhabitability as a result of a disaster such as fire or flood as verified by FEMA, American Red Cross or other disaster assistance agency. Local agency is defined as a public code enforcement agency in Monterey County.
- Victims of Domestic Violence-When there is actual or threatened, physical violence directed against the applicant or the applicant's family within the last 12 months by a spouse or other household member who lives in the unit with the family. To qualify for this preference, the abuser must still reside in the unit from which the victim was displaced. The applicant must certify that the abuser will not reside in the unit unless HACM gives written approval. HACM will approve the return of the abuser to the household under certain conditions including only if a counselor, therapist or other knowledgeable professional recommends in writing that the individual be allowed to reside with the family.(10 points)
- Live -In Place- Families who are considered to be living in place. Those living in a unit that will be brought under contract where the landlord accepts the HCV Program. Verification required will be a copy of their lease in an appropriate size dwelling unit for the family. HACM will also require utility bills for a three month period verifying their residency in the unit. (15 points)
- Set-Aside Homeless Preference- Eligible homeless applicants referred by agencies through the County of Monterey Continuum of Care who are exiting transitional housing programs or emergency shelters with no other permanent housing placement options. Must meet the HUD definition of homeless as defined in the Hearth Act. (50 points)
- Formerly Homeless- Formerly homeless families or homeless families actively enrolled in case management, transitional housing, or other self-sufficiency program. (25 points)

ADMINISTRATIVE PLAN

Section 8 Housing Choice Voucher Program

Housing Authority of the County of Santa Cruz

The Administrative Plan contains those policies of the Housing Authority of the County of Santa Cruz that have been adopted by the Board of Commissioners, as required by 24CFR 982.54, governing the establishment and administration of a waiting list, the issuance of Section 8 Housing Choice Vouchers, and overall program administration. The Housing Authority reserves the right to amend the Administrative Plan.

June 2021

Please note that the electronic copy of this document contains hyperlinks to applicable HUD regulations and other references. An electronic copy of this document is available at the following website: http://www.hacosantacruz.org/agency.htm. If you cannot access the electronic copy of this document, copies of the referenced links and regulations will be available upon request.

Contents

I. Selecting Applicants from the Waiting List, Targeting, Preferences, Closing and Opening Waiting List

Selecting Applicants from the Waiting List

All program admissions, except for special programs (described in Section III), and special admissions, must come from the applicable waiting list. Special admissions, defined by Housing and Urban Development (HUD) in 24 CFR 982.203 consist of HUD awards that are targeted for families living in specified units. Such HUD awards may include families displaced because of demolition or disposition of a public housing unit, families residing in a multifamily rental housing project when HUD sells, forecloses, or demolishes the project, or other circumstances as determined by HUD.

When a waiting list is open, the Housing Authority accepts pre-applications from all interested persons and places their name on the waiting list in accordance to that waiting list's policy (either random number sequence / lottery or by date of placement).

When a waiting list is closed to the general public, the Housing Authority may accept direct referrals for applicants that are eligible for preferences or special programs, as defined below. In all cases, the Housing Authority will endeavor to serve preference or special program eligible applicants already on the waiting list before accepting referrals for new preference or special program eligible applicants. Additionally, while a waiting list is closed, the Housing Authority will add applicants to the waiting list when required to do so by HUD, including but not limited to instances where eligible households are residing in units newly accepted into the Project-Based Voucher Program.

Upon the close-out of the Consolidated Annual Contributions Contract (CACC) with HUD for Low Income Public Housing, any remaining active applicants on the Low Income Public Housing Waiting List will be contacted and provided with an opportunity to be added to the end of the Santa Cruz County Housing Choice Voucher Waiting List. Such applicants would receive preference for the former Public Housing units as units become available. Additionally, any over-income families residing in Public Housing upon conversion may be added to the waiting list and admitted to the Housing Choice Voucher program if they become income eligible within two years of the conversion. These will be considered special admissions.

Except as otherwise stated, applicants are selected based random number sequence / lottery. As applicants approach the top of a waiting list, full applications are issued. Those applicants, who have submitted a complete application and are certified eligible for Section 8 Voucher assistance, are issued vouchers based on the date that eligibility was determined, in accordance with income targeting requirements.

All households who complete a pre-application to place their name on the waiting list are informed in writing of their responsibility to report any change in address promptly.

Pre-applications (those on the waiting list) will be cancelled from the waiting list if

1. they do not respond to required written correspondence within the given time period
2. mail sent to their last reported address is returned by the post office

for California. Once the temporary waiting list preference expires, all Mainstream Vouchers will be available to eligible waiting list applicants.

Additionally, to the extent that any homeless targeted referral voucher programs become fully utilized during the COVID-19 pandemic, the Housing Authority may issue Mainstream Vouchers to Mainstream eligible homeless persons referred for other voucher programs to avoid a delay in their housing placement. This temporary authority will automatically expire 180 days after the Governor lifts the state of emergency for California.

8. Graduates of the Continuum of Care (CoC) Shelter Plus Care (S+C) and Youth Homeless Demonstration Program (YHDP) Permanent Supportive Housing (PSH) Programs
The Housing Authority has been awarded competitive grants for permanent supportive housing for people experiencing chronic homelessness. A program known as Shelter Plus Care is a partnership between the Housing Authority and the County Health Services Agency to provide wrap-around services from outreach and eligibility to housing stabilizing services. A program known as New Roots is a partnership between the Housing Authority and Encompass Community Services to provide supportive services and housing to homeless youth ages 18-24 with disabilities.

   S+C recipients who have been stably housed for 2 years may "graduate" into the regular voucher program if they are in good standing with the program and there are vouchers/funding available. At that time, the S+C assistance would be available for the next eligible family referred to the Housing Authority by the Health Services Agency.

   The Housing Authority may graduate Youth Homeless Demonstration Project participants when these four conditions apply: 1.) The young adult has been stably housed for two or more years. 2.) The Case Manager agrees that the young adult has sufficiently benefitted from supportive services. 3.) The young adult is in good standing with the Housing Authority. 4.) There are vouchers/funding available. The Housing Authority may transfer the young adult to regular HCV so "younger" youth can have access to the permanent supportive housing.

9. Admission of Low-Income Families
Low-income families (up to 80% median household income) may be admitted to the program if they are working families (defined as a family in which the head, spouse or sole member is employed). In addition, low-income families in which the head and spouse or sole member is age 62 or over or is a person with disabilities may be admitted under this section. Such low-income families will not be admitted ahead of non-low-income families but will be placed on the waiting list according to the random number sequence lottery of their application.

10. Temporary Measures during Periods of Low Utilization Rate
During times of low voucher or funding utilization (under 97%), the Housing Authority may utilize the following measures:

    1. Lease In-Place Option. This preference will only be applicable to applicants already on the waiting list who currently live in the Housing Authority jurisdiction, reside in a unit that meets HQS standards, with a landlord who is willing to accept a voucher.

FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: LOCAL COMPETITION ANNOUNCEMENT (Question 1E-1)

BACKGROUND

The CoC established a deadline for project applications of October 1, 2021 at 12:00 p.m., which is more than 30 days before the FY2021 Program Competition Application deadline of November 16, 2021. The deadline was communicated to all applicants at the Mandatory Technical Assistance Workshop on September 9, 2021 (which was advertised via the CoC e-mail listserv and on the Collaborative Applicant's website). The competition deadline was also included in the NOFO Competition Timeline and the New Project Checklist was directly distributed to all applicants via e-mail, as well as posted on the Collaborative Applicant's website (Renewal Project Checklist was sent prior to the local competition).

After the TA Workshop, local competition materials, including the timeline and scoring tools, were distributed to all applicants. The scoring tools were also posted as part of the local competition materials on the Collaborative Applicant's website. The points values and rating criteria (including multiple objective factors and factors that align with System Performance Measurements) were included in the scoring tools.

TABLE OF CONTENTS

2021 Calendar for San Benito/Monterey's HUD McKinney-Vento Continuum of Care Application

Date	Time	Event/ Activity	Responsible/Attendees	Location
August 18, 2021	N/A	**HUD releases Notice of Funding Availability**	HUD	N/A
August 27, 2021	By 12pm	**Renewal Local Applications Due in PRESTO**	Agencies	N/A
September 9, 2021	12:00pm – 2:00pm	**Bidder's Conference:** Information about local competition and HUD guidelines for proposals.	HomeBase, Agencies	Virtual
September 13, 2021	12:00pm	**New Project Letter of Intent Due**	Agencies	N/A
October 1, 2021	By 12:00pm	**New and Renewal eSNAPs Project Applications and All Attachments Due as well as New Project Applications due in PRESTO** Agencies will have a little over 3 weeks from the date of the TA Workshop.	Agencies	N/A
October 6, 2021	10:00am – 12:00pm	**Review and Rank Panel Training:** Review and Rank Panel provided training for the local competition	Review & Rank Panel; HomeBase	Virtual
October 7, 2021 – October 18, 2021	N/A	**Review and Rank Panel reviews Applications:** non-conflicted Panelists score proposals individually.	Review & Rank Panel; HomeBase	N/A
October 15, 2021	N/A	**HUD Deadline:** applications must have been submitted to the CoC on or before this date to be included in the CoC submission package	HomeBase, Agencies	N/A
October 20, 2021 October 21, 2021	12:00pm – 5:00pm 1:00pm – 4:00pm	**Review and Rank Panel Meets:** Rank & Review Panel meets to review and discuss proposals, score them and determine recommendation on how projects will be ranked in the 2021 application. Applicants must be on call by phone.	HomeBase, Review and Rank Panel	Virtual
October 22, 2021	By 5:00 PM	**Distribution of Preliminary Priority List:** HomeBase will distribute to agencies	HomeBase	Via e-mail
October 25, 2021	By 12:00 PM	**Notice of intent to appeal due:** Any agency seeking to appeal must submit their intent to HomeBase	Appellant Agenc(ies)	Via e-mail
October 26, 2021	By 12:00 PM	**Appeals due:** All appeals must be submitted to HomeBase.	Appellant Agenc(ies)	Via e-mail
October 27, 2021	TBD	**Appeal Committee meets:** Review appeals and recalculate scores, if necessary. (Representative from the R&R Panel participates)	Appeal Committee, HomeBase, R&R Panel Representative, Appellant	Virtual
October 28, 2021	N/A	**Priority List is distributed to applicants:** HomeBase will distribute the list to the CoC prior to the CoC Approval of the Priority List.	HomeBase	Via e-mail
October 29, 2021	TBD	**Leadership Council Special Meeting to Approve Priority List**	Leadership Council, HomeBase, R&R Panel	Virtual
November 1, 2021	N/A	**Project Applicants notified of final decisions on whether their project will be Ranked on the Priority Listing or were Rejected or Reduced** (Note: HUD Deadline is November 1, 2021)	HomeBase	Via e-mail
October 2, 2021 – November 2, 2021	N/A	**HomeBase reviews Project Applications**, coordinates with applicants	HomeBase	N/A
November 3, 2021	N/A	**All Project Applications must be finalized in E-snaps**	HomeBase, Applicants	Online
November 10, 2021	N/A	**Consolidated Application will be posted on CoC website**	HomeBase and CA	Online
November 12, 2021	N/A	**Consolidated Application and Priority Listing will be Submitted to HUD**	HomeBase and CA	Online
November 16, 2021	By 5:00pm (PDT)	**Consolidated Application is due to HUD**	HomeBase and CA	Online

The local competition deadline was clearly stated in the CoC Timeline document, which was posted online, sent via e-mail to applicants and the listserv, and distributed at the Technical Assistance Workshop.

All agencies who indicated they might be interested in applying received a checklist with the application deadline. They also received e-mails reminding them to submit their application by the deadline.

INSTRUCTIONS

Complete Your Application By: **October 1, 2021 at 12pm PST** **Application Deadline**

The Supplemental Questions must be completed for **each** new project submitting an application for the FY 2021 HUD CoC Program Competition.

The answers you provide to these questions will be used to create a PRESTO-generated report to be used by the Review and Rank Committee.

For each new project application, please log on to www.prestoevals.org. Navigate to the page titled "FY2021 NOFA Panelist Instructions" and find your project. Click the blue box marked "Type Your Answers" to the right of your project name, and then answer the questions. Please note that many questions are optional and some questions may not apply to your project type. If this is the case, please plan to type "Pass" in order to skip a question. To save an answer, click "Save" at the bottom of the page after you have typed your answer. There is an auto-save feature, but we strongly encourage agencies to draft and save answers in Microsoft Word as well. There is no "submit" button at the end. Whatever is saved in PRESTO by the deadline will be the final submitted application.

Please ensure that all supporting documentation emailed to montereynofa@homebaeccc.org is in **one PDF with a table of contents.**

If you are unsure whether your application is complete, you may e-mail Homebase at montereynofa@homebaeccc.org to confirm. Homebase will attempt to reply to all such e-mails within 24 hours. It is each applicant's responsibility to make sure that their project application is complete before the deadline.

If you have questions regarding how to use the PRESTO website, the rules of the competition, or about the meaning of the questions in the application, please send them to: montereynofa@homebaeccc.org.

By submitting this application, your agency is certifying that the information contained in the Supplemental Questions and attachments is true and accurate to the best of your knowledge. Please submit the below signed certification form with your supplemental documents to montereynofa@homebaeccc.org by the deadline.

FY 2021 Continuum of Care Program Competition

NEW PROJECT SUBMISSION CHECKLIST

AGENCY:
PROJECT NAME:
CONTACT PERSON'S NAME:
PHONE:
E-MAIL:

Due before October 1, 2021 at 12pm PST **Application Deadline**

☐	Confirm that your agency has an active **DUNS number** from www.sam.gov .
☐	Fill out a HUD Project **Applicant Profile** in e-snaps, including Form 2880, Nonprofit Documentation, SF-424, and your Code of Conduct. When you are done, export the HUD Profile as a PDF.
☐	Fill out a HUD **Project Application** (formerly known as Exhibit 2) in e-snaps, including Form HUD-50070, Form SF-LLL, and Match Documentation. When you are done, export the HUD Application as a PDF.
☐	Use www.prestoevals.org to answer the **Supplemental Questions**.
PDF Created: ☐	Create a PDF of your **proposed project budget (see the sample template below)**, adding up CoC and non-CoC funding to get a total budget.
PDF Created: ☐	Create a PDF of any **policies or procedures** you have drafted, including policies to ensure compliance with Housing First principles.
PDF Created: ☐	If you received a HUD grant previously, create a PDF of a **summary printout from e-LOCCs** or other similar proof confirming that you made at least one drawdown from e-LOCCs during the previous grant year.
PDF Created: ☐	If you are applying for bonus points for a new PSH project that incorporates non-CoC funded housing or housing subsidies for at least 25% of total units or participants, **attach written documentation of this commitment** from a funder or Housing Authority.
PDF Created: ☐	If you are applying for bonus points for a new PSH project that incorporates a 25% contribution from a health care or health insurance provider or health care services, **attach written documentation of this commitment** from a funder or health care servive provider.

PDF Created: ☐	If your agency has an indirect cost rate with the federal government, create a PDF of the approved **Indirect Cost Rate agreement**.
PDF Created: ☐	**Match letters** specifying the kind and amount of resources to be used or donated.
☐	Create a PDF copy of this checklist and the above signed Certification with all of the boxes checked off.

When you have finished checking off all of the items above, please e-mail **one PDF with a Table of Contents** that includes all copies of all of the above documents to montereynofa@homebaeccc.org.

Certification

I attest that the information my agency is providing in the FY 2021 CoC Competition is accurate and complete.

Date	Signature of Responsible Party
Title of Responsible Party	Printed Name of Responsible Party

The timeline and checklist above were distributed at a Technical Assistance workshop that was announced in advance over-the CoC listserv with 144 subscribers.

