Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC’s project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 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.
6. Questions marked with an asterisk (*), which are mandatory and require a response.
1A. Continuum of Care (CoC) Identification

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: CA-505 - Richmond/Contra Costa County CoC

1A-2. Collaborative Applicant Name: Contra Costa Health Services

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Contra Costa Health Services
### 1B. Continuum of Care (CoC) Engagement

**Instructions:**
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. CoC Meeting Participants.** For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including selecting CoC Board Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>EMS/Crisis Response Team(s)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Youth Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Domestic Violence Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>LGBT Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Illness Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Applicant: Richmond/Contra Costa County CoC
Project: CA-505 CoC Registration FY2018
1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.

(limit 2,000 characters)

SOLICITS BROAD OPINIONS: CoC, CoC Bd & cmtee mtgs are public & publicized via CoC listserv (over 1300 emails), newsletter, website, Cnty bulletin bds, & public mtg annmts to solicit ideas from stakeholders & others. Last summer CoC hosted CE Kickoff, public fdbk & Q&A session, followed this Spring by a Youth Hmlsns Kickoff Mtg & One Year CE Eval using client & svc provider focus grps & surveys focused on sys imprvmt & cmmty need. This spring CoC conducted Outreach survey in ptnshp w/law enfcmt from 4 cities to inform law enfcmt efforts re hmlsns. CoC also conducted multiple surveys w/input from TAY, providers, & CE, CoC, & Provider Staff to improve CoC’s svc offerings, cultural competency, & staff/youth-client engmt. CoC Bd seeks public comment at CoC’s Hmls Consumer Advis Cmtee mtgs. CoC Exec Director (ED) mtgs, attended by public & provider execs, serve as venue for fdbk on sys imprvmts, provider & staff capacity/readiness for next phases of CE implmtn, create oppnty for provider advocacy re their interests, forum for broader CoC planning, & achieve exec-level buyin & decision-making. CoC prioritized hosting/supporting public events re Hmlss Awareness month, where public discusses sys of care, resources, & cmmty needs.

TRANSPARENCY: CoC regularly advertises on its website, listserv & thru its newsletters ALL mtgs, & other CoC & hmlsns forums (incl Monthly & ad hoc Bd & qrtly CoC mtgs), & requests for info. CoC posts all CoC mtg minutes on website.

INFO GATHERING/CONSIDERATION: CoC & Collab Appl takes surveys, focus grps, & CE evals to Oversight Cmtee for fdbk on CoC planning & recmdns to CoC Bd for action. CoC Bd discusses eval, survey, & focus grp results w/cmmty re CoC planning options. CoC Bd changed subcmte structure to improve public particip. input, & access to CoC’s decision-making bodies, incl increasing Collab App mtgs w/ City Councils, police chiefs, City Hmls Taskforces, & particip on new County Advisory Council dedicated to hsg & hmlsns.

1B-2. Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
INVITATION PROCESS, COMMUNICATION, & FREQUENCY: CoC conducts ongoing recruitment efforts to advertise monthly meetings, making announcements at CoC & Council meetings, and encourage membership among local partners. Public announcements & online postings of all meetings for CoC & CoC Board, including monthly committee meetings when known. Sign-in sheet at meetings captures participant contact for inclusion on CoCs listserv. CoC begins meetings with a welcome & invitation to join & become members. Open comment periods on every agenda for CoC meetings allow participants to express interest in membership & meeting content, including ideas for future meetings, homeless services events, & recommend partners & interested persons to invite. Revamped website includes comprehensive membership page enabling persons to join & members to apply for open seats with a click of a button. Membership is open to any interested person, including consumers. All interested persons are encouraged to attend meetings, provide input, & voice concerns to CoC. CoC worked with Youth Action Council (YAC)—all TAY with lived experience—County Community Advisory Board on reentry, & others to solicit new members who better reflect needs & community demographics, like TAY.

SPECIAL OUTREACH: YAC PERFORMED TARGETED OUTREACH TO TAY TO JOIN & PARTICIPATE IN YAC & COC EVENTS. YAC PARTNERED WITH SPARK INITIATIVE, peer mentors with network of local TAY, to engage more TAY in YAC & COC meetings & events. Last October’s Quarterly CoC meeting for Homeless Awareness Month engaged persons experiencing homelessness with a screening of Storied Streets & increased invitations to join the CoC. Former consumers shared individual stories & needs. CoC then recruited first TAY CoC Board member—also a person of color. Quarterly CoC meetings focus on special topics & populations (seniors, racial inequities, employment) already brought in new partners, stakeholders, & experts who regularly attend CoC meetings/events—many became CoC members. CoC engages local experts to provide public trainings for CoC providers & members & participate in new subpop committee, which attract large outside audiences.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

NOTICE/DATE OF NOTICE: CoC encourages apps from unfunded orgs & new applicants via Public Solicitation. Notice for local competition & acceptance of project proposals sent on 7/2/18 to CoC listserv (1300 emails) & to over 1000 interested persons, including community lists & all partners. Notice encouraged broad sharing with new & previously unfunded applicants & posted on CoC website on 7/2/18. NOFA & local process for submitting apps was discussed at open CoC & CoC Board meetings.

PROCESS: FY2018 CoC Board voted to establish threshold requirements for new & renewal project apps in CoC program competition to ensure alignment with community minimums & priorities. All apps must demonstrate: (1) HSG 1ST: commitment to ID & lower barriers to housing, (2) CE PARTICIP: participate in CE to the greatest possible extent for appl project type, (3) HMIS PARTICIP: enter all data for CoC-funded beds into HMIS (with specialized optns for DV providers), (4) POLICIES &
PROCEDURES: adopt or commit to adopting policies & procedures consistent w/min HUD requmts, (5) PARTICIPANT ELIG: only accept participants that can be documented as eligible for project’s prog type based on hsg & disability status, & (6) EQUAL ACCESS/FAIR HOUSING: provide equal access & fair hsg w/out regard to sex orientation, gender ID, local residency or other protected status. Direct TA for new project apps is advertised at all mtgs & offered on open basis to all new applicants (incl those who opt not to apply), to: assist w/mtg threshold requmts; understand scoring & ranking process & local cmmty data & priorities; collab w/other project applicants (new & existing); & support in developing/drafting project apps. Each app is reviewed by neutral facilitator prior to inclusion in Review & Rank process. CoC also offers TA workshop on avail funds, eligible uses, threshold requmts, cmmty needs data, & local process/FAQs. Each app received fdbck to improve app before R&R reviewed. New projects are incl in listing based on score from objective tool.
1C. Continuum of Care (CoC) Coordination

**Instructions:**
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

<table>
<thead>
<tr>
<th>Entities or Organizations the CoC coordinates planning and operation of projects</th>
<th>Coordinates with Planning and Operation of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Funding Collaboratives</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through other Federal resources</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through Local Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through private entities, including foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
</tr>
<tr>
<td>Cities participate as collaborative funders</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

**CONSULTATION:**
(1) ESG PLANNING: Most ESG program recipients are also CoC program recipients allowing for significant alignment between the CoC & ESG program participant performance, including easing compliance with requirements of both, such as HMIS & CE participation, Housing First
approaches, & strategic planning. CoC Bd. meets monthly with ESG recipients/Con Plan jurisdictions, conducts confc calls & interacts via email to coordinate efforts, align funding priorities, & assess geographic needs. The Con Plan jurisd solicits input from CoC staff to inform Con Plan updates. CoC shares data (PIT, HMIS, SPM, CE & other data) with the State & all jurisdictions (Antioch, Concord, Pittsburg, Walnut Creek) to inform ESG planning & funding decisions. (2) ESG FUNDING: CoC Bd. coordinates w/all ESG recipients & Con Plan jurisd re funding through ESG Representative & Executive Director meetings with Directors of ESG recipients participating in CoC. For ESG funding both State & entitlement jurisdictions come together to decide funding priorities for all juris (using CoC strategic plan & Con Plan priorities) using review & rank process that scores projects on target pop/org capacity. County ESG EVALUATION & REPORTING: County ESG & Entitlement Jurisdiction Representatives sit on CoC Board & participate in Oversight Committee that evaluates CoC CES & svc provider (including ESG recipient) performance. ESG Rep provides regular report outs to CoC Board on ESG funding, prog performance, & ESG programing news. CoC Board ESG Rep & Entitlement Jurisdiction Reps provides ESG recipients & entitlement jurisdictions with updates about ESG recipient performance in the CoC. Entitlement Jurisdiction Rep also serves as source of info for CoC about ESG recipient program reqmts.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

(1) the CoC’s protocols, including the existence of the CoC’s emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and

(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.

(limit 2,000 characters)

COC PROTOCOLS & INITIATIVES MAXIMIZE CLIENT CHOICE & SAFETY:

DV svc providers never share personally ID info w/out valid Release of Info. DV clients identified via CE assmt/screening & referred to STAND! or other housing or services per client choice. STAND! uses a separate deaggregated syst &
data software (ETO) to securely interface w/HMIS. Emergency transfer plans are available per VAWA. CoC policies & procedures provide additional safeguards for DV survivors applicable to ALL CoC providers, incl client choice & hsg 1st approaches. CE Policies & Procedures also require universal access to CES & provision of safety & security for DV survivors. Per Policies & Procedures & training curriculum, min safety planning must incl client choice, threshold asmnt for safety needs & referral to trauma-informed svcs. For safety, Policies & Procedures allow separate parallel database for data collection, storage & altntv CE process w/threshold CE reqmts. Cnty-based initiative Zero Tolerance for DV uses DOJ funding so Cnty & CoC can coordinate w/DV svc providers (including STAND!) to offer No Wrong Door. Thru this initiative DV, family violence, elder abuse & human trafficking survivors are linked to safe hsg & a range of svcs & holistic case review.

STAND!, County’s sole DV provider, is an active member in the CoC & participates in CoC & CE mtgs. STAND! serves on the CE Oversight Cmttee where they provide input on safety & planning protocols & best practices for serving DV & trafficking survivors, incl system changes & imprvmts. County’s Family Justice Center (FJC), co-founded by STAND, is a cmnty violence & trafficking org that functions as one-stop clearinghouse for DV, trafficking, sex assault, elder & child abuse survivors. FJC also is provider-navigator for clients to ensure quick access to resources, incl health, education & training, wealth, cmnty programs & supportive svcs.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

DV & other related best practice trainings are offered as needed, at minimum annually. COC HELD TRAUMA INFORMED CARE & VICTIM CENTERED TRAININGS IN 2018. New providers & program staff review the Policies & Procedures. CE Policies & Procedures require CE assessment staff training on trauma informed assessments. HMIS governance charter requires confidentiality training for all staff. New CE Operations Manual—used to facilitate training & onboarding of all existing & new CoC area project & CE staff—set for release this Fall will include a section on safety protocols, which will include basic safety & protocols on serving DV & trafficking survivors, such as trauma-informed care, client choice, & safety planning. CoC’s sole DV provider (STAND!) PRESENTED & SHARED MATERIALS AT SUMMER 2018 COC BD MTG ON THEIR BEST PRACTICES FOR SERVING DV & HUMAN TRAFFICKING SURVIVORS, including victim centered DV & family services for prevention, intervention & treatment. STAND! also explained: (1) 24/7 crisis line w/screening and victim-centered, client-choice, housing first referral model; (2) pilot for emergency dispatch program in partnership with law enforcement throughout county, that sends liaison-counselor to crime victims within 15 minutes of report of DV to provide safe emergency shelter, counseling and support; (3) ES/TH programs with extended stay (up to 24 months), & financial support options.

1C-3b. Applicants must describe the data the CoC uses to assess the
scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database.

(limit 2,000 characters)

CoC uses a variety of data to assess scope of community needs (and assess system trends & gaps, & determine system planning, priorities & funding), including data from HMIS and a comparable secured database, ETO, used solely by the CoC’s DV provider. De-identified Aggregate data from ETO is provided to CoC evaluators. Data collected and used also includes data from provider-program and HMIS or ETO intakes, and VI-SPDAT assessments. Data is also collected from a variety of other sources used by the CoC to understand CES. Additionally, CoC has collected data related to DV and trafficking via: annual adult PIT, 2018 Youth and Family PIT, 2018 One Year CE evaluation, and from data collected from 2-1-1 about calls, texts, and online inquiries about housing and services.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects?

Yes

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

<table>
<thead>
<tr>
<th>SSO Coordinated Entry</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH</td>
<td></td>
</tr>
<tr>
<td>Joint TH/RRH</td>
<td></td>
</tr>
</tbody>
</table>

1C-4b. Applicants must describe:
(1) how many domestic violence survivors the CoC is currently serving in the CoC’s geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

DV SURVIVORS SERVED: In 2017 STAND served 4026 DV survivors & 25 trafficking survivors. In that year CoC served 1030 single adult households who reported history of DV. Of those households 406 reported experiencing DV in last 12 mos. In same period CoC served 162 households w/children reporting a history of DV. Of those households with children, 84 reported experiencing DV in last 12 mos. IN FY17-18 THE COC’S SOLE DV PROVIDER, STAND!, PROVIDED EMERGENCY SHELTER TO 216 INDIVIDUALS & TH TO 31 FAMILIES. On avg STAND! provides 8-12 weeks of safe residence & crisis services to more than 240 adults & children & houses another 7 families each year (up to 24 mos of residence each) with TH, including variety of recovery svcs on site. Many hh fleeing DV in the CoC obtain hsg or svcs initially from STAND! before moving to other programs in CoC’s CES. STAND! serves a critical emerg support function in CoC w/majority of clients fleeing instances of DV w/in past 6 mos, & majority of those hh reporting instances of DV w/in past 1-3 mos. STAND! also provides free svcs to survivors, incl: (1) INTERVENTION PROGS: DV liaisons co-located across CoC, incl at courts & Emplymt & Hmn
Svcs Depts, safety planning, legal advocacy, & serving almost 15,000 callers annually via 24hr free multilingual crisis line; (2) TREATMENT PROGS: indiv & group counseling, self-sufficiency & vocat training, trauma-informed DV & child therapy & abuse trtmt, family support svcs; & (3) PREVENTION PROGS: youth educ support svcs (teen dating violence prevention, rltnshp support groups) & parenting educ.

SOURCE OF DATA: HMIS & ETO (Efforts To Outcomes Database Software used by STAND!)

METHODOLOGY: HMIS, ETO, & DV provider intakes provided tally of total number DV survivors served, timeframe households received service from STAND!, & length of time between most recent DV incident & hsg or svc provision.

1C-4c. Applicants must describe:
(1) how many domestic violence survivors need housing or services in the CoC’s geographic area;
(2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

# OF DV SURVIVORS IN NEED OF HOUSING: Per HMIS, TOTAL OF 152 DV survivors in need of housing. (101 DV survivors in need of RRH; 41 DV survivors in need of PSH.) OF THE 50 HOUSEHOLDS WITH CHILDREN WHO CONNECTED TO CES, 16 SCORED IN THE RRH RANGE ON THE VI-SPDAT, 27 scored in the PSH range on the VI-SPDAT, and none scored in the no intervention range of the VI-SPDAT. Of the 253 single adults who connected to the CoC’s CES, 85 SCORED IN THE RRH RANGE ON THE VI-SPDAT, 91 scored in the PSH range on the VI-SPDAT, and 14 scored in the no intervention range of the VI-SPDAT. Per ETO, in FY2017-2018, STAND was unable to provide housing to 251 individual survivors seeking shelter.

SOURCE OF DATA: HMIS, ETO, and VI-SPDAT

METHODOLOGY: HMIS and ETO data and intakes and VI-SPDAT assessments provided tally of DV survivors presenting for housing services by type of housing likely to best fit needs of each household based on household assessment score.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
(2) quantify the unmet need for housing and services for DV survivors;
(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
(4) describe how the CoC determined the unmet need for housing and services for DV survivors.
(limit 3,000 characters)

UNMET NEED: COC NEEDS 101 RRH UNITS AND 118 PSH UNITS TO
MEET CURRENT HOUSING DEMAND FOR DV AND TRAFFICKING SURVIVORS.

Current system housing resources are inadequate to meet the needs of DV survivors as there is a single DV provider (STAND!) in the County to provide limited ES and TH. While STAND offers comprehensive supportive services, it does not offer permanent housing, such as RRH or PSH. In FY2017-18 251 DV survivors needed shelter, for which the CoC could provide NONE. Further, there are NO dedicated housing units or CoC-funded services for DV or trafficking survivors, which severely limits the availability of resources for the large and varied population who needs them. Currently, DV survivors are referred to STAND! for supportive and emergency services, then referred to CoC for ES or housing placement if there is insufficient space at STAND!. Also, since the CoC’s CES must strategically prioritize vulnerable population due to finite resources and because there are no dedicated DV or trafficking units, DV and trafficking survivors lack quick or prioritized access to housing unless they meet current CoC priorities (chronically homeless). When survivors do not have other indicators of vulnerability to trigger prioritization, they must compete on the community queue for housing despite the urgency of their circumstances. Additionally, availability of RRH in CoC is severely limited. There is a single RRH provider with a limited supply of RRH resources, some of those RRH units are dedicated to prevention with remainder of those RRH units in community queue available to anyone scoring in RRH range on VI-SPDAT.

SOURCE OF DATA: HMIS & VI-SPDAT

METHODOLOGY: Reviewed HMIS database, HMIS intakes and VI-SPDAT intakes. Unmet need further determined by reviewing number of DV and trafficking victims entering system and their VI-SPDAT scores indicating their level of housing and service needs. That number was subtracted from the total available RRH and PSH units available systemwide.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

ESPERANZA RRH WILL PROVIDE HOUSING NECESSARY TO RAPIDLY REHOUSE DV HOUSEHOLDS WITH SUPPORTIVE SERVICES WHICH COVERS ALMOST 15% OF DV-EXPERIENCING HOUSEHOLDS ELIGIBLE FOR RRH. This would specifically address the unique & sensitive needs of DV & trafficking survivors & help them stabilize safely with hsg & svcs. Esperanza would create units dedicated to a growing subpopulation. The flexibility of this model is necessary to ensure the varied households eligible for RRH (potentially also including trafficked YOUTH!) have access to the hsg resource that best fits their needs. RRH is demonstrably successful in County for other RRH populations scoring in the RRH range, but there is currently insufficient supply to meet the growing demand. Additionally, the CoC lacks any dedicated DV hsg units despite having robust svcs & early interventions available through STAND!. This project would correct for those deficiencies & allow the CoC to build a dedicated DV hsg svc, while significantly reducing number of DV survivors currently experiencing hmlsns in the CoC.

CoC recognizes that recent DV survivors are not the sole DV population
requiring DV hsg & svcs. CoC has observed a large increase in persons reporting histories of DV. Unfortunately, persons with these histories often do not have recent enough incidents of DV to qualify for resources, which broadens the population of DV survivors needing hsg & resources. Additionally, while the CoC’s youth system of care has data & some resources for youth trafficking, gaps remain in hsg & svcs for youth DV & trafficking survivors. CoC is looking to alternative strategies to provide persons with histories of DV or trafficked youth similar attention & access to support. RRH is flexible enough to provide support for indiv & households with extended histories of DV & youth survivors of trafficking who otherwise may not have ready access to hsg. This project model can bridge the hsg & svc gap for this varied population in the cmmty.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.

(rate 4,000 characters)

RATE OF HSG PLCMT: 50%
RATE OF HSG RETENTION: 100%

SAFETY IMPRVRMTS: CoC & STAND constantly improve rlthshps w/law enforcmt agencies CoC-wide. 2 law enforcmt Reps on CoC Bd. STAND prioritizes immediacy of svcs: STAND PARTNERS W/LAW ENFCMT ON NEW INITIATIVE FOR CRISIS SVCS DISPATCH TO CRIME SCENE W/IN 10 MINS OF NOTICE OF DV INCIDENT. On scene STAND provides svcs, incl indiv & fam counseling, ES, & legal support. STAND provides annual safety planning training to CoC providers & POSTS SAFETY TIPS & PLANNING RECMNTS ONLINE. STAND also believes in prevtn of new/contd harm--last FY served: 293 adults in yr-long batterer’s intrvnt progr & 135 attended multilingual parenting courses.

ADDRESSING BARRIERS:
SHELTER, INC: SHELTER specializes in holistic RRH svc provision & stable plcmts. SHELTER offers: case mgmt with individ hsg stabiliz plans focused on successful tenancies & improved outcomes; in-house emplymt specialists & external wkfc devlpmt partners help obtain/increase income thru vocat assmts, job readiness, job plcmt; & hsg resource specialists ensure client choice & affordability in hsg. Success of RRH strategy is in SHELTER’s progressive apprch toental asstc & particp periods, where svcs & funds are tailored to hh needs to regain & stabilize in hsg with flexible followup support. Apprch allows more hhs to be served & exit hmlsns because svcs designed to address specific client barriers & needs instead of reserved in fixed amts or periods.

STAND: STAND provides range of progs to suit client needs, incl: therap behav svcs for children, vocat svcs to facil wkfc reentry, clinical parenting for parents in or post substc trtmt programs or referred from clinicians, & CoC-wide support grps & peer advcy. STAND Addresses needs/barriers of adults & children. Last
Fiscal Year STAND served: 144 adults & 78 children in ES; 1088 adults & 46 children w/case mgmt; over 4000 w/ancillary supp svcs, incl counseling court advcy, & self-sufficiency training; 269 at First 5 Cntrs & 200 in Kinship Care (thru child welfare).

STAND PROVIDES SVCS TAILORED TO SPECIFIC BARRIERS: THERAPY. Free wkly indiv or grp therapy for clients and their children. STAND uses evid-based models (eg Motiv Interv, Trauma-Informed Cognitv Behavl Therapy) for best clinical outcomes. CHILDREN’S SVCS. STAND refers clients to either STAND’s inhouse children’s svcs or cmmty partners. SUPPORT GRPS. STAND operates multilingual DV support grps thru CoC, facil by qualif DV advocates. Clients choose grp that meets their needs (eg sched, location, topic). SELF-SUFFICIENCY TRAINING & SUPPORTS. STAND offers robust menu of progs help clients rebuild & enhance emotional, financl & legal indpndnc from abusive partner. Progr provides vocatnl & financial mgmt training & educ re concerns specific to DV survivors. LEGAL ADVOCACY. STAND maintains strong wkg rlthshps w/prosecutor’s DV Unit & local law enfcmt to help track/understand legal process. HSG: 100% OF TH EXITS TO PH, W/MOST IN OWN APTMTS & W/FOLLOW UP TO ENSURE STABILITY AT 3, 6, & 12 MOS.

SVCS TAILORED TO COMMON BARRIERS: TRAUMA INFORMED PHILOSOPHY: STAND validates & addresses impact of complex trauma history w/best practices. Agency staff receive intensive training on trauma-informed perspectives, incl warm welcome protocols for new clients, clinical trtmt models for therapists, & survivor-centered/directed svc plans. This meets clients’ immed needs while promoting longterm emotional healing & resilience. STRENGTHS BASED APPRCH TO CASE MGMT: Advocates focus on building self-confidence, so clients see personal strengths they can use to build vocational & other life skills. ALL VOLUNTARY SVCS: Intake processes make clear all clients have complete power to select svcs THEY believe will be most helpful in fostering indpndnc, healing, & safety. Volunt nature of svcs helps clients assert their decis-making capacity, dvlpng strong sense of self needed to build new safe, stable lives.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC’s geographic areas:

(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
<th>PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Authority of Contra Costa County</td>
<td>18.00%</td>
<td>Yes-HCV</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

2 of 3 PHAs (Housing Authority of Contra Costa County (HACCC) & Richmond Housing Authority) in CoC have hmlss prefcs or set aside. This year HACCC was awarded 55 mainstream vouchers for non-elderly disabled hh. HACCC has CoC Bd seat & Local Govt/Entntmt Jurisd Rep on CoC Bd is consultant to city of Antioch w/ties to Pittsburg HA. CoC thru Collab App works to enhance coord w/local PHAs, incl aligning priorities, policies, & coord entry into hmls system of care. Collab App & CoC Bd continues outreach to Richmond & Pittsburgh PHAs to add hmls prefcs & set asides to Admin Plans & to increase % of persons hmls at entry. In 2017 cmnty awarded CoC funding for new HACCC & Collab App PSH project targeting highest utilizers of multiple systems.