Homebase

CoC NOFO TA Workshop

Roxanne Wilson <rwilson@chsp.org> Tue, Aug 31, 2021 at 2:57 PM
Cc: Monterey NOFA <montereynofa@homebaseccc.org>, CHSP All Board Members <chspboardmembers@chsp.org>, Leadership Council Public <lcpublic@chspmontereycounty.org>, Kelly Shaban <kelly@homebaseccc.org>, Molly Machado <mmachado@chsp.org>

CoC Listserv with 144 subscribers

HUD CoC NOFO Summary and Technical Assistance Workshop

The Department of Housing and Urban Development's (HUD) Notice of Funding Opportunity (NOFO) for the Fiscal Year 2021 Continuum of Care (CoC) Program Competition was released on August 18th, 2021 with a due date of November 16, 2021.

A summary of this funding opportunity can be found here.

The 2021 NOFO Technical Assistance (TA) Workshop will be held on Thursday, September 9th from 12:00pm – 2:00pm.

All applicants/potential applicants are **required** to participate in the NOFO TA Workshop. **Any Applicant who fails to attend the Technical Assistance Workshop will be held strictly accountable for complying with all competition requirements**.

The Technical Assistance Workshop will be held via Join Zoom Meeting https://homebaseccc.zoom.us/j/81823367510 Meeting ID: 818 2336 7510

Information will be provided about renewal project applications as well as applications for new housing projects through reallocated and/or bonus funding. In addition, there is Domestic Violence Bonus Funding for interested applicants. We encourage all organizations interested in applying for CoC funding to attend, including organizations that have not previously received CoC funding. All are welcome!The San Benito/Monterey CoC issues this Public Solicitation for new Project Applications. We encourage **new agencies** that do not currently receive CoC Program Funds, as well as current recipients, to consider applying for a **new** permanent supportive housing project, a **new** rapid re-housing project, and/or a **new** transitional housing/rapid rehousing hybrid project.

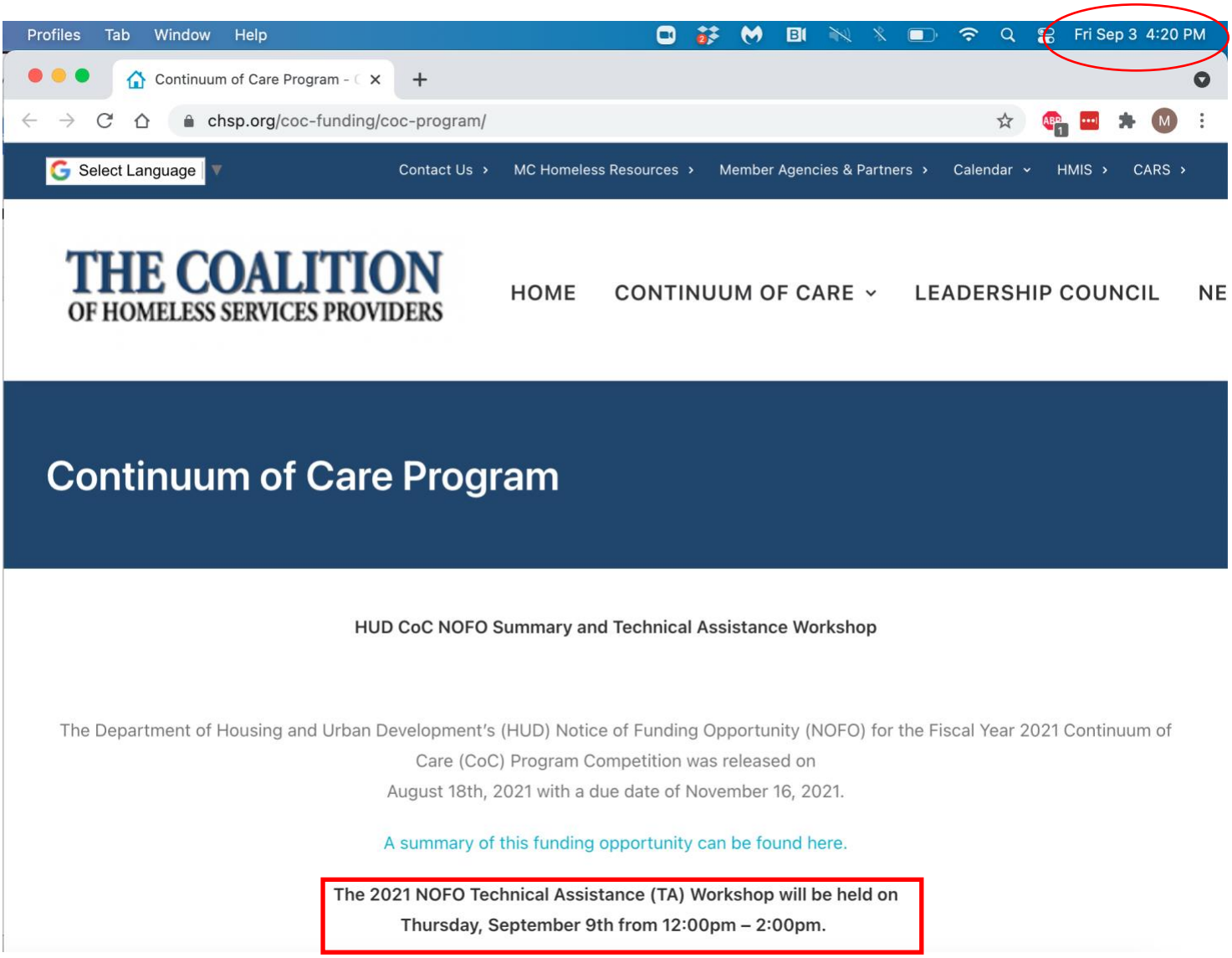
San Benito/Monterey CoC estimates an award of approximately **$1,844,019** in renewal funding through the CoC Program for housing and services for persons experiencing homelessness, as well as for some of the infrastructure to support our system of care. This year, for new projects, the

CoC is eligible to apply for **estimated Bonus funds of $127,731** and **estimated Domestic Violence Bonus funds of $383,192.**

Future information regarding the CoC NOFOcompetition logistics will be posted via this listserv.

The full NOFO, and additional information regarding
the competition is available on the HUD website here.

Please contact montereynofa@homebaseccc.org if you have any questions.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LEADERSHIP COUNCIL
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Continuum of Care Program
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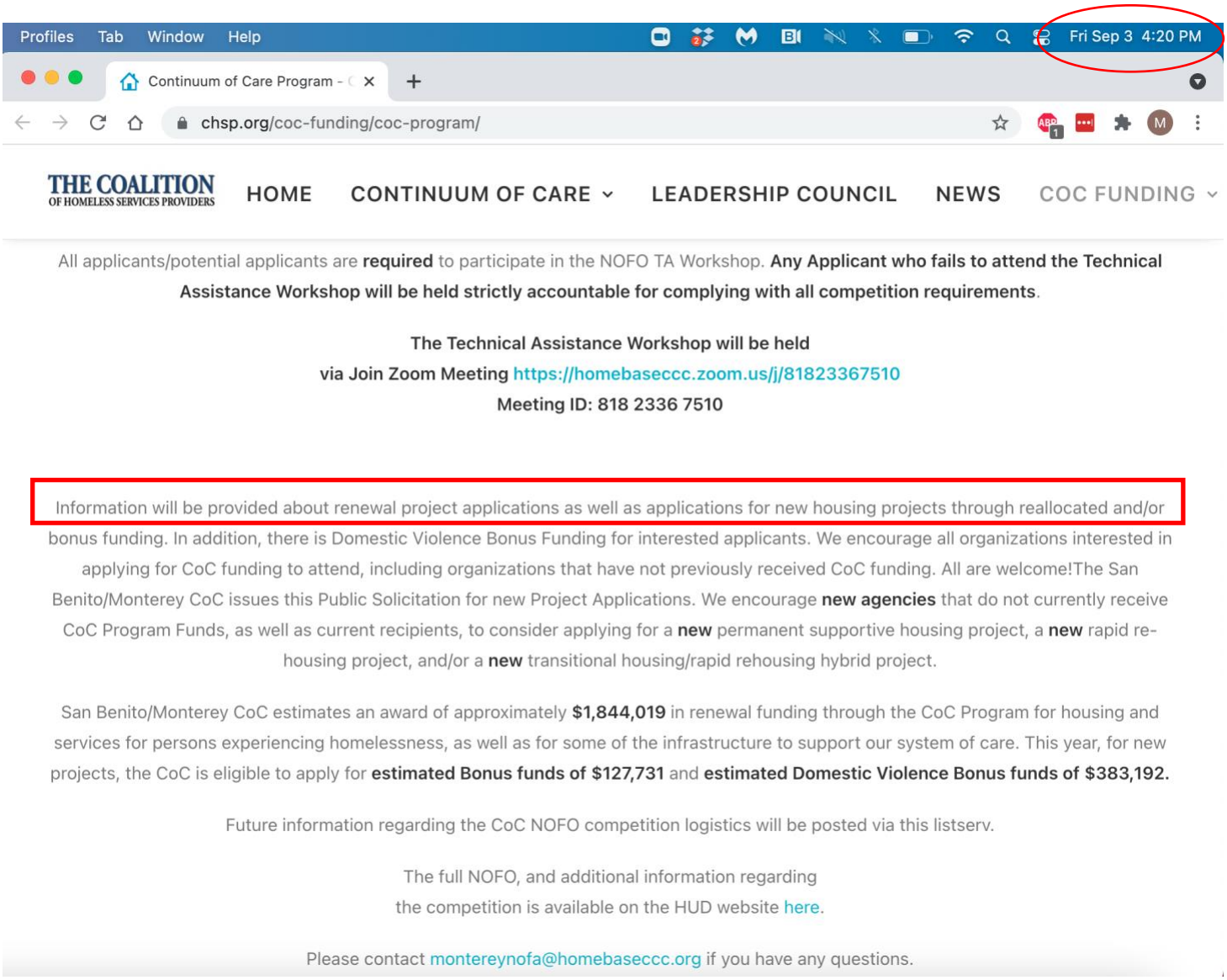


The Technical Assistance Workshop where the timeline (including project deadline) and checklist were distributed was also announced on the Collaborative Applicant's website.

2021 HUD COC PROGRAM

NOTICE OF FUNDING OPPORTUNITY

Local Funding Competition Technical Assistance Workshop

SEPTEMBER 9, 2021

12:00pm to 2:00pm

Join Zoom Meeting https://homebaseccc.zoom.us/j/81823367510

Meeting ID: 818 2336 7510

AGENDA

I. Welcome *(10 min)*

a. Review Zoom info
b. Icebreaker
c. Contact Info
d. Acronyms

At the Technical Assistance Workshop all potential applicants were briefed on the local competition deadline and the scoring tools were reviewed.

II. 2021 HUD CoC Notice of Funding Availability (NOFA) *(20 min)*

a. Overview & Funding Available
    i. What is CoC funding?
        1. National & local competitions, why both & relationship between them
    ii. NOFA Summary
        1. Renewal vs New
        2. Reallocation & CoC Bonus, DV Bonus
        3. Tiers

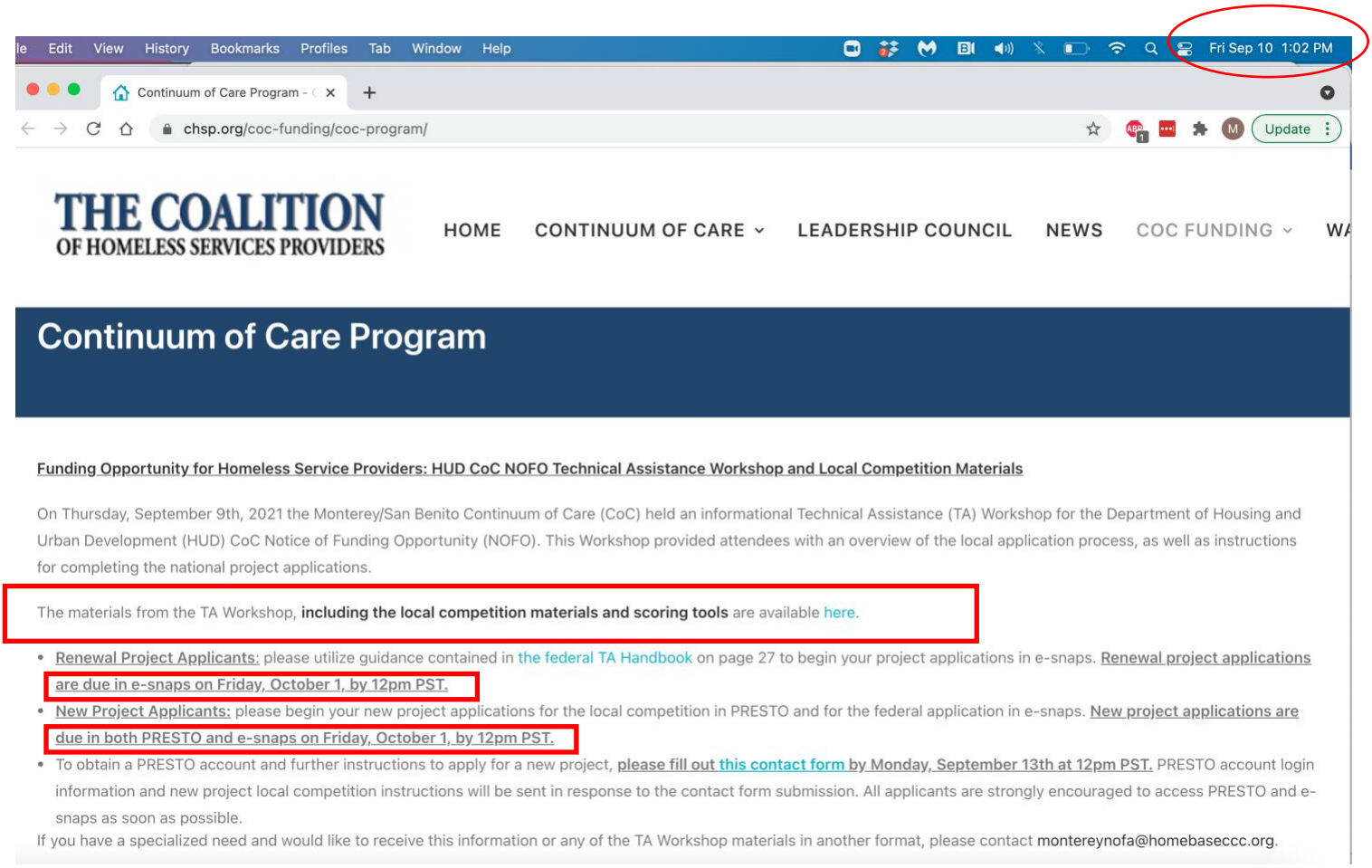
II. Local Competition Process and Timeline *(20 min)*

a. Local Materials/Handbook

b. Local Process & Appeals
c. Timeline/Submission Checklist

IV. Renewal Projects *(30 min)*
c. Local Scoring and Application
d. E-SNAPS and HUD Project Application
e. Q&A

V. New Projects *(30 min)*
a. Overview of HUD Priorities & CoC Program Requirements
b. New Project Types & DV Bonus Funding
c. Local Scoring and Application
d. E-SNAPS and HUD Project Application
e. Q&A



The Technical Assistance Workshop materials were posted on the Collaborative Applicant's website. The local scoring tools were included in the materials link. The local competition deadline was also included on the CoC website, and in the timeline document included in the materials link.

Homebase

An e-mail follow up to all applicants was sent to remind them of the local competition application deadline of October 1, 2021 (which is more than 30 days before the HUD CoC NOFO Competition Deadline)

CoC NOFO TA Workshop Materials- New Project LOIs Due TODAY

Molly Machado <mmachado@chsp.org> Mon, Sep 13, 2021 at 9:35 AM
To: Leadership Council Public <lcpublic@chspmontereycounty.org>, Leadership Council <leadershipcouncil@chspmontereycounty.org>, CHSP Board Public <chspboardagendas@chsp.org>, CHSP All Board Members <chspboardmembers@chsp.org>
Cc: Roxanne Wilson <rwilson@chsp.org>, Monterey NOFA <montereynofa@homebaseccc.org>

Dear CoC Members,

On Thursday, September 9th, 2021 the Monterey/San Benito Continuum of Care (CoC) held an informational Technical Assistance (TA) Workshop for the Department of Housing and Urban Development (HUD) CoC Notice of Funding Opportunity (NOFO). This Workshop provided attendees with an overview of the local application process, as well as instructions for completing the national project applications.

This email included a link to the local competition materials, including the local scoring tools (with objective criteria) for the competition.

The materials from the TA Workshop, **including the local competition materials and scoring tools** are available here.

- **Renewal Project Applicants**: please utilize guidance contained in the federal TA Handbook on page 27 to begin your project applications in e-snaps. **Renewal project applications are due in e-snaps on Friday, October 1, by 12pm PST.**

- **New Project Applicants:** please begin your new project applications for the local competition in PRESTO and for the federal application in e-snaps. **New project applications are due in both PRESTO and e-snaps on Friday, October 1, by 12pm PST.**

- To obtain a PRESTO account and further instructions to apply for a new project, **please fill out this contact form by Monday, September 13th at 12pm PST.** PRESTO account login information and new project local competition instructions will be sent in response to the contact form submission. All applicants are strongly encouraged to access PRESTO and e-snaps as soon as possible.

If you have a specialized need and would like to receive this information or any of the TA Workshop materials in another format, please contact montereynofa@homebaseccc.org.

Thank you,

Molly Machado
She, Her, Hers
Program Manager
Coalition of Homeless Services Providers
1942 Fremont Boulevard, Seaside, CA, 93955
Office: 831-883-3080
Direct: 831-883-3081
Fax: 831-883-3085

Homebase

Reminder: CoC Applications Due October 1, 2021

Maya Spark <maya@homebaseccc.org> Fri, Sep 24, 2021 at 1:05 PM
To: "Monterey NOFA (montereynofa@homebaseccc.org)" <montereynofa@homebaseccc.org>
Bcc: Rodrigo Torres <rtorres@communityhomelesssolutions.org>, Eric Johnsen -Interim EO <ejohnsen@communityhomelesssolutions.org>, earreola@cosb.us, ed@gatheringforwomen.org, vbrown@sunstreet.org, dsturgeon@hamonterey.org, Sophie Yakir <syakir@interiminc.org>, Georgina Alvarez <galvarez@cccil.org>, alexaj@hrcmc.org, kschake@vtcmonterey.org, Amanda Contreras <acontreras@ywcamc.org>, csoto@communityhomelesssolutions.org, sweetearth63@gmail.com, kcatey@middlebury.edu, afoglia@sunstreet.org, jacosta@hamonterey.org, sjacquez@cosb.us, BMitchell@interiminc.org, ywood@interiminc.org, Judy Cabrera <jcabrera@cccil.org>, ed@hrcmc.org, Christine Duncan <cduncan@ywcamc.org>, rmccrae@chservices.org, rrapp@chservices.org, mhurta@sunstreet.org, Dominique Cohen <dcohen@midpen-housing.org>, jmarquez@midpen-housing.org

Hello Monterey/San Benito CoC Project Applicants,

This is a reminder that new and renewal project applications for the Monterey/San Benito Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) are **due by Friday, October 1st at 12pm PST.**

- Please utilize guidance contained in the federal TA Handbook on page 27 to work on your project applications in e-snaps.
  - **We have been hearing from providers that e-snaps is regularly experiencing issues, including not loading correctly, sending error messages, and logging people off frequently. Please don't leave your e-snaps application until the last minute.**
- You should not hit "submit" on your application in e-snaps, but you should have it filled out and PDFed for submission to montereynofa@homebaseccc.org by the deadline.
- Homebase will work with you on your e-snaps application during the month of October prior to submission to HUD.

Reminders:

- **Renewal Projects:** Your local competition application is complete and in PRESTO. When you send us your e-snaps application, please ensure you include in the email to montereynofa@homebaseccc.org your "Yes/No" responses to the three additional renewal project racial equity Supplemental Questions that were previously emailed to you. Homebase will manually enter these responses into PRESTO.
- **New Projects:** new project applications are due in both PRESTO and e-snaps **by Friday, October 1st at 12pm PST**. Please consult the new project checklist that was sent to you for additional documents that should be submitted with your application.

A reminder e-mail was sent to all potential applicants, which included the competition deadline of October 31, 2021, which is more than 30 days before the HUD CoC NOFO competition deadline.

Thank you,

Maya

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Homebase | Maya Spark | Senior Staff Attorney
p: 415-788-7961 ext. 330 **w:** www.homebaseccc.org
a: 870 Market Street, Suite 1228, San Francisco, CA 94102

Advancing Solutions to Homelessness
Legal and Technical Assistance | Policy | Advocacy | Planning

2021 CONTINUUM OF CARE NOFA

RENEWAL Application Performance Scoring Criteria & Tool – 100 points possible + 5 Bonus Points

Project Name:	Project Reviewer Name:

Continuum of Care Priority			Column for max point value					
	CoC Evaluation Criteria	CoC Performance Target	Possible Points	Full Points (5)	Half Points (2.5)	No Points (0)	Data Source	Score
1	Project type **Objective Criteria**	Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) are prioritized	5	PSH, RRH	Transitional Housing (TH), Joint Transitional Housing-Rapid Rehousing (TH-RRH)	SSO (non-CE)	Applicant/ Open-ended Question	
2	Describe project's ability to serve **Chronically Homeless** Individuals. **(System Performance Measurements (SPMs) 1.1, 1.2)**	**Corresponding System Performance Measurements (SPM) are identified for each relevant scoring factor**	5	Points given in accordance to reviewer's observations and satisfaction of applicant's ability to serve Chronically Homeless.			Applicant/ Open-ended Question	
3	CoC priority **special populations** and clients with **severe needs**. **(SPMs 1.1, 1.2)** Special Populations: Chronically Homeless Individuals, homeless youth (under 25), domestic violence survivors, homeless families with children, and/or homeless veterans. **Objective Criteria**	See list of Special Populations and Severe Needs In order to get points for this factor based on serving the	5	Serves multiple CoC special populations and multiple "severe needs" criteria	Serves only one CoC special population	Does not serve a CoC special population	Applicant/ Open-ended Question	

2021 CONTINUUM OF CARE NOFA

RENEWAL Application Performance Scoring Criteria & Tool – 100 points possible + 5 Bonus Points

Project Name:	Project Reviewer Name:

Continuum of Care Priority								
	CoC Evaluation Criteria	**CoC Performance Target**	**Possible Points**	**Full Points (5)**	**Half Points (2.5)**	**No Points (0)**	**Data Source**	**Score**
1	Project type **Objective Criteria**	Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) are prioritized	5	PSH, RRH	Transitional Housing (TH), Joint Transitional Housing-Rapid Rehousing (TH-RRH)	SSO (non-CE)	Applicant/ Open-ended Question	
2	Describe project's ability to serve **Chronically Homeless** Individuals. **(System Performance Measurements (SPMs) 1.1, 1.2)**		5	Points given in accordance to reviewer's observations and satisfaction of applicant's ability to serve Chronically Homeless.			Applicant/ Open-ended Question	
3	CoC priority **special populations** and clients with **severe needs**. **(SPMs 1.1, 1.2)** Special Populations: Chronically Homeless Individuals, homeless youth (under 25), domestic violence survivors, homeless families with children, and/or homeless veterans. **Objective Criteria**	See list of Special Populations and Severe Needs In order to get points for this factor based on serving the	5	Serves multiple CoC special populations and multiple "severe needs" criteria	Serves only one CoC special population	Does not serve a CoC special population	Applicant/ Open-ended Question	

	Severe Needs and Vulnerabilities: low or no income, current or past substance abuse, a history of victimization such as domestic violence or sexual assault, criminal histories, mental illness, HIV/AIDS, and/or chronic homelessness.	chronically homeless special population, a PSH project must check the box for DedicatedPLUS or 100% Dedicated in e-SNAPs.						
4	Award 3 points based on the degree to which the project **has identified any barriers to participation** (e.g., lack of outreach) **faced by persons of different races and ethnicities**, particularly those over-represented in the local homelessness population, and has taken or will take **steps to eliminate the identified barriers**. Award 2 points based on the agency's description of how the Project demonstrates a commitment to **measuring and improving its response to racial disparities** and biases. Such a commitment should include a description of specific steps that have been taken or will be taken to ensure that the organization's staff, leadership, highest earners, population of clients served, and board of directors include significant representation from: • people of color, • indigenous people, • people who are non-native English speakers, and/or		5	Points given in accordance to reviewer's observations and satisfaction of applicant's description their commitment to measuring and responding to racial disparities.			Applicant/ Open-ended Question	

	• people with lived experience of homelessness					
5	The agency **engages homeless and formerly homeless clients** in program design and policy making by including them on its board of directors or staff, by having a consumer advisory board that meets regularly, by administering consumer satisfaction surveys, and/or by convening client focus groups. The agency must specifically indicate **which** of these option(s) it is using to gather consumer input and **how** they are utilizing this feedback to create action plans and reports.		5	Points given in accordance to reviewer's observations and satisfaction of applicant's description of consumer involvement/feedback and their use of the feedback.	Applicant/ Open-ended Question	
		Possible Points for Priority:	**25**		**Actual Points for Priority:**	

Performance – Client Outcomes

Increase Total Income								
	CoC Evaluation Criteria	**CoC Performance Target**	**Possible Points**	**Full Points (5)**	**Half Points (2.5)**	**No Points (0)**	**Data Source**	**Score**
6	**All Programs:** Percentage of persons 18 and older who **maintained or increased their income** (from *all sources*) at exit or at a timely annual follow-up interview/assessment. Divide the number of adults who maintained or increased their income by the number of living adults in the project (minus the number of adults stayers not yet due for an	50%	5	50%	40% - 49%	<40%	APR Q 19a3	

	annual assessment) and apply the scale to the right. **Objective Criteria** (SPMs 4.1, 4.2, 4.3, 4.4, 4.5, 4.6)							
Non-Cash Benefits – All Sources								
7	**All Programs:** Percentage of persons 18 and older with at least one source of **non-cash benefits** at exit or at a timely annual follow-up interview/assessment for each adult or head of household. **Objective Criteria** Divide the number of adults with at least one source of non-cash benefits by the number of living adults in the project (minus the number of adults stayers not yet due for an annual assessment) and apply the scale to the right. (SPMs 4.1, 4.2, 4.3, 4.4, 4.5, 4.6)	80%	5	80%	70% - 79%	<70%	APR Q 20b	
Possible Points for Client Outcomes:			10			Actual Points for Client Outcomes:		

Housing Stability and Permanent Housing Placement								
	CoC Evaluation Criteria	CoC Performance Target	Possible Points	Full Points (15)	Half Points (7.5)	No Points (0)	Data Source	Score
8a	**PSH and RRH:** Count each person who either **remained in the project** at the end of the competition period **or exited to permanent housing**. Divide this count by the total number of people who participated in the project during the measurement period, excluding people who passed away or who exited to foster care, nursing homes, or non-psychiatric	80%	15	80%	74% - 79%	<74%	APR Q 23a&b	

	hospitals or inpatient medical facilities, and then apply the scale. Objective Criteria **(SPM 7b.2)**							
8b	TH Programs: Count each person who **exited to permanent housing** during the measurement period. Divide this count by the total number of people who exited the project during the measurement period, excluding people who passed away or who exited to foster care, nursing homes, or non-psychiatric hospitals or inpatient medical facilities, and then apply the scale. Objective Criteria **(SPM 7b.2)**	80%	15	80%	74% - 79%	<74%	APR Q 23a&b	
Possible Points for Housing Stability:			15			Actual Points for Housing Stability:		

Performance – Administrative								
	CoC Evaluation Criteria	CoC Performance Target	Possible Points	Full Points (10 or 5)	Half Points (5 or 2.5)	No Points (0)	Data Source	Score
9a	**Bed Occupancy/Utilization**: count the average number of people enrolled in the project on the last Wednesday of each quarter, and divide it by the number of beds promised in e-snaps (or by other agreement/modification with HUD, with supporting documentation) to get the bed occupancy rate. Objective Criteria	90%	5	90%	80% - 89%	<80%	7b	

	The panel may use its discretion for scoring based on the project's optional narrative if the project: • Faced circumstances beyond its control that made it difficult or impossible to fully utilize grant resources *(this could include a consolidation or expansion with a project that has less than a year of operating data), and* • has a concrete, plausible plan to improve utilization of grant resources for future years. **(SPMs 3.1, 3.2)**							
9b	HMIS: Data Quality Report Card Grade for 4/1/2020 to 3/31/2021 **Objective Criteria** **(SPMs 5.1, 5.2)**	A Grade	5	A	B	C, D, F	Data Quality Report Card	
9c	Financial – grant utilization **Objective Criteria** The panel may use its discretion for scoring based on the project's optional narrative if the project: • Faced circumstances beyond its control that made it difficult or impossible to fully spend grant resources *(this could include a consolidation or expansion with a project that has less than a year of operating data), and* has a concrete, plausible plan to	100% utilized	10	100%	90% - 99%	<90%	HUD quarterly spenddown report with optional Applicant/ Open-ended Question	

	improve spend of grant resources for future years. **(SPMs 3.1, 3.2)**							
9d	**Audits, HUD findings/monitoring** Projects were instructed to submit a copy of their most recent audit or monitoring report. Any type of report can be used (from HUD, direct recipient, accountant, etc.). The report should be dated no earlier than 1/1/2019.	A recent audit or monitoring report with no significant negative findings	5	Project attaches a recent report with no significant negative findings	Project did not attach a recent report but convincingly explains why it was not monitored since 1/1/2019 OR attached a report with negative findings with a corrective action plan.	Project did not attach a recent report, with no explanation OR attached a report with negative findings with *no* corrective action plan submitted.	Audits, Monitoring Reports, Letters & Responses; Applicant/ Open-ended Question	
9e	**Coordinated Entry:** Award points based on the project's subjective description of how it contributes to the Coordinated Entry System, including but not limited to participating in Coordinated Entry Workgroups, serving as an assessing agency, and/or attending Coordinated Entry trainings. **(SPMs 1.1, 1.2)**		5	Points given in accordance to reviewer's observations and satisfaction of applicant's description their contribution to the Coordinated Entry System.			Applicant/ Open-ended Question	
9f	**Coordinated Entry:** Award points based on the project's description of how it is using HMIS to facilitate Coordinated Entry Referrals and Assessments.		5	Points given in accordance to reviewer's observations and satisfaction of applicant's description their use of HMIS to facilitate			Applicant/ Open-ended Question	

	(SPMs 1.1, 1.2)			Coordinated Entry System referrals and assessments.				
Possible Points for Performance –Administrative:			35			Actual Points for Performance – Administrative:		

Housing First/Barriers								
	CoC Evaluation Criteria	CoC Performance Target	Possible Points	Full Points (5)	Half Points (2.5)	No Points (0)	Data Source	Score
10a Objective Criteria	Does the project ensure that the **participants are <u>not</u> screened out based on the following items**? 1. Having too little income 2. Active or history of substance abuse 3. Having a criminal record with exceptions for state-mandated restrictions 4. History of domestic violence (e.g., lack of protective order) **(SPM 2)**	100% - Projects avoid screening out participants for all four items/characteristics.	5	Project avoids screening out participants based on all four items.	Project avoids screening out participants based on some (1-3) but not all of the four items.	Project does not avoid screening out participants based on any of the four items.	Applicant/ Open-ended Question	
10b Objective Criteria	Does the project ensure that **participants are not terminated from the program for the following reasons**? 1. Failure to participate in services 2. Failure to make progress on service plan 3. Loss of income or failure to improve income 4. Any other activity not covered in a lease agreement **(SPM 2)**	100% - Projects ensure participants are not terminated for any of the four reasons.	5	Project ensures participants are not terminated for any of the four reasons.	Project ensures participants are not terminated for some (1-3) but not all of the four reasons.	Project does not ensure participants are not terminated for all four reasons.	Applicant/ Open-ended Question	

Possible Points for Housing First/Barriers:	10			Actual Points for Housing First/Barriers:		