CoC continues to invite Richmond & Pittsburg PHAs & the cities those PHAs serve to CoC Bd, Qrty, subcmte & CE mtgs. CoC made progress w/kg w/Pittsburg PHA as evidenced by their improved particip at CoC mtgs & interest in ptntshp w/CoC. Pittsburg PHA has been regularly attending CoC & CoC board mtgs, has applied for state funding to work w/CoC’s hmlss svc providers, & is w/kg to develop MOUs w/County & Collab App to further those efforts & improve coord w/CoC’s CES & CoC’s hmls svcs policies. 3 PHAs have limited collab amongst themselves other than portability, but as transitions continue, PHAs have expressed interest in closer rlttnshps. CoC reached out to all 3 PHAs to engage around importance of prioritizing persons exper hmlsns & to adopt general or limited hmls admissions prfcs. PHAs notified CoC that budget constraints & Admin Plan changes are current obstacles to policy changes. However, PHAs noted they are considering options or admin plan language that allow more flexibility to serve people currently or formerly exper hmlsns. CoC is committed to supporting those PHA efforts & providing educ & advocacy support as possible.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?

Move On strategy description. (limit 2,000 characters)
The CoC worked with County PHA to establish Moving On program in early 2017 to ensure previously homeless PHA tenants can transition (off site or in place) from PSH when they no longer need that level of services, which frees up units for persons currently experiencing homelessness. The program includes a homeless set-aside of 50 vouchers, where families in units who are ready for permanent housing can use one of these vouchers and vacate the transitional space for a family coming in through the Coordinated Entry System. The PHA has also cleared the way for any project-based voucher-assisted units that are layered with CoC funding so that referrals for those units are coming from the Coordinated Entry System rather than the site-based waiting list for the project.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

ANTI-DISCRIMINATION POLICY: The CoC has implemented a CoC-wide anti-discrimination policy that covers all protected classes. The CE Policies & Procedures include a nondiscrimination policy that includes protections for sex, gender ID, sexual orientation, outlines reporting, investigation & redress processes. During launch of new HMIS system late last year, the CoC embarked on an inclusive language effort, which enhanced statements about non-discrimination & gender/culture sensitivity throughout all CoC docs, incl outreach materials & HMIS-related docs. The CoC & its programs, including CE, serve LGBT fairly & according to their needs: all Cnty-run shelters have gender neutral bthrms; CE referrals are client-centered w/hsg choice; all progs, incl CE & PH allow persons/families to self-ID.

TRAINING: TRNG OCCURS ANNUALLY & PROVIDERS ARE ORIENTED TO EQUAL ACCESS RULES THRU CE CMTEE MTGS. CoC also held trainings for all CE staff and CoC and non-CoC funded programs in first 6 mos of FY 2018 as part of HMIS change emphasizing equal access, anti-discrim & cultural/gender sensitivity. This yr CoC also included cultural/gender awareness trng in PIT count trng for both adult PIT and Youth & Family PIT Counts. CoC has also expanded its cultural sensitivity trainings this year to include trainings on “Culture of Respect.” ALL NEW COC FUNDED PROJECTS MAY RECEIVE UP TO 20 (OF 100) PTS FOR PROGRAM DESIGNS WHICH INCL. TRAINING FOR CULTURAL SENSITIVITY (e.g., LGBTQ status) & access for disabled populations.

COC MEMBERSHIP: Membership includes LGBT+ serving organizations such as Rainbow Community Center and the RYSE Center.


| 1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source? | Yes |

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<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Did the 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)?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did the 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)?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC’s geographic area. Select all that apply.

- Engaged/educated local policymakers: X
- Engaged/educated law enforcement: X
- Engaged/educated local business leaders: X
- Implemented communitywide plans: X
- No strategies have been implemented: 

Other:(limit 50 characters)

- Ptnshp w/Court & Police: X
- Encampment Protocol: X
- Outreach Teams: X

1C-8. Centralized or Coordinated Assessment System. Applicants must:

1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
4. attach CoC’s standard assessment tool.

(limit 2,000 characters)

GEOG COVERAGE: CoC provides hsg & svcs & access to svcs & hsg across entire CoC geog area thru: (1) street OUTREACH TEAMS are geog dispersed to target various sectors of CoC, areas w/encmpmts, & areas w/increasing numbers experiencing hmlsns. Teams expanding to incl specific cities (Richmond) & dedicated to specific supports (reentry, disability, & benefits); (2) CENTRALIZED PHONE, TEXT, & ONLINE ACCESS & REFERRAL OPTN (via 211) & facilitate centralized shelter plcmnt (in progress) or dispatch teams; (3) ROTATING COC MTGS; (4) 2 geog-targeted Coordinated Assmt & RESOURCE (CARE) CENTERS & 1 evening center; & (5) MOBILE HSG NAVIG. CoC also developing addtnl CARE Center in East County where demand for svcs is growing.
CE REACHES SPECIAL POPS: Outreach teams are enhanced by strategic collabs (ie w/law enfcmnt, behav health, DV/trafficking providers, libraries, Adult Protective Svcs, faith cmmty, consumers) to cover areas not served by other means & reaching persons unaware of svcs. 211 phone & online options allow for access to linguistic optns & can be used by mobile svcs. This year, text msg option added to make svcs accessible for youth as recomm by YAC-led TAY focus grps. CES leverages partners in all aspects of svc provision, incl outreach, access, planning, prev & diversion. Such orgs incl law enfcmnt, aff hsg developers, local govs, local cities & CDBG/ESG entitlmt jurisd, behav health, DV, crim justice reentry, wrkfc dvlpmt, youth-serving orgs & prvt & nonprofit funders.

ASSMT PRIORITIZATION & TIMELY ASSTC: VI-SPDAT used to facilitate PH plcmt. CoC uses hsg plcmt cmmtee to prioritize most vulnerable per VI-SPDAT. Outreach does assmts in field & connects clients to avail ES or warming center quickly. Pending centralized ES system will increase ES plcmt efficiency & reduce time persons navigate CES or remain unhoused. Pending diversion assmt tool (in person or by phone) will assess, prioritize & connect to diversion svcs quickly.
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

<table>
<thead>
<tr>
<th>System</th>
<th>Selection</th>
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<tbody>
<tr>
<td>Foster Care:</td>
<td>X</td>
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<tr>
<td>Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities:</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
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</tbody>
</table>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the 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. Check all that apply (note that when "None:" is selected no other system of care should be selected).

<table>
<thead>
<tr>
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</tr>
<tr>
<td>Correctional Facilities:</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>
1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

| Used Objective Criteria for Review, Rating, Ranking and Section | Yes |
| Included at least one factor related to achieving positive housing outcomes | Yes |
| Included a specific method for evaluating projects submitted by victim service providers | Yes |

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

NEEDS & VULNERABILITIES CONSIDERED: CoC’s publicly advertised rank & review process prioritized projects serving clients w/most severe needs & vulnerabilities, like chronically hmls. Local scoring materials & interview process highlighted pop served. Cmmty institutionalized contextual overview in R&R orientation w/CE & cmmty data packet to help panel understand cmmty needs, severity of needs & vulnerabilities progrs designed to address.

ACCOUNTING FOR NEEDS & VULNERABILITIES: Cmmty scoring tools specifically accounted for how projects respond to severity of needs & vulnerabilities of persons served. Both tools estbl hsg 1st as threshold criteria for particp in local comptn requiring showing no excess barriers for persons w/current/past substance use, chronic hmls, or crim history. Renewal scoring tool gives 10 pts to prioritize chronically hmls hh & 5 pts for showing project impact & responsiveness to local need, where scoring accounted for subpops served (ie progs for persons w/low or no income, & histories of victimization). Tool specifically INSTRUCTED R&R PANEL TO CONSIDER THAT OUTCOMES WILL BE LOWER IN MORE DIFFICULT TO SERVE POPS incl.
chronic hmlsns, current/past subst. abuse, & health, behav health or disability requiring signif support to maintain PH. New project scoring tool gives 15 POINTS FOR SUBPOPS SERVED & PROJECTS SHOWING IMPACT & RESPONSIVENESS TO LOCAL NEED. New Tool gives 35 points for prog design, including projects use of innovative & evidence based practices, staff training to support special needs of pop served, phys accessibility to persons w/disabilities, if svc delivery incl culture specific elements like trauma informed care, safety planning (for persons with DV & behav health histories), & if hsg & svc type proposed fit needs of prog participants (esp for underrepresented & low income pops). Up to 20 pts given for prog design in new projects, incl cultural sensitivity training & disability access.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is “No” to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new
AFTER MULTI-YEAR HISTORY OF REALLOCATION, 15 OF 19 COC PROJECTS ARE HIGH PERFORMING PSH. Any reallocation at this point would lead to persons formerly homeless losing permanent housing and companion services that contribute to stability and wellness. Community prioritizes permanent housing solutions, which contributes to low reallocation rate since 2014. In ongoing CE program reviews and Review & Rank process, CoC examines program utilization and retention rates to help determine possibility of reallocation. CoC provides bonus points for reallocation in R&R process scoring tools, to encourage good stewardship of program funds and program consideration of the viability or importance of partial or full reallocation. Community is also considering whether and how to reallocate portions of larger programs to provide more permanent housing options to fill significant priority gaps, such as RRH or CE services that can apply to broader swaths of the population that do not require population-specific funding or projects. The CE evaluation that was recently completed will be used to inform CoC Board and important stakeholders (such as Youth Action Council and Public Housing Authorities), so community may adjust priorities and plan new courses of action for homeless housing and services, including reallocation when not detrimental to permanent housing solutions community has already achieved. Community is considering whether and how to reallocate in the future now that they have these additional mechanisms to evaluate and understand need and impact of high performing projects.

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required; (2) rejected or reduced project application(s)—attachment required; and (3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td>Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.</td>
<td></td>
</tr>
<tr>
<td>If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.</td>
<td></td>
</tr>
<tr>
<td>Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 days before the FY 2018 CoC Program Competition Application deadline?</td>
<td></td>
</tr>
</tbody>
</table>
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.

Yes

2A-1a. Applicants must:
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

9


Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor?

Bitfocus

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.

Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and
2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

ES/TH: The CoC is below its goals in both the ES & TH bed coverage rates because not all agencies who participate in the PIT are participating in HMIS. One organization, Bay Area Rescue Mission (BARM), accounts for a large share of the missing HMIS participation as it provides 128 ES beds and 143 TH beds. CoC is engaging BARM and new leadership at the organization. CORE outreach teams have been collaborating with BARM to capture unsheltered individuals staying in BARM’s ES beds. The CoC continues conversations with BARM to include them in HMIS data collection.

NEXT 12 MONTHS: The CoC is currently engaging BARM around HMIS participating by presenting on the advantages of the new HMIS and building relationships with new BARM leadership to encourage HMIS participation. ADVANTAGES OF JOINING HMIS will be detailed as follows: 1) The new system is user-friendly with an intuitive design. It takes very little training and a new provider could get set up and start entering data within minutes. 2) The CoC has additional HMIS Support Staff, including a Data Quality and Training Coordinator, a Data Analyst, and of course the System Administrator. Partners can feel supported and the CoC is able to accommodate one-on-one trainings, custom screens, custom workflows, etc. 3) The implementation of CE has allow for HMIS to integrate housing and resources from multiple sources making these more accessible and reducing wait times. A new provider would benefit from this collaborative, client-centered approach. The CoC will highlight these advantages as it encourages BARM to participate in HMIS.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept?

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)
2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).

01/23/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

04/30/2018
2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results. (limit 2,000 characters)
Not applicable -- the sheltered count was the virtually the same as in 2017 and only increased by one individual between 2017 and 2018 (696 vs. 697).

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? No

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

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<table>
<thead>
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<tr>
<td>Beds Added:</td>
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<td>Beds Removed:</td>
<td>0</td>
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<td>Total:</td>
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2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count? No

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

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<tr>
<td>Beds Added:</td>
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<tr>
<td>Beds Removed:</td>
<td>0</td>
</tr>
<tr>
<td>Total:</td>
<td>0</td>
</tr>
</tbody>
</table>
2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.

Yes

2C-4a. If “Yes” was selected for question 2C-4, applicants must:
(1) describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC’s unsheltered PIT count results.
(limit 2,000 characters)

The CoC experienced an increase in the unsheltered 2018 PIT count due to more COMPREHENSIVE and INTENSIVE OUTREACH methods. The PIT count went from 4 days in 2017 to 3 days in 2018 but this is because the outreach methods were more extensive than in previous years. The CoC leveraged the INCREASE IN CORE OUTREACH TEAMS to better reach community members who are unsheltered. The number of CORE Outreach Team increased from 2 teams in 2017 and to 7 teams 2018. CORE teams serve as a key point into the CoC’s coordinated entry system. They work to engage and stabilize unsheltered individuals experiencing homelessness, providing consistent outreach to facilitate and/or deliver health and basic need services with the goal of eventually connecting these individuals with permanent housing. CORE teams have developed strong relationships with those who are unsheltered in the CoC and are a trusted partner. CORE also increased the duration they were out counting those who were unsheltered. Utilizing this vast knowledge of the community and where people were sleeping outside resulted in the CoC’s ability to better identify and count the number of unsheltered individuals in the CoC. SITE EXPANSION COC also expanded the number of sites and partners involved in the 2018 PIT count. This included conducting surveys at community colleges and engaging with law enforcement and County CommunityConnect health teams. These changes resulted in greater community outreach and increased knowledge of the PIT, which is seen in the increase in the 2018 unsheltered count.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

Yes

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where
youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.

(limit 2,000 characters)

In 2018, the COC utilized the YOUTH ACTION COUNCIL (YAC) to solicit input on how to reach the most youth for the count. The YAC is comprised of youth who have lived experience of homelessness and are primarily residents in the CoC’s Youth Continuum of Services. The YAC meet regularly to discuss how to improve outreach to other youth experiencing or at-risk of experiencing homelessness and conduct outreach in the community. Based on the YAC’s feedback, the CoC implemented 4 new youth-specific elements in the 2018 PIT Count. 1) COLLABORATING WITH SCHOOL DISTRICTS: youth-designed posters were distributed to homeless liaisons in every district. In one district, automated phone calls went out to all families with a short script in English and Spanish that explained the PIT survey and instructed families to call 211 if they wanted to participate. 2) SURVEYS AT COMMUNITY COLLEGES: volunteers conducted surveys for two days at two community colleges during a food bank distribution event that drew in lots of homeless students. 3) LGBTQ OUTREACH: The County trained MFT interns at the Rainbow Community Center to be PIT volunteers as a concerted effort to capture LGBTQ youth. 4) TAY VOLUNTEER TRAINING AND PEER OUTREACH: The County trained TAY participating in a program through the Office of Consumer Empowerment at CC College to be PIT volunteers. TARGETED KEY SITES: In addition to these efforts, the PIT also included a tally at Calli House, the TAY emergency shelter. The CoC is building off the success of this engagement to complete a separate youth PIT count during the Summer of 2018.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.

(limit 2,000 characters)

ACTIVITIES: This year the PIT count observational tool and survey were enhanced to better capture demographics and information about those experiencing or at-risk of experiencing homelessness.

CHRONIC HOMELESSNESS 1) IMPROVED SURVEY: In order to reach individuals and families experiencing chronic homelessness, the CoC improved its survey questions to solicit information about previous residence and what type of housing they would accept in order to build the case for investing in more permanent supportive housing. 2) MAPPING: CoC CORE teams mapped encampments using Google Maps and ARCGIS, allowing heat & density maps to identify areas of high-density encampments to concentrate coordination of count and comprehensive outreach (surveys) among those areas. 3) INCREASED CORE TEAMS: The addition of 5 CORE Teams allowed for improved understanding and counting of those experiencing chronic homelessness in the CoC.

FAMILIES 1) IMPROVED SURVEY: The survey was expanded to ask questions about family structure to better capture families in the PIT count. 2) AT-RISK: The CoC also made use of tools to assist with identifying persons at imminent risk of losing housing within the next 2 weeks. 3) ENTRY POINTS: 211 was utilized as a channel for reaching people that call for housing services
but do not come into a service site during the PIT count timeframe. In addition, families were targeted through outreach at Employment and Human Services Department sites.

VETERANS 1) LEVERAGED PARTNERSHIPS: The CoC utilized its strong partnership with veterans providers in the community to ensure an accurate count of the number of veterans experiencing homelessness. 2) EXISTING INFRASTRUCTURE: Through BUILT FOR ZERO, the CoC has developed a comprehensive system for identify and tracking veterans experiencing homelessness through by-name lists and case conferencing. These tools were utilized to ensure an accurate count.
3A. Continuum of Care (CoC) System Performance

Instructions
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

<table>
<thead>
<tr>
<th>Number of First Time Homeless as Reported in HDX.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,707</td>
</tr>
</tbody>
</table>

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC’s strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

CHANGE: THERE WAS 7% DECREASE IN PERSONS EXPER 1ST TIME HOMELESSNESS (FTH), WHICH IS 130 FEWER PERSONS FTH THAN LAST YR.

DETERMINING RISK FACTORS: COC created easier access points for svcs for those at-risk & newly hmls thru 211 & expanded prevention/diversion progs, & enhanced walk-in centers & shelters. CoC used HMIS data from improved CE access points & VI-SPDAT scores to ID factors contributing to FTH. CoC also completed One Year CE Evaluation & comprehensive street outreach survey, examining which risk factors contribute to persons becoming & staying hmls. CE mgr, CoC Bd & subcmtees reviewed outreach survey & presented to CoC Bd, noting FOLLOWING RISK FACTORS FOR FTH: SUBST ABUSE, UNAFFORDABLE RENT, UNEMPLYMT, HEALTH PROBLEMS, MENTAL ILLNESS, DIVORCE/SEPARATION, DV, UNDEREMPLYMT.

STRATEGIES: CoC engaged multiple partners wkg w/at-risk & newly hmls to (1) better ID FTH, (2) increase referrals to prevention/diversion progs, & (3) enhance OUTREACH TEAMS & materials. CoC continued cooperative ptnshps w/svc providers & faith cmnty. That led to increased particip in HMIS & CE, which tracks FTH touching those enhanced svcs & new & existing providers. CoC created DIVERSION PROG (launching this Fall) w/hsg location & hsg security fund to support landlords & provide funds for those at risk of hmls. DIVERSION PILOT PROGRAM WILL USE PRESCREEN TOOL AT ALL ACCESS PTS to further reduce indiv’s & families’ risk of first-time homelessness. CoC Bd & its subcommittees on subpops, data analysis, & Oversight along w/Youth Action Council (YAC), will review the results of the
One-Year CE Evaluation in combination with the Outreach Survey results noting risk factors to (1) craft CoC’s 2019 Action Plan, (2) 2019 youth, adult, & family PIT Counts, & (3) CoC-wide trainings & mtgs.

ORG RESPONSIBLE: County Health, Housing, & Homeless Services Division. (Collab App) in ptnshp w/CoC Oversight & Data Eval Cmtees.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must: (1) provide the average length of time individuals and persons in families remained homeless (i.e., the number); (2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless; (3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and (4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless. (limit 2,000 characters)

AVG LOTH: Length of time homeless (LOTH) on avg for ES/TH is 135 days. Avg LOTH DECREASED BY 19 DAYS or 12%.

STRATEGY TO REDUCE LOTH: (1) EFFORTS TO OBTAIN HIGHER INCOME & HSG in CARE Ctrs & ES RESULTED IN SHORTER STAYS. New initiative (Hsg Disability Advocacy Project (HDAP)) using state funding for disabled chronically hmls unsheltered w/out income to expedite connection to benefits will further reduce LOTH. (2) Progress w/Built for Zero & steady REDUCTION IN VET BY NAME LIST & INCREASED VET PLCMTS. (2) CES integrates hsg location & prioritization for those scoring in RRH or PSH range on VI-SPDAT. LOTH is prioritization category used alongside hsg 1st model in hsg plcmt decisions. (3) Centralized diversion & CE Hsg Security Fund will provide altnt optns (eg rental asstc, security & utility deposits, & other short-term help) to reduce LOTH for persons experiencing hmlsns but able to stabilize w/out full entry into CES, incl helping more persons enter RRH. (4) This year CoC seeks to add RRH units dedicated to DV survivors. CoC also using new hsg nav resources to enhance landlord engagement & retention to provide reliable stock of hsg resources to move persons from cmmty queue into PH. (5) Outreach efforts improved due to increases in number & geog scope of street outreach svcs layered w/health & behav healthcare supports leading to increased number of people reached by & receptive to svcs. (6) CoC’s TH complex changed to affordable PH contributing to more PH options & reducing numbers of persons RTH from TH.

ID PROCESS: IMPROVED CES, & EXPANDED OUTREACH & PTNSHPS BRING MORE PERSONS INTO SYST. Outreach teams & CARE centers are primary part of ID process; several cities dvlpd hmlsns taskforces that identify & route persons to CES. 2-1-1 also wkg to improve ID efforts, incl training on intake & eligibility reqmts, & pending diversion assmt tool. Higher need indivs are prioritized in ES beds.

ORG RESPONSIBLE: Collab App oversees LOTH reduction strategies.
3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

<table>
<thead>
<tr>
<th>Percentage</th>
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<tbody>
<tr>
<td>Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.</td>
</tr>
<tr>
<td>Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.</td>
</tr>
</tbody>
</table>

3A-3a. Applicants must:
(1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

STRATEGY TO INCREASE RATE OF EXIT TO PH FROM ES/RRH:
(1) CoC wkg to increase avail of PH: (a) INCREASED CE PARTICIP CREATED MORE PROVIDER BEDS; (b) CoC’s sole RRH provider maintains RRH units using both CoC & non-CoC funding sources to broaden cmnity access to RRH as PH optn CES; (c) CoC works w/cities in prvt-public ptnshp to BRING ONLINE NEW AFFORD HSG FACILITY. (2) Post CE implm, CES imprvmts incl more CARE centers provide addtnl opportunities for case mgmt, use of SOAR strategies, & motiv interviewing & trauma informed care that complement ES svcs increase successful access of PH destinations. Sys imprvmts streamlined intake & hsg plcmt for faster/better resource matching. Extensive case mgmt & links to health svcs maintain high retention rates. (3) Hsg location svcs, Diversion, & Hsg Security Fund used to PERMANENTLY house people elig for ES in tight rental market. Expanded CE svcs will use diversion assmt tool to reduce # of persons entering ES who can stabilize in PH settings like family or RRH, w/some financial asstc (via hsg security fund) & follow up case mgmt. (4) CoC has moving on program in collab with HACCC awaiting further impl to free PH units & funding for new PH consumers.

RETENTION STRATEGY: New centralized diversion & hsg location initiative (avail thru all CES access pts) ensures PH retention for persons at risk of hmlsns & those currently hmls. Diversion assmt tool will ID best hsg strategy to promote hsg retention for persons at risk of hmlsns. Use of short-term counseling & financial asstc, incl diversion counseling, family mediation, LL-tenant conflict resolution, goal-oriented case mgmt, & other svcs designed to promote stability & retention in PH. Hsg Sec Fund is complimentary tool to enhance opportunities for persons imminently at risk of losing PH. RRH provider SHELTER Inc makes extended case mgmt post RRH plcmt available for ALL RRH consumers to ensure retention.
3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

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<th>Percentage</th>
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<td>3%</td>
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3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the 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 the CoC’s strategy to reduce the rate of individuals and persons in families returns to homelessness.

Limit 2,000 characters

ID COMMON FACTORS IN RTH: COC By-Name Lists and HMIS serve to identify specific RTH, & persons at risk of RTH.

STRATEGIES TO REDUCE RATE OF RTH: (1) IMPROVED ACCESS TO SVCS IMPROVING HSG STABILITY IN PSH/RRH POPS; (2) new HMIS system CREATES RED FLAGS & use other tools to indicate persons RTH & mobilize intense case mgmt to prevent RTH; (3) LAUNCH OF HSG SECURITY FUND W/FLEX FUNDS TO ADDRESS FINANCIAL NEEDS OF TENANTS immediately at risk of RTH; (4) expand VI-SPDAT & new HMIS trng to ensure appropriate id, plcmt, & tracking of persons at risk of RTH; (5) continued Collab App participation on state & local initiatives addressing RTH for institutional reentrants such as city-level homeless taskforces and countywide Homeless advisory Board. (6) Sole Cnty RRH provider SHELTER, Inc. uses CoC, ESG, & CalWORKS RRH grants. SHELTER expanded partnerships (CalWORKS, TANF, EHSD) that provide notice when families are at risk of homelessness (eg, lost benefits), which trigger increased support to help stabilize households and prevent first time or returns to homelessness. (7) County’s new diversion and housing location strategy is a problem-solving strategy that leverages tracking power of HMIS and flexibility of Housing Security Fund to stabilize persons at risk of RTH via case mgmt., mediation, and other service referrals that best prevent and divert from RTH.

ORG RESPONSIBLE FOR PH PLCMT/RETENTION: Collab App partners w/ Oversight & Data Eval Cmtees.

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;
(2) describe how the 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 the CoC’s strategy to increase job and income growth from
employment.
(limit 2,000 characters)

STRATEGIES TO INCREASE ACCESS TO CASH SOURCES: CoC Board now incl Cnty Employment & Human Svcs Dept (EHSD) Rep who is able to work in tandem with CoC (attend provider mtgs, connect providers to answers & relevant EHSD personnel) & members on increasing access to info & training on emplmt & vocational services & income & non-emplmt cash income benefits. Recent implementation of new COC-WIDE DIVERSION EFFORT THAT INCL FUNDING FOR EMLYMT/INCOME STABILIZING SVCS LIKE LINKS TO MAINSTREAM BENEFITS & CASE MGMT. Collab App will support CoC-grantees in implementing CoC’s job/income growth strategies as part of CoC diversion goals. Diversion/RFP strategies aim to id, house, & fast track benefits apps for easy entry into PH. New efforts to link workforce development orgs with CES providers

MAINSTREAM EMPLOYMENT SVCS: CoC Qtrly Mtg hosted workforce development & vocational svc providers, who presented on their programs, challenges to assisting persons experiencing homelessness (including childcare, racial equity, reentry, hygiene, and job readiness), and strategies to support those persons. System improvements (increase access to childcare & centers offering laundry and shower facilities) posited as part of mtg feedback and CE Eval to address some of those challenges. Participating service providers were connected to existing CE hsg providers and introduced to CES. County via Collab Applic integrated into CES for purposes of being job support resource to CES providers and pipeline into County jobs for persons experiencing homelessness. Many CE service providers also offer job search assistance. Wkfc devlpmt CBOs partner with CoC to take referrals for employment svcvs.

ORG RESPONSIBLE: Collab App partners w/Prevention-Diversion Cmtees.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)

05/30/2018
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

| Total number of beds dedicated as DedicatedPLUS | 60 |
| Total number of beds dedicated to individuals and families experiencing chronic homelessness | 487 |
| Total | 547 |

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.

Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

| History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse) | X |
| Number of previous homeless episodes | X |
| Unsheltered homelessness | X |
| Criminal History | X |
| Bad credit or rental history | X |
| Head of Household with Mental/Physical Disability | X |
3B-2.2. Applicants must:
(1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

STRATEGY & ADDRESSING HSG/SVC NEEDS: COC DECREASED # OF UNSHELTERED FAMILIES BY 25% in the 2017 PIT. Strategy includes number of partners, relationships & opportunities to support all households encountering the system, including households w/children. (1) SHELTER Inc., County’s sole RRH provider, operates phone line that simplifies links to RRH (goal: 5 bus. days). Per last year’s svc data, even though the cmmty saw an increase in the pop of households w/children, cmmty also served more households w/children. SHELTER tailors RRH svcs to families, so at any point they may serve fewer families longer to ensure stability increase in total families served thru RRH in FY18. SHELTER offers extended case mgmt to all RRH hh after svc prd ends.
(2) In 2018 CoC expanded CES to include hsg location, diversion, & a Housing Secy Fund, which aims to help get households rapidly housed & keep them stably housed w/out entering ES. As part of diversion & hsg navigation, case managers provide income & benefits support & connections to local resources that support households well-being & stability incl: Bay Area Legal Aid (civil legal matters), The Hume Center (behavioral healthcare), EHSD (benefits specialists & County benefits Administrator), & nonprofit wrkfc dvlpmt agencies. CES now also incl hsg navigators specializing in landlord engagement & affordable hsg location & retention. Housing Sec Fund is public-private ptnshp of flexible resources designed to specifically support rapidly rehousing persons hmls or at risk of hmlsns with hsg (i.e. unit app fees, background checks, rental arrears & late fees, unit damage, short term rental asstc, utility & security deposits). (3) CE mgr & CoC Data Eval Cmtee developed eligibility matrix for new HMIS, which w/Family VI-SPDAT scoring recommendations that streamline process for id & matching families & avail RRH hsg.


3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.
CoC conducts optional training for all CoC and ESG funded service providers on these topics.
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.
3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied homeless youth includes the following:

| Human trafficking and other forms of exploitation | Yes |
| LGBT youth homelessness | Yes |
| Exits from foster care into homelessness | Yes |
| Family reunification and community engagement | Yes |
| Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs | Yes |

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

| History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse) | X |
| Number of Previous Homeless Episodes | X |
| Unsheltered Homelessness | |
| Criminal History | X |
| Bad Credit or Rental History | X |

3B-2.6. Applicants must describe the CoC’s strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

INCREASE IN HSG & SVCS: (1) Successful maintenance of CoC-funded PSH for youth (Permanent Connections, ranked high in 2018 R&R) w/NONE exiting to hmlsns & 92% maintaining or increasing income. In annual client survey, 100% respondents rptd hsg helped various aspects of their lives & enhanced optimism. TAY clients allowed to stay in PSH prog w/no time limits. For TAY no longer need PSH svcs, continuity of care avail while transitioning to S+C vouchers, opening vacancies for new TAY. (2) 2018 CoC opened new TAY PSH model: indpndt living prog (Pomona Aptmts), where youth share unit w/own rooms & access to onsite case mgmt, life skills & other svcs, incl health, mental health, empymnt, educ.

STRATEGY:
(1) CoC applied for TLP grant (expands hsg for TAY), SOP grant (expands outreach svcs for TAY), & ptnr w/Cnty PHA & EHSD for FUP vouchers.
(2) Expanded ptnshp w/Bay Area Legal Aid (BALA) to create manual, in ptnshp w/ other THP+/THP+FC providers, to help house formerly incarcerated youth & support them in transition to indpndc.
(3) YHDP grant app process used existing resources & partners to create robust steering cmmtte of providers & youth w/lived experience to re-design hmls youth svc delivery system. Partners from mental health, healthcare, legal, probation, law enfcmnt, educ & others particp in process to create systemic change. Thru process CoC ID 3 key initiatives for 2018: (1) Launch of first CoC youth/family PIT count, (2) Create a bi-weekly case confc for TAY that mirrors BFZ best practices; (3) Create seat on the CoC Bd for youth experiencing hmlsns.
(4) Youth/Family PIT count launched August 2018 to ID need for youth hsg/svcs. CoC held public mtgs to ensure cmmty involved & invested. Brought myriad partners together who typically do not participate in the count, includ Employment & Human Services, Youth Action Council (YAC) members, law enfcmnt, School Districts, juvenile justice, elected officials, & faith-based orgs. In mtgs ID cmmtty champions to bring awareness to PIT count. THIS COUNT WAS CO-DESIGNED & IMPLEMENTED BY YAC. THIS WAS A YOUTH DRIVEN EVENT FROM PLANNING TO IMPLEMENTATION. YAC assisted w/survey devlpmt, performed outreach to cmmtty agencies, & was dispatched to sites to complete count. All YAC & CoC youth volunteers were paid hourly (12.50) for time in planning, training, & doing surveys. Addtnl efforts incl ptnshps w/: Cnty Mental Health clinics, TANF & GA offices, Health Services, & CE progs to do surveys onsite & promote PIT incl on social media; all county libraries provided access to computer labs to do surveys & offered library staff asstc w/surveys, outreach teams confirmed & identified new hot spots to do surveys ID thru YAC & cmmtty ptrns. Most effective aspect of strategy was having YAC lead PIT & function as true collaborators with Collab App & CoC to support cmmtty efforts to ID needs of TAY & increase funding & svcs avail to TAY.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC’s strategies.
(limit 3,000 characters)

FY2018 PIT Count also targeted youth at youth/TAY svc providers & FOUND SEVERAL AT RISK BUT NONE THAT WERE LITERALLY HMLS. CoC had decrease in unaccomp youth in PIT Counts & svc data. Data from providers & HMIS confirms previously hmls youth retain CoC-supptd hsg. CoC meets concerns of possible addtnl unidentified hmls youth, by mining HMIS & surveying providers to learn who seeking svcs. CoC found families use svcs but no evid of unaccomp youth. Cmtee estblishd for 2018 PIT collected data from unaccomp youth & ptnrd w/YAC as youth ambassadors to lead PIT where likely hmls youth. CoC uses PIT data to inform advocacy strategies for addtnl hsg/svcs & resource allocat. PIT Count data will be analyzed against existing data measures, incl race, gender, & familial status, & compared to data
gathered via other CoC sources to clarify state of TAY hmlsns in CoC & support funding/resource requests.

CASE CONFCS: This Fall CoC begins bi-weekly TAY case confcs, incl by name list (BNL) of youth 18-24 hmls in CoC. Providers, incl RRH provider, outreach & hsg navig, review each name & ID resources connected to cases, develop intrvtn strategies, & make direct referrals to hsg progs. Case confc will create coordinated plans btwn providers to ensure youth can access all avail CoC resources. BNL Mtgs will allow better tracking of in-flow & outflow. CoC in contact w/Way Home America to join database, which also help track progress.

PRIOR/ONGOING YOUTH HSG/SVC ASSMTS & FOLLOW UP: CoC performed or participated in MULTIPLE YOUTH HMLSNS ASSMTS. Particip providers incl: TAY hsg/svcs, drop in centers, referral agencies, youth-specific & mainstream ES/short term crisis residential progs, emplmt & educ svcs, foster care, behav health agencies, school districts, early childhood educ, referral agencies, & LGBTQ. Assmts examine hsg incl: PSH, RRH, TH, foster care & ES. Svcs assessed incl: ndpdnt living skills, behav health svcs, legal support, wkfc dvlpmt, & svcs for youth (pregnant/parenting, crim justice involved, foster care, minors, & DV survivors). 2018 CE Eval of youth facing hsg & svcs & impact on youth outcomes. This year YAC conducted qualitative needs assmt thru 2 peer-focus grps of youth w/lived exper, & anonymous written survey. In 2018 for Y-Plan, Collab App & School District students created & disseminated Cnty hsg survey. In 2017 survey sent to school districts, charter schools, Head Start progs, & COE-operated educ progs. CoC will continue to use these & future assmts to evaluate quality, perf, & outcomes of current & future youth hsg & svcs & ID needs & areas for further study.

OTHER METHODS COC USES TO MEASURE EFFECTIVENESS: This year CoC formed YAC to inform syst of care as both feedback loop & decision makers. TAY VI-SPDAT used to ID, house & provide svcs to hmls & at-risk youth, incl connect youth to rental asstc, RRH or affdbl hsg. CoC annually reviews Cnty Dept of Educ report to strategize ID & housing hmls youth.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

COLLABORATION:
(1) MCKINNEY-VENTO LOCAL LEA/SEA: Multiple CoC mtgs or planning events attended by LEA reps; LEA or SEA mtgs/planning events attended by CoC reps; CoC MTGS/events attended by youth hsg & svc providers (e.g. RHY providers). MCKINNEY-VENTO FUNDED CNTY DEPT OF EDUC HAS SEAT ON COC BD.
(2) SCHOOL DISTRICTS: Cross org collab occurs w/West Cnty, Mt. Diablo & San Ramon Unified School Districts, who regularly attend CoC mtgs. Through these initiatives CoC built stronger rlnshps w/4 local school districts (Antioch, Martinez, John Swett and Pittsburg) that wanted to support Youth/Family PIT
count. This is first time CoC had school districts partners for PIT. Districts made auto dial calls to families served by homeless liaisons to advertise the count, & complete surveys. During PIT also offered services to families thru street outreach teams, to link families directly to shelter or other services.

FORMAL PARTNERSHIPS:
(1) MCKINNEY-VENTO LOCAL LEA/SEA: Collab App employs hmls educ liaison thru McKinney-Vento funding, who addresses educ needs of hmls families in school districts in CoC.
(2) SCHOOL DISTRICTS: County school district is county department-affiliate of Collab Applic & coordinates directly w/County Headstart program to obtain preschool-aged homeless data.
(3) OTHER: Educ/Vocational svcs rep on CoC Bd is liaison to hmls families in the school syst; Rep provides TA, professional dvlpmnt & legisl tracking support to 18 districts & works directly w/youth in foster care. CoC-funded provider & Council Bd member SHELTER, Inc has staff serving on Cnty Local Planning Council for Child Care & Dvlpmnt. Collab App will have Equal Justice Works legal fellow through partner BALA starting in October, who will provide free onsite legal aid (individually and in groups) to persons experiencing homelessness, incl youth, with emphasis on those with mental health challenges.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)

(1) CoC's Policies & Procedures encourage providers to tailor services & case management to ensure consumer knowledge of resources/eligibility for services, including educational services.
(2) Homeless Services Education Liaison (employed by Collab applicant) and CE street outreach partners shares this information with students & families experiencing homelessness during counseling, outreach, and case management sessions.
(3) Districts/Local Ed Agencies screen for McKinney-Vento (MV) eligibility at enrollment. Families flagged as living in possible homeless situations are then followed up regarding current living situation and MV eligibility for support services. Referred to District Homeless Liaison for services. LEA's are also required to provide outreach for identification (ie. homeless education rights posters in district and school offices) and train school and district staff regarding common signs of homelessness.
(4) Bay Area Legal Aid/Equal Justice Works Legal Fellow can assist with ensuring CoC and CE policies & procedures updated with current eligibility requirements for education services & are widely shared with CoC partners, education agencies, programs, and service providers.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOAs’s or partnerships with providers of early childhood services and support.

<table>
<thead>
<tr>
<th>Early Childhood Providers</th>
<th>MOU/ MOA</th>
<th>Other Formal Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

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3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).

ID: CoC identifies hmls vets thru street outreach teams, CARE centers, 211 contacts, provider staff, VA, & Built for Zero (BFZ) program, which manages vet by name list (BNL). Vets who touch system included on BNL reviewed biweekly w/all vet providers in CoC. Any eligible vets who are not connected w/SSVF or another RRH program are connected at these mtgs w/appropriate provider. BNL meetings have operated for over 3 years & since then there was significant decrease in amt of hmls vets in CoC. Thru outreach, many chronically hmls vets ID who were not connected to svc in many years. Svc provider Berkeley Food & Housing has 6-mo internship peer outreach program that allows hmlss vets chance to give back to peers while learning valuable life & job skills during journey towards reintegraion & personal acceptance. Team collaborates w/outreach to ensure coordination btwn outreach teams.

ASSESS: Outreach teams & all CoC providers assess vet status w/standardized HMIS intake form, VI-SPDAT, & SOAR practices. Vet BNL used w/CoC’s CE hsg placement cmtee to determine elig & priority for svc. Vet svc reps (VSR) assist vets w/claims to ensure max benefits are awarded. VSRs are trained by federal VA but staffed by County VA.

REFER: Outreach & mobile health teams link qualifying clients to vet svc providers. 4 providers (SHELTER Inc, Berkeley Food & Hsg, Pittsburg PHA & County PHA) ptnr to ensure clients can access SSVF using hsg 1st w/full geog coverage. As a Built for Zero cmmty, main goal of CoC is to provide bridges from non VA-funded orgs to VA orgs, incl by providing referrals, case mgmt & trnsptn to VA orgs. BFZ & new HMIS system improved data sharing btwn programs to determine # vets housed monthly & resource avail & elig. There is a VA seat on CoC Bd to ensure vet resources are being coordinated. HVRP (Homeless Veteran Reintegration program), an emplymt program for vets experiencing & at risk of hmlsns, is in its 2nd year in CoC.
3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?

Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?

Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?

Yes

3B-5. Racial Disparity. Applicants must:

(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;

(2) if the CoC conducted an assessment, attach a copy of the summary.

Yes

3B-5a. Applicants must select from the options below the results of the CoC’s assessment.

| People of different races or ethnicities are more or less likely to receive homeless assistance. | X |
| People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance. | X |
| There are no racial disparities in the provision or outcome of homeless assistance. | |
| The results are inconclusive for racial disparities in the provision or outcome of homeless assistance. | |

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

| The CoC’s board and decisionmaking bodies are representative of the population served in the CoC. | |
| The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC. | |
| The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups. | |
| The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups. | |
| The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness. | |
| The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector. | |
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.

The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.

The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.

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.

The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.

Other:
4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

<table>
<thead>
<tr>
<th>Type of Health Care</th>
<th>Assist with Enrollment</th>
<th>Assist with Utilization of Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Insurers:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Profit, Philanthropic:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits.
(limit 2,000 characters)

WORK W/MAINSTREAM ORGS: In 2018 Collab App & EHSD jointly implmnted Housing Disability Advocacy Project (HDAP) using state funding for disabled chronically hmls unsheltered persons w/out income. Strategy aims to increase access mainstream benefits (inside & outside CES), thru SPECIALIZED RLTNSHP W/ADMIN OF MAINSTREAM BENEFITS FOR CNTY (EHSD). HDAP USES COORDINATED APPROACH LIKE CE TO CREATE SYMMETRY BETWEEN MAINSTREAM BENEFITS PROCESS & CES, which increases pathways avail for persons to access CES hsg & resources. Providers do elig screening, docum support & trnsptn to benefits apptmts. EHSD provides svcs & hsg for persons w/disabilities while awaiting SSDI approval. Progs use SSI Advocacy & mental health financial counselors to provide benefits apps &
appeals support, case mgmt. Multi-svc sites & hsg navig enroll people into benefits progs.

KNOWLEDGE MGMT: COLLAB APP & COC BD EHSD REP INITIATED CROSS TRAINING TO EMPLOYEES OF EHSD & COC HMLS SVC PROVIDERS on how to access resources & connect persons to CES. SSI Advocacy Dept recently trained on SOAR. Then Dept trained outreach teams, hsg navigators, hmls svc providers, cmmty social workers, & Collab App mgmt. Practices are infused into CES & providers’ case mgmt to link persons directly to benefits, educ, job training/search asstc. Progs maintain knowl base of current resources/income avail to participants thru: ongoing work with cmmty resources incl Soc Sec Office, MediCal, State unemplmt/disability insur & CalFresh; attendance at cmmty svc collab mtgs & trainings w/those public progs; work w/private advocacy orgs (BALA, Indep Living Resources, Childcare Council, HIV orgs) & internal collab case confrnc. IMPLEMENTED REGULAR COC TRAINING AT LEAST ANNUALLY FOR PROVIDERS RE CONNECTING CLIENTS TO MAINSTREAM BENEFITS. Training covers elig for GA, SSI, SSDI, CalFresh (food stamps), ABAWD; prog offerings, where to apply & get asstc w/apps, & rights if denied.

ORG RESPONSIBLE: Collab App, CoC CE Oversight Cmtee.

4A-2. Housing First: Applicants must report:
   (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
   (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.

| Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition. | 20 |
| Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements. | 20 |

4A-3. Street Outreach. Applicants must:
   (1) describe the CoC’s outreach;
   (2) state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
   (3) describe how often the CoC conducts street outreach; and
   (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

OUTREACH SCOPE: CoC’s street outreach teams work w/multi-discip team for outreach & svcs across 100% of CoC’s geog area. SEVERAL CITIES/JURISD

4A-3. Street Outreach. Applicants must:
   (1) describe the CoC’s outreach;
   (2) state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
   (3) describe how often the CoC conducts street outreach; and
   (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

OUTREACH SCOPE: CoC’s street outreach teams work w/multi-discip team for outreach & svcs across 100% of CoC’s geog area. SEVERAL CITIES/JURISDS
(and Public Works Dept) FUND OUTREACH TEAMS FOR ENTIRE GEOG AREA. This Fall new teams come online w/dedicated svc for city of Richmond & re-entrants, & more new teams in 2019 for major trnsptn lines/hubs tnshp w/regional transit syst ptshp.

METHODS: Teams ID, engage & stabilize hmls persons using harm reduction, trauma informed care, motiv interv, relational outreach/engmt, hsg 1st, nonviolent crisis intvtn, & Narcan & first aid trng. Teams facilitate delivery of health & basic svc needs & assist in securing PH by conducting CE assmts during street engmt. Teams locate, evaluate, engage, counsel, transport clients from encmpts, & connecting persons to CARE Centers for addtnl svcs incl food, showers, case mgmt, benefits enrmt, laundry, healthcare, hgs search asstc, etc. Teams also use CES to connect persons to phys & mental health & alcohol & other drug services (AOD). Teams use HMIS & collab w/CE providers during hsg plcmt cmttee mtgs & function as CES access point.

FREQUENCY: Teams avail Mon thru Sat. Evening teams avail for entire CoC.

TAILORED STRATEGIES: Teams regularly visit encmpts across CoC & track geog locations to ID patterns & trends to target svcs. Teams also provide encmpmt abatement support to help persons being evicted from encmpts connect to legal support, safe storage & ES. State funded HDAP funds special benefits-specif teams for chron hmls disabled adults. TEAMS SUPPLEMENTED BY MOBILE HEALTH OUTREACH TEAMS PROVIDING ON DEMAND HEALTHCARE W/OUT APPTMTS & W/WARM HANDOFFS for persons w/out access to trnsptn or cmmnct. Staff is bilingual or has access to on-demand translation svcs line. Next yr CoC will partner on app to CA Dept of Social Svcs to provide targeted street social wrkr svcs combining outreach & benefits, fast track SSI apps, & provide hsg while benefit eligib decisions pending.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above. (limit 2,000 characters)

STRATEGIES: CoC conducts direct outreach & mktg in places clients frequent (e.g., libraries, transportation hubs, workforce development partners, cmmty colleges, churches, law enforcement, etc.) using flyers, posters, & annncmts at cmmty events. All CE & hmls resources are avail to all elig persons regardless of race, color, ntnl origin, religion, sex, age, familial status, disability, actual or perceived sexual orient, gender ident, marital status, or subpop affltn. Phone & internet-based services like 211, including text features, avail to maximize access to CoC svcs. CoC wkg to launch tv ad w/closed captioning to educate public about CE, fair & equal access & svcs. Mobile health teams are also in use. In September, CoC set to release CES video as commercial and training material throughout community. Video developed in effort to enhance exposure of system to underrepresented communities and persons not previously
targeted or reached by traditional methods. Video production ensured content accessible via multiple means, including closed captioning, multiple language options, and dissemination on free public broadcasting channels.

COMMUNICATIONS: All public materials (advertisements, announcements, client rights, available resources, service provider contact info, etc.) at CE access points are published in languages commonly spoken in community; All physical & virtual locations are accessible to those w/disabilities; All new svc providers are required to make facilities ADA accessible. All CARE centers & 211 network have bilingual CE materials & interpreter network access avail in all locations. All mktg materials convey accessibility of CE access pts. All new housing openings are also communicated and marketed in this way.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

<table>
<thead>
<tr>
<th>RRH beds available to serve all populations in the HIC</th>
<th>2017</th>
<th>2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>183</td>
<td>231</td>
<td>48</td>
</tr>
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</table>

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? No
## 4B. Attachments

### Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: [https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource](https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource)

<table>
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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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<tbody>
<tr>
<td>1C-5. PHA Administration Plan–Homeless Preference</td>
<td>No</td>
<td>1C-5. PHA Adminis...</td>
<td>09/12/2018</td>
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<tr>
<td>1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference</td>
<td>No</td>
<td>1C-5 PHA Admin Pl...</td>
<td>09/12/2018</td>
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<td>1C-8. Centralized or Coordinated Assessment Tool</td>
<td>Yes</td>
<td>1C-8 Coordinated ...</td>
<td>09/12/2018</td>
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<td>1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)</td>
<td>Yes</td>
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<td>09/12/2018</td>
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<td>1E-3. Public Posting Co-C Approved Consolidated Application</td>
<td>Yes</td>
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<td>1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)</td>
<td>Yes</td>
<td>1E-3. Public Post...</td>
<td>09/12/2018</td>
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<td>1E-4. CoC’s Reallocation Process</td>
<td>Yes</td>
<td>1E-4. CoC’s Reall...</td>
<td>09/12/2018</td>
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<td>1E-5. Notifications Outside e-snaps–Projects Accepted</td>
<td>Yes</td>
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<tr>
<td>1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced</td>
<td>Yes</td>
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<td>09/12/2018</td>
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<td>1E-5. Public Posting–Local Competition Deadline</td>
<td>Yes</td>
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<td>09/12/2018</td>
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<tr>
<td>2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)</td>
<td>Yes</td>
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<td>09/12/2018</td>
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<tr>
<td>2A-2. HMIS–Policies and Procedures Manual</td>
<td>Yes</td>
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<td>09/12/2018</td>
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<tr>
<td>3A-6. HDX–2018 Competition Report</td>
<td>Yes</td>
<td>3A-6. HDX–2018 Co...</td>
<td>09/12/2018</td>
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<tr>
<td>3B-2. Order of Priority–Written Standards</td>
<td>No</td>
<td>3B-2. Order of Pr...</td>
<td>09/12/2018</td>
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<tr>
<td>3B-5. Racial Disparities Summary</td>
<td>No</td>
<td>3B-5. Racial Disp...</td>
<td>09/12/2018</td>
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<tr>
<td>---------------------------------</td>
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</tr>
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<td>4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td>No</td>
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<td>Other</td>
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<td>Other</td>
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Attachment Details

**Document Description:** 1C-5. PHA Administration Plan–Homeless Preference

Attachment Details

**Document Description:** 1C-5 PHA Admin Plan Move On Preference

Attachment Details

**Document Description:** 1C-8 Coordinated Assessment Tool

Attachment Details

**Document Description:** 1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria

Attachment Details

**Document Description:**

**Attachment Details**
Document Description: 1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria

Attachment Details

Document Description: 1E-4. CoC’s Reallocation Process

Attachment Details

Document Description: 1E-5. Notifications Outside e-snaps–Projects Accepted

Attachment Details

Document Description: 1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced

Attachment Details

Document Description: 1E-5. Public Posting–Local Competition Deadline

Attachment Details

Document Description: 2A-1. CoC and HMIS Lead Governance
Attachment Details


Attachment Details

Document Description: 3A-6. HDX–2018 Competition Report

Attachment Details

Document Description: 3B-2. Order of Priority–Written Standards

Attachment Details

Document Description: 3B-5. Racial Disparities Summary

Attachment Details

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

<table>
<thead>
<tr>
<th>Page</th>
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<tr>
<td>1A. Identification</td>
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</tr>
<tr>
<td>1B. Engagement</td>
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<td>1C. Coordination</td>
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<td>1D. Discharge Planning</td>
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<td>1E. Project Review</td>
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<td>2A. HMIS Implementation</td>
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<td>2B. PIT Count</td>
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<td>2C. Sheltered Data - Methods</td>
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<tr>
<td>3A. System Performance</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>3B. Performance and Strategic Planning</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>4A. Mainstream Benefits and Additional Policies</td>
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### ATTACHMENT 01: PHA ADMINISTRATION PLAN-HOMELESS PREFERENCE

**RELATED APPLICATION QUESTION: 1C-5**

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CHAPTER 4
APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive assistance under the HCV program, the family must submit an application that provides HACCC with the information needed to determine the family’s eligibility. HUD requires HACCC to place all families that apply for assistance on a waiting list. When HCV assistance becomes available, HACCC must select families from the waiting list in accordance with HUD requirements and PHA policies as stated in the administrative plan and the annual plan.