Mainstream Resource Access								
	CoC Evaluation Criteria	CoC Performance Target	Possible Points	Full Points (5)	Half Points (2.5)	No Points (0)	Data Source	Score
11	Strategies employed to help clients access **mainstream benefits**: **Objective Criteria** 1. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? 2. At least annual follow-up with participants to ensure mainstream benefits are received and renewed? 3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency? 4. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? **(SPMs 4.2, 4.5)**	100% (4 of 4 Answered "Yes")	5	100% (4 of 4)	25% - 75% (1 to 3 of 4)	0% (0 of 4)	Applicant/ Open-ended Question	
Possible Points for Mainstream Resource Access:			5			Actual Points for Mainstream Resource Access:		
TOTAL POINTS *POSSIBLE:*			100			TOTAL POINTS *ACTUAL:*		

BONUS POINTS						
Award points based on the agency's explanation of how it responded during the COVID-19 pandemic. Consider whether they were able to continue to serve participants and whether there was anything extra the agency did to meet the need during the pandemic.		5	Points given in accordance to reviewer's observations and satisfaction of applicant's description of their COVID-19 response.		Applicant/ Open-ended Question	
Possible Points for Bonus Points:		**5**			**Actual Points for Bonus Points:**	

2021 CONTINUUM OF CARE NOFA

NEW Application Scoring Criteria & Tool – 100 points possible + 20 Bonus Points

Project Name:	Project Reviewer Name:

Housing/Project Type + Housing First (5 points possible) (System Performance Measurement (SPM) 2)			
CoC Evaluation Criteria			**Score**
5 points for bonus and/or reallocation projects that follow a **Housing First approach** and are a new **Permanent Supportive Housing** (PSH) project. **4 points** for bonus and/or reallocation projects that follow a **Housing First** approach and are a new **Rapid Rehousing (RRH) Project.** **4 points** for new **Domestic Violence (DV) bonus** projects that follow a **Housing First** approach and are: (a) RRH projects or (2) Joint Transitional Housing and RRH projects (Joint TH-RRH) **2.5 points** for bonus and/or reallocation projects that follow a **Housing First** approach and are a **Joint TH-RRH** (non-DV Bonus) project. **0 points** for all other projects or for projects that do not follow a Housing First approach. **Objective Criteria**			
Possible Points for Project Type:	**5**	**Actual Points for Project Type:**	

Consistency with providing services during COVID-19 (5 points possible)			
CoC Evaluation Criteria			
Award points based on the agency's explanation of their response during the COVID-19 pandemic. Consider whether they were able to continue services to participants and whether there was anything extra the agency did to meet the need during the pandemic.			
Possible Points for COVID-19 Response:	**5**	**Actual Points for COVID-19 Response:**	

Project Quality, Readiness & Appropriateness (10 points possible) (SPMs 7b.1, 7b.2, Ready to Start: SPMs 3.1, 3.2)
CoC Evaluation Criteria
Award points based on the project's explanation of its **design and mix of services and/or housing**. Consider whether services/housing are appropriate for serving the population it intends to serve. For housing, consider: **(4 pts)** • Where the project will house people; • The type of housing- how the layout/features will match the needs of the clients the project intends to serve; • Whether the location of housing will be accessible to people with disabilities; • Whether the housing will help maximize client choice in the Continuum of Care by providing rare or unique types of housing options that are not currently available (e.g., pet friendly housing, housing with elevators, parking, etc.). Award points based on the project's explanation of how and when it will have **site control** (title, lease, etc.). **(4 pts)** • If site control is not already obtained, will the project employ housing locators or provide landlord incentive or support funds to assist with obtaining site control? If no, consider how the project will obtain control of a housing site or find housing for clients. Award points based on the project's explanation for **when housing occupancy and/or services will begin. (2 pts)**

Possible Points for Project Quality, Readiness & Appropriateness:	10	Actual Points for Project Quality, Readiness & Appropriateness:	

Program Goals and Program Design (25 points possible) (SPMs 1.1, 1.2, 2, 4, 5.1, 5.2) **Not for DV-Bonus Projects, see DV-Bonus section below**
CoC Evaluation Criteria
For New PSH, RRH, and Joint TH-RRH Projects Only (Non-DV Bonus Projects): Award points based on: ● The program goals to be measured annually **(4 pts)**: ○ How participants will be helped to **obtain/remain in permanent housing (SPMs 1.1, 1.2)** ○ How participants will be helped to **increase skills, income, employment, and live independently (SPMs 4, 4.2, 4.4, 4.5)** **Up to 3 points each:** ● The types and frequency of **services** participants will receive; **(SPM 4)** ● How the project will ensure new participants are **eligible** for this project's program type based on their housing and disability status; ● The project's commitment to participate in CARS **coordinated entry; (SPMs 1.1, 1.2)** ● The project's commitment to **Housing First** principles; **(SPM 2)** Objective Criteria ● The project's commitment to getting **input and feedback from homeless and formerly homeless** clients and how that feedback is used; ● The project's commitment to **Equal Access and Fair Housing** principles; **(SPMs 1.1, 1.2)** ● The project's commitment to entering timely and **accurate data** for all CoC funded beds into HMIS **(SPMs 5.1, 5.2)**

Possible Points for Program Goals and Design:	25	Actual Possible Points for Program Goals and Design:	

DV-Bonus Program Goals and Program Design (25 points possible) ** DOMESTIC VIOLENCE BONUS FUNDING APPLICANTS ONLY**
CoC Evaluation Criteria (**Use this section <u>instead of</u> the previous page** if the project will be dedicated to serving victims of domestic violence. For all scoring purposes, "domestic violence" also includes dating violence, sexual assault, stalking, and/or trafficking).
<u>For New DV Bonus RRH and Joint TH-RRH Projects Only</u>: Award points if the project adequately summarizes all four of the following **(4 pts):** • A description of the local **need** for DV-related housing and services, e.g., how many people need support; • The local **resources** for DV-related housing and services, e.g., what services are already offered; • A quantitative estimate of the size of the **gap** between local resources and local need; • A quantitative estimate of how the proposed project will reduce that gap Award points if the project adequately summarizes how it will use **housing first, victim-centered, and trauma-informed approaches (5 pts):** • All DV Bonus housing projects must use a **housing first approach** and also explain how the services that will be offered are **trauma-informed and victim-centered**. To earn additional points, projects should include a description of how the project's services will differ from ordinary supportive services for the general homeless population, and an estimate of the number of hours and/or the level of training that the program's staff have received in delivering trauma-informed, victim-centered services. Award points based on the **previous performance** of the applicant in serving survivors of domestic violence, dating violence, sexual assault, and/or stalking **(3 pts).** Award points if the project **(5 pts):** • Articulates a specific plan for ensuring that its residents will be safe from further domestic violence. • Uses facilities with specialized features that will **enhance the safety** of domestic violence survivors. • Uses staff who have been specially trained in promoting the safety of domestic violence survivors. • Sets **quantitative safety targets** that are appropriate and realistic and explains why it is likely to be able to achieve the targeted safety outcomes. • Can **present objective data that shows how they improve participant safety**. Objective Criteria Award points for the project's explanation of **(8 pts total, up to 2 points for each bullet):** • How participants will be helped to **increase skills, income, employment, and live independently;** • The project's commitment to participate in CARS **coordinated entry;** Objective Criteria • The project's commitment to **Equal Access and Fair Housing** principles; • The project's commitment to entering **timely and accurate data** for all CoC funded beds into a comparable database

Possible Points for DV Bonus Program Goals and Program Design:	25	Actual Points for DV Bonus Program Goals and Program Design	

Agency/Collaborative Capacity (10 points possible) (SPM 2)

CoC Evaluation Criteria

Award points based on the **specific type and length of experience** of all organizations involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Consider evaluating experience directly related to their role in the proposed project as well as their overall experience working with homeless people. Consider the project's experience with:

- **Similar sized grants**, including the grant amounts and total percent drawn down from those grants;
- **State or federal government grants**;
- Providing **detailed timesheets** for funders that detail the hours worked by each staff person each week on different activities and projects;
- Providing **detailed eligibility** documentation to a funder that shows what assistance each client received and why that client was qualified to receive that assistance.

For projects contracting for and overseeing the construction or rehabilitation of housing, leasing, or administering rental assistance, evaluate that experience, as applicable.

Possible Points for Agency/Collaborative Capacity:	10	Actual Points for Agency/Collaborative:	

Improving Safety and Victim-centered / Trauma-informed Services (5 points possible)

CoC Evaluation Criteria

Award points based on a project's description of their ability to provide **victim-centered / trauma-informed services** to and **improve safety** for those fleeing or victimized by domestic violence, dating violence, stalking, or human trafficking.

Possible Points for victim-centered / trauma-informed services, improving safety:	5	Actual Points for victim-centered / trauma-informed services, improving safety:	

Chronicity, Special Populations, and Severe Needs (15 points possible) (SPMs 1.1, 1.2)

CoC Evaluation Criteria

Award points based on the project's description of their ability to serve chronically homeless individuals, other special populations and clients with severe needs, including:

- **Special Populations**: Chronically Homeless Individuals, homeless youth (under 25), domestic violence survivors, homeless families with children, and/or homeless veterans (in order to get points for this factor based on serving the chronically homeless population, a PSH project must check the box for DedicatedPLUS or 100% Dedicated in e-SNAPs). (**5 pts**)
- **Severe Needs and Vulnerabilities**: low or no income, current or past substance abuse, a history of victimization such as domestic violence or sexual assault, criminal histories, mental illness, HIV/AIDS, and/or chronic homelessness. (**5 pts**)

Award **5 points** for projects that are serving **chronically homeless** individuals. Objective Criteria

Possible Points for Chronicity, Special Populations, Severe Needs:	15	Actual Points for Chronicity, Special Populations, Severe Needs:	

Mainstream Resources (10 points possible) (SPMs 4.2, 4.5)

CoC Evaluation Criteria

Award points if the project adequately explains how its services will individually assist each client to **obtain mainstream benefits** from the health, social, and employment programs for which they are eligible to apply. Consider the project's specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits. **(5 pts).**

Award points based on **which of the following strategy programs** the project will use to help clients access federal mainstream benefits **(5 pts, see scale below):**

- Medicaid Objective Criteria
- State Children's Health Insurance Program
- TANF (CalWORKS); Food Stamps
- SSI
- Workforce Investment Act
- Employment Income
- Welfare to Work Grant Programs
- Veterans Health Care

Points will be allocated as follows:

- Award 5 points for 7-8 of the above strategies used.
- Award 3 points for 4-6 of the above strategies used.
- Award 1 point for 1-3 of the above strategies used.
- Award 0 points for 0 of the above strategies used.

Possible Points for Mainstream Resources	10	Actual Points for Mainstream Resources:	

Budget and Cost Effectiveness (10 points possible) (SPMs 3.1, 3.2)

CoC Evaluation Criteria

Award points based on whether the **project budget is clearly articulated**, with no unnecessary or unexplained items.

Consider:

•Does the budget show that the project will have **enough resources** to provide high-quality, reliable services to the target population? **(3 pts)**

•Does the budget show that the project will **match/leverage** significant outside resources (funding, staff, building space, volunteers, etc.) rather than rely entirely on CoC funds? Are the outside sources realistic? **(3 pts)** Objective Criteria

•Does the budget only attempt to use HUD funding on **eligible expenses**? **(2 pts)**

•Does the budget show that the project is taking appropriate measures to promote **cost effectiveness**? **(2 pts)**

For expansion projects, panelists may also consider the efficient use of funds factors of the renewal project application that is proposed for expansion.

Possible Points for Budget and Cost Effectiveness:	10	Actual Points for Budget and Cost Effectiveness:	

Addressing Racial Disparities (5 points possible)

CoC Evaluation Criteria

Award 3 points based on the degree to which **the project has identified any barriers to participation** (e.g., lack of outreach) **faced by persons of different races and ethnicities**, particularly those over-represented in the local homelessness population, and has taken or will take **steps to eliminate the identified barriers**.

Award 2 points based on the agency's description of how they Project demonstrates a **commitment to measuring and improving its response to racial disparities and biases**. Such a commitment should include a description of specific steps that have been taken or will be taken to ensure that the organization's staff, leadership, highest earners, population of clients served, and board of directors include significant representation from:

- people of color,
- indigenous people,
- people who are non-native English speakers, and/or
- people with lived experience of homelessness

Possible Points for Addressing Racial Disparities:	5	Actual Points for Addressing Racial Disparities:	

BONUS POINTS

Transition Grant – Permanent Supportive Housing with a Housing First Approach (10 points possible)			
CoC Evaluation Criteria			
Award 10 points if the agency is **voluntarily re-allocating** at least 1 non-Permanent Supportive Housing project during this competition cycle and is applying to transition from a non-Permanent Supportive Housing project to a **Permanent Supportive Housing project with a Housing First Approach.**			
Possible Points for Priority:	10	Actual Points for Priority:	

PSH Housing that Leverages non-CoC Funding (5 points possible)			
CoC Evaluation Criteria			
Award 5 points if the PSH project has attached a written commitment showing **at least 25% of the units of the PSH project incorporates non-CoC funded housing** or housing subsidies (i.e., a project that uses Public Housing Authority vouchers, or other non-CoC funding (private organizations, state or local government funding, faith-based funding, or federal funding other than CoC or ESG programs) for rental assistance or leasing).			
Possible Points for Priority:	5	Actual Points for Priority:	

PSH Project Leverages Healthcare Resources (5 points possible)			
CoC Evaluation Criteria			
Award 5 points if the PSH project has attached **a written commitment from a healthcare organization** to: • Provide direct contributions from a public or private health insurance provider to the project; or • Provide health care services (equal to 25% of the funding being requested by the project) by a private or public organization tailored to the program participants of the project ○ If the services are from a substance abuse treatment or recovery provider, the project will provide access to treatment or recovery services for all program participants who qualify and choose those services.			
Possible Points for Priority:	5	Actual Points for Priority:	

CA-506 Salinas/Monterey, San Benito Counties Continuum of Care

FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: PROJECT REVIEW AND SELECTION PROCESS (Question 1E-2)

BACKGROUND

This attachment includes an excerpt of the local competition scoring policies, full versions of all scoring tools, an example scorecard (one scored project application form with maximum point values and actual points awarded shown), and the Ranked List/Priority listing showing final project scores for all ranked new and renewal projects. It also includes evidence that the Salinas/Monterey, San Benito Counties CoC:

- Applied the scoring tools and ranked projects based on the actual points awarded to the projects/their final scores,
- Used a comparable database to score projects submitted by victim service providers (VSP),
- Used scoring tools that showed the total point values available for each project application type and in which over 33% of the total points were based on Objective Criteria and over 20% were based on System Performance Criteria,
- Evaluated projects based on the CoC's analysis of rapid returns to housing,
- Evaluated projects submitted by VSPs based on their objective data to improve safety for project participants,
- Evaluated projects based on them serving the hardest to serve populations with severe needs and vulnerabilities, and
- Evaluated projects based on the degree to which their project has identified any barriers to participation faced by persons of different races and ethnicities, particularly those overrepresented in the local homeless population, and has taken or will take steps to eliminate the identified barriers.

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New Housing Scoring Tool Used in the Local Competition: • Over 33% of total points based on Objective Criteria for the project application (52/105 points or 50%)- pages 18-20, 22-24; • At least 20% of the total points were based on system performance criteria (85/105 points or 75%)- pages 18-19, 21-23; • Total points available established for each project application type (i.e., 105 points available for renewal projects)- pages 18; • The local competition used objective criteria to evaluate how projects submitted by VSP improved safety for the population they serve- pg 20; • A specific method was used to evaluate projects based on the CoC's analysis of rapid returns to permanent housing- page 19; • Considerations the CoC gave to projects that provide housing and services to the hardest to serve populations with severe needs and vulnerabilities- page 22; • Considerations given to projects addressing racial disparities- page 23.	18-24
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MONTEREY/SAN BENITO CONTINUUM OF CARE

2021 COC REVIEW AND RANK POLICIES

OVERVIEW

The federal Department of Housing and Urban Development (HUD) provides over $2 billion per year in funding for homeless housing and services. This funding is distributed through Continuums of Care (CoCs), which are regional organizations that meet regularly to improve project performance and build community support for responding to homelessness.