HACCC is required to adopt clear policies and procedures for accepting applications, placing families on the waiting list, and selecting families from the waiting list, and must follow these policies and procedures consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or HACCC that justify their selection. Examples of this are the selection of families for income targeting and the selection of families that qualify for targeted funding.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance, and that HACCC affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that HACCC will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and PHA policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how HACCC will handle the applications it receives.

Part II: Managing the Waiting List. This part presents the policies that govern how HACCC’s waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for assistance. It also discusses the process HACCC will use to keep the waiting list current.

Part III: Selection for HCV Assistance. This part describes the policies that guide HACCC in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that HACCC has the information needed to make a final eligibility determination.
PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes HACCC policies for making applications available, accepting applications making preliminary determinations of eligibility, and the placement of applicants on the waiting list. This part also describes HACCC’s obligation to ensure the accessibility of the application process to elderly persons, people with disabilities, and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16, Notice PIH 2009-36]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits HACCC to determine the format and content of HCV applications, as well as how such applications will be made available to interested families and how applications will be accepted by HACCC. HACCC must include Form HUD-92006, Supplement to Application for Federally Assisted Housing, as part of HACCC’s application.

HACCC Policy

Because demand for housing far exceeds available funding, HACCC will only provide HCV assistance to eligible families on its wait list, with the exception of families transferring into the program through portability. HACCC will utilize periodic lotteries to place applicants on the wait list. A lottery ensures that all applicants who express a need for assistance are given an equal opportunity to apply for and receive a voucher. HACCC will conduct a wait list lottery shortly before its existing wait list runs out of applicants. HACCC may conduct more frequent lotteries to meet any HUD obligations, such as the requirement that 75% of all new contracts must be for families at or below 30% of AMI, and also to allow families in a federally declared disaster area, graduates of a Contra Costa County Continuum of Care-funded permanent supportive housing program such as Shelter Plus Care or families who have lost their voucher assistance with HACCC due to funding cuts onto the wait list. Apart from the exceptions listed above, all applicants on an existing wait list will be served prior to families on a new wait list.

Lottery applicants will only be required to provide information needed to make an initial assessment of the family’s eligibility, and to determine the family’s placement on the waiting list. This is known as the "pre-application." This information will not be verified for waiting list placement.

The family will be required to provide all of the information necessary to establish family eligibility and level of assistance when the family is selected from the waiting list. This information will be verified. If it is determined that the family intentionally misrepresented the facts on the pre-application, the family will either be placed back on the wait list (ranked by their current preferences), or will be denied assistance. If the family is unable to verify their declared preferences, the family will be denied those preferences and will be placed back on the waiting list ranked by their verified preferences.
4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]

HACCC must take steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard PHA application process. This could include people with disabilities, certain elderly individuals, as well as persons with limited English proficiency (LEP). HACCC must provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible, or HACCC must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of HACCC’s policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

PHAs are required to take reasonable steps to ensure equal access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on HACCC’s policies related to ensuring access to people with limited English proficiency (LEP).

4-I.D. PLACEMENT ON THE WAITING LIST

HACCC must review each complete application received and make a preliminary assessment of the family’s eligibility. HACCC must accept applications from families for whom the list is open unless there is good cause for not accepting the application (such as denial of assistance) for the grounds stated in the regulations [24 CFR 982.206(b)(2)]. Where the family is determined to be ineligible, HACCC must notify the family in writing [24 CFR 982.201(f)]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list [24 CFR 982.202(c)].

Ineligible for Placement on the Waiting List

**HACCC Policy**

HACCC will conduct a lottery of all families and individuals who have turned in applications during the application period. Only applicants selected in the lottery will be placed on the wait list. Those not selected will receive a written notice informing them that they were not selected for the wait list.

If HACCC determines from the information provided on the pre-application that any applicant placed on the wait list appears ineligible, the family will be sent a notice denying them assistance. HACCC will send the written notification of the ineligibility determination within 14 calendar days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review and explain the process for doing so (see Chapter 16).
Eligible for Placement on the Waiting List

HACCC Policy

HACCC will send written notification of placement on the waiting list within 14 calendar days of verification of the lottery results.

Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list.

Applicants will be placed on the waiting list according to any preference(s) for which they qualify and their lottery number.
PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

HACCC must have policies regarding various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for assistance, as well as conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how a PHA may structure its waiting list and how families must be treated if they apply for assistance from a PHA that administers more than one assisted housing program.

4-II.B. ORGANIZATION OF THE WAITING LIST [24 CFR 982.204 and 205]

HACCC’s HCV waiting list must be organized in such a manner to allow HACCC to accurately identify and select families for assistance in the proper order, according to the admissions policies described in this plan.

The waiting list must contain the following information for each applicant listed:

- Name and social security number of head of household;
- Family unit size and number of family members;
- Amount of annual income
- Any accessibility needs
- Any translation/interpretation needs
- Wait list opening date and lottery number
- Qualification for any local preference;
- Racial or ethnic designation of the head of household;
- Postal mailing address.

HUD requires HACCC to maintain a single waiting list for the HCV program unless it serves more than one county or municipality. Such PHAs are permitted, but not required, to maintain a separate waiting list for each county or municipality served.

HACCC Policy

HACCC will maintain a single waiting list for the HCV program. In addition, HACCC shall maintain a separate site-based waiting list for each Project-Based Voucher (PBV) Project.

HUD directs that a family that applies for assistance from the HCV program must be offered the opportunity to be placed on the waiting list for any public housing, project-based voucher or moderate rehabilitation program HACCC operates if 1) the other programs’ waiting lists are open, and 2) the family is qualified for the other programs.

HUD permits, but does not require, that PHAs maintain a single merged waiting list for their public housing, Section 8, and other subsidized housing programs.
A family’s decision to apply for, receive, or refuse other housing assistance must not affect the family’s placement on the HCV waiting list, or any preferences for which the family may qualify.

**HACCC Policy**

HACCC will not merge the HCV waiting list with the waiting list for any other program HACCC operates.

### 4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

#### Closing the Waiting List

A PHA is permitted to close the waiting list if it has an adequate pool of families to use its available HCV assistance. Alternatively, HACCC may elect to continue to accept applications only from certain categories of families that meet particular preferences or funding criteria.

**HACCC Policy**

Due to the overwhelming interest in housing assistance received when the wait list is open, HACCC will accept applications for no more than two weeks at a time. The list may be opened for a shorter period of time. HACCC will randomly select applicants via a lottery if there are more applicants than anticipated available vouchers over the subsequent 24-month period. Where HACCC has particular preferences or funding criteria that require a specific category of family, HACCC may elect to continue to accept applications from these applicants while closing the waiting list to others.

HACCC will close the waiting list when the estimated waiting period for housing assistance for applicants on the list reaches 24 months for the most current applicants. Where HACCC has particular preferences or funding criteria that require a specific category of family, HACCC may elect to continue to accept applications from these applicants while closing the waiting list to others.

#### Reopening the Waiting List

If the waiting list has been closed, it may be reopened at any time. HACCC must give public notice of the waiting list opening. The notice must comply with HUD fair housing requirements and must specify who may apply, and where and when applications will be received.

**HACCC Policy**

HACCC will announce the reopening of the waiting list at least 14 calendar days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice.

HACCC will give public notice by publishing the relevant information in suitable media outlets including, but not limited to the following newspapers:

- Contra Costa Times
- Peninsula Community News
- LEP Publications:
  - El Observador
• Vietnam Daily News

HACCC will develop informational materials and flyers to distribute to public and private agencies that serve low-income persons and will also make presentations to such organizations. HACCC may provide application forms to other agencies that serve low-income clients and also may develop partnerships with such organizations, particularly those that serve persons with disabilities or LEP persons.

4-II.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

HACCC must conduct outreach as necessary to ensure that HACCC has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires HACCC to admit a specified percentage of extremely low income families to the program (see Chapter 4, Part III), HACCC may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21].

PHA outreach efforts must comply with fair housing requirements. This includes:

• Analyzing the housing market area and the populations currently being served to identify underserved populations
• Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program
• Avoiding outreach efforts that prefer or exclude people who are members of a protected class

PHA outreach efforts must be designed to inform qualified families about the availability of assistance under the program. These efforts may include, as needed, any of the following activities:

• Submitting press releases to local newspapers, including minority newspapers
• Developing informational materials and flyers to distribute to other agencies
• Providing application forms to other public and private agencies that serve the low income population
• Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

HACCC Policy

HACCC will monitor the characteristics of the population being served and the characteristics of the population as a whole in HACCC’s jurisdiction. Targeted outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.
4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

HACCC Policy

While the family is on the waiting list, the family must immediately inform HACCC of changes in contact information, including current residence, mailing address, and phone number. The changes must be submitted in writing and must provide a mailing address (email is not an acceptable mailing address). HACCC will send a written confirmation that the notice of change was received through the mail.

4-II.F. UPDATING THE WAITING LIST [24 CFR 982.204]

An out-of-date waiting list can hamper a housing authority’s efforts to process applicants efficiently when funding is available. To keep the waiting list current, HACCC is permitted to contact families on the waiting list periodically to reconfirm their interest, and to "purge" the list of families that are no longer interested, no longer eligible, or no longer reachable.

HUD requires HACCC to establish policies to use when removing applicant names from the waiting list.

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to a PHA request for information or updates, and HACCC determines that the family did not respond because of the family member’s disability, HACCC must reinstate the applicant family to their former position on the waiting list [24 CFR 982.204(c)(2)].

HACCC Policy

The waiting list will be updated as needed to ensure that all applicants are still interested in receiving housing assistance and that applicant contact information is current. To update the waiting list, HACCC will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that HACCC has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant’s name being removed from the HCV waiting list or multiple PBV site-based waiting lists if the update inquiry is for all programs. For wait list updates or correspondence to applicants on a specific wait list, if the household fails to respond, they shall only be removed from the specific wait list they received correspondence for.

The family’s response must be in writing and may be delivered in person, by mail, or by fax. Responses should be postmarked or received by HACCC not later than 30 calendar days from the date of HACCC letter.

If the family fails to respond within 30 calendar days, the family will be removed from the waiting list without further notice. If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.
If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 14 calendar days to respond from the date the letter was re-sent. If a family is removed from the waiting list for failure to respond, the PHA may reinstate the family if it is determined that the lack of response was due to PHA error, or to circumstances beyond the family’s control.

**Removal from the Waiting List**

**HACCC Policy**

HACCC will remove applicants from the waiting list if they have requested that their name be removed in writing, in person or by email. In such cases no informal hearing is required.

If at any time an applicant family is on the waiting list, HACCC 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 HACCC 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 HACCC’s decision (see Chapter 16) [24 CFR 982.201(f)].
PART III: SELECTION FOR HCV 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 HACCC 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.

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

4-III.B. SELECTION AND HCV 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, HACCC 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. HACCC must maintain records showing that such families were admitted with special program funding.

HACCC administers the following Special Purpose funding:

- Veterans Administration Supportive Housing Program (VASH)
- Moderate Rehabilitation

Special Admissions include the following:

- In-Place households for newly authorized PBV projects
- Public Housing residents displaced due to RAD and other HACCC redevelopment efforts
- Set-Aside for 25-50 vouchers for formerly homeless families transitioning from higher-level Continuum of Care-funded permanent supportive housing programs who no longer need a higher level of care. A referral from the permanent supportive housing program is required.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. HACCC must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, HACCC 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-III.C.
HACCC Policy

HACCC does not currently administer targeted funding.

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.

4-III.C. SELECTION METHOD

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

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

PHAs are 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 HACCC to establish other local preferences, at its discretion. Any local preferences established must be consistent with HACCC plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by a generally accepted data sources.

HACCC Policy

HACCC will use the following preferences (listed below with their ranking value) to rank applicants on the wait list:

- **Involuntary Displacement (20 points).** A preference for applicants who have been involuntarily displaced from housing due to:
  - A federal or state declared disaster
  - Government action (e.g., code enforcement, public improvement or development). Government action will also include participants in a witness protection program
  - Action by a housing owner that is beyond an applicant’s ability to control and which occurs despite the applicant's having met all previous conditions of occupancy, and is other than a rent increase (e.g. conversion of a unit to non-rental or residential use, owner wants the property for personal use, foreclosure).

If the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

To receive this preference, applicants must not be living in standard, permanent replacement housing. State law requires a preference in cases of displacement by public or private action.
• **Permanent Supportive Housing Graduation (500 points).** A preference for formerly homeless families who have graduated from a Contra Costa County Continuum of Care (COC) funded permanent supportive housing program, or another homeless housing program participating in the COC Coordinated Entry system, that partners with HACCC such as Shelter Plus Care. A referral from the COC Coordinated Entry system is required to be eligible for this preference.

• **Insufficient Funding Termination (20 points).** A preference to any family that has been terminated from HACCC’s HCV program due to insufficient program funding.

• **Residency Preference (10 points).** A residency preference for applicants who live, work or have been hired to work in Contra Costa County. The use of a residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.

• **Veterans Assistance (1 point).** A preference for current members of the U.S. Armed Forces, veterans, or surviving spouses of veterans (as required by state law) (1 point).

**Income Targeting Requirement [24 CFR 982.201(b)(2)]**

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during HACCC’s fiscal year. ELI families are those with annual incomes at the greater of the Federal Poverty level or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are “continuously assisted” under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

**HACCC Policy**

HACCC will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

**Order of Selection**

HACCC system of preferences may select families based on local preferences according to the date and time of application or by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

**HACCC Policy**
All applications received within the application window will be accepted and entered into
the applicant pool. The applicant pool will be screened for duplicate applications. Only
one application will be allowed per Head of Household. Applicants will be randomly
selected for the wait list by computer-generated lottery. All applicants in the pool will be
randomly assigned a lottery number. Families will be selected for the waiting list based
on preference points and lottery number from the lowest to the highest number until
HACCC has enough applicants to issue vouchers for approximately the next 24 months.
If HACCC planned on issuing 2,500 vouchers over the next 24 months, applicants who
were assigned numbers 1 through 2,500 would be placed on the wait list.

No other applicant would be placed on the list. All other applicants will have to reapply
in the future.

All applicants will be assigned points based on any preference(s) for which they qualify
(e.g., a veteran and resident of HACCC’s jurisdiction would receive 11 points). Applicants with more preference points will be ranked ahead of applicants with fewer preference points. Among applicants with the same number of preference points, families
will be selected according to the lottery number assigned to them in the original lottery.
A family assigned a lower number will have preference over a family assigned a higher
number (e.g., a family assigned the number 20 in the lottery will receive preference over
a family assigned 105).

When selecting families from the waiting list, if HACCC has targeted funding available,
it must use those funds only to assist those families who meet the specified criteria.
Within each targeted funding category, families will be selected based on the selection
preference(s) for which they qualify (e.g., Mainstream Program) and by using their
lottery placement as a tiebreaker. Documentation will be maintained by HACCC as to
whether families on the list qualify for and are interested in targeted funding. If a higher
placed family on the waiting list is neither qualified nor interested in targeted funding,
there will be a notation maintained so that HACCC does not have to ask higher placed
families each time targeted selections are made.

HACCC may also skip families in order to meet HUD’s ELI requirements. HACCC will
assist qualified families in rank order off the wait list. HACCC is not permitted to skip
down the waiting list to a family that it can afford to subsidize when there are not
sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d)
and (e)].

Preferences will be verified at the time of the full application. If a preference cannot be
verified, the family will be returned to the wait list with the revised (lower) preference
total.

4-III.D. NOTIFICATION OF SELECTION
When a family has been selected from the waiting list, HACCC must notify the family
[24 CFR 982.554(a)].
HACCC Policy

HACCC will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:

- Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview
- Who is required to attend the interview
- All documents that must be provided at the interview, including information about what constitutes acceptable documentation

If a notification letter is returned to HACCC with no forwarding address, the family will be removed from the waiting list. A notice of denial (see Chapter 3) will be sent to the family’s address of record, as well as to any known alternate address.

4-III.E. THE APPLICATION INTERVIEW

HUD recommends that HACCC obtain the information and documentation needed to make an eligibility determination through a face-to-face interview with a PHA representative [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if HACCC determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by HACCC [Notice PIH 2012-10].

Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability.

HACCC Policy

Families selected from the waiting list are required to participate in an eligibility interview.

All adult family members must be present at the initial eligibility appointment. If any adult members are not present at the initial eligibility appointment the appointment will be rescheduled. Verification of information pertaining to all adult members of the household not present at the interview will not begin until signed release forms are returned to HACCC.

All adult household members must provide acceptable documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity). If the adult members do not provide the required documentation at the time of the interview, they will be required to provide it within 14 calendar days.

All adult family members must also consent to a fingerprinting scan for criminal background screening.

The family must provide the information necessary to establish the family’s eligibility and determine the appropriate level of assistance, as well as completing required forms, providing required signatures, and submitting required documentation. If any materials
are missing, HACCC will provide the family with a written list of items that must be submitted.

If the family is claiming a waiting list preference, the family must provide documentation to verify their eligibility for a preference (see Chapter 7). If the family is verified as eligible for the preference, HACCC will proceed with the interview. If HACCC determines the family is not eligible for the preference, the interview will not proceed and the family will be placed back on the waiting list according to their updated preference ranking and lottery number.

Any required documents or information that the family is unable to provide at the interview must be provided with 14 calendar days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of eligible noncitizen status). If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (See Chapter 3).

An advocate, interpreter, or other assistant may assist the family with the application and the interview process.

Interviews will be conducted in English. For limited English proficient (LEP) applicants, HACCC will provide translation services in accordance with HACCC’s LEP plan.

If the family is unable to attend a scheduled interview, the family should contact HACCC in advance of the interview to schedule a new appointment. In all circumstances, if a family does not attend a scheduled interview, HACCC will send another notification letter with a new interview appointment time. Applicants who fail to attend two scheduled interviews without PHA approval will be denied assistance based on the family’s failure to supply information needed to determine eligibility. A notice of denial will be issued in accordance with policies contained in Chapter 3.

4-III.F. COMPLETING THE APPLICATION PROCESS

HACCC must verify all information provided by the family (see Chapter 7). Based on verified information, HACCC must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted funding admission, or selection preference that affected the order in which the family was selected from the waiting list.

HACCC Policy

Involuntary Displacement (20 points):

- Families who claim they are being or have been displaced due to either a disaster or government action: written verification by the displacing unit or agency of government, or by a service agency such as the Red Cross. The disaster must either have occurred in the past year, or the family must still be living in temporary housing or receiving housing assistance subsidies that will expire.
• Families who claim they are being or have been displaced because of actions taken by the owner/agent of the unit the family is renting: Notification by owner to family of the action/ written verification by the owner or agent/documents such as sales agreements, foreclosure notices or building permits.

• Families who claim they have been or are about to be displaced to avoid reprisals for providing information to assist police in a criminal investigation: certification of threat assessment and placement in a witness protection program by a law enforcement agency and written recommendation from a law enforcement agency or HUD.

**Permanent Supportive Housing Graduation (500 points).** A preference for formerly homeless families who have graduated from a Contra Costa County Continuum of Care (COC) funded permanent supportive housing program, or another homeless housing program participating in the COC Coordinated Entry system, that partners with HACCC such as Shelter Plus Care. A referral from the COC Coordinated Entry system is required to be eligible for this preference.

**Insufficient Funding Termination (20 points).** A preference to any family that has been terminated from HACCC’s HCV program due to insufficient program funding.

**Residency Preference (10 points):** In order to verify that an applicant is a resident, HACCC will require a minimum of 2 of the following documents: rent receipts, leases, utility bills, employer or agency records, school records, driver’s licenses, voter’s registration records, credit reports.

For families who work or who have been hired to work in Contra Costa County, a statement from the employer will be required.

**Veterans Preference (1 point):** HACCC will require U.S. government documents which indicate that the applicant qualifies under the above definition.

If HACCC determines that the family is ineligible, HACCC will send written notification of the ineligibility determination within 14 calendar days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review (Chapter 16).

If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list (e.g. targeted funding, extremely low-income), the family will be returned to its original position on the waiting list. HACCC will notify the family in writing that it has been returned to the waiting list, and will specify the reasons for it.

If HACCC determines that the family is eligible to receive assistance, HACCC will invite the family to attend a briefing in accordance with the policies in Chapter 5.
Chapter 17

PROJECT-BASED VOUCHERS

INTRODUCTION

This chapter describes HUD regulations and RHA policies related to the Project-Based Voucher (PBV) Program in nine parts:

Part I: General Requirements. This part describes general provisions of the PBV Program including maximum budget authority requirements, relocation requirements, and equal opportunity requirements.

Part II: PBV Owner Proposals. This part includes policies related to the submission and selection of owner proposals for PBV assistance. It describes the factors RHA will consider when selecting proposals, the type of housing that is eligible to receive PBV assistance, the cap on assistance at projects receiving PBV assistance, subsidy layering requirements, site selection standards, and environmental review requirements.

Part III: Dwelling Units. This part describes requirements related to housing quality standards, the type and frequency of inspections, and housing accessibility for persons with disabilities.

Part IV: Rehabilitated and Newly Constructed Units. This part describes requirements and policies related to the development and completion of rehabilitated and newly constructed housing units that will be receiving PBV assistance.

Part V: Housing Assistance Payments Contract. This part discusses HAP Contract requirements and policies including the execution, term, and termination of the HAP Contract. In addition, it describes how the HAP Contract may be amended and identifies provisions that may be added to the HAP contract at RHA’s discretion.

Part VI: Selection of PBV Program Participants. This part describes the requirements and policies governing how RHA and the owner will select a family to receive PBV assistance.

Part VII: Occupancy. This part discusses occupancy requirements related to the lease, and describes under what conditions families are allowed or required to move. In addition, exceptions to the occupancy cap (which limits PBV assistance to 25 percent of the units in any project) are also discussed.

Part VIII: Determining Rent to Owner. This part describes how the initial rent to owner is determined, and how rent will be redetermined throughout the life of the HAP Contract. Rent reasonableness requirements are also discussed.

Part IX: Payments to Owner. This part describes the types of payments owners may receive under this program.
PART I: GENERAL REQUIREMENTS

17-I.A. OVERVIEW [24 CFR 983.5]

The Project-Based Voucher (PBV) program allows RHA, that already administers a tenant-based voucher program under an annual contributions contract (ACC) with HUD, to take up to 20 percent of its authorized units and attach the funding to specific Project-based units rather than using it for tenant-based assistance [24 CFR 983.6]. The Housing Opportunity through Modernization Act of 2016 (HOTMA) allows PHA’s to Project-base an additional 10% of its authorized units (total of 30%) if those units fall into an “excepted” category (homeless; veterans; elderly or disabled households receiving supportive services; units in a census tract with a poverty rate of 20% or less). PHAs may only operate a PBV Program if doing so is consistent with the PHA’s Annual Plan, and the goal of deconcentrating poverty and expanding housing and economic opportunities [42 U.S.C. 1437f(o)(13)].

RHA Policy

RHA will operate a Project-Based Voucher program using up to the maximum percent of 20% of Annual Contributions Contract (ACC) units. This assistance will be allocated over a multi-year period of up to 20 years, plus an option to extend up to an additional 20 years if there is need for substantial, unanticipated rehabilitation, and subject to Board approval.

PBV assistance may be attached to existing housing or newly constructed or rehabilitated housing [24 CFR 983.52]. If PBV units are already selected for project-based assistance either under an agreement to enter into HAP Contract (Agreement) or a HAP Contract, RHA is not required to reduce the number of these units if the amount of authorized units is subsequently reduced. However, RHA is responsible for determining the amount of budget authority that is available for project-based vouchers and ensuring that the amount of assistance that is attached to units is within the amounts available under the ACC, regardless of whether RHA has vouchers available for project-basing [FR Notice 1/18/17].

Additional Project-Based Units [FR Notice 1/18/17]

RHA may project-base an additional 10 percent of its units above the 20 percent program limit, if the units:

- Are specifically made available to house individuals and families that meet the definition of homeless under section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302).
- Veteran means an individual who has served in the United States Armed Forces.
- Provide supportive housing to persons with disabilities or elderly persons as defined in 24 CFR 5.403.
- Are located in a census tract with a poverty rate of 20 percent or less, as determined in the most recent American Community Survey Five-Year Estimates.
RHA Policy

- RHA will consider allocating units for special need populations to the maximum allowed by HUD.

Units Not Subject to the PBV Program Limitation [FR Notice 1/18/17]

PBV units under the RAD Program and HUD-VASH PBV set-aside vouchers do not count toward the 20 percent limitation when PBV assistance is attached to them.

In addition, units that were previously subject to certain federal rent restrictions or were receiving another type of long-term housing subsidy provided by HUD are not subject to the cap. In order to be excepted, the unit must meet the following conditions:

- The unit must be covered under a PBV HAP Contract that first became effective on or after 4/18/17; and
- In the five years prior to the date RHA either issued the RFP or selected the project, the unit either:
  - Received Public Housing Capital or Operating Funds, Project-Based Rental Assistance, Housing for Elderly (Section 202), Housing for Persons with Disabilities (section 811), Rent Supplement (Rent Supp), or Rental Assistance Program (RAP); or
  - The unit was subject to a rent restriction through a loan or insurance program as a result of Section 236, Section 221(d)(3) or (d)(4) BMIR, Housing for Elderly Persons (Section 202), or Housing for Persons with Disabilities (Section 811)

Units that have previously received either PBV or HCV assistance are not covered under the exception.

RHA Policy

RHA will allocate up to the maximum allowed by HUD rules, Project-Base Vouchers to RAD projects and VASH projects.

17-I.B. TENANT-BASED VS. PROJECT-BASED VOUCHER ASSISTANCE [24 CFR 983.2]

Much of the tenant-based voucher program regulations also apply to the PBV Program. Consequently, many of RHA policies related to tenant-based assistance also apply to PBV assistance. The provisions of the tenant-based voucher regulations that do not apply to the PBV Program are listed at 24 CFR 983.2.

RHA Policy

Except as otherwise noted in this chapter, or unless specifically prohibited by PBV Program regulations, RHA policies for the tenant-based voucher program contained in this administrative plan also apply to the PBV Program and its participants.

17-I.C. RELOCATION REQUIREMENTS [24 CFR 983.7]
Any persons displaced as a result of implementation of the PBV Program must be provided relocation assistance in accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) [42 U.S.C. 4201-4655] and implementing regulations at 49 CFR part 24.

The cost of required relocation assistance may be paid with funds provided by the owner, local public funds, or funds available from other sources. RHA may not use voucher program funds to cover relocation costs, except that RHA may use their administrative fee reserve to pay for relocation expenses after all other program administrative expenses are satisfied, and provided that payment of the relocation benefits is consistent with state and local law. Use of the administrative fee for these purposes must also be consistent with other legal and regulatory requirements, including the requirement in 24 CFR 982.155 and other official HUD issuances.

The acquisition of real property for a PBV project is subject to the URA and 49 CFR part 24, subpart B. It is the responsibility of RHA to ensure the owner complies with these requirements.

17-I.D. EQUAL OPPORTUNITY REQUIREMENTS [24 CFR 983.8]

RHA must comply with all equal opportunity requirements under federal law and regulations in its implementation of the PBV program. This includes the requirements and authorities cited at 24 CFR 5.105(a). In addition, RHA must comply with the PHA Plan certification on civil rights and affirmatively furthering fair housing, submitted in accordance with 24 CFR 903.7(o).

PART II: PBV OWNER PROPOSALS

17-II.A. OVERVIEW

With certain exceptions, RHA must describe the procedures for owner submission of PBV proposals and for RHA selection of PBV proposals [24 CFR 983.51]. Before selecting a PBV proposal, RHA must determine that the PBV proposal complies with HUD program regulations and requirements, including a determination that the property is eligible housing [24 CFR 983.53 and 983.54], complies with the cap on the number of PBV units per project [24 CFR 983.56], and meets the site selection standards [24 CFR 983.57]. RHA may not commit PBVs until or unless it has followed the proposal selection requirements defined in 24 CFR 983.51 [Notice PIH 2011-54].

HUD Notification

RHA must provide advance notice to the HUD Field Office of its intent to project-base vouchers. The following information, intended to demonstrate that RHA has sufficient budget authority available to carry-out its planned project-based activity while remaining in compliance with the 20 percent cap:

- The total amount of annual budget authority
- The percentage of annual budget authority available to be project-based; and
- The total amount of annual budget authority RHA is planning to project-base pursuant to the selection and the number of units that such budget authority will support.
The information must be submitted to HUD no later than 14 calendar days prior to the date the Request for Proposals is issued, or prior to making a selection based on a previous competition in accordance with 24 CFR 983.51(b)

17-II.B. OWNER PROPOSAL SELECTION PROCEDURES [24 CFR 983.51(b)]

RHA must select PBV proposals in accordance with the selection procedures in the RHA administrative plan. RHA must select PBV proposals by either of the following two methods.

- **RHA request for PBV Proposals.** RHA may solicit proposals by using a request for proposals to select proposals on a competitive basis in response to the RHA request. RHA may not limit proposals to a single site or impose restrictions that explicitly or practically preclude owner submission of proposals for PBV housing on different sites.

- **RHA may select proposal that were previously selected based on a competition.** This may include selection of a proposal for housing assisted under a federal, state, or local government housing assistance program that was subject to a competition in accordance with the requirements of the applicable program, community development program, or supportive services program that requires competitive selection of proposals (e.g., HOME, and units for which competitively awarded LIHTCs have been provided), where the proposal has been selected in accordance with such program's competitive selection requirements within three years of the PBV proposal selection date, and the earlier competitive selection proposal did not involve any consideration that the project would receive PBV assistance. RHA need not conduct another competition.

- **RHA may offer an award to a development without advertisement.** RHA may directly contact specific owners that have already been selected for Federal, state, or local housing assistance based on a previously held competition, to inform them of available PBV assistance.

**Units Selected Non-Competitively [FR Notice 1/18/17]**

For certain public housing projects where RHA has an ownership interest or control and will spend a minimum amount per unit on rehabilitation or construction, RHA may select a project without following one of the two processes above.

**RHA Policy**

RHA will attach PBVs to projects owned by the RHA following:

- Advance notice to the local Field Office;
- Endorsement of the Board of Commissioners; and
- A resolution of the Board of Commissioners

**Solicitation and Selection of PBV Proposals [24 CFR 983.51(c)]**

RHA procedures for selecting PBV proposals must be designed and actually operated to provide broad public notice of the opportunity to offer PBV proposals for consideration by RHA. The public notice procedures may include publication of the public notice in a local newspaper of general circulation and other means designed and actually operated to provide broad public
notice. The public notice of RHA request for PBV proposals must specify the submission deadline. Detailed application and selection information must be provided at the request of interested parties.

**RHA Policy**

**RHA Request for Proposals for Rehabilitated and Newly Constructed Units**

RHA will advertise its request for proposals (RFP) for rehabilitated and newly constructed housing:

- In the West County Times;
- On City of Richmond Television, Channel KCRT; and
- On RHA’s website.

RHA will publish its advertisement for at least one day, and at least 14- calendar days before the application deadline. The advertisement will specify the number of units RHA estimates that it will be able to assist under the funding RHA is making available. Proposals will be due in RHA office by close of business 10 or more business days from the date of the last publication.

In order for the proposal to be considered, the owner must submit the proposal to RHA by the published deadline date, and the proposal must respond to all requirements as outlined in the RFP. Incomplete proposals will not be reviewed.

RHA will rate and rank proposals for rehabilitated and newly constructed housing using the following criteria:

- Owner experience and capability to build or rehabilitate housing as identified in the RFP;
- Extent to which the project furthers RHA goal of deconcentrating poverty and expanding housing and economic opportunities;
- Number of new affordable housing rental units created:
  - Via new construction
  - Rehabilitation and return to market of previously off-line units; or
  - Acquisition and rehabilitation
- Extent to which the living units themselves receive rehabilitation or modernization, in addition to any required system improvements
- Extent to which the project serves families, elderly or disabled households and include 1,2 and 3 bedroom units
- Extent to which the project includes fully accessible or adaptable units for wheelchair access
- History of tenant screening policies/practices that are inclusive, and give regard to hardships typical families with limited financial means
• Demonstrated need for PB subsidy as a financing mechanism to enhance the long-term viability of an existing or proposed development at rents affordable to households up to 50% Area Median Income (AMI)

• Extent to which the project designates RHA as the entity responsible for maintaining the wait list for all affordable units, including those without project based assistance

• Other criteria as stated in the resolution of the Board of Commissioners

Award of Project Based Vouchers

The resolution approved by the Board of Commissioners will include appropriate milestones to ensure that the project moves forward in accordance with the project schedule, and that project-based vouchers are placed into service, providing rental assistance to qualified households.

RHA Requests for Proposals for Existing Housing Units

• RHA will advertise its request for proposals (RFP) for existing housing in the East Bay Times;

• On City of Richmond Television, Channel KCRT;

• On RHA’s website

RHA will publish its advertisement for at least one day, and at least 10- business day before the application deadline. The advertisement will specify the number of units RHA estimates that it will be able to assist under the funding RHA is making available. Proposals will be due in RHA office by close of business 14 or more calendar days from the date of the last publication.

The advertisement will specify the number of units RHA estimates that it will be able to assist under the funding RHA is making available. Owner proposals will be accepted on a first-come first-served basis and will be evaluated using the following criteria:

• Experience as an owner in the tenant-based voucher program and owner compliance with the owner’s obligations under the tenant-based program;

• Extent to which the project furthers RHA goal of deconcentrating poverty and expanding housing and economic opportunities;

• If applicable, extent to which services for special populations are provided on site or in the immediate area for occupants of the property; and

• Extent to which units are occupied by families that are eligible to participate in the PBV Program.

RHA Selection of Proposals Subject to a Previous Competition under a Federal, State, or Local Housing Assistance Program

RHA will accept proposals for PBV assistance from owners that were competitively selected under another federal, state or local housing assistance program, including
projects that were competitively awarded Low-Income Housing Tax Credits on an ongoing basis.

RHA may periodically advertise that it is accepting proposals:

- In the East Bay Times;
- On City of Richmond Television, Channel KCRT;
- RHA’s website

RHA will publish its advertisement for at least one day, and at least 10-business days before the application deadline. The advertisement will specify the number of units RHA estimates that it will be able to assist under the funding RHA is making available. Proposals will be due in RHA office by close of business 10 or more business days from the date of the last publication.

In addition to, or in place of advertising, RHA may also directly contact specific owners that have already been selected for Federal, state, or local housing assistance based on a previously held competition, to inform them of available PBV assistance.

Proposals will be reviewed on a first-come first-served basis. RHA will evaluate each proposal on its merits using the following factors:

- Extent to which the project furthers RHA goal of deconcentrating poverty and expanding housing and economic opportunities; and
- Extent to which the proposal complements other local activities such as the redevelopment of a public housing site under the HOPE VI program, the HOME program, CDBG activities, other development activities in a HUD-designated Enterprise Zone, Economic Community, or Renewal Community.

**RHA-Owned Units [24 CFR 983.51(e), 983.59, Notice PIH 2015-05, and FR Notice 1/18/17]**

A RHA-owned unit may be assisted under the PBV Program only if the HUD field office or HUD-approved independent entity reviews the selection process and determines that RHA-owned units were appropriately selected based on the selection procedures specified in the RHA administrative plan. If RHA selects a proposal for housing that is owned or controlled by RHA, RHA must identify the entity that will review the RHA proposal selection process and perform specific functions with respect to rent determinations and inspections.

In the case of RHA-owned units, the term of the HAP Contract and any HAP Contract renewal must be agreed upon by RHA and a HUD-approved independent entity. In addition, an independent entity must determine the rent to owner, the redetermined rent to owner, and reasonable rent. Housing quality standards inspections must also be conducted by an independent entity.

The independent entity that performs these program services may be the unit of general local government for RHA jurisdiction (unless the PHA is itself the unit of general local government or an agency of such government) or another HUD-approved public or private independent entity.
RHA Policy

RHA may submit a proposal for project-based housing that is owned or controlled by the RHA. If the proposal for RHA-owned housing is selected, RHA will use officials from a neighboring Public Housing Authority to review the RHA selection and to administer the PBV program. RHA will obtain HUD approval of the Public Housing Authority prior to selecting the proposal for RHA-owned housing.

RHA may only compensate the independent entity from RHA ongoing administrative fee income (including amounts credited to the administrative fee reserve). RHA may not use other program receipts to compensate the independent entity for its services. RHA and independent entity may not charge the family any fee for the appraisal or the services provided by the independent entity.

RHA Notice of Owner Selection [24 CFR 983.51(d)]

RHA must give prompt written notice to the party that submitted a selected proposal and must also give prompt public notice of such selection. Public notice procedures may include publication of public notice in a local newspaper of general circulation and other means designed and actually operated to provide broad public notice.

RHA Policy

- Within 10 business days of RHA making the selection, RHA will notify the selected owner in writing of the owner’s selection for the PBV Program and any conditions or expiration date of the award, and state the deadline by which the project owner must enter into an Agreement to enter a Housing Assistance Payment (AHAP) Contract. RHA will also notify in writing all owners that submitted proposals that were not selected and advise such owners of the name of the selected owner.

- RHA will make available to any interested party its rating and ranking sheets and documents that identify RHA basis for selecting the proposal. These documents will be available for review by the public and other interested parties for one month after publication of the notice of owner selection. RHA will not make available sensitive owner information that is privileged, such as financial statements and similar information about the owner.

- RHA will make these documents available for review at RHA during normal business hours. The cost for reproduction of allowable documents will be $.25 per page.

17-IL.C. HOUSING TYPE [24 CFR 983.52]

RHA may attach PBV assistance for units in existing housing or for newly constructed or rehabilitated housing developed under and in accordance with an agreement to enter into a housing assistance payments contract that was executed prior to the start of construction. A housing unit is considered an existing unit for purposes of the PBV Program, if, at the time of notice of RHA selection, the units substantially comply with HQS. Units for which new construction or rehabilitation began after the owner's proposal submission but prior to the execution of the HAP do not subsequently qualify as existing housing. Units that were newly
constructed or rehabilitated in violation of program requirements also do not qualify as existing housing.

RHA must decide what housing type, new construction, rehabilitation, or existing housing, will be used to develop project-based housing. RHA choice of housing type must be reflected in its solicitation for proposals, if solicitation occurs.

17-II.D. PROHIBITION OF ASSISTANCE FOR CERTAIN UNITS

Ineligible Housing Types [24 CFR 983.53]

RHA may not attach or pay PBV assistance to shared housing units; units on the grounds of a penal reformatory, medical, mental, or similar public or private institution; nursing homes or facilities providing continuous psychiatric, medical, nursing services, board and care, or intermediate care (except that assistance may be provided in assisted living facilities); units that are owned or controlled by an educational institution or its affiliate and are designated for occupancy by students; manufactured homes; and transitional housing. In addition, RHA may not attach or pay PBV assistance for a unit occupied by an owner and RHA may not select or enter into an Agreement to enter into a HAP Contract or HAP Contract for a unit occupied by a family ineligible for participation in the PBV Program. A member of a cooperative who owns shares in the project assisted under the PBV Program is not considered an owner for purposes of participation in the PBV program. Finally, PBV assistance may not be attached to units for which construction or rehabilitation has started after the proposal submission and prior to the execution of an AHAP.

Subsidized Housing [24 CFR 983.54]

RHA may not attach or pay PBV assistance to units in any of the following types of subsidized housing:

- A public housing unit unless approved by HUD for disposition;
- A unit subsidized with any other form of Section 8 assistance;
- A unit subsidized with any governmental rent subsidy;
- A unit subsidized with any governmental subsidy that covers all or any part of the operating costs of the housing;
- A unit subsidized with Section 236 rental assistance payments (except that a PHA may attach assistance to a unit subsidized with Section 236 interest reduction payments);
- A Section 202 project for non-elderly with disabilities;
- Section 811 project-based supportive housing for persons with disabilities;
- Section 202 supportive housing for the elderly;
- A Section 101 rent supplement project;
- A unit subsidized with any form of tenant-based rental assistance;
A unit with any other duplicative federal, state, or local housing subsidy, as determined by HUD or the PHA in accordance with HUD requirements.


RHA may provide PBV assistance only in accordance with HUD subsidy layering regulations [24 CFR 4.13] and other requirements.

The subsidy layering review is intended to prevent excessive public assistance by combining (layering) housing assistance payment subsidy under the PBV Program with other governmental housing assistance from federal, state, or local agencies, including assistance such as tax concessions or tax credits.

Subsidy layering requirements do not apply to existing housing. A further subsidy layering review is not required for new construction or rehabilitation if HUD's designee has conducted a review that included a review of PBV assistance in accordance with the PBV subsidy layering guidelines.

RHA must submit the necessary documentation to HUD for a subsidy layering review. Except in cases noted above, RHA may not enter into an Agreement to enter into a HAP (AHAP) Contract or a HAP contract until HUD, or a HUD-approved housing credit agency (HCA), has conducted any required subsidy layering review and determined that the PBV assistance is in accordance with HUD subsidy layering requirements. However, in order to satisfy applicable requirements, HCAs must conduct subsidy layering reviews in compliance with the guidelines set forth in the Federal Register notice published July 9, 2010.

The HAP Contract must contain the owner's certification that the project has not received and will not receive (before or during the term of the HAP Contract) any public assistance for acquisition, development, or operation of the housing other than assistance disclosed in the subsidy layering review in accordance with HUD requirements.

17-II.F. CAP ON NUMBER OF PBV UNITS IN EACH PROJECT


In general, RHA may not select a proposal to provide PBV assistance for units in a project or enter into an Agreement to enter into a HAP or a HAP Contract to provide PBV assistance for units in a project, if the total number of dwelling units in the project that will receive PBV assistance during the term of the PBV HAP Contract is more than the greater of 25 units or 25 percent of the number of dwelling units (assisted or unassisted) or a total of 25 units in the project (whichever is greater).
Exceptions to 25 Percent per Project Cap [FR Notice 1/18/17]

Exceptions are allowed and PBV units are not counted against the 25 percent or 25-unit per project cap if:

- The units are exclusively for elderly families
- The units are for households eligible for supportive services available to all families receiving PBV assistance in the project
- The project is located in a census tract with a poverty rate of 20 percent or less, as determined in the most recent American Community Survey Five-Year estimates

The Housing Opportunity Through Modernization Act of 2016 (HOTMA) eliminated the project cap exemption for projects that serve disabled families and modified the exception for supportive services. Projects where these caps were implemented prior to HOTMA may continue to use the former exemptions and may renew their HAP contracts under the old requirements, unless the PHA and owner agree to change the conditions of the HAP contract. However, this change may not be made if it would jeopardize an assisted family’s eligibility for continued assistance in the project.

RHAs must include in the RHA Administrative Plan the type of services offered to families for a project to qualify for the exception and the extent to which such services will be provided. The project must make supportive services available to all families receiving PBV assistance in the project, but the family does not actually have to accept and receive supportive services for the exception to apply to the unit. It is not necessary that the services be provided at or by the project, but must be reasonably available to families receiving PBV assistance at the project and designed to help families in the project achieve self-sufficiency or live in the community as independently as possible. RHA may not require participation in the supportive service as a condition of living in the excepted unit, although such services may be offered.

If a family at the time of initial tenancy is receiving, and while the resident of an excepted unit has received, FSS supportive services or any other supportive services as defined in RHA’s administrative plan, and successfully completes the FSS contract of participation or the supportive services requirement, the unit continues to count as an excepted unit for as long as the family resides in the unit.

RHA Policy

RHA will provide PBV assistance for excepted units.

- To enhance the accessibility and effectiveness of programs serving a special needs population. RHA may attach PBV assistance to units developed with Housing Opportunities of Persons with AIDS (HOPWA) or Mental Health Services Act (MHSA) Housing Program funding as long as the HOPWA or MHSA program funding does not duplicate any form of rental assistance for the family;
- RHA may also attach PBV assistance to units developed for and occupied by families in need of particular supportive services;
- RHA will determine and confirm that the family still qualifies to continue receiving PBV assistance;
• Annually, during the recertification process; or
• RHA will require the Project-based developer/owner to provide, at least annually, a written report describing the supportive services offered, the frequency, and number of contacts/services provisions/referrals made.

Projects not Subject to a Project Cap [FR Notice 1/18/17]

PBV units that were previously subject to certain federal rent restrictions or receiving another type of long-term housing subsidy provided by HUD are exempt from the project cap. In other words, 100 percent of the units in these projects may receive PBV assistance. To qualify for the exception, the unit must:

• Be covered by a PBV HAP Contract that first became effective on or after 4/18/17; and
• In the five years prior to the date RHA either issued the RFP under which the project was selected or RHA selected the project without competition, the unit met at least one of the two following conditions:
  o The unit received Public Housing Capital or Operating Funds, Project-Based Rental Assistance, Housing for the Elderly (Section 303), Housing for Persons with disabilities (Section 811), the Rental Supplement program,
  o The unit was subject to a rent restriction as a result of one of the following HUD loans or insurance programs: Section 236, Section 221(d)(3) or (d)(4) BMIR, Housing for the Elderly (Section 202), or Housing for Persons with Disabilities (Section 811)

Units that were previously receiving PBV assistance are not covered by the exception. Both existing and rehabilitation units are eligible for this exception. Newly constructed units qualify if they meet the definition of replacement unit described in FR Notice 1/18/17.

RHA Policy

RHA public housing developments (Hacienda Senior Apartments, Nevin Senior Apartments, and Nystrom Village) are subject to the per project cap exception.

Promoting Partially-Assisted Projects [24 CFR 983.56(c)]

RHA may establish local requirements designed to promote PBV assistance in partially assisted projects. A partially assisted project is a project in which there are fewer units covered by a HAP contract than residential units [24 CFR 983.3].

RHA may establish a per-project cap on the number of units that will receive PBV assistance or other project-based assistance in a multifamily project containing excepted units or in a single-family building. RHA may also determine not to provide PBV assistance for excepted units, or RHA may establish a per-project cap of less than 25 percent.

RHA Policy:

• RHA will provide assistance for excepted units.
• Beyond that, RHA will not impose any further cap on the number of PBV units assisted per project.
17-IL.G. SITE SELECTION STANDARDS

Compliance with PBV Goals, Civil Rights Requirements, and HQS Site Standards [24 CFR 983.57(b)]

RHA may not select a proposal for existing, newly constructed, or rehabilitated PBV housing on a site or enter into an Agreement to enter into a HAP Contract or HAP Contract for units on the site, unless RHA has determined that PBV assistance for housing at the selected site is consistent with the goal of deconcentrating poverty and expanding housing and economic opportunities. The standard for deconcentrating poverty and expanding housing and economic opportunities must be consistent with the RHA Plan under 24 CFR 903 and the RHA administrative plan.