Every year, HUD requires each CoC to **review** the performance of homelessness projects within that CoC's region, and to use their performance to **rank** those projects in order of their funding priority. Projects that are eligible for funding and that rank near the top of the list or in the middle of the list (known as "Tier 1") will receive federal funding unless the government shuts down. Projects that are near the bottom of the list (known as "Tier 2") may or may not receive funding, depending on the exact size of the Congressional budget and on how the CoC as a whole performs relative to other CoCs in the national competition. Projects that are excluded from the list altogether will not receive federal funding.

Because many of the people who are closely involved with the Lead Me Home CoC (LMH CoC) also receive funding that is distributed through the CoC, the CoC's leadership does not directly review projects' performance. Instead, project performance is evaluated by an independent Rating Panel. Using a variety of objective and subjective data, the Panel prepares a Recommended Ranked List showing the recommended score and rank of all of the projects in San Benito/Monterey Counties.

The Recommended Ranked List may be subject to minor edits if a project files a successful technical appeal or if the CoC Board determines that edits are required based on urgent community needs. Then, the CoC officially adopts the Approved Ranked List and submits it to HUD as part of the annual Notice of Funding Availability (NOFA) competition.

GATHERING DATA FOR REVIEW AND RANK

1. SOURCES OF DATA

There are five sources of data for the Review and Rank process:

Objective data from HMIS is used to evaluate renewal projects.

A. **Annual Performance Reports** (APR) are generated automatically from the data that each project enters into the Homeless Management Information System (HMIS) database during the course of the year. For example, an APR would include statistical data on the percent of clients in each project who have increased their income, who have obtained permanent housing, and who have obtained health insurance. Projects that primarily serve survivors of domestic

violence will generate their APRs using data from a comparable, non-HMIS database.

Objective data from a comparable database is used to evaluate projects submitted by Victim Service providers

B. **Supplemental Questions** are short-answer essay questions that help fill in the gaps in the APR. Supplemental Questions allow applicants to describe their successes in their own words, and provide explanations for the objective project performance data contained in the APR. For example, a Supplemental Question might ask a provider to talk about what kinds of supportive services they offer, or about how they respond to the needs of challenging clients.

C. The **eSNAPS Application** is a federal application form that HUD requires all projects to complete in order to apply for HUD funding. Some of the information in the eSNAPS application may be considered and reviewed by the Panel. For example, the Panel might look at the number of beds listed in your eSNAPS application to help evaluate your budget. The Panel is not required to read any particular project's eSNAPS application, but they may choose to do so.

D. **Other Attachments**, such as a budget, a job description, or a copy of one of a program's policies, may be requested by the instructions for an application or by the Rating Panel. Any attachments submitted during the Review and Rank process become part of a project's application. The Panel is not required to read any particular project's attachments, but they may choose to do so.

E. **Oral Interviews** may be conducted by telephone at the Rating Panel's discretion if they have questions that they want to ask about a particular project. Your agency should make sure that at least one knowledgeable staff person is available to answer questions from the Panel from 9 am through 5 pm on the day of Review and Rank. (If your agency has more than one knowledgeable staff person, you may provide the Panel with up to three phone numbers, and divide up coverage so that each staff person is covering the phone for a different part of the day.) If the Panel calls your agency and a knowledgeable staff person is not available, then you may be bound by your written answers, even if these answers do not make sense or do not fully reflect your agency's achievements. The Rating Panel is not required to interview any particular agency or program.

F. **Community Input** may be gathered from all applicable sources, including but not limited to the Coordinated Entry System, the HMIS Lead, the Collaborative Applicant, official monitoring reports, and any tools or trackers that have been approved for official use within the Continuum of Care. The Rating Panel may optionally choose to collect and/or rely on any of these types of data.

2. HOW DATA IS USED

In order to streamline the data collection process and ensure a fair competition, all APR data will be treated as final and authoritative. Projects may use their

Objective data from HMIS or a comparable database is treated as authoritative when evaluating projects.

ASSIGNING SCORES TO PROJECTS

1. IN GENERAL

The Rating Panel will use the information it receives to decide on a score for each project for each of the scoring factors listed in the Scoring Tools. Panelists are encouraged to candidly share their reasoning with each other and to listen carefully to each other's reasoning, but each Panel member is entitled to his or her own opinion: there is no requirement that the Panelists agree about how to score a project. An individual Panelist may have a tendency to score projects more harshly or more leniently as long as that tendency is consistently applied to all projects. After scoring is over, the scores assigned by each Panelist will be averaged to calculate the program's final score.

The Review and Rank Panel used the scoring tools to score projects using a scorecard (example scorecard included below).

Except as specifically indicated, all scoring factors have a minimum of 0 points. Panelists may not assign a project a negative number of points. Similarly, Panelists may not assign "extra credit" that goes above the maximum score listed for a scoring factor in the Scoring Tool. Panelists may use decimal scores (e.g., 2.5 points) when necessary.

2. APPLICATION ELIGIBILITY THRESHOLD REVIEW

Before Project Applications are submitted to the Rating Panel, they must pass a threshold review. The LMH CoC Coordinator/Collaborative Applicant will complete the threshold review to verify the eligibility of:

- Applicant
- Project
- Activity
- Completeness of application.

This review will take place prior to the application's submission to the Rating Panel for reading and scoring. Proposals that fail to completely meet threshold review criteria will not be forwarded to the Rating Panel for further consideration. These programs will be notified of this decision within 24 hours of the threshold review. Proposals that completely meet eligibility threshold review criteria will be submitted to the Rating Panel and will be scored according to the scoring criteria.

2. SCALED SCORES

Some scoring factors in the scoring tools include "scales" that instruct panelists on how to translate performance into points. For example, PSH projects that place at least 95% of their clients into permanent housing should receive 24 points, and

If a project changes its subrecipient(s) in a way that shifts the funding for less than 60% of the project's total CoC award, then the subrecipient will still be scored as a renewal project.

However, if a project changes its subrecipient(s) in a way that shifts the funding for at least 60% of the project's total CoC award, or if the direct recipient for a project changes, then the project will be scored as a new project in the local competition, and the project will be treated exactly as if it were applying for funding for the first time. Because most of the funding is being absorbed by a new entity that was not responsible for the project's prior performance, it would not make sense to score that entity based on prior results. Note that for regulatory reasons, the project will still fill out a renewal project application form in e-snaps, no matter how much money is re-assigned.

For example, suppose ACME Services, Inc. is the direct recipient for a $100,000 grant called ACME Housing. ACME has two subrecipients: Beneficent Beds ($70,000) and Copious Care ($10,000). If ACME cancels both contracts and begins managing the $80,000 in subrecipient funds more directly, then ACME Housing would be scored as a new project, because at least 60% of the grant has been reassigned. On the other hand, if ACME leaves the Beneficent Beds contract alone and only reassigns the $10,000 Copious Care contract to Dauntless Dens, then ACME Housing would still be scored as a renewal project, because less than 60% of the grant was reassigned. In either case, ACME Housing will fill out a renewal project application in e-snaps.

6. UNSCORED PROJECTS

Certain projects are not assigned scores in the competition. As explained in the next section, these projects will be automatically assigned a spot in the Recommended Ranked List based on community policies.

ASSIGNING RANKS TO PROJECTS

Panelist scores were used to create a Priority Listing/ Ranked List (included below)

After all projects have been scored, the Rating Panel will assemble a list of their recommendations for how each project should be ranked in order of funding priority. The list will be guided by the scores that the Panel has already assigned.

1. TIER 1

Most projects will be ranked in "Tier 1." In a typical competition, Tier 1 includes roughly 90% of the funding available to the CoC. Projects that are ranked in Tier 1 are expected to receive federal funding unless the government shuts down or the project is deemed legally ineligible by HUD. CoC staff work closely with all applicants to help review their applications and ensure that their projects will not be disqualified by HUD.

2021 CONTINUUM OF CARE NOFA

Renewal Project Scoring Tool: 70/105 points or 67% (over 33%) are based on objective criteria. 80/105 points or 81% (over 20%) are based on system performance criteria.

Total Points Available to Renewal Projects

RENEWAL Application Performance Scoring Criteria & Tool – 100 points possible + 5 Bonus Points

Project Name:	Project Reviewer Name:

Maximum Point Values per Factor

Continuum of Care Priority								
	CoC Evaluation Criteria	CoC Performance Target	Possible Points	Full Points (5)	Half Points (2.5)	No Points (0)	Data Source	Score
1	Project type **Objective Criteria**	Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) are prioritized	5	PSH, RRH	Transitional Housing (TH), Joint Transitional Housing-Rapid Rehousing (TH-RRH)	SSO (non-CE)	Applicant/ Open-ended Question	
2	Describe project's ability to serve **Chronically Homeless** Individuals. **(System Performance Measurements (SPMs) 1.1, 1.2)** **Corresponding SPMs are included next to the relevant scoring factor**		5	Points given in accordance to reviewer's observations and satisfaction of applicant's ability to serve Chronically Homeless.			Applicant/ Open-ended Question	
3	CoC priority **special populations** and clients with **severe needs**. **(SPMs 1.1, 1.2)** Special Populations: Chronically Homeless Individuals, homeless youth (under 25), domestic violence survivors, homeless families with children, and/or homeless veterans. **Objective Criteria**	See list of Special Populations and Severe Needs In order to get points for this factor based on serving the	5	Serves multiple CoC special populations and multiple "severe needs" criteria	Serves only one CoC special population	Does not serve a CoC special population	Applicant/ Open-ended Question	

	Severe Needs and Vulnerabilities: low or no income, current or past substance abuse, a history of victimization such as domestic violence or sexual assault, criminal histories, mental illness, HIV/AIDS, and/or chronic homelessness.	chronically homeless special population, a PSH project must check the box for DedicatedPLUS or 100% Dedicated in e-SNAPs.	The CoC gave projects points that could provide housing and services to the hardest to serve populations based on severe needs and vulnerabilities (including DV, criminal histories, chronic homelessness, low or no income, substance abuse, etc.).					
4	Award 3 points based on the degree to which the project **has identified any barriers to participation** (e.g., lack of outreach) **faced by persons of different races and ethnicities**, particularly those over-represented in the local homelessness population, and has taken or will take **steps to eliminate the identified barriers**. Award 2 points based on the agency's description of how the Project demonstrates a commitment to **measuring and improving its response to racial disparities** and biases. Such a commitment should include a description of specific steps that have been taken or will be taken to ensure that the organization's staff, leadership, highest earners, population of clients served, and board of directors include significant representation from: • people of color, • indigenous people, • people who are non-native English speakers, and/or	Projects were scored based on whether they identified barriers to participation faced by persons of different races and whether they had or will take steps to eliminate the barriers.	5	Points given in accordance to reviewer's observations and satisfaction of applicant's description their commitment to measuring and responding to racial disparities.			Applicant/ Open-ended Question	

	• people with lived experience of homelessness					
5	The agency **engages homeless and formerly homeless clients** in program design and policy making by including them on its board of directors or staff, by having a consumer advisory board that meets regularly, by administering consumer satisfaction surveys, and/or by convening client focus groups. The agency must specifically indicate **which** of these option(s) it is using to gather consumer input and **how** they are utilizing this feedback to create action plans and reports.		5	Points given in accordance to reviewer's observations and satisfaction of applicant's description of consumer involvement/feedback and their use of the feedback.	Applicant/ Open-ended Question	
Possible Points for Priority:			**25**	**Actual Points for Priority:**		

Performance – Client Outcomes

Increase Total Income								
	CoC Evaluation Criteria	**CoC Performance Target**	**Possible Points**	**Full Points (5)**	**Half Points (2.5)**	**No Points (0)**	**Data Source**	**Score**
6	**All Programs:** Percentage of persons 18 and older who **maintained or increased their income** (from *all sources*) at exit or at a timely annual follow-up interview/assessment. **Objective Criteria** Divide the number of adults who maintained or increased their income by the number of living adults in the project (minus the number of adults stayers not yet due for an	50%	5	50%	40% - 49%	<40%	APR Q 19a3	

	annual assessment) and apply the scale to the right. (SPMs 4.1, 4.2, 4.3, 4.4, 4.5, 4.6)							
Non-Cash Benefits – All Sources								
7	**All Programs:** Percentage of persons 18 and older with at least one source of **non-cash benefits** at exit or at a timely annual follow-up interview/assessment for each adult or head of household. Divide the number of adults with at least one source of non-cash benefits by the number of living adults in the project (minus the number of adults stayers not yet due for an annual assessment) and apply the scale to the right. **Objective Criteria** (SPMs 4.1, 4.2, 4.3, 4.4, 4.5, 4.6)	80%	5	80%	70% - 79%	<70%	APR Q 20b	
Possible Points for Client Outcomes:			10			Actual Points for Client Outcomes:		

Projects are evaluated based on the CoC's below analysis of rapid returns to permanent housing.

Housing Stability and Permanent Housing Placement								
	CoC Evaluation Criteria	CoC Performance Target	Possible Points	Full Points (15)	Half Points (7.5)	No Points (0)	Data Source	Score
8a	**PSH and RRH:** Count each person who either **remained in the project** at the end of the competition period **or exited to permanent housing**. Divide this count by the total number of people who participated in the project during the measurement period, excluding people who passed away or who exited to foster care, nursing homes, or non-psychiatric	80%	15	80%	74% - 79%	<74%	APR Q 23a&b	

	hospitals or inpatient medical facilities, and then apply the scale. **(SPM 7b.2)** Objective Criteria							
8b	TH Programs: Count each person who **exited to permanent housing** during the measurement period. Divide this count by the total number of people who exited the project during the measurement period, excluding people who passed away or who exited to foster care, nursing homes, or non-psychiatric hospitals or inpatient medical facilities, and then apply the scale. **(SPM 7b.2)** Objective Criteria	80%	15	80%	74% - 79%	<74%	APR Q 23a&b	
Possible Points for Housing Stability:			15			Actual Points for Housing Stability:		

Performance – Administrative								
	CoC Evaluation Criteria	CoC Performance Target	Possible Points	Full Points (10 or 5)	Half Points (5 or 2.5)	No Points (0)	Data Source	Score
9a	**Bed Occupancy/Utilization**: count the average number of people enrolled in the project on the last Wednesday of each quarter, and divide it by the number of beds promised in e-snaps (or by other agreement/modification with HUD, with supporting documentation) to get the bed occupancy rate. Objective Criteria	90%	5	90%	80% - 89%	<80%	7b	

	The panel may use its discretion for scoring based on the project's optional narrative if the project: • Faced circumstances beyond its control that made it difficult or impossible to fully utilize grant resources *(this could include a consolidation or expansion with a project that has less than a year of operating data), and* • has a concrete, plausible plan to improve utilization of grant resources for future years. **(SPMs 3.1, 3.2)**							
9b	HMIS: Data Quality Report Card Grade for 4/1/2020 to 3/31/2021 **(SPMs 5.1, 5.2)** Objective Criteria	A Grade	5	A	B	C, D, F	Data Quality Report Card	
9c	Financial – grant utilization The panel may use its discretion for scoring based on the project's optional narrative if the project: • Faced circumstances beyond its control that made it difficult or impossible to fully spend grant resources *(this could include a consolidation or expansion with a project that has less than a year of operating data), and* has a concrete, plausible plan to	100% utilized	10	100%	90% - 99%	<90%	HUD quarterly spenddown report with optional Applicant/ Open-ended Question	

	improve spend of grant resources for future years. **(SPMs 3.1, 3.2)** **Objective Criteria**							
9d	**Audits, HUD findings/monitoring** Projects were instructed to submit a copy of their most recent audit or monitoring report. Any type of report can be used (from HUD, direct recipient, accountant, etc.). The report should be dated no earlier than 1/1/2019.	A recent audit or monitoring report with no significant negative findings	5	Project attaches a recent report with no significant negative findings	Project did not attach a recent report but convincingly explains why it was not monitored since 1/1/2019 OR attached a report with negative findings with a corrective action plan.	Project did not attach a recent report, with no explanation OR attached a report with negative findings with *no* corrective action plan submitted.	Audits, Monitoring Reports, Letters & Responses; Applicant/ Open-ended Question	
9e	**Coordinated Entry:** Award points based on the project's subjective description of how it contributes to the Coordinated Entry System, including but not limited to participating in Coordinated Entry Workgroups, serving as an assessing agency, and/or attending Coordinated Entry trainings. **(SPMs 1.1, 1.2)**		5	Points given in accordance to reviewer's observations and satisfaction of applicant's description their contribution to the Coordinated Entry System.			Applicant/ Open-ended Question	
9f	**Coordinated Entry:** Award points based on the project's description of how it is using HMIS to facilitate Coordinated Entry Referrals and Assessments.		5	Points given in accordance to reviewer's observations and satisfaction of applicant's description their use of HMIS to facilitate			Applicant/ Open-ended Question	