In addition, prior to selecting a proposal, RHA must determine that the site is suitable from the standpoint of facilitating and furthering full compliance with the applicable Civil Rights Laws, regulations, and Executive Orders, and that the site meets the HQS site and neighborhood standards at 24 CFR 982.401(l).

RHA Policy

- It is RHA’s goal to select sites for PBV housing that provide for deconcentrating poverty and expanding housing and economic opportunities. In complying with this goal RHA will limit approval of sites for PBV housing in census tracts that have poverty concentrations of 20 percent or less.

- However, RHA will grant exceptions to the 20 percent standard where RHA determines that the PBV assistance will complement other local redevelopment activities designed to deconcentrate poverty and expand housing and economic opportunities in census tracts with poverty concentrations greater than 20 percent, such as sites in:
  - A census tract in which the proposed PBV development will be located in a HUD-designated Enterprise Zone, Economic Community, or Renewal Community;
  - A census tract where the concentration of assisted units will be or has decreased as a result of public housing demolition and HOPE VI redevelopment;
  - A census tract in which the proposed PBV development will be located is undergoing significant revitalization as a result of state, local, or federal dollars invested in the area;
  - A census tract where new market rate units are being developed where such market rate units will positively impact the poverty rate in the area;
  - A census tract where there has been an overall decline in the poverty rate within the past five years; or
  - A census tract where there are meaningful opportunities for educational and economic advancement.
Existing and Rehabilitated Housing Site and Neighborhood Standards [24 CFR 983.57(d)]

RHA may not enter into an Agreement to enter into a HAP Contract nor enter into a HAP Contract for existing or rehabilitated housing until it has determined that the site complies with the HUD required site and neighborhood standards. The site must:

- Be adequate in size, exposure, and contour to accommodate the number and type of units proposed;
- Have adequate utilities and streets available to service the site;
- Promote a greater choice of housing opportunities and avoid undue concentration of assisted persons in areas containing a high proportion of low-income persons;
- Be accessible to social, recreational, educational, commercial, and health facilities and services and other municipal facilities and services equivalent to those found in neighborhoods consisting largely of unassisted similar units; and
- Be located so that travel time and cost via public transportation or private automobile from the neighborhood to places of employment is not excessive.

New Construction Site and Neighborhood Standards [24 CFR 983.57(e)]

In order to be selected for PBV assistance, a site for newly constructed housing must meet the following HUD required site and neighborhood standards:

- The site must be adequate in size, exposure, and contour to accommodate the number and type of units proposed;
- The site must have adequate utilities and streets available to service the site;
- The site must not be located in an area of minority concentration unless RHA determines that sufficient, comparable opportunities exist for housing for minority families in the income range to be served by the proposed project outside areas of minority concentration or that the project is necessary to meet overriding housing needs that cannot be met in that housing market area;
- The site must not be located in a racially mixed area if the project will cause a significant increase in the proportion of minority to non-minority residents in the area.
- The site must promote a greater choice of housing opportunities and avoid undue concentration of assisted persons in areas containing a high proportion of low-income persons;
- The neighborhood must not be one that is seriously detrimental to family life or in which substandard dwellings or other undesirable conditions predominate;
- The housing must be accessible to social, recreational, educational, commercial, and health facilities and services and other municipal facilities and services equivalent to those found in neighborhoods consisting largely of unassisted similar units; and
- Except for housing designed for elderly persons, the housing must be located so that travel time and cost via public transportation or private automobile from the neighborhood to places of employment is not excessive.
17-IL.H. ENVIRONMENTAL REVIEW [24 CFR 983.58]

RHA activities under the PBV Program are subject to HUD environmental regulations in 24 CFR parts 50 and 58. The responsible entity is responsible for performing the federal environmental review under the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.). RHA may not enter into an agreement to enter into a HAP contract nor enter into a HAP contract until it has complied with the environmental review requirements.

In the case of existing housing, the responsible entity that is responsible for the environmental review under 24 CFR part 58 must determine whether or not PBV assistance is categorically excluded from review under the National Environmental Policy Act and whether or not the assistance is subject to review under the laws and authorities listed in 24 CFR 58.5.

RHA may not enter into an Agreement to enter into a HAP contract or a HAP Contract with an owner, and RHA, the owner, and its contractors may not acquire, rehabilitate, convert, lease, repair, dispose of, demolish, or construct real property or commit or expend program or local funds for PBV activities under this part, until the environmental review is completed.

RHA must supply all available, relevant information necessary for the responsible entity to perform any required environmental review for any site. RHA must require the owner to carry out mitigating measures required by the responsible entity (or HUD, if applicable) as a result of the environmental review.

PART III: DWELLING UNITS

17-III.A. OVERVIEW

This part identifies the special housing quality standards that apply to the PBV Program, housing accessibility for persons with disabilities, and special procedures for conducting housing quality standards inspections.

17-III.B. HOUSING QUALITY STANDARDS [24 CFR 983.101]

The Housing Quality Standards (HQS) for the tenant-based program, including those for special housing types, generally apply to the PBV Program. HQS requirements for shared housing, manufactured home space rental, and the homeownership option do not apply because these housing types are not assisted under the PBV Program.

The physical condition standards at 24 CFR 5.703 do not apply to the PBV program.

Lead-based Paint [24 CFR 983.101(c)]


17-IIIC. HOUSING ACCESSIBILITY FOR PERSONS WITH DISABILITIES
The housing must comply with program accessibility requirements of section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and implementing regulations at 24 CFR part 8. RHA must ensure that the percentage of accessible dwelling units complies with the requirements of section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as implemented by HUD's regulations at 24 CFR 8, subpart C.

Housing first occupied after March 13, 1991, must comply with design and construction requirements of the Fair Housing Amendments Act of 1988 and implementing regulations at 24 CFR 100.205, as applicable. (24 CFR 983.102)

17-III.D. INSPECTING UNITS

Pre-selection Inspection [24 CFR 983.103(a)]

RHA must examine the proposed site before the proposal selection date. If the units to be assisted already exist, RHA must inspect all the units before the proposal selection date, and must determine whether the units substantially comply with HQS. To qualify as existing housing, units must substantially comply with HQS on the proposal selection date. However, RHA may not execute the HAP Contract until the units fully comply with HQS, unless RHA has adopted a policy to enter into a HAP Contract for units that fail the initial HQS inspection as a result of only non-life-threatening conditions, unless RHA has adopted a policy to enter into a HAP contract for units that fail the initial HQS inspection as a result of only non-life-threatening conditions.

RHA Policy

RHA will not execute a HAP Contract until the units fully comply with HQS.

Pre-HAP Contract Inspections [24 CFR 983.103(b); FR Notice 1/18/17]

RHA must inspect each contract unit before execution of the HAP Contract. RHA may not enter into a HAP Contract covering a unit until the unit fully complies with HQS, unless RHA has adopted a policy to enter into a HAP Contract for units that fail the initial HQS inspection as a result of only non-life-threatening conditions.

RHA Policy

RHA will not enter into a PBV HAP Contract until all units that will be under contract fully comply with HQS.

Turnover Inspections [24 CFR 983.103(c)]

Before providing assistance to a new family in a contract unit, RHA must inspect the unit. RHA may not provide assistance on behalf of the family until the unit fully complies with HQS.

Annual/Biennial Inspections [24 CFR 983.103(d); FR Notice 6/25/14]

At least once every 24 months during the term of the HAP Contract, RHA must inspect a random sample consisting of at least 20 percent of the contract units in each building to determine if the contract units and the premises are maintained in accordance with HQS. Turnover inspections are not counted toward meeting this inspection requirement.

RHA Policy
• RHA will conduct biennial inspections. Units that pass on the first annual inspection attempt, will be placed on the bi-annual inspection schedule, and will skip a year before the next inspection; all other units will remain on an annual basis.

• Landlords and program participants may request a Special Inspection at any time.

Other Inspections [24 CFR 983.103(e)]
RHA must inspect contract units whenever needed to determine that the contract units comply with HQS and that the owner is providing maintenance, utilities, and other services in accordance with the HAP Contract. RHA must take into account complaints and any other information coming to its attention in scheduling inspections.

RHA must conduct follow-up inspections needed to determine if the owner (or, if applicable, the family) has corrected an HQS violation, and must conduct inspections to determine the basis for exercise of contractual and other remedies for owner or family violation of HQS.

In conducting RHA supervisory quality control HQS inspections, RHA should include a representative sample of both tenant-based and project-based units.

Inspecting RHA-Owned Units [24 CFR 983.103(f)]
In the case of RHA-owned units, the inspections must be performed by an independent agency designated by RHA and approved by HUD. The independent entity must furnish a copy of each inspection report to RHA and to the HUD field office where the project is located. RHA must take all necessary actions in response to inspection reports from the independent agency, including exercise of contractual remedies for violation of the HAP contract by RHA-owner.

PART IV: REHABILITATED AND NEWLY CONSTRUCTED UNITS

17-IV.A. OVERVIEW [24 CFR 983.151]
There are specific requirements that apply to PBV assistance for newly constructed or rehabilitated housing that do not apply to PBV assistance in existing housing. This part describes the requirements unique to this type of assistance.

Housing selected for this type of assistance may not at a later date be selected for PBV assistance as existing housing.

17-IV.B. AGREEMENT TO ENTER INTO HAP CONTRACT
In order to offer PBV assistance in rehabilitated or newly constructed units, RHA must enter into an agreement to enter into HAP contract (Agreement) with the owner of the property. The Agreement must be in the form required by HUD [24 CFR 983.152(b)].

RHA may not enter into an Agreement if commencement of construction or rehabilitation has commenced after proposal submission [24 CFR 983.152(c)].
• Construction begins when excavation or site preparation (including clearing of the land) begins for the housing.

• Rehabilitation begins with the physical commencement of rehabilitation activity on the housing.

In the Agreement the owner agrees to develop the PBV Contract units to comply with HQS, and RHA agrees that upon timely completion of such development in accordance with the terms of the Agreement, RHA will enter into a HAP contract with the owner for the contract units [24 CFR 983.152(a)].

**Content of the Agreement [24 CFR 983.152(d)]**

At a minimum, the Agreement must describe the following features of the housing to be developed and assisted under the PBV Program:

• Site and the location of the contract units;

• Number of contract units by area (size) and number of bedrooms and bathrooms;

• Services, maintenance, or equipment to be supplied by the owner without charges in addition to the rent;

• Utilities available to the contract units, including a specification of utility services to be paid by the owner and utility services to be paid by the tenant;

• An indication of whether or not the design and construction requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973 apply to units under the Agreement. If applicable, any required work item resulting from these requirements must be included in the description of work to be performed under the Agreement;

• Estimated initial rents to owner for the contract units;

• Description of the work to be performed under the Agreement. For rehabilitated units, the description must include the rehabilitation work write up and, where determined necessary by RHA, specifications and plans. For new construction units, the description must include the working drawings and specifications.

• Any additional requirements for quality, architecture, or design over and above HQS.

**Execution of the Agreement [24 CFR 983.153]**

The Agreement must be executed promptly after RHA notice of proposal selection to the selected owner. RHA may not enter into the Agreement if construction or rehabilitation has started after proposal submission. Generally, RHA may not enter into the Agreement with the owner until the subsidy layering review is completed. Likewise, RHA may not enter into the Agreement until the environmental review is completed and RHA has received environmental approval. However, RHA does not need to conduct a subsidy layering review in the case of a HAP Contract for existing housing or if the applicable state or local agency has conducted such a review. Similarly, environmental reviews are not required for existing structures unless otherwise required by law or regulation.
RHA Policy

- RHA will enter into the Agreement with the owner promptly after receiving both environmental approval and notice that subsidy layering requirements have been met, and before construction or rehabilitation work is started.
- RHA will make a conditional award for acquisition/rehabilitation projects, and allow the owner 90-calendar days to demonstrate site control.

17-IV.C. CONDUCT OF DEVELOPMENT WORK

Labor Standards [24 CFR 983.154(b)]

If an Agreement covers the development of nine or more contract units (whether or not completed in stages), the owner and the owner’s contractors and subcontractors must pay Davis-Bacon wages to laborers and mechanics employed in the development of housing. The HUD-prescribed form of the Agreement will include the labor standards clauses required by HUD, such as those involving Davis-Bacon wage rates.

The owner, contractors, and subcontractors must also comply with the Contract Work Hours and Safety Standards Act, Department of Labor regulations in 29 CFR part 5, and other applicable federal labor relations laws and regulations. The developer is responsible for hiring a Davis-Bacon wage monitoring firm and furnishing RHA staff, in a timely manner, with all copies of weekly payroll records for all contractors/subcontractors involved in the project, as well as analysis of payroll records and any discrepancies and follow up/resolution to such discrepancies.

The owner will be responsible for covering the costs for proper Davis-Bacon wage monitoring, including the hiring of a qualified contractor to whom RHA will have access to ensure proper monitoring and receive required monitoring documentation.

Equal Opportunity [24 CFR 983.154(c)]

The owner must comply with Section 3 of the Housing and Urban Development Act of 1968 and the implementing regulations at 24 CFR part 135. The owner must also comply with federal equal employment opportunity requirements.

Owner Disclosure [24 CFR 983.154(d) and (e)]

The Agreement and HAP Contract must include a certification by the owner that the owner and other project principals are not on the U.S. General Services Administration list of parties excluded from federal procurement and non-procurement programs.

The owner must also disclose any possible conflict of interest that would be a violation of the Agreement, the HAP Contract, or HUD regulations.
17-IV.D. COMPLETION OF HOUSING

The Agreement must specify the deadlines for completion of the housing, and the owner must develop and complete the housing in accordance with these deadlines. The Agreement must also specify the deadline for submission by the owner of the required evidence of completion.

Evidence of Completion [24 CFR 983.155(b)]

At a minimum, the owner must submit the following evidence of completion to the PHA in the form and manner required by RHA:

- Owner certification that the work has been completed in accordance with HQS and all requirements of the Agreement; and
- Owner certification that the owner has complied with labor standards and equal opportunity requirements in development of the housing.

At RHA’s discretion, the AHAP may specify additional documentation that must be submitted by the owner as evidence of housing completion.

RHA Policy

RHA will determine the need for the owner to submit additional documentation as evidence of housing completion on a case-by-case basis depending on the nature of the PBV project. RHA will specify any additional documentation requirements in the Agreement to enter into HAP Contract.

RHA Acceptance of Completed Units [24 CFR 983.156]

Upon notice from the owner that the housing is completed, RHA must inspect to determine if the housing has been completed in accordance with the Agreement, including compliance with HQS and any additional requirements imposed under the Agreement. RHA must also determine if the owner has submitted all required evidence of completion.

If the work has not been completed in accordance with the AHAP, RHA must not enter into the HAP contract.

If RHA determines the work has been completed in accordance with the AHAP and that the owner has submitted all required evidence of completion, RHA must submit the HAP contract for execution by the owner and must then execute the HAP contract.

PART V: HOUSING ASSISTANCE PAYMENTS (HAP) CONTRACT

17-V.A. OVERVIEW

RHA must enter into a HAP Contract with an owner for units that are receiving PBV assistance. The purpose of the HAP Contract is to provide housing assistance payments for eligible families. Housing assistance is paid for contract units leased and occupied by eligible families during the HAP contract term. With the exception of single-family scattered-site projects, a HAP Contract shall cover a single project. If multiple projects exist, each project is covered by a separate HAP Contract. The HAP contract must be in the form required by HUD [24 CFR 983.202(a)].
17-V.B. HAP CONTRACT REQUIREMENTS

Contract Information [24 CFR 983.203]

The HAP Contract must specify the following information:

- The total number of contract units by number of bedrooms;
- The project’s name, street address, city or county, state and zip code, block and lot number (if known), and any other information necessary to clearly identify the site and the building;
- The number of contract units in each building, the location of each contract unit, the area of each contract unit, and the number of bedrooms and bathrooms in each contract unit;
- Services, maintenance, and equipment to be supplied by the owner and included in the rent to owner;
- Utilities available to the contract units, including a specification of utility services to be paid by the owner (included in rent) and utility services to be paid by the tenant;
- Features provided to comply with program accessibility requirements of Section 504 of the Rehabilitation Act of 1973 and implementing regulations at 24 CFR part 8;
- The HAP Contract term;
- The number of units in any project that will exceed the 25 percent per project cap, which will be set aside for occupancy by qualifying families (elderly and/or disabled families and families receiving supportive services); and
- The initial rent to owner for the first 12 months of the HAP Contract term.

Execution of the HAP Contract [24 CFR 983.204]

RHA may not enter into a HAP Contract until each contract unit has been inspected and RHA has determined that the unit complies with the Housing Quality Standards (HQS). For existing housing, the HAP Contract must be executed promptly after RHA selects the owner proposal and inspects the housing units. For newly constructed or rehabilitated housing the HAP contract must be executed after RHA has inspected the completed units and has determined that the units have been completed in accordance with the agreement to enter into HAP, and the owner furnishes all required evidence of completion.

RHA Policy

For existing housing, the HAP Contract will be promptly executed, pursuant to RHA’s determining that all units pass HQS, and any qualified pre-existing household is eligible to continue residency in the unit with project-based assistance.

For rehabilitated or newly constructed housing, the HAP Contract will be executed promptly, pursuant to RHA determining that the units have been completed in accordance with the agreement to enter into HAP, all units meet HQS, and the owner has submitted all required evidence of completion.
Term of HAP Contract [24 CFR 983.205; FR Notice 1/18/17]

RHA may enter into a HAP Contract with an owner for an initial term of no less than one year and no more than 20 years for each contract unit. The length of the term of the HAP contract for any contract unit may not be less than one year, nor more than 20 years. In the case of RHA-owned units, the term of the HAP Contract must be agreed upon by RHA and the independent entity approved by HUD [24 CFR 983.59(b)(2)].

RHA Policy

The term of all PBV HAP Contracts will be 20 years unless a shorter term is negotiated with the owner.

At the time of the initial HAP Contract term or any time before expiration of the HAP Contract, RHA may extend the term of the contract for an additional term of up to 20 years if RHA determines an extension is appropriate to continue providing affordable housing for low-income families. A HAP Contract extension may not exceed 20 years. RHA may provide for multiple extensions; however, in no circumstances may such extensions exceed 20 years, cumulatively. Extensions after the initial extension are allowed at the end of any extension term, provided that not more than 24 months prior to the expiration of the previous extension contract RHA agrees to extend the term, and that such extension is appropriate to continue providing affordable housing for low-income families or to expand housing opportunities. Extensions after the initial extension term shall not begin prior to the expiration date of the previous extension term. Subsequent extensions are subject to the same limitations. All extensions must be on the form and subject to the conditions prescribed by HUD at the time of the extension. HUD does not allow for more than a cumulative total of 40 years of Project-based subsidy per master HAP contract. In the case of RHA-owned units, any extension of the term of the HAP contract must be agreed upon by RHA and the independent entity approved by HUD [24 CFR 983.59(b)(2)].

RHA Policy

- RHA will provide the owner 12 to 18-month’s notice of the expiration of a PBV HAP contract, and invite the owner to submit a letter requesting an extension. The RHA Board will act upon the staff recommendation at least six months prior to the HAP contract expiration.

- Extensions of Master HAP contracts will be considered on a case-by-case basis including whether (a) to extend for a full 20 year or shorter timeframe, and (b) the need for substantial, unanticipated rehabilitation to preserve and/or extend the viability of the housing stock

- When determining whether or not to extend an expiring PBV Contract, for how long, and the number of units, RHA will consider several factors including, but not limited to:
  - The cost of extending the contract and the amount of available budget authority;
  - The condition of the contract units;
- The owner’s record of compliance with obligations under the HAP Contract and lease(s);
- Whether the location of the units continues to support the goals of deconcentrating poverty and expanding housing opportunities;
- The extent to which the project is serving families, elderly or disabled households and include 1, 2, and 3 bedroom units
- Demonstrated need of the minimum number of project-based vouchers required to (a) finance debt for substantial, unanticipated rehabilitation activity and (b) meet contractual obligations to rent to households at or below 50% AMI
- Preservation of fully accessible/adaptable units for wheelchair users
- Number of vacancy loss claims during the initial HAP term
- Current demand for the units by qualified households with tenant- or project based assistance
- Whether the funding could be used more appropriately for project-based assistance at another project that would increase the number of affordable housing units (i.e. new construction or acquisition rehab) or for tenant based assistance.

**Termination by RHA [24 CFR 983.205(c) ; FR Notice 1/18/17]**

The HAP Contract must provide that the term of RHA’s contractual commitment is subject to the availability of sufficient appropriated funding as determined by HUD or by RHA in accordance with HUD instructions. For these purposes, sufficient funding means the availability of appropriations, and of funding under the ACC from such appropriations, to make full payment of housing assistance payments payable to the owner for any contract year in accordance with the terms of the HAP Contract.

In times of insufficient funding, HUD requires that RHA first take all cost-saving measures prior to failing to make payments under existing PBV HAP Contracts.

If it is determined that there may not be sufficient funding to continue housing assistance payments for all contract units and for the full term of the HAP Contract, RHA may terminate the HAP Contract by notice to the owner. The termination must be implemented in accordance with HUD instructions.

**Termination by Owner [24 CFR 983.205(d)]**

If in accordance with program requirements the amount of rent to an owner for any contract unit is reduced below the amount of the rent to owner at the beginning of the HAP Contract term, the owner may terminate the HAP Contract by giving notice to RHA. In this case, families living in the contract units must be offered tenant-based assistance.
Statutory Notice Requirements: Contract Termination or Expiration [24 CFR 983.206; FR Notice 1/18/17]

Not less than one year before the HAP Contract terminates, or if the owner refuses to renew the HAP Contract, the owner must notify RHA and assisted tenants of the termination. The notice must be provided in the form prescribed by HUD. If the owner does not give timely notice, the owner must permit the tenants in assisted units to remain in their units for the required notice period with no increase in the tenant portion of their rent, and with no eviction as a result of the owner's inability to collect an increased tenant portion of rent. An owner may renew the terminating contract for a period of time sufficient to give tenants one-year advance notice under such terms as HUD may require.

Upon termination or expiration of the contract, a family living at the property is entitled to receive a tenant-based voucher. Tenant-based assistance would not begin until the owner’s required notice period ends. RHA must provide the family with a voucher and the family must also be given the option by RHA and owner to remain in their unit with HCV tenant-based assistance as long as the unit complies with inspection and rent reasonableness requirements. The family must pay their total tenant payment (TTP) and any additional amount if the gross rent exceeds the applicable payment standard. The family has the right to remain in the project as long as the units are used for rental housing and are otherwise eligible for HCV assistance. The owner may not terminate the tenancy of a family that exercises its right to remain except for serious or repeated lease violations or other good cause. Families that receive a tenant-based voucher at the expiration or termination of the PBV HAP contract are not new admissions to RHA HCV tenant-based program, and are not subject to income eligibility requirements or any other admission requirements. If the family chooses to remain in their unit with tenant-based assistance, the family may do so regardless of whether the family share would initially exceed 40 percent of the family’s adjusted monthly income.

Remedies for HQS Violations [24 CFR 983.208(b)]

RHA may not make any HAP payment to the owner for a contract unit during any period in which the unit does not comply with HQS. If RHA determines that a contract does not comply with HQS, RHA may exercise any of its remedies under the HAP contract, for any or all of the contract units. Available remedies include termination of Housing Assistance Payments, abatement or reduction of Housing Assistance Payments, reduction of contract units, and termination of the HAP Contract.

RHA Policy

RHA will abate and terminate PBV HAP Contracts for non-compliance with HQS in accordance with the policies used in the tenant-based voucher program. These policies are contained in Section 8-II.G., Enforcing Owner Compliance.
17-V.C. AMENDMENTS TO THE HAP CONTRACT

Substitution of Contract Units [24 CFR 983.207(a)]

At RHA’s discretion and subject to all PBV requirements, the HAP Contract may be amended to substitute a different unit with the same number of bedrooms in the same project for a previously covered contract unit. Before any such substitution can take place, RHA must inspect the proposed unit and determine the reasonable rent for the unit.

Addition of Contract Units [FR Notice 1/18/17]

RHA and owner may amend the HAP contract to add additional PBV Contract units in projects that already have a HAP contract without having to fulfill the selection requirements found at 24 CFR 983.51(b) for those additional PBV units, regardless of when the HAP Contract was signed. The additional PBV units, however, are still subject to the PBV Program cap and individual project caps. Prior to attaching additional units without competition, RHA must submit to the local field office information outlined in Federal Register Notice 1/18/17. RHA must also detail in the Administrative Plan their intent to add PBV units and the rationale for adding units to the specific PBV project.