	(SPMs 1.1, 1.2)			Coordinated Entry System referrals and assessments.				
Possible Points for Performance –Administrative:			35			Actual Points for Performance – Administrative:		

Housing First/Barriers								
	CoC Evaluation Criteria	CoC Performance Target	Possible Points	Full Points (5)	Half Points (2.5)	No Points (0)	Data Source	Score
10a	Does the project ensure that the **participants are <u>not</u> screened out based on the following items**? 1. Having too little income 2. Active or history of substance abuse 3. Having a criminal record with exceptions for state-mandated restrictions 4. History of domestic violence (e.g., lack of protective order) (SPM 2) **Objective Criteria**	100% - Projects avoid screening out participants for all four items/characteristics.	5	Project avoids screening out participants based on all four items.	Project avoids screening out participants based on some (1-3) but not all of the four items.	Project does not avoid screening out participants based on any of the four items.	Applicant/ Open-ended Question	
10b	Does the project ensure that **participants are not terminated from the program for the following reasons**? 1. Failure to participate in services 2. Failure to make progress on service plan 3. Loss of income or failure to improve income 4. Any other activity not covered in a lease agreement (SPM 2) **Objective Criteria**	100% - Projects ensure participants are not terminated for any of the four reasons.	5	Project ensures participants are not terminated for any of the four reasons.	Project ensures participants are not terminated for some (1-3) but not all of the four reasons.	Project does not ensure participants are not terminated for all four reasons.	Applicant/ Open-ended Question	

Possible Points for Housing First/Barriers:	10			Actual Points for Housing First/Barriers:		

Mainstream Resource Access								
	CoC Evaluation Criteria	CoC Performance Target	Possible Points	Full Points (5)	Half Points (2.5)	No Points (0)	Data Source	Score
11	Strategies employed to help clients access **mainstream benefits**: 1. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? 2. At least annual follow-up with participants to ensure mainstream benefits are received and renewed? 3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency? 4. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? (SPMs 4.2, 4.5) **Objective Criteria**	100% (4 of 4 Answered "Yes")	5	100% (4 of 4)	25% - 75% (1 to 3 of 4)	0% (0 of 4)	Applicant/ Open-ended Question	
Possible Points for Mainstream Resource Access:			5			Actual Points for Mainstream Resource Access:		
TOTAL POINTS *POSSIBLE:*			100			TOTAL POINTS *ACTUAL:*		

BONUS POINTS						
Award points based on the agency's explanation of how it responded during the **COVID-19 pandemic**. Consider whether they were able to continue to serve participants and whether there was anything extra the agency did to meet the need during the pandemic.		5	Points given in accordance to reviewer's observations and satisfaction of applicant's description of their COVID-19 response.		Applicant/ Open-ended Question	
Possible Points for Bonus Points:		**5**			**Actual Points for Bonus Points:**	

2021 CONTINUUM OF CARE NOFA

New Project Scoring Tool: 52/105 points or 50% (over 33%) are based on objective criteria. 85/105 points or 75% (over 20%) are based on system performance criteria.

Total Points Available to New Projects

NEW Application Scoring Criteria & Tool – 100 points possible + 20 Bonus Points

Project Name:	Project Reviewer Name:

Corresponding SPMs are included next to the relevant scoring factor

Housing/Project Type + Housing First (5 points possible) (System Performance Measurement (SPM) 2)	
CoC Evaluation Criteria	Score
5 points for bonus and/or reallocation projects that follow a **Housing First approach** and are a new **Permanent Supportive Housing** (PSH) project. **4 points** for bonus and/or reallocation projects that follow a **Housing First** approach and are a new **Rapid Rehousing (RRH) Project.** **4 points** for new **Domestic Violence (DV) bonus** projects that follow a **Housing First** approach and are: (a) RRH projects or (2) Joint Transitional Housing and RRH projects (Joint TH-RRH) **2.5 points** for bonus and/or reallocation projects that follow a **Housing First** approach and are a **Joint TH-RRH** (non-DV Bonus) project. **0 points** for all other projects or for projects that do not follow a Housing First approach. **Objective Criteria**	

Possible Points for Project Type: **Maximum Point Value per Scoring Factor**	5	Actual Points for Project Type:	

Consistency with providing services during COVID-19 (5 points possible)			
CoC Evaluation Criteria			
Award points based on the agency's explanation of their response during the COVID-19 pandemic. Consider whether they were able to continue services to participants and whether there was anything extra the agency did to meet the need during the pandemic.			
Possible Points for COVID-19 Response:	5	Actual Points for COVID-19 Response:	

Corresponding SPMs are included next to the relevant scoring factor

Project Quality, Readiness & Appropriateness (10 points possible) (SPMs 7b.1, 7b.2, Ready to Start: SPMs 3.1, 3.2)
CoC Evaluation Criteria
Award points based on the project's explanation of its **design and mix of services and/or housing**. Consider whether services/housing are appropriate for serving the population it intends to serve. For housing, consider: **(4 pts)** • Where the project will house people; • The type of housing- how the layout/features will match the needs of the clients the project intends to serve; • Whether the location of housing will be accessible to people with disabilities; • Whether the housing will help maximize client choice in the Continuum of Care by providing rare or unique types of housing options that are not currently available (e.g., pet friendly housing, housing with elevators, parking, etc.). Award points based on the project's explanation of how and when it will have **site control** (title, lease, etc.). **(4 pts)** Objective Criteria • If site control is not already obtained, will the project employ housing locators or provide landlord incentive or support funds to assist with obtaining site control? If no, consider how the project will obtain control of a housing site or find housing for clients. Award points based on the project's explanation for **when housing occupancy and/or services will begin. (2 pts)** Projects are evaluated based on the CoC's analysis of rapid returns to permanent housing

Possible Points for Project Quality, Readiness & Appropriateness:	10	Actual Points for Project Quality, Readiness & Appropriateness:	

Program Goals and Program Design (25 points possible) (SPMs 1.1, 1.2, 2, 4, 5.1, 5.2) **Not for DV-Bonus Projects, see DV-Bonus section below**
CoC Evaluation Criteria

For New PSH, RRH, and Joint TH-RRH Projects Only (Non-DV Bonus Projects): Award points based on:
• The program goals to be measured annually **(4 pts)**:
  ○ How participants will be helped to **obtain/remain in permanent housing (SPMs 1.1, 1.2)**
  ○ How participants will be helped to **increase skills, income, employment, and live independently (SPMs 4, 4.2, 4.4, 4.5)**
 	
Up to 3 points each:
• The types and frequency of **services** participants will receive; **(SPM 4)**
• How the project will ensure new participants are **eligible** for this project's program type based on their housing and disability status;
• The project's commitment to participate in CARS **coordinated entry; (SPMs 1.1, 1.2)**
• The project's commitment to **Housing First** principles; **(SPM 2)** Objective Criteria
• The project's commitment to getting **input and feedback from homeless and formerly homeless** clients and how that feedback is used;
• The project's commitment to **Equal Access and Fair Housing** principles; **(SPMs 1.1, 1.2)**
• The project's commitment to entering timely and **accurate data** for all CoC funded beds into HMIS **(SPMs 5.1, 5.2)**

Possible Points for Program Goals and Design:	25	Actual Possible Points for Program Goals and Design:	

DV-Bonus Program Goals and Program Design (25 points possible) ** DOMESTIC VIOLENCE BONUS FUNDING APPLICANTS ONLY**

CoC Evaluation Criteria (**Use this section instead of the previous page** if the project will be dedicated to serving victims of domestic violence. For all scoring purposes, "domestic violence" also includes dating violence, sexual assault, stalking, and/or trafficking).

For New DV Bonus RRH and Joint TH-RRH Projects Only:

Award points if the project adequately summarizes all four of the following **(4 pts):**

- A description of the local **need** for DV-related housing and services, e.g., how many people need support;
- The local **resources** for DV-related housing and services, e.g., what services are already offered;
- A quantitative estimate of the size of the **gap** between local resources and local need;
- A quantitative estimate of how the proposed project will reduce that gap

Objective Criteria

Award points if the project adequately summarizes how it will use **housing first, victim-centered, and trauma-informed approaches (5 pts):**

- All DV Bonus housing projects must use a **housing first approach** and also explain how the services that will be offered are **trauma-informed and victim-centered**. To earn additional points, projects should include a description of how the project's services will differ from ordinary supportive services for the general homeless population, and an estimate of the number of hours and/or the level of training that the program's staff have received in delivering trauma-informed, victim-centered services.

Award points based on the **previous performance** of the applicant in serving survivors of domestic violence, dating violence, sexual assault, and/or stalking **(3 pts).**

Award points if the project **(5 pts):**

- Articulates a specific plan for ensuring that its residents will be safe from further domestic violence.
- Uses facilities with specialized features that will **enhance the safety** of domestic violence survivors.
- Uses staff who have been specially trained in promoting the safety of domestic violence survivors.
- Sets **quantitative safety targets** that are appropriate and realistic and explains why it is likely to be able to achieve the targeted safety outcomes.
- Can **present objective data that shows how they improve participant safety**. Objective Criteria

Projects submitted by Victim Service Providers were scored based on how they use objective data to show they improve participant safety.

Award points for the project's explanation of **(8 pts total, up to 2 points for each bullet):**

- How participants will be helped to **increase skills, income, employment, and live independently;**
- The project's commitment to participate in CARS **coordinated entry;**
- The project's commitment to **Equal Access and Fair Housing** principles;
- The project's commitment to entering **timely and accurate data** for all CoC funded beds into a comparable database Objective Criteria

Possible Points for DV Bonus Program Goals and Program Design:	25	Actual Points for DV Bonus Program Goals and Program Design	

Agency/Collaborative Capacity (10 points possible) (SPM 2)			
CoC Evaluation Criteria			
Award points based on the **specific type and length of experience** of all organizations involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Consider evaluating experience directly related to their role in the proposed project as well as their overall experience working with homeless people. Consider the project's experience with: • **Similar sized grants**, including the grant amounts and total percent drawn down from those grants; • **State or federal government grants**; • Providing **detailed timesheets** for funders that detail the hours worked by each staff person each week on different activities and projects; • Providing **detailed eligibility** documentation to a funder that shows what assistance each client received and why that client was qualified to receive that assistance. For projects contracting for and overseeing the construction or rehabilitation of housing, leasing, or administering rental assistance, evaluate that experience, as applicable.			
Possible Points for Agency/Collaborative Capacity:	10	Actual Points for Agency/Collaborative:	

Improving Safety and Victim-centered / Trauma-informed Services (5 points possible)			
CoC Evaluation Criteria			
Award points based on a project's description of their ability to provide **victim-centered / trauma-informed services** to and **improve safety** for those fleeing or victimized by domestic violence, dating violence, stalking, or human trafficking. Scoring tool awards points based on project's ability to meet DV safety outcomes.			
Possible Points for victim-centered / trauma-informed services, improving safety:	5	Actual Points for victim-centered / trauma-informed services, improving safety:	

Chronicity, Special Populations, and Severe Needs (15 points possible) (SPMs 1.1, 1.2)

CoC Evaluation Criteria

Award points based on the project's description of their ability to serve chronically homeless individuals, other special populations and clients with severe needs, including:

- **Special Populations**: Chronically Homeless Individuals, homeless youth (under 25), domestic violence survivors, homeless families with children, and/or homeless veterans (in order to get points for this factor based on serving the chronically homeless population, a PSH project must check the box for DedicatedPLUS or 100% Dedicated in e-SNAPs). (**5 pts**)
- **Severe Needs and Vulnerabilities**: low or no income, current or past substance abuse, a history of victimization such as domestic violence or sexual assault, criminal histories, mental illness, HIV/AIDS, and/or chronic homelessness. (**5 pts**)

Award **5 points** for projects that are serving **chronically homeless** individuals.

Objective Criteria

The CoC gave projects points that could provide housing and services to the hardest to serve populations based on severe needs and vulnerabilities (including DV, criminal histories, chronic homelessness, low or no income, substance abuse, etc.).

Possible Points for Chronicity, Special Populations, Severe Needs:	15	Actual Points for Chronicity, Special Populations, Severe Needs:	

Mainstream Resources (10 points possible) (SPMs 4.2, 4.5)

CoC Evaluation Criteria

Award points if the project adequately explains how its services will individually assist each client to **obtain mainstream benefits** from the health, social, and employment programs for which they are eligible to apply. Consider the project's specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits. **(5 pts).**

Award points based on **which of the following strategy programs** the project will use to help clients access federal mainstream benefits **(5 pts, see scale below):**

- Medicaid
- State Children's Health Insurance Program
- TANF (CalWORKS); Food Stamps
- SSI
- Workforce Investment Act
- Employment Income
- Welfare to Work Grant Programs
- Veterans Health Care

Objective Criteria

Points will be allocated as follows:

- Award 5 points for 7-8 of the above strategies used.
- Award 3 points for 4-6 of the above strategies used.
- Award 1 point for 1-3 of the above strategies used.
- Award 0 points for 0 of the above strategies used.

Possible Points for Mainstream Resources	10	Actual Points for Mainstream Resources:	

Budget and Cost Effectiveness (10 points possible) (SPMs 3.1, 3.2)

CoC Evaluation Criteria

Award points based on whether the **project budget is clearly articulated**, with no unnecessary or unexplained items.

Consider:

- Does the budget show that the project will have **enough resources** to provide high-quality, reliable services to the target population? **(3 pts)**
- Does the budget show that the project will **match/leverage** significant outside resources (funding, staff, building space, volunteers, etc.) rather than rely entirely on CoC funds? Are the outside sources realistic? **(3 pts)**
- Does the budget only attempt to use HUD funding on **eligible expenses**? **(2 pts)** Objective Criteria
- Does the budget show that the project is taking appropriate measures to promote **cost effectiveness**? **(2 pts)**

For expansion projects, panelists may also consider the efficient use of funds factors of the renewal project application that is proposed for expansion.

Possible Points for Budget and Cost Effectiveness:	10	Actual Points for Budget and Cost Effectiveness:	

Addressing Racial Disparities (5 points possible)

CoC Evaluation Criteria

Award 3 points based on the degree to which **the project has identified any barriers to participation** (e.g., lack of outreach) **faced by persons of different races and ethnicities**, particularly those over-represented in the local homelessness population, and has taken or will take **steps to eliminate the identified barriers**.

Award 2 points based on the agency's description of how they Project demonstrates a **commitment to measuring and improving its response to racial disparities and biases**. Such a commitment should include a description of specific steps that have been taken or will be taken to ensure that the organization's staff, leadership, highest earners, population of clients served, and board of directors include significant representation from:

- people of color,
- indigenous people,
- people who are non-native English speakers, and/or
- people with lived experience of homelessness

Projects are scored based on identifying barriers to participation faced by persons of different races and ethnicities and the steps taken or that will be taken to eliminate the identified barriers.

Possible Points for Addressing Racial Disparities:	5	Actual Points for Addressing Racial Disparities:	

BONUS POINTS

Transition Grant – Permanent Supportive Housing with a Housing First Approach (10 points possible)			
CoC Evaluation Criteria			
Award 10 points if the agency is **voluntarily re-allocating** at least 1 non-Permanent Supportive Housing project during this competition cycle and is applying to transition from a non-Permanent Supportive Housing project to a **Permanent Supportive Housing project with a Housing First Approach.** Objective Criteria			
Possible Points for Priority:	10	Actual Points for Priority:	

PSH Housing that Leverages non-CoC Funding (5 points possible)			
CoC Evaluation Criteria			
Award 5 points if the PSH project has attached a written commitment showing **at least 25% of the units of the PSH project incorporates non-CoC funded housing** or housing subsidies (i.e., a project that uses Public Housing Authority vouchers, or other non-CoC funding (private organizations, state or local government funding, faith-based funding, or federal funding other than CoC or ESG programs) for rental assistance or leasing).			
Possible Points for Priority:	5	Actual Points for Priority:	

PSH Project Leverages Healthcare Resources (5 points possible)			
CoC Evaluation Criteria			
Award 5 points if the PSH project has attached **a written commitment from a healthcare organization** to: • Provide direct contributions from a public or private health insurance provider to the project; or • Provide health care services (equal to 25% of the funding being requested by the project) by a private or public organization tailored to the program participants of the project ○ If the services are from a substance abuse treatment or recovery provider, the project will provide access to treatment or recovery services for all program participants who qualify and choose those services.			
Possible Points for Priority:	5	Actual Points for Priority:	

Score Card for HUD FY2021 CoC NOFA Competition

MCHOPE

Interim, Inc.

Projects were scored by a Panel of 4 non-conflicted local experts using objective criteria. The average of the Panel's score on each factor was used to arrive at a final score that led directly to a place in the Ranked List/Priority Listing.

	Scaled Score	Maximum Points Available for Each Factor: Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Points Awarded for Each Factor: Average Panel Score
001a. Project Type								
Objective Criteria and System Performance Criteria								
• Award full points if the project is applying as a PSH or RRH project. • Award half points if the project is applying as a Transitional Housing (TH) or Joint Transitional Housing-Rapid Re-Housing (TH-RRH) project. • Award no points if the project is applying as a non-Coordinated Entry Supportive Services Only (SSO) project.	*N/A*	5.00	5.00	5.00	5.00	5.00	5.00	**5.00**

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
001b. Chronic Homeless								
			System Performance Criteria					
Award points based on the applicant's description of their ability to serve chronically homeless individuals.	*N/A*	5.00	4.83	5.00	5.00	5.00	5.00	**5.00**
001c. Special Populations	*N/A*	5.00	4.96	5.00	5.00	5.00	5.00	**5.00**
Award full points if the project serves multiple CoC special populations and multiple "severe needs" criteria; award half points if the project serves only one CoC special population; and award no points if the project does not serve a CoC special population.			**The CoC gave projects points that could provide housing and services to the hardest to serve populations based on needs and vulnerabilities.**					
			Objective Criteria and System Performance Criteria					

Special populations include:

- Chronically homeless individuals;
- Homeless youth (under 25);
- Domestic violence survivors;
- Homeless families with children; and/or
- Homeless veterans.

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
Severe needs and vulnerabilities include: • Low or no income; • Current or past substance abuse; • A history of victimization such as domestic violence or sexual assault; • Criminal histories; • Mental illness; • HIV/AIDS; and/or • Chronic homelessness.								
001d. Responding to Racial Disparities Award 3 points based on the degree to which the project has identified any barriers to participation (e.g. lack of outreach) faced by persons of different races and ethnicities, particularly those overrepresented in the local homeless population, and has taken or will take steps to eliminate the identified barriers. Award 2 points based on the applicant's commitment to measuring and improving their	*N/A*	5.00	4.04	4.00	4.00	5.00	5.00	**4.50** **The CoC evaluated projects based on the degree to which their projects has identified any barriers to participation faced by persons of different races and ethnicities, particularly those overrepresented in the local homeless population, and has taken or will take steps to eliminate the identified barriers.**

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
response to racial disparities. Such a commitment should include a description of specific steps that have been taken or will be taken to ensure that the organization's staff, leadership, highest earners, population of clients served, and board of directors include significant representation from: • People of color; • Indigenous people; • People who are non-native English speakers; and/or • People with lived experience of homelessness.								

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
001e. Engaging Homeless Award points based on the applicant's description of their engagement of homeless and formerly homeless clients in program design and policy making by including them on its board of directors or staff, by having a consumer advisory board that meets regularly, by administering consumer satisfaction surveys, and/or by convening client focus groups. The agency must specifically include which of these options it is using to gather consumer input and how they are utilizing this feedback to create action plans and reports.	*N/A*	5.00	4.75	5.00	5.00	5.00	5.00	**5.00**

System Performance Criteria

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
002a. Income								
Award points based on the percentage of adults (18 or older) who maintained or increased their income (from all sources) at exit or at a timely annual follow-up assessment. • Award full points if at least 50% of adults maintained or increased their income. • Award half points if at least 40% of adults maintained or increased their income. • Award no points if less than 40% of adults maintained or increased their income.	**Objective Criteria and System Performance Criteria**							
	(5.0 Points)	5.00	3.33	5.00	5.00	5.00	5.00	**5.00**

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
002b. Non-Cash Benefits Award points based on the percentage of adults (18 or older) with at least one source of non-cash benefits at exit or at a timely annual follow-up assessment. • Award full points if at least 80% of adults had at least one non-cash benefit. • Award half points if at least 70% of adults had at least one non-cash benefit. • Award no points if less than 70% of adults had at least one non-cash benefit.	**Objective Criteria** (0.0 Points)	5.00	0.42	0.00	0.00	0.00	0.00	**0.00**
003a. Housing Stability and Permanent Housing Placement (PSH and RRH) Count each person who either remained in the project at the end of the competition period or exited to permanent	(15.0 Points)	15.00	15.00	15.00	15.00	15.00	15.00	**15.00**
	Objective Criteria and System Performance Criteria							

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
housing. Divide this count by the total number of people who participated in the project during the measurement period, excluding people who passed away or who exited to foster care, nursing homes, or non-psychiatric hospitals or inpatient medical facilities, and then apply the below scale. • Award full points if at least 80% of participants remained in the project at the end of the competition period or exited to permanent housing. • Award half points if at least 74% of participants remained in the project at the end of the reporting period or exited to permanent housing. • Award no points if less than 74% of participants remained in the program at the end of the project at the end of the competition period								

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
or exited to permanent housing.								
004a. Bed Utilization	(5.0 Points)	5.00	3.33	5.00	5.00	5.00	5.00	**5.00**
Score the project based on the average number of participants on the last Wednesday of each quarter relative to the number of beds promised in e-snaps (or by other agreement/modification with HUD, with supporting documentation). The panel may use its discretion for scoring based on the project's optional narrative if the project (1) faced circumstances beyond its control that made it difficult or impossible to fully utilize grant resources (including a consolidation or expansion with a project that has less than a year of operating data), and (2) has a concrete, plausible plan to improve utilization of grant resources for future years. • Award full points if the project's bed								

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
utilization rate at least 90%. • Award half points if the project's bed utilization rate is at least 80%. • Award no points if the project's bed utilization rate is below 80%.								
004b. HMIS Data Quality Report Card Score the project based on their HMIS Data Quality Report Card grade: • Award full points if the project received a grade of A (95% or higher). • Award half points if the project received a grade of B (90% – 94.9%). • Award no points if the project received a grade of C, D, or F (below 90%).	(5.0 Points)	5.00	5.00	5.00	5.00	5.00	5.00	**5.00**

Objective Criteria and System Performance Criteria

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
004c. Grant Utilization Score the project based on its grant utilization. The panel may use its discretion based on the project's narrative if the project faced circumstances beyond its control that made it difficult or impossible to fully spend grant resources (including a consolidation or expansion with a project with less than a year of operating data), and has a concrete, plausible plan to improve spend of grant resources for future years. • Award full points if the project's grant utilization rate is 100%. • Award half points if the project's grant utilization rate is at least 90%. • Award no points if the project's grant utilization rate is below 90%.	**Objective Criteria and System Performance Criteria** (10.0 Points)	10.00	6.77	10.00	10.00	10.00	10.00	**10.00**
004d. Audit Findings	*N/A*	5.00	4.06	4.00	5.00	5.00	5.00	**4.75**

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
Projects were instructed to submit a copy of their most recent audit or monitoring report. Any type of report can be used (from HUD, direct recipient, accountant, etc.). The report should be dated no earlier than January 1, 2019. • Award full points if the projected attached a recent report with no significant negative findings. • Award half points if the project did not attach a recent report but convincingly explains why it was not monitored since January 1, 2019, or attached a report with negative findings with a corrective action plan. • Award no points if the project did not attach a recent report, with no explanation or attached a report with negative								

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
findings with no corrective action plan submitted.								
004e. Contributions to Coordinated Entry Award points based on the project's subjective description of how it contributes to the Coordinated Entry System, including but not limited to participating in Coordinated Entry Workgroups, serving as an assessing agency, and/or attending Coordinated Entry trainings.	**System Performance Criteria** *N/A*	5.00	4.42	4.00	5.00	5.00	5.00	**4.75**
004f. Coordinated Entry and HMIS Award points based on the project's description of how it is using HMIS to facilitate Coordinated Entry Referrals and Assessments.	**System Performance Criteria** *N/A*	5.00	4.50	5.00	5.00	5.00	5.00	**5.00**
005a. Avoiding Screening Out Participants	*N/A*	5.00	4.17	5.00	5.00	5.00	5.00	**5.00**

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
Does the project ensure that the participants are not screened out based on the following characteristics? a. Having too little income b. Active or history of substance abuse c. Having a criminal record with exceptions for state-mandated restrictions d. History of domestic violence (*e.g.* lack of protective order) • Award full points if the project avoids screening out participants based on each of the above characteristics. • Award half points if the project avoids screening out participants based on some but not all of the above characteristics. • Award no points if the project does not avoid				**Objective Criteria and System Performance Criteria**				

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
screening out participants based on any of the above characteristics.								
005b. Avoiding Terminating Participants	*N/A*	5.00	4.58	5.00	5.00	5.00	5.00	**5.00**
Does the project ensure that participants are not terminated from the program for the following reasons? a. Failure to participate in services b. Failure to make progress on service plan c. Loss of income or failure to improve income d. Any other activity not covered in a lease agreement • Award full points if the project ensures that participants are not terminated for each of the above reasons. • Award half points if the project	**Objective Criteria and System Performance Criteria**							

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
ensures that participants are not terminated for some but not all of the above reasons. • Award no points if the project does not ensure that participants are not terminated for any of the above reasons.								
006a. Access to Mainstream Resources Score the project based on the strategies it employs to help client access mainstream benefits, including: a. Does the project offer transportation to clients to attend mainstream benefit appointments, employment training, or jobs? b. Does the project provide follow-ups with participants on an at least annual basis to ensure mainstream benefits	*N/A*	5.00	4.65	5.00	5.00	5.00	5.00	**5.00**

Objective Criteria and System Performance Criteria

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
are received and renewed? c. Do the project's participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency? d. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? • Award the project full points if the project employed all four of these strategies. • Award half points if the project employed at least one of these strategies. • Award no points if the project employed none of these strategies.								

	Scaled Score	Max Points	Average for Project Type	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Average Panel Score
007a. COVID-19								
Award points based on the agency's explanation of how it responded during the COVID-19 pandemic. Consider whether they were able to continue to serve participants and whether there was anything extra the agency did to meet the need during the pandemic.	*N/A*	5.00	4.83	4.00	5.00	5.00	5.00	**4.75**
Total Project Score	**40.00**	**105.00**	**88.65**	**96.00**	**99.00**	**100.00**	**100.00**	**98.75**

Maximum Point Value Available to Renewal Projects

Actual Points Awarded to the Project

WEB homebaseccc.org | EMAIL info@homebaseccc.org | PHONE 415.788.7961

MONTEREY SAN BENITO CONTINUUM OF CARE

FINAL RANKED LIST/PRIORITY LISTING

Projects were ranked based on their assigned scores on the scorecard

Final Project Scores for Ranked New and Renewal Projects

Tier I (100% of Established Renewals and First-Time Renewals - $1,844,019)						
Rank	**Score**	**Agency**	**Project**	**Type of Funding**	**Project Type**	**Grant Amount**
1	98.75	Interim, Inc.	MCHOPE	Renewal	PSH	$135,028
2a	96.25	Interim, Inc.	Sandy Shores	Renewal	PSH	$124,864
2b	96.25	Interim, Inc.	Shelter Plus Care 2	Renewal	PSH	$177,629
3	86	County of San Benito	Helping Hands	Renewal	PSH	$289,133
4	85	Community Human Services	Safe Passage	Renewal	TH	$130,574
5	82	Housing Resource Center	New RRH Project	New	RRH	$127,731
6	80.5	MidPen Housing Corporation	Moon Gate Plaza	Renewal	PSH	$247,240
7	74.12	Veterans Transition Center	Hayes Circle	Renewal	PSH	$111,262
8	N/A	Interim, Inc.	Shelter Cove	Renewal	TH	$169,772
9	N/A	Housing Authority of the County of Monterey	Homeward Bound	Renewal	TH	$118,209
10	N/A	Housing Authority of the County of Monterey	MOST/Lexington Court	Renewal	TH	$101,336
11a	69.12	Housing Authority of the County of Monterey	Pueblo Del Mar	Renewal	TH	$111,241
		Total Renewal Funding Requested				**$1,844,019**

Tier II (Housing Bonus Amount - $127,731, Domestic Violence (DV) Bonus - $383,192, Total: $510,923)						
Rank	**Score**	**Agency**	**Project**	**Type of Funding**	**Project Type**	**Grant Amount**
11b	69.12	Housing Authority of the County of Monterey	Pueblo Del Mar	Renewal	TH	$45,176
12	57.62	Veterans Transition Center	Coming Home	Renewal	TH	$82,555
13	90	YWCA	New DV Bonus Project	New	TH-RRH	$258,288
14	79.75	Community Homeless Solutions	New DV Bonus Project	New	RRH	$124,904
		Total Tier 2 Funding				**$510,923**

Note: First Year Renewal/New Recipient Projects were not scored and are automatically ranked at the bottom of Tier 1 with a score of N/A. Additionally **the CoC's Planning Grant in the amount of $76,638** that the CoC will apply for and submit to HUD is not included in the Priority Listing/Ranked List, as only the Collaborative Applicant can apply for this project type.

MONTEREY SAN BENITO CONTINUUM OF CARE

FINAL RANKED LIST/PRIORITY LISTING

This list is the product of the review of the Review and Rank Panel that took place on October 20th and 21st, 2021.

Special Note on YWCA's New TH-RRH DV Bonus and Community Homeless Solutions' New RRH DV Bonus application rankings–while these new projects received a higher score than some renewal projects, the Review and Rank strategically decided to place them at the bottom of Tier 2 in anticipation that they can be funded through DV Bonus funding, which is not included in the Annual Renewal Demand.

No Appeals: this year, no project filed any technical appeals from the recommendations made by the Review and Rank Panel.

CoC Approval of Priority Listing/Ranked List: At a meeting on October 28, 2021 the CoC Leadership Council approved all of the recommendations made by the Review and Rank Panel.

CA-506 Salinas/Monterey, San Benito Counties Continuum of Care

FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: PUBLIC POSTING — PROJECTS REJECTED-REDUCED (Question 1E-5)

BACKGROUND

NO PROJECTS WERE REDUCED OR REJECTED

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CA-506 Salinas/Monterey, San Benito Counties Continuum of Care

FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: PUBLIC POSTING — PROJECTS ACCEPTED
(Question 1E-5a)

BACKGROUND

To notify agencies that their project application(s) were accepted, each agency was sent an initial individual e-mail with the Proposed Priority Listing attached informing them of the results of the local competition and whether their project(s) had been recommended for funding. After the CoC Leadership approved the Ranked List/Priority Listing on October 28, 2021, all applicants were sent an email on October 29, 2021 notifying them that the Priority Listing is final and will be submitted to HUD. Attached to the e-mail was a copy of the Final Ranked List/Priority Listing as approved by the CoC Leadership. The attached Ranked List/Priority Listing included the list of applicants, project scores, and the amount of funding requested. It also included a reference to the CoC Planning Grant so they are aware of all project applications being submitted to HUD. The Ranked List/Priority Listing was also posted publicly on the Collaborative Applicant's website on October 29, 2021. The project applicant notifications and public postings occurred more than 15 days before HUD's CoC Program competition submission deadline.