RHA Policy

- RHA will allow the owner up to three years from the effective date of the Master HAP contract to amend the HAP contract, and place previously awarded PBV’s into service.
- RHA will consider adding contract units to the HAP Contract when RHA determines that additional housing is needed to serve eligible low-income households. Circumstances may include, but are not limited to:
  - The local housing inventory is reduced due to a disaster (either due to loss of housing units, or an influx of displaced families); and
  - Voucher holders are having a difficult time finding units that meet program requirements

17-V.D. HAP CONTRACT YEAR, ANNIVERSARY AND EXPIRATION DATES [24 CFR 983.207(b) and 983.302(e)]

The HAP Contract year is the period of 12 calendar months preceding each annual anniversary of the HAP contract during the HAP Contract term. The initial contract year is calculated from the first day of the first calendar month of the HAP Contract term.

The annual anniversary of the HAP Contract is the first day of the first calendar month after the end of the preceding contract year.

There is a single annual anniversary and expiration date for all units under a particular HAP Contract, even in cases where contract units are placed under the HAP Contract in stages (on different dates) or units are added by amendment. The anniversary and expiration dates for all units coincide with the dates for the contract units that were originally placed under contract.

Assistance granted to an eligible household will be subject to annual recertification on the anniversary of occupancy, as well as any changes to the household in between annual
recertifications that may affect the occupancy requirements of the family (i.e. the number of bedrooms)

17-V.E. OWNER RESPONSIBILITIES UNDER THE HAP [24 CFR 983.210]

When the owner executes the HAP Contract s/he certifies that at such execution and at all times during the term of the HAP Contract:

- All contract units are in good condition and the owner is maintaining the premises and contract units in accordance with HQS;
- The owner is providing all services, maintenance, equipment and utilities as agreed to under the HAP Contract and the leases;
- Each contract unit for which the owner is receiving HAP, is leased to an eligible family referred by RHA, or taken from the site based wait list, and approved by RHA, and the lease is in accordance with the HAP contract and HUD requirements;
- To the best of the owner’s knowledge the family is actively residing in the contract unit for which the owner is receiving HAP, has not been absent for 30-or more consecutive days, and the unit is the family’s only residence;
- The owner (including a principal or other interested party) is not the spouse, parent, child, grandparent, grandchild, sister, or brother of any member of a family residing in a contract unit;
- The amount of the HAP the owner is receiving is correct under the HAP Contract;
- The rent for contract units does not exceed rents charged by the owner for comparable unassisted units;
- Except for HAP and tenant rent, the owner has not received and will not receive any other payment or consideration for rental of the contract unit;
- The family does not own or have any interest in the contract unit (does not apply to family's membership in a cooperative); and
- Repair work on the project selected as an existing project that is performed after HAP execution within such post-execution period as specified by HUD may constitute development activity, and if determined to be development activity, the repair work undertaken shall be in compliance with Davis-Bacon wage requirements.

17-V.F. ADDITIONAL HAP REQUIREMENTS

Housing Quality and Design Requirements [24 CFR 983.101(e) and 983.208(a)]

The owner is required to maintain and operate the contract units and premises in accordance with HQS, including performance of ordinary and extraordinary maintenance. The owner must provide all the services, maintenance, equipment, and utilities specified in the HAP Contract with the PHA and in the lease with each assisted family. In addition, maintenance, replacement and redecoration must be in accordance with the standard practice for the building as established by the owner.
The PHA may elect to establish additional requirements for quality, architecture, or design of PBV housing. Any such additional requirements must be specified in the Agreement to enter into a HAP Contract and the HAP Contract. These requirements must be in addition to, not in place of, compliance with HQS.

**RHA Policy**

RHA will identify the need for any special features on a case-by-case basis depending on the intended occupancy of the PBV project. RHA will specify any special design standards or additional requirements in the invitation for PBV proposals, the AHAP, and the HAP Contract.

**Vacancy Payments [24 CFR 983.352(b)]**

At the discretion of RHA, the HAP Contract may provide for vacancy payments to the owner for a RHA-determined period of vacancy extending from the beginning of the first calendar month after the move-out month for a period not exceeding two full months following the move-out month. The amount of the vacancy payment will be determined by RHA and cannot exceed the monthly rent to owner under the assisted lease, minus any portion of the rental payment received by the owner (including amounts available from the tenant’s security deposit).

**RHA Policy**

During the initial term of the HAP Contract, RHA will provide vacancy payments to the owner equal to the contract rent in effect at the time of the vacancy for a period not to exceed 60-days. The PHA will decide on a case-by-case basis if the PHA will provide vacancy payments to the owner. The HAP contract with the owner will contain the terms under which vacancy loss payments are made.

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**PART VI: SELECTION OF PBV PROGRAM PARTICIPANTS**

**17-VI.A. OVERVIEW**

Many of the provisions of the tenant-based voucher regulations [24 CFR 982] also apply to the PBV program. This includes requirements related to determining eligibility and selecting applicants from the waiting list. Even with these similarities, there are requirements that are unique to the PBV program. This part describes the requirements and policies related to eligibility and admission to the PBV Program.

**17-VI.B. ELIGIBILITY FOR PBV ASSISTANCE [24 CFR 983.251(a) and (b)]**

RHA may select families for the PBV Program from those who are participants in RHA’s tenant-based voucher program, and from those who have applied for admission to the Project-Based Voucher Program via the Project-based wait list, or from referrals obtained by Project-based property managers if RHA’s Project-based waitlist is exhausted. For voucher participants, eligibility was determined at original admission to the voucher program and does not need to be redetermined at the commencement of PBV assistance. For all others, eligibility for admission must be determined at the commencement of PBV assistance.
Applicants for PBV assistance must meet the same eligibility requirements as applicants for the tenant-based voucher program. Applicants must qualify as a family as defined by HUD and the PHA, have income at or below HUD-specified income limits, and qualify on the basis of citizenship or the eligible immigration status of family members [24 CFR 982.201(a) and 24 CFR 983.2(a)]. In addition, an applicant family must provide social security information for family members [24 CFR 5.216 and 5.218] and consent to RHA’s collection and use of family information regarding income, expenses, and family composition [24 CFR 5.230]. RHA may also not approve a tenancy if the owner (including a principal or other interested party) of the unit is the parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless needed as a reasonable accommodation. An applicant family must also meet HUD requirements related to current or past criminal activity.

RHA Policy

RHA will determine an applicant family’s eligibility for the PBV Program in accordance with the policies in Chapter 3.

In-Place Families [24 CFR 983.251(b)]

An eligible family residing in a proposed PBV Contract unit on the date the proposal is selected by RHA is considered an “in-place family.” These families are afforded protection from displacement under the PBV rule. If a unit to be placed under contract (either an existing unit or a unit requiring rehabilitation) is occupied by an eligible family on the date the proposal is selected, the in-place family must be placed on RHA’s waiting list. Once the family’s continued eligibility is determined (RHA may deny assistance to an in-place family for the grounds specified in 24 CFR 982.552 and 982.553), the family must be given an absolute selection preference and RHA must refer these families to the project owner for an appropriately sized PBV unit in the project. Admission of eligible in-place families is not subject to income targeting requirements.

This regulatory protection from displacement does not apply to families that are not eligible to participate in the program on the proposal selection date.

17-VI.C. ORGANIZATION OF THE WAITING LIST [24 CFR 983.251(c)]

RHA may establish a separate waiting list for PBV units or it may use the same waiting list for both tenant-based and PBV assistance. RHA may also merge the PBV waiting list with a waiting list for other assisted housing programs offered by RHA. If RHA chooses to offer a separate waiting list for PBV assistance, RHA must offer to place applicants who are listed on the tenant-based waiting list on the waiting list for PBV assistance.

If RHA decides to establish a separate PBV waiting list, RHA may use a single waiting list for RHA’s whole PBV Program, or it may establish separate waiting lists for PBV units in particular projects or buildings or for sets of such units.

RHA Policy

RHA will establish and manage a wait list for:
• tenant-based voucher assistance, and
• project-based voucher assistance subdivided by
  o senior, over 62-years
  o HOPWA
  o Low Income Public Housing

RHA will give applicants from the tenant-based wait list and existing tenant based voucher holders who are not appropriately housed an opportunity to be considered for PBV units after exhausting the PBV wait list.

If all of these options are exhausted, RHA will either open the Project-based wait list, conduct a second draw from a previous applicant pool, or allow properties to self-refer applicants for project-based units.

17-VI.D. SELECTION FROM THE WAITING LIST [24 CFR 983.251(c)]

Applicants who will occupy units with PBV assistance must be selected from RHA’s waiting list. RHA may establish selection criteria or preferences for occupancy of particular PBV units. RHA may place families referred by the PBV owner on its PBV waiting list.

Income Targeting [24 CFR 983.251(c)(6)]

At least 75 percent of the families admitted to RHA’s tenant-based and Project-Based Voucher programs during RHA’s fiscal year from the waiting list must be extremely-low income families. The income targeting requirement applies to the total of admissions to both programs.

Units with Accessibility Features [24 CFR 983.251(c)(7)]

When selecting families to occupy PBV units that have special accessibility features for persons with disabilities, RHA must first refer families who require such features to the owner.

Preferences [24 CFR 983.251(d), FR Notice 11/24/08]

RHA may use the same selection preferences that are used for the tenant-based voucher program, establish selection criteria or preferences for the PBV Program as a whole, or for occupancy of particular PBV developments or units. RHA must provide an absolute selection preference for eligible in-place families as described in Section 17-VI.B. above.

RHA may establish a selection preference for families who qualify for voluntary services, including disability-specific services, offered in conjunction with assisted units, provided that preference is consistent with the PHA plan. RHA may not, however, grant a preference to a person with a specific disability [FR Notice 1/18/17].

Although RHA is prohibited from granting preferences to persons with a specific disability, RHA may give preference to disabled families who need services offered at a particular project or site if the preference is limited to families (including individuals):
• Qualifying for units with HOPWA funding
• With disabilities that significantly interfere with their ability to obtain and maintain themselves in housing
• Who, without appropriate supportive services, will not be able to obtain or maintain themselves in housing; and
• For whom such services cannot be provided in a non-segregated setting
• With one or more family members that require wheelchair accessibility.

In advertising such a project, the owner may advertise the project as offering services for a particular type of disability; however, the project must be open to all otherwise eligible disabled persons who may benefit from services provided in the project. In these projects, disabled residents may not be required to accept the particular services offered as a condition of occupancy.

If RHA has projects with “excepted units” for elderly families or supportive services, RHA must give preference to such families when referring families to these units [24 CFR 983.261(b); FR Notice 1/18/17].

RHA Policy
RHA will provide a selection preference when required by the regulation (e.g., eligible in-place families, elderly families or units with supportive services, or mobility impaired persons for accessible units). The PHA will not offer any additional preferences for the PBV program or for particular PBV projects or units.

17-V.I.E. OFFER OF PBV ASSISTANCE

Refusal of Offer [24 CFR 983.251(e)(3)]
RHA is prohibited from taking any of the following actions against a family who has applied for, received, or refused an offer of PBV assistance:

• Refuse to list the applicant on the waiting list for tenant-based voucher assistance;
• Deny any admission preference for which the applicant qualifies;
• Change the applicant’s place on the waiting list based on preference, date, and time of application, or other factors affecting selection under the PHA’s selection policy;
• Remove the applicant from the tenant-based voucher waiting list.

Each family will have a total of two opportunities to be offered assistance. These offers will be at two different properties. If the family denies or rejects offers, or if the family is denied twice by both properties, the project based applicant will be removed from the wait list.

Disapproval by Landlord [24 CFR 983.251(e)(2)]
If a PBV owner rejects a family for admission to the owner’s units, such rejection may not affect the family’s position on the tenant-based voucher waiting list.
Acceptance of Offer [24 CFR 983.252]

**Family Briefing**

When a family accepts an offer for PBV assistance, RHA must give the family an oral briefing. The briefing must include information on how the program works and the responsibilities of the family and owner. In addition to the oral briefing, RHA must provide a briefing packet that explains how RHA determines the total tenant payment for a family, the family obligations under the program, and applicable fair housing information.

**Persons with Disabilities**

If an applicant family’s head or spouse is disabled, RHA must assure effective communication, in accordance with 24 CFR 8.6, in conducting the oral briefing and in providing the written information packet. This may include making alternative formats available (see Chapter 2). In addition, RHA must have a mechanism for referring a family that includes a member with a mobility impairment to an appropriate accessible PBV unit.

**Persons with Limited English Proficiency**

RHA should take reasonable steps to assure meaningful access by persons with limited English proficiency in accordance with Title VI of the Civil Rights Act of 1964 and Executive Order 13166 (see Chapter 2).

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17-VI.F. OWNER SELECTION OF TENANTS

The owner is responsible for developing written tenant selection procedures that are consistent with the purpose of improving housing opportunities for very low-income families and reasonably related to program eligibility and an applicant’s ability to fulfill their obligations under the lease. An owner must promptly notify in writing any rejected applicant of the grounds for any rejection [24 CFR 983.253(a)(2) and (a)(3)].

**Leasing [24 CFR 983.253(a)]**

During the term of the HAP contract, the owner must lease contract units to eligible families that are selected and referred by RHA from RHA’s waiting list, and families self-referred by owner, and approved by RHA. The contract unit leased to the family must be the appropriate size unit for the size of the family, based on RHA’s subsidy standards.

**Filling Vacancies [24 CFR 983.254(a)]**

The owner must promptly notify RHA of any vacancy or expected vacancy in a contract unit. After receiving such notice, RHA must make every reasonable effort to promptly refer a sufficient number of families for the owner to fill such vacancies. RHA and the owner must make reasonable efforts to minimize the likelihood and length of any vacancy.

**RHA Policy**

- The owner must notify RHA in writing (mail, fax, or e-mail) within 5 business days of learning about any vacancy or expected vacancy.

- RHA will make every reasonable effort to refer families to the owner within 10 business days of receiving such notice from the owner.
• RHA will invite owners of properties with PBV assistance to attend any PBV group briefing for households receiving PBV assistance.

Reduction in HAP Contract Units Due to Vacancies [24 CFR 983.254(b)]

If any contract units have been vacant for 120 or more days since owner notice of the vacancy, RHA may give notice to the owner amending the HAP Contract to reduce the number of contract units by subtracting the number of contract units (according to the bedroom size) that have been vacant for this period.

RHA Policy

If any contract units have been vacant for 120 days, RHA will give notice to the owner that the HAP contract will be amended to reduce the number of contract units that have been vacant for this period. RHA will provide the notice to the owner within 10 business days of the 120th day of the vacancy. The amendment to the HAP Contract will be effective the 1st day of the month following the date of RHA’s notice.

17-VI.G. TENANT SCREENING [24 CFR 983.255]

RHA Responsibility

RHA is not responsible or liable to the owner or any other person for the family’s behavior or suitability for tenancy. However, RHA may opt to screen applicants for family behavior or suitability for tenancy and may deny applicants based on such screening.

RHA Policy

RHA will not conduct screening to determine a PBV applicant family’s suitability for tenancy.

RHA must provide the owner with an applicant family’s current and prior address (as shown in RHA records) and the name and address (if known by RHA) of the family’s current landlord and any prior landlords.

In addition, RHA may offer the owner other information RHA may have about a family, including information about the tenancy history of family members or about drug trafficking and criminal activity by family members. RHA must provide applicant families a description of the RHA policy on providing information to owners, and RHA must give the same types of information to all owners.

RHA may not disclose to the owner any confidential information provided in response to a request for documentation of domestic violence, dating violence, sexual assault, or stalking except at the written request or with the written consent of the individual providing the documentation [24 CFR 5.2007(a)(4)].

RHA Policy

RHA will inform owners of their responsibility to screen prospective tenants, and will provide owners with the required known name and address information, at the time of the turnover HQS inspection or before. RHA will not provide any additional information to the owner, such as tenancy history, criminal history, etc.
Owner Responsibility

The owner is responsible for screening and selection of the family to occupy the owner’s unit. When screening families the owner may consider a family’s background with respect to the following factors:

- Payment of rent and utility bills;
- Caring for a unit and premises;
- Respecting the rights of other residents to the peaceful enjoyment of their housing;
- Drug-related criminal activity or other criminal activity that is a threat to the health, safety, or property of others; and
- Compliance with other essential conditions of tenancy.

RHA will carefully monitor rejection of applicants based on credit and rental history to ensure that the project owner is, in the spirit of affordable housing opportunities, (a) only considering factors that address the rental obligations; (b) granting applicants an opportunity to appeal the determination, and (c) giving proper consideration to factors that may have resulted in an adverse termination, i.e. major illness, loss of employment.

PART VII: OCCUPANCY

17-VII.A. OVERVIEW

After an applicant has been selected from the waiting list, determined eligible by RHA, referred to an owner and determined suitable by the owner, the family will sign the lease and occupancy of the unit will begin.

17-VII.B. LEASE [24 CFR 983.256]

The tenant must have legal capacity to enter a lease under state and local law. Legal capacity means that the tenant is bound by the terms of the lease and may enforce the terms of the lease against the owner.

Form of Lease [24 CFR 983.256(b)]

The tenant and the owner must enter into a written lease agreement that is signed by both parties. If an owner uses a standard lease form for rental units to unassisted tenants in the locality or premises, the same lease must be used for assisted tenants, except that the lease must include a HUD-required tenancy addendum. The tenancy addendum must include, word-for-word, all provisions required by HUD.

If the owner does not use a standard lease form for rental to unassisted tenants, the owner may use another form of lease, such as a PHA model lease.

RHA may review the owner’s lease form to determine if the lease complies with state and local law. If the PHA determines that the lease does not comply with state or local law, RHA may decline to approve the tenancy.
RHA Policy

RHA’s review of the owner’s lease is limited to (a) conditions that are discriminatory, or (b) violate a HUD rule, or (c) are onerous (i.e. excessive late fees). If RHA determines that the lease does not comply with state or local law, RHA may decline to approve the tenancy.

Lease Requirements [24 CFR 983.256(c)]

The lease for a PBV unit must specify all of the following information:

• The names of the owner and the tenant;
• The unit rented (address, apartment number, if any, and any other information needed to identify the leased contract unit);
• The term of the lease (initial term and any provision for renewal);
• The amount of the tenant rent to owner, which is subject to change during the term of the lease in accordance with HUD requirements;
• A specification of the services, maintenance, equipment, and utilities that will be provided by the owner; and
• The amount of any charges for food, furniture, or supportive services.

Tenancy Addendum [24 CFR 983.256(d)]

The tenancy addendum in the lease must state:

• The program tenancy requirements;
• The composition of the household as approved by RHA (the names of family members and any RHA-approved live-in aide);
• All provisions in the HUD-required tenancy addendum must be included in the lease. The terms of the tenancy addendum prevail over other provisions of the lease.

Initial Term and Lease Renewal [24 CFR 983.256(f)]

The initial lease term must be for at least one year. The lease must provide for automatic renewal after the initial term of the lease in either successive definitive terms (e.g. month-to-month or year-to-year) or an automatic indefinite extension of the lease term. For automatic indefinite extension of the lease term, the lease terminates if any of the following occur:

• The owner terminates the lease for good cause
• The tenant terminates the lease
• The owner and tenant agree to terminate the lease
• RHA terminates the HAP Contract
• RHA terminates assistance for the family

Changes in the Lease [24 CFR 983.256(e)]
If the tenant and owner agree to any change in the lease, the change must be in writing, and the owner must immediately give RHA a copy of all changes.

The owner must notify RHA in advance of any proposed change in the lease regarding the allocation of tenant and owner responsibilities for utilities. Such changes may only be made if approved by RHA and in accordance with the terms of the lease relating to its amendment. RHA must redetermine reasonable rent, in accordance with program requirements, based on any change in the allocation of the responsibility for utilities between the owner and the tenant. The redetermined reasonable rent will be used in calculation of the rent to owner from the effective date of the change.

**Owner Termination of Tenancy [24 CFR 983.257]**

With two exceptions, the owner of a PBV unit may terminate tenancy for the same reasons an owner may in the tenant-based voucher program (see Section 12-III.B. and 24 CFR 982.310). In the PBV program, terminating tenancy for “good cause” does not include doing so for a business or economic reason, or a desire to use the unit for personal or family use or other non-residential purpose.

**Tenant Absence from the Unit [24 CFR 983.256(g) and 982.312(a)]**

The lease may specify a maximum period of family absence from the unit that may be shorter than the maximum period permitted by RHA policy. According to program requirements, the family’s assistance must be terminated if they are absent from the unit for more than 180 consecutive days. RHA termination of assistance actions due to family absence from the unit are subject to 24 CFR 981.312, except that the unit is not terminated from the HAP contract if the family is absent for longer than the maximum period permitted.

**Continuation of Housing Assistance Payments [24 CFR 982.258]**

Housing Assistance Payments shall continue until the tenant rent equals the rent to owner. The cessation of Housing Assistance Payments at such point will not affect the family's other rights under its lease, nor will such cessation preclude the resumption of payments as a result of later changes in income, rents, or other relevant circumstances if such changes occur within 180 days following the date of the last Housing Assistance Payment by RHA. After the 180-day period, the unit shall be removed from the HAP contract pursuant to 24 CFR 983.211.

**RHA Policy**

If a participating family receiving zero assistance experiences a change in circumstances that would result in a HAP payment to the owner, the family must notify RHA of the change and request an interim reexamination before the expiration of the 180-day period.

**Security Deposits [24 CFR 983.259]**

The owner may collect a security deposit from the tenant. RHA may prohibit security deposits in excess of private market practice, or in excess of amounts charged by the owner to unassisted tenants.
RHA Policy
RHA will encourage the owner to collect a security deposit amount the owner determines is appropriate.

When the tenant moves out of a contract unit, the owner, subject to state and local law, may use the security deposit, including any interest on the deposit, in accordance with the lease, as reimbursement for any unpaid tenant rent, damages to the unit, or other amounts owed by the tenant under the lease.

The owner must give the tenant a written list of all items charged against the security deposit and the amount of each item. After deducting the amount used to reimburse the owner, the owner must promptly refund the full amount of the balance to the tenant.

If the security deposit does not cover the amount owed by the tenant under the lease, the owner may seek to collect the balance from the tenant. RHA has no liability or responsibility for payment of any amount owed by the family to the owner.

17-VII.C. MOVES
Overcrowded, Under-Occupied, and Accessible Units [24 CFR 983.260]
If RHA determines that a family is occupying a wrong size unit, based on RHA’s subsidy standards, or a unit with accessibility features that the family does not require, and the unit is needed by a family that does require the features, RHA must promptly notify the family and the owner of this determination, and RHA must offer the family the opportunity to receive continued housing assistance in another unit.

RHA Policy
RHA will notify the family and the owner of the family’s need to move based on the occupancy of a wrong-size or accessible unit no later than the next annual recertification. RHA will offer the family the following types of continued assistance in the following order, based on the availability of assistance:

- PBV assistance in the same building or project;
- PBV assistance in another project; and
- Tenant-based voucher assistance.

If RHA offers the family a tenant-based voucher, RHA must terminate the Housing Assistance Payments for a wrong-sized or accessible unit at the earlier of the expiration of the term of the family’s voucher (including any extension granted by RHA) or the date upon which the family vacates the unit. If the family does not move out of the wrong-sized unit or accessible unit by the expiration of the term of the family's voucher, RHA must remove the unit from the HAP contract.

If RHA offers the family another form of assistance that is not a tenant-based voucher, and the family does not accept the offer, does not move out of the PBV unit within a reasonable time as determined by RHA, or both, RHA must terminate the Housing Assistance Payments for the unit.
at the expiration of a reasonable period as determined by RHA and remove the unit from the HAP contract.

**RHA Policy**

When the PHA offers a family another form of assistance that is not a tenant-based voucher, the family will be given 60 days from the date of the offer to accept the offer and move out of the PBV unit. If the family does not move out within this 60-day time frame, the PHA will terminate the housing assistance payments at the expiration of this 60-day period. If there is no appropriate vacancy in another unit with project-based assistance, RHA will continue the subsidy at the existing level for six months to allow the family to move to an appropriate unit with S8 tenant based assistance, if eligible.

RHA may make exceptions to this 60-day period if needed for reasons beyond the family’s control such as death, serious illness, or other medical emergency of a family member.

**Family Right to Move [24 CFR 983.261]**

The family may terminate the lease at any time after the first year of occupancy. The family must give advance written notice to the owner in accordance with the lease and provide a copy of such notice to RHA. If the family wishes to move with continued tenant-based assistance, the family must contact RHA to request the rental assistance prior to providing notice to terminate the lease.