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MONTEREY SAN BENITO CONTINUUM OF CARE

FINAL RANKED LIST/PRIORITY LISTING

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MONTEREY SAN BENITO CONTINUUM OF CARE

FINAL RANKED LIST/PRIORITY LISTING

This list is the product of the review of the Review and Rank Panel that took place on October 20th and 21st, 2021.

Special Note on YWCA's New TH-RRH DV Bonus and Community Homeless Solutions' New RRH DV Bonus application rankings–while these new projects received a higher score than some renewal projects, the Review and Rank strategically decided to place them at the bottom of Tier 2 in anticipation that they can be funded through DV Bonus funding, which is not included in the Annual Renewal Demand.

No Appeals: this year, no project filed any technical appeals from the recommendations made by the Review and Rank Panel.

CoC Approval of Priority Listing/Ranked List: At a meeting on October 28, 2021 the CoC Leadership Council approved all of the recommendations made by the Review and Rank Panel.

Notification of Accepted and Rejected/Reduced HUD CoC Applications

Kelly Shaban <kelly@homebaseccc.org> Fri, Oct 29, 2021 at 2:43 PM
To: Monterey NOFA <montereynofa@homebaseccc.org>
Cc: Roxanne Wilson <rwilson@chsp.org>, Molly Machado <mmachado@chsp.org>, Kai Reynolds <kreynolds@chsp.org>, Rodrigo Torres <rtorres@communityhomelesssolutions.org>, Eric Johnsen -Interim EO <ejohnsen@communityhomelesssolutions.org>, Enrique Arreola <EArreola@cosb.us>, Vanesa Brown <vbrown@sunstreet.org>, Darlene Sturgeon <dsturgeon@hamonterey.org>, Sophie Yakir <syakir@interiminc.org>, Georgina Alvarez <galvarez@cccil.org>, Alexa Johnson <alexaj@hrcmc.org>, Kurt Schake <kschake@vtcmonterey.org>, Amanda Contreras <acontreras@ywcamc.org>, csoto@communityhomelesssolutions.org, Jose Vasquez <sweetearth63@gmail.com>, Anna Foglia <afoglia@sunstreet.org>, Jose Acosta <jacosta@hamonterey.org>, Sylvia Jacquez <SJacquez@cosb.us>, Barbara Mitchell <BMitchell@interiminc.org>, Yuko Wood <ywood@interiminc.org>, Judy Cabrera <jcabrera@cccil.org>, Jess Gutierrez <ed@hrcmc.org>, Christine Duncan <cduncan@ywcamc.org>, Robin McCrae <rmccrae@chservices.org>, mhurta@sunstreet.org, Dominique Cohen <dcohen@midpen-housing.org>, Julie Marquez <jmarquez@midpen-housing.org>

Email to all project applicants in the local competition notifying them of projects to be included in the CoC's Ranked List/Priority Listing and submitted to HUD with Final Priority Listing Attachment

Dear Monterey/San Benito CoC Project Applicants,

Thank you for participating in the FY2021 Monterey/San Benito Continuum of Care (CoC) Department of Housing and Urban Development (HUD) CoC Notice of Funding Opportunity (NOFO) local competition. We very much appreciate the hard work you and your staff devoted to preparing and submitting your funding applications.

Attached please find the FY2021 Final Ranked List/Priority Listing as approved by the CoC Leadership Council at their meeting on October 28, 2021. This is the Priority Listing that will be submitted to HUD as the CoC's funding request for 2021. The list is divided into two tiers; projects in Tier 1 are expected to receive funding, and projects in Tier 2 may receive funding depending on the CoC's performance in the national competition. It is always difficult for the community to rank its projects, because there are so many deserving proposals, but placing some projects into Tier 2 is the only way to maximize the funding offered by HUD. All projects were ranked in accordance with performance data and evaluations made by the independent and non-conflicted Review and Rank Panel in accordance with the CoC-approved scoring tools and policies.

Again, thank you for all of your time and effort in preparing your project applications and for all the work that your agency does in providing housing and supportive services to households in need within the CoC.

Thank you,

Kelly

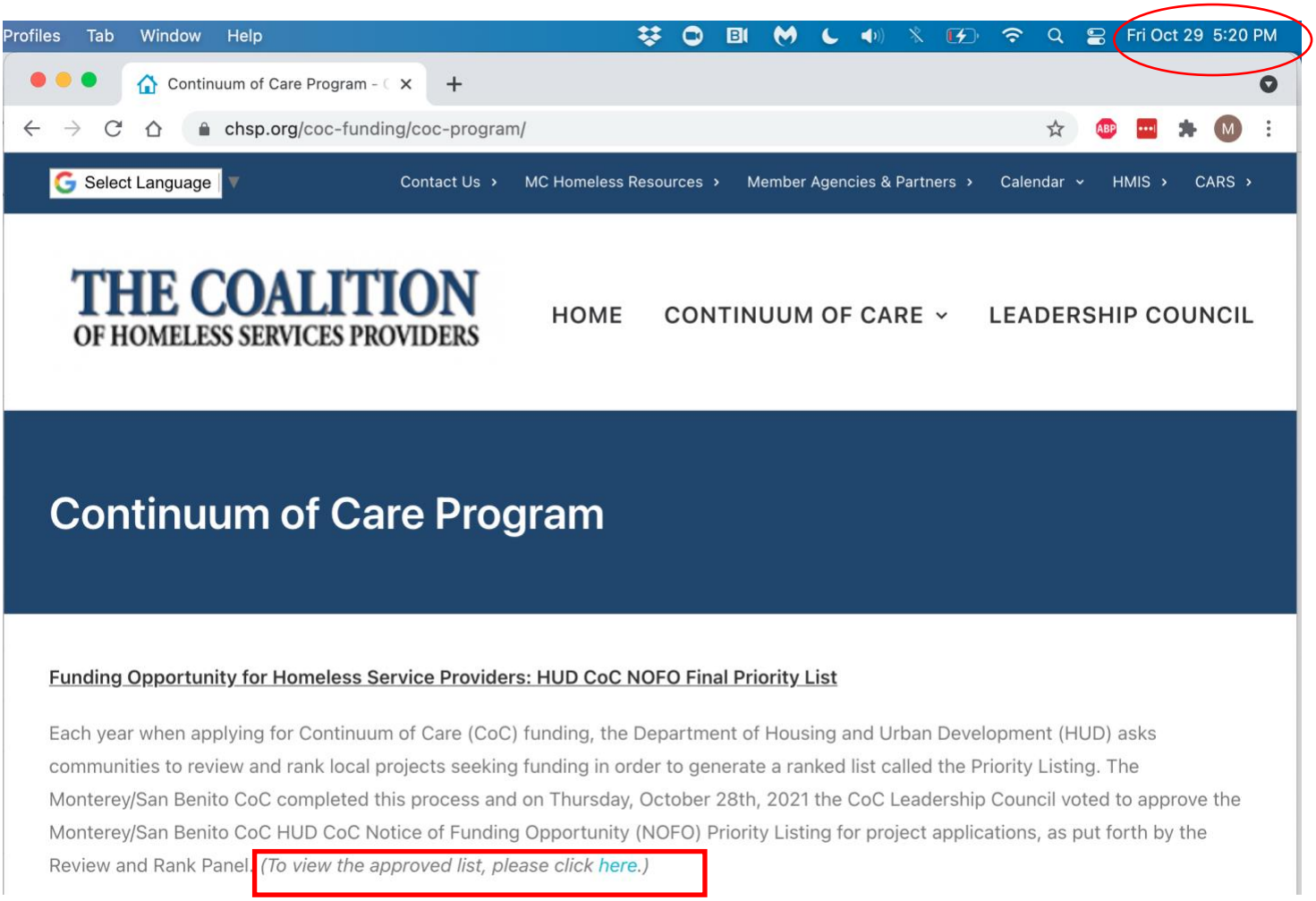
Homebase | Kelly Shaban | Directing Attorney
p: 415-788-7961 ext. 351 **w:** www.homebaseccc.org
a: 870 Market Street, Suite 1228, San Francisco, CA 94102

Advancing Solutions to Homelessness
Legal and Technical Assistance | Policy | Advocacy | Planning

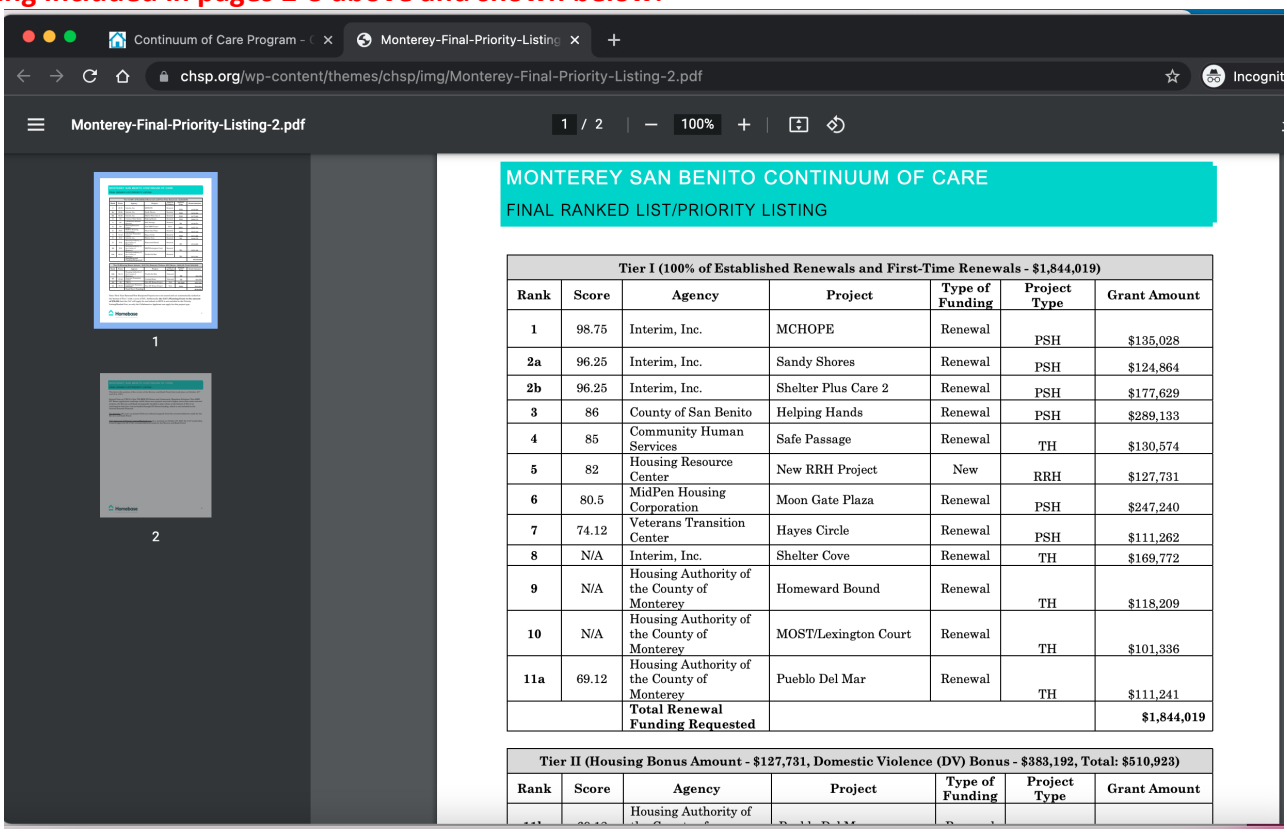
Homebase COVID-19 Key Resource Guide - Click Here

Monterey Final Priority Listing.pdf
101K

The Final Priority Listing/Ranked List was attached. A full list of all project rankings, requested funding amounts, and scores was included in the Final Priority List/Ranked List, as seen in pages 2-3 above.



A link to the Final Priority Listing/Ranked List was posted on the Collaborative Applicant's (The Coalition of Homeless Service Providers) website on October 29, 2021. It opens to a PDF of the Ranked List/Priority Listing included in pages 2-3 above and shown below:



Tier I (100% of Established Renewals and First-Time Renewals - $1,844,019)

Rank	Score	Agency	Project	Type of Funding	Project Type	Grant Amount
1	98.75	Interim, Inc.	MCHOPE	Renewal	PSH	$135,028
2a	96.25	Interim, Inc.	Sandy Shores	Renewal	PSH	$124,864
2b	96.25	Interim, Inc.	Shelter Plus Care 2	Renewal	PSH	$177,629
3	86	County of San Benito	Helping Hands	Renewal	PSH	$289,133
4	85	Community Human Services	Safe Passage	Renewal	TH	$130,574
5	82	Housing Resource Center	New RRH Project	New	RRH	$127,731
6	80.5	MidPen Housing Corporation	Moon Gate Plaza	Renewal	PSH	$247,240
7	74.12	Veterans Transition Center	Hayes Circle	Renewal	PSH	$111,262
8	N/A	Interim, Inc.	Shelter Cove	Renewal	TH	$169,772
9	N/A	Housing Authority of the County of Monterey	Homeward Bound	Renewal	TH	$118,209
10	N/A	Housing Authority of the County of Monterey	MOST/Lexington Court	Renewal	TH	$101,336
11a	69.12	Housing Authority of the County of Monterey	Pueblo Del Mar	Renewal	TH	$111,241
		Total Renewal Funding Requested				**$1,844,019**

Tier II (Housing Bonus Amount - $127,731, Domestic Violence (DV) Bonus - $383,192, Total: $510,923)

Rank	Score	Agency	Project	Type of Funding	Project Type	Grant Amount
		Housing Authority of				

FY2021 COC CONSOLIDATED APPLICATION ATTACHMENT: HEALTHCARE FORMAL AGREEMENTS (Question 3A-2a)

BACKGROUND

The Salinas/Monterey, San Benito Counties Continuum of Care is submitting a new Rapid Rehousing Project (Housing Resource Center's Home Project) for funding that leverages healthcare resources not funded through CoC or ESG programs. This is demonstrated below through a written commitment from a health care organization (substance abuse treatment/recovery provider) that they will provide access to treatment or recovery services for all program participants (5) who qualify and choose those services. The letter includes: (a) the project name, (b) the value of the commitment (using local rates consistent with the amount paid for services not supported by grant funds), and (c) the specific dates the healthcare resources will be provided. The letter and associated Memorandum of Understanding also show that project eligibility will not be restricted by the healthcare service provider.

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Partners Agreement for the "Home Project"

This agreement stands as evidence that the Housing Resource Center (hereinafter referred to as "the Agency") and Interim, Inc (hereinafter referred to as "our Partner") intend to work together as partners for the purpose of accepting referrals and provided services to mutual clients enrolled in HRC's new HUD program called the "Home Project" from January 1, 2022 to December 31, 2022.

The project name is included in the letter

The dates healthcare resources will be provided are included in the letter.

The Agency:

Will provide rapid rehousing services for our new CoC-funded Rapid Rehousing Project named the "Home Project", including: case Management, search and placement into permanent housing, emergency rental payments, and supportive housing services to those experiencing homelessness.

Our Partner:

Provides drug and alcohol services through education, prevention, treatment and recovery to individuals and families regardless of income level. The substance abuse treatment provider agrees to provide access to treatment and recovery services for all program participants who qualify and who choose these services. The estimated value of these services equals $3,288 per resident, which would be an estimated total of $16,440 for the five clients served at HRC through the "Home Project".

This project intends to serve 5 participants, so access to treatment is being provided to all project participants who choose these services.

The value of the commitment (using local rates consistent with the amount paid for services not supported by grant funds) is included in the letter.

The Agency and Partner agrees to provide the following:

- Sun Street Centers agrees to accept client referrals from HRC if there are clients who are in need of substance use services.

Project eligibility is not restricted by the healthcare service provider.

This agreement shall be in effect from the date of signing.

We, the undersigned, as authorized representatives of Housing Resource Center and Sun Street Centers, hereby approve this agreement.

DocuSigned by:
Alexa Johnson
5471AE831755438

Signature	Name (Printed)	Date
Housing Resource Center	Alexa Johnson	11/4/2021
Signature	Name (Printed)	Date
Sun Street Centers	Anna Foglia	11/4/21