Households assisted with RAD Project Based Voucher assistance are eligible to move with continued tenant-based voucher assistance 24 months after initiation of RAD rental assistance.

If the family terminates the lease in accordance with these requirements, RHA is required to offer the family the opportunity for continued tenant-based assistance, in the form of a voucher or other comparable tenant-based rental assistance. If voucher or other comparable tenant-based assistance is not immediately available upon termination of the family’s lease in the PBV unit, RHA must give the family priority to receive the next available opportunity for continued tenant-based assistance.

The above policies do not apply when the family, or a member of the family is or has been the victim of domestic violence, dating violence, sexual assault, or stalking, as provided in 24 CFR part 5, subpart 1, and the move is needed to protect the health or safety of the family or family member, or any family member has been the victim of a sexual assault that occurred on the premises during the 90-calendar day period preceding the family’s request to move, a PHA may:

a) not terminate assistance of the family, with or without prior notification to the PHA, if the family moves out of a unit in violation of the lease, if such move occurs to protect the health or safety of a family member who is or has been the victim of domestic violence, dating violence, sexual assault, or stalking and who reasonably believed he or she was threatened with imminent harm from further violence if he or she remained in the dwelling unit, or

b) any family member has been the victim of a sexual assault that occurred on the premises during the 90-calendar day period preceding the family’ request to move.
If a family breaks up as a result of an occurrence of domestic violence, dating violence, sexual assault, or stalking, as provided in 24 CFR part 5, subpart 1, the PHA may offer the victim the opportunity for continued tenant-based assistance.

If the family terminates the assisted lease before the end of the first year, the family relinquishes the opportunity for continued tenant-based assistance.

**Rental Assistance Demonstration (RAD) Choice Mobility Alternative**

HUD recognizes that it remains important for a PHA to still be able to use tenant-based vouchers to address the specific housing needs and priorities of the community. Therefore, HUD has established an alternative requirement for PHAs where, as a result of RAD, the total number of PBV units (including RAD PBV units) under HAP contract administered by PHA exceeds 20 percent of the PHA’s authorized units under its HCV ACC with HUD.

**RHA Policy**

RHA will limit turnover vouchers (transfer to tenant-based assistance) per fiscal year to one-third of the residents of any RAD covered project.

**17-VII.D. EXCEPTIONS TO THE OCCUPANCY CAP [24 CFR 983.262]**

RHA may not pay Housing Assistance under a PBV HAP Contract for more than the greater of 25 units or 25 percent of the number of dwelling units in a project unless:

- The units are exclusively for elderly families
- The units are for households eligible for supportive services available to all families receiving PBV assistance in the project
- The project is located in a census tract with a poverty rate of 20 percent or less, as determined in the most recent American Community Survey Five-Year estimates

If a family at the time of initial tenancy is receiving and while the resident of an excepted unit has received Family Self-Sufficiency (FSS) supportive services or any other service as defined by RHA and successfully completes the FSS contract of participation or the supportive services requirement, the unit continues to count as an excepted unit for as long as the family resides in the unit. However, if the FSS family fails to successfully complete the FSS contract of participation or supportive services objective and consequently is no longer eligible for the supportive services, the family must vacate the unit within a reasonable period of time established by RHA, and RHA shall cease paying HAP on behalf of the family.

Further, when a family (or remaining members of a family) residing in an excepted unit no longer meets the criteria for a “qualifying family” because the family is no longer an elderly family due to a change in family composition, RHA has the discretion to allow the family to remain in the excepted unit. If RHA does not exercise this discretion, the family must vacate the unit within a reasonable period of time established by RHA, and RHA must cease paying Housing Assistance Payments on behalf of the non-qualifying family.
Individuals in units with supportive services who choose to no longer participate in a service or who no longer qualify for services they qualified for at the time of initial occupancy cannot subsequently be denied continued housing opportunity because of this changed circumstance. A PHA or owner cannot determine that a participant’s needs exceed the level of care offered by qualifying services or require that individuals be transitioned to different projects based on service needs.

If the family fails to vacate the unit within the established time, the unit must be removed from the HAP Contract unless the project is partially assisted, and it is possible for the HAP Contract to be amended to substitute a different unit in the building in accordance with program requirements; or the owner terminates the lease and evicts the family. The Housing Assistance Payments for a family residing in an excepted unit that is not in compliance with its family obligations to comply with supportive services requirements must be terminated by RHA.

RHA may allow a family that initially qualified for occupancy of an excepted unit based on elderly family status to continue to reside in a unit, where through circumstances beyond the control of the family (e.g., death of the elderly family member or long-term or permanent hospitalization or nursing care), the elderly family member no longer resides in the unit. In this case, the unit may continue to be counted as an excepted unit for as long as the family resides in that unit. Once the family vacates the unit, in order to continue as an excepted unit under the HAP contract, the unit must be made available to and occupied by a qualified family.

**RHA Policy**

When RHA determines that a family no longer meets the criteria for a qualifying family, in connection with the 25 percent per project cap exception, RHA will provide written notice to the family and the owner within 10 business days of making the determination. The family will be given 60 days from the date of the notice to move out of the PBV unit. If the family does not move out within this 60-day time frame, RHA will terminate the HAP Contract at the expiration of this 60-day period.

RHA may make exceptions to this 60-day period if needed for reasons beyond the family’s control such as death, serious illness, or other medical emergency of a family member.

RHA may refer other eligible families to the excepted units. However, if there are no eligible families on the waiting list and the owner does not refer eligible families to RHA, RHA may amend the HAP contract to reduce the total number of units under the contract.
PART VIII: DETERMINING RENT TO OWNER

17-VIII.A. OVERVIEW

The amount of the initial rent to an owner of units receiving PBV assistance is established at the beginning of the HAP Contract term. Although for rehabilitated or newly constructed housing, the agreement to enter into HAP Contract (Agreement) states the estimated amount of the initial rent to owner, the actual amount of the initial rent to owner is established at the beginning of the HAP contract term.

During the term of the HAP Contract, the rent to owner is redetermined at the owner’s request in accordance with program requirements, and at such time that there is a five percent or greater decrease in the published FMR.

17-VIII.B. RENT LIMITS [24 CFR 983.301]

Except for certain tax credit units (discussed below), the rent to owner must not exceed the lowest of the following amounts:

- An amount determined by RHA, not to exceed 110 percent of the applicable fair market rent (or any HUD-approved exception payment standard) for the unit bedroom size minus any utility allowance;
- The reasonable rent; or
- The rent requested by the owner.

Certain Tax Credit Units [24 CFR 983.301(c)]

For certain tax credit units, the rent limits are determined differently than for other PBV units. Different limits apply to contract units that meet all of the following criteria:

- The contract unit receives a low-income housing tax credit under the Internal Revenue Code of 1986;
- The contract unit is not located in a qualified census tract;
- There are comparable tax credit units of the same bedroom size as the contract unit in the same project, and the comparable tax credit units do not have any form of rental assistance other than the tax credit; and
- The tax credit rent exceeds 110 percent of the fair market rent or any approved exception payment standard;

For contract units that meet all of these criteria, the rent to owner must not exceed the lowest of:

- The tax credit rent minus any utility allowance;
- The reasonable rent; or
- The rent requested by the owner.

However, RHA may use the higher S8 Payment Standard for a tax credit unit if the tax credit rent is less than the amount that would be permitted under S8. In these cases, S8 rent reasonableness requirements must continue to be met.

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Definitions

A qualified census tract is any census tract (or equivalent geographic area defined by the Bureau of the Census) in which at least 50 percent of households have an income of less than 60 percent of Area Median Gross Income (AMGI), or where the poverty rate is at least 25 percent and where the census tract is designated as a qualified census tract by HUD.

Tax credit rent is the rent charged for comparable units of the same bedroom size in the project that also receive the low-income housing tax credit but do not have any additional rental assistance (e.g., tenant-based voucher assistance).

Reasonable Rent [24 CFR 983.301(e) and 983.302(c)(2)]

RHA must determine reasonable rent in accordable with 24 CFR 983.303. The rent to owner for each contract unit may at no time exceed the reasonable rent, except in cases where RHA has elected within the HAP Contract not to reduce rents below the initial rent to owner and, upon redetermination of the rent to owner, the reasonable rent would result in a rent below the initial rent. However, the rent to owner must be reduced in the following cases:

- To correct errors in calculations in accordable with HUD requirements
- If additional housing assistance has been combined with PBV assistance after the execution of the initial HAP Contract and a rent decrease is required pursuant to 24 CFR 983.55
- If a decrease in rent to owner is required based on changes in the allocation of the responsibility for utilities between owner and tenant

If RHA has not elected within the HAP Contract to establish the initial rent to owner as the rent floor, the rent to owner shall not at any time exceed the reasonable rent.

RHA Policy

RHA will elect within the HAP Contract not to reduce rents below the initial level, with the exception of circumstances listed in 24 CFR 983.302(c)(2). If, upon redetermination of the rent to owner, the reasonable rent would result in a rent below the initial rent, RHA will use the higher initial rent to owner amount.

Use of FMRs, Exception Payment Standards, and Utility Allowances [24 CFR 983.301(f)]

When determining the initial rent to owner, RHA must use the most recently published FMR in effect and the utility allowance schedule in effect at execution of the HAP contract. When redetermining the rent to owner, RHA must use the most recently published FMR and the utility allowance schedule in effect at the time of redetermination. At its discretion, RHA may for initial rent, use the amounts in effect at any time during the 30-day period immediately before the beginning date of the HAP Contract, or for redeterminations of rent, the 30-day period immediately before the redetermination date.

Any HUD-approved exception payment standard amount under the Tenant-Based Voucher Program also applies to the Project-Based Voucher Program. HUD will not approve a different exception payment stand amount for use in the PBV program.
Likewise, RHA may not establish or apply different utility allowance amounts for the PBV Program. The same utility allowance schedule applies to both the Tenant-Based and Project-Based Voucher Programs.

RHA Policy

- Upon written request by the owner, the PHA will consider using the FMR or utility allowances in effect during the 30-day period before the start date of the HAP, or redetermination of rent. The owner must explain the need to use the previous FMRs or utility allowances and include documentation in support of the request. RHA will review and make a decision based on the circumstances and merit of each request.

- In addition to considering a written request from an owner, RHA may decide to use the FMR or utility allowances in effect during the 30-day period before the start date of the HAP, or redetermination of rent, if RHA determines it is necessary due to RHA budgetary constraints.

Use of Small Area FMRs (SAFMRs) [24 CFR 888.113(h)]

While Small Area FMRs (SAFMRs) do not apply to PBV projects, RHAs that operate a tenant-based program under SAFMRs (either by HUD-designation or because RHA requested HUD approval to use SAFMRs) may apply SAFMRs to all future PBV HAP Contracts. If RHA adopts this policy, it must apply to all future PBV projects and the PHA’s entire jurisdiction. RHA and owner may not subsequently choose to revert back to use of the FMRs once the SAFMRs have been adopted, even if RHA subsequently changes its policy.

Further, RHA may apply SAFMRs to current PBV projects where the notice of owner selection was made on or before the effective dates of both the SAFMR designation and RHA administrative plan policy, provided the owner is willing to mutually agree to doing so and the application is prospective. RHA and owner may not subsequently choose to revert back to use of the FMRs once the SAFMRs have been adopted, even if RHA subsequently changes its policy. If rents increase as a result of the use of SAFMRs, the rent increase may not be effective until the first anniversary of the HAP contract.

RHA Policy

RHA will not apply SAFMRs to RHA’s PBV Program.

Redetermination of Rent [24 CFR 983.302]

RHA must redetermine the rent to owner upon the owner’s request or when there is a 10 percent or greater decrease in the published FMR.

Rent Increase

If an owner wishes to request an increase in the rent to owner from RHA, it must be requested at the annual anniversary of the HAP Contract (see Section 17-V.D.). The request must be in writing and in the form and manner required by RHA. RHA may only make rent increases in accordance with the rent limits described previously. There are no provisions in the PBV Program for special adjustments (e.g., adjustments that reflect increases in the actual and
necessary expenses of owning and maintaining the units which have resulted from substantial
general increases in real property taxes, utility rates, or similar costs).

**RHA Policy**

- An owner is limited to one contract rent increase per 12 month period; it is
  preferred that the increase coincide with the anniversary of the tenancy, but this is
  not a requirement. To preserve affordability at 30% of adjusted monthly income,
  RHA will reduce an owners request for a contract rent to a maximum of Payment
  Standard less the applicable utility allowance.

- RHA will not approve and the owner may not receive any increase of rent to
  owner until and unless the owner has complied with requirements of the HAP
  Contract, including compliance with HQS. The owner may not receive any
  retroactive increase of rent for any period of noncompliance.

**Rent Decrease**

If there is a decrease in the rent to owner, as established in accordance with program
requirements such as a change in the FMR or exception payment standard, or reasonable rent
amount, the rent to owner must be decreased regardless of whether the owner requested a rent
adjustment, except where RHA has elected within the HAP contract to not reduce rents below
the initial rent under the initial HAP contract.

**Notice of Rent Change**

The rent to owner is redetermined by written notice by RHA to the owner specifying the amount
of the redetermined rent. RHA notice of rent adjustment constitutes an amendment of the rent to
owner specified in the HAP contract. The adjusted amount of rent to owner applies for the period
of 12 calendar months from the annual anniversary of the HAP contract.

**RHA Policy**

RHA will provide the owner with at least 30 days written notice of any change in the
amount of rent to owner.

**RHA-Owned Units [24 CFR 983.301(g)]**

For RHA-owned PBV units, the initial rent to owner and the annual redetermination of rent at
the anniversary of the HAP Contract are determined by the independent entity approved by
HUD. RHA must use the rent to owner established by the independent entity.

**17-VIII.C. REASONABLE RENT [24 CFR 983.303]**

At the time the initial rent is established and all times during the term of the HAP Contract, the
rent to owner for a contract unit may not exceed the reasonable rent for the unit as determined by
RHA, except where RHA has elected within the HAP contract to not reduce rents below the
initial rent under the initial HAP contract.

**When Rent Reasonable Determinations Are Required**

RHA must redetermine the reasonable rent for a unit receiving PBV assistance whenever any of
the following occur:
• There is a 10 percent or greater decrease in the published FMR in effect 60 days before the contract anniversary (for the unit sizes specified in the HAP contract) as compared with the FMR that was in effect one year before the contract anniversary date;

• RHA approves a change in the allocation of responsibility for utilities between the owner and the tenant;

• The HAP Contract is amended to substitute a different contract unit in the same building or project; or

• There is any other change that may substantially affect the reasonable rent.

**How to Determine Reasonable Rent**

The reasonable rent of a unit receiving PBV assistance must be determined by comparison to rent for other comparable unassisted units. When making this determination, RHA must consider factors that affect market rent. Such factors include the location, quality, size, type and age of the unit, as well as the amenities, housing services maintenance, and utilities to be provided by the owner.

**Comparability Analysis**

For each unit, the comparability analysis must use at least three comparable units in the private unassisted market. This may include units in the premises or project that is receiving project-based assistance. The analysis must show how the reasonable rent was determined, including major differences between the contract units and comparable unassisted units, and must be retained by RHA. The comparability analysis may be performed by RHA staff or by another qualified person or entity. Those who conduct these analyses or are involved in determining the housing assistance payment based on the analyses may not have any direct or indirect interest in the property.

**RHA-Owned Units**

For RHA-owned units, the amount of the reasonable rent must be determined by an independent agency approved by HUD in accordance with PBV program requirements. The independent entity must provide a copy of the determination of reasonable rent for RHA-owned units to RHA and to the HUD field office where the project is located.

**Owner Certification of Reasonable Rent**

By accepting each monthly housing assistance payment, the owner certifies that the rent to owner is not more than rent charged by the owner for other comparable unassisted units in the premises. At any time, RHA may require the owner to submit information on rents charged by the owner for other units in the premises or elsewhere.

**17-VIII.D. EFFECT OF OTHER SUBSIDY AND RENT CONTROL**

In addition to the rent limits discussed in Section 17-VIII.B above, other restrictions may limit the amount of rent to owner in a PBV unit. In addition, certain types of subsidized housing are not even eligible to receive PBV assistance (see Section 17-II.D).
Other Subsidy [24 CFR 983.304]

To comply with HUD subsidy layering requirements, at the discretion of HUD or its designee, RHA may reduce the rent to owner because of other governmental subsidies, including tax credits or tax exemptions, grants, or other subsidized funding.

For units receiving assistance under the HOME program, rents may not exceed rent limits as required by that program.

For units in any of the following types of federally subsidized projects, the rent to owner may not exceed the subsidized rent (basic rent) or tax credit rent as determined in accordance with requirements for the applicable federal program:

- An insured or non-insured Section 236 project;
- A formerly insured or non-insured Section 236 project that continues to receive Interest Reduction Payment following a decoupling action;
- A Section 221(d)(3) below market interest rate (BMIR) project;
- A Section 515 project of the Rural Housing Service;
- Any other type of federally subsidized project specified by HUD.

Combining Subsidy

Rent to owner may not exceed any limitation required to comply with HUD subsidy layering requirements.

Rent Control [24 CFR 983.305]

In addition to the rent limits set by PBV program regulations, the amount of rent to owner may also be subject to rent control or other limits under local, state, or federal law.
PART IX: PAYMENTS TO OWNER

17-IX.A. HOUSING ASSISTANCE PAYMENTS [24 CFR 983.351]

During the term of the HAP Contract, RHA must make housing assistance payments to the owner in accordance with the terms of the HAP Contract. During the term of the HAP Contract, payments must be made for each month that a contract unit complies with HQS and is leased to and occupied by an eligible family. The Housing Assistance Payment must be paid to the owner on or about the first day of the month for which payment is due, unless the owner and RHA agree on a later date.

Except for discretionary vacancy payments, RHA may not make any housing assistance payment to the owner for any month after the month when the family moves out of the unit (even if household goods or property are left in the unit).

The amount of the housing assistance payment by RHA is the rent to owner minus the tenant rent (total tenant payment minus the utility allowance).

In order to receive housing assistance payments, the owner must comply with all provisions of the HAP Contract. Unless the owner complies with all provisions of the HAP Contract, the owner does not have a right to receive housing assistance payments.

17-IX.B. VACANCY PAYMENTS [24 CFR 983.352]

If an assisted family moves out of the unit, the owner may keep the housing assistance payment for the calendar month when the family moves out. However, the owner may not keep the payment if RHA determines that the vacancy is the owner’s fault.

**RHA Policy**

If RHA determines that the owner is responsible for a vacancy and, as a result, is not entitled to the keep the housing assistance payment, RHA will notify the landlord of the amount of housing assistance payment that the owner must repay. RHA will require the owner to repay the amount owed in accordance with the policies in Section 16-IV.B.

At the discretion of RHA, the HAP Contract may provide for vacancy payments to the owner. RHA may only make vacancy payments if:

- The owner gives RHA prompt, written notice certifying that the family has vacated the unit and identifies the date when the family moved out (to the best of the owner’s knowledge);
- The owner certifies that the vacancy is not the fault of the owner and that the unit was vacant during the period for which payment is claimed;
- The owner certifies that it has taken every reasonable action to minimize the likelihood and length of vacancy; and
- The owner provides any additional information required and requested by RHA to verify that the owner is entitled to the vacancy payment.

The owner must submit a request for vacancy payments in the form and manner required by RHA and must provide any information or substantiation required by RHA to determine the amount of any vacancy payment.
RHA Policy

If an owner’s HAP contract calls for vacancy payments to be made, and the owner wishes to receive vacancy payments, the owner must have properly notified RHA of the vacancy in accordance with the policy in Section 17-VI.F. regarding filling vacancies.

In order for a vacancy payment request to be considered, it must be made within 10 business days of the end of the period for which the owner is requesting the vacancy payment. The request must include the required owner certifications and RHA may require the owner to provide documentation to support the request. If the owner does not provide the information requested by RHA within 10 business days of RHA’s request, no vacancy payments will be made.

17-IX.C. TENANT RENT TO OWNER [24 CFR 983.353]

The tenant rent is the portion of the rent to owner paid by the family. The amount of tenant rent is determined by RHA in accordance with HUD requirements. Any changes in the amount of tenant rent will be effective on the date stated in the RHA notice to the family and owner.

The family is responsible for paying the tenant rent (total tenant payment minus the utility allowance). The amount of the tenant rent determined by RHA is the maximum amount the owner may charge the family for rental of a contract unit. The tenant rent covers all housing services, maintenance, equipment, and utilities to be provided by the owner. The owner may not demand or accept any rent payment from the tenant in excess of the tenant rent as determined by RHA. The owner must immediately return any excess payment to the tenant.

Tenant and RHA Responsibilities

The family is not responsible for the portion of rent to owner that is covered by the housing assistance payment and the owner may not terminate the tenancy of an assisted family for nonpayment by RHA.

Likewise, RHA is responsible only for making the housing assistance payment to the owner in accordance with the HAP contract. RHA is not responsible for paying tenant rent, or any other claim by the owner, including damage to the unit. RHA may not use housing assistance payments or other program funds (including administrative fee reserves) to pay any part of the tenant rent or other claim by the owner.

Utility Reimbursements

If the amount of the utility allowance exceeds the total tenant payment, RHA must pay the amount of such excess to the tenant as a reimbursement for tenant-paid utilities, and the tenant rent to the owner must be zero.

RHA may pay the utility reimbursement directly to the family or to the utility supplier on behalf of the family. If RHA chooses to pay the utility supplier directly, RHA must notify the family of the amount paid to the utility supplier.
RHA Policy

- RHA will require the household to have utility service in the name of the head of household or spouse
- RHA will make utility reimbursements directly to Pacific Gas & Electric (PG&E)

17-IX.D. OTHER FEES AND CHARGES [24 CFR 983.354]

Meals and Supportive Services

With the exception of PBV assistance in assisted living developments, the owner may not require the tenant to pay charges for meals or supportive services. Non-payment of such charges is not grounds for termination of tenancy.

In assisted living developments receiving PBV assistance, the owner may charge for meals or supportive services. These charges may not be included in the rent to owner, nor may the value of meals and supportive services be included in the calculation of the reasonable rent. However, non-payment of such charges is grounds for termination of the lease by the owner in an assisted living development.

Other Charges by Owner

The owner may not charge extra amounts for items customarily included in rent in the locality or provided at no additional cost to unsubsidized tenants in the premises.
ATTACHMENT 02: MOVE-ON MULTI-FAMILY ASSISTED
APPLICATION QUESTION: 1C-5

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CHAPTER 4
APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive assistance under the HCV program, the family must submit an application that provides HACCC with the information needed to determine the family’s eligibility. HUD requires HACCC to place all families that apply for assistance on a waiting list. When HCV assistance becomes available, HACCC must select families from the waiting list in accordance with HUD requirements and PHA policies as stated in the administrative plan and the annual plan.

HACCC is required to adopt clear policies and procedures for accepting applications, placing families on the waiting list, and selecting families from the waiting list, and must follow these policies and procedures consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or HACCC that justify their selection. Examples of this are the selection of families for income targeting and the selection of families that qualify for targeted funding.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance, and that HACCC affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that HACCC will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and PHA policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how HACCC will handle the applications it receives.

Part II: Managing the Waiting List. This part presents the policies that govern how HACCC’s waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for assistance. It also discusses the process HACCC will use to keep the waiting list current.

Part III: Selection for HCV Assistance. This part describes the policies that guide HACCC in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that HACCC has the information needed to make a final eligibility determination.
PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes HACCC policies for making applications available, accepting applications making preliminary determinations of eligibility, and the placement of applicants on the waiting list. This part also describes HACCC’s obligation to ensure the accessibility of the application process to elderly persons, people with disabilities, and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16, Notice PIH 2009-36]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits HACCC to determine the format and content of HCV applications, as well as how such applications will be made available to interested families and how applications will be accepted by HACCC. HACCC must include Form HUD-92006, Supplement to Application for Federally Assisted Housing, as part of HACCC’s application.

HACCC Policy

Because demand for housing far exceeds available funding, HACCC will only provide HCV assistance to eligible families on its wait list, with the exception of families transferring into the program through portability. HACCC will utilize periodic lotteries to place applicants on the wait list. A lottery ensures that all applicants who express a need for assistance are given an equal opportunity to apply for and receive a voucher. HACCC will conduct a wait list lottery shortly before its existing wait list runs out of applicants. HACCC may conduct more frequent lotteries to meet any HUD obligations, such as the requirement that 75% of all new contracts must be for families at or below 30% of AMI, and also to allow families in a federally declared disaster area, graduates of a Contra Costa County Continuum of Care-funded permanent supportive housing program such as Shelter Plus Care or families who have lost their voucher assistance with HACCC due to funding cuts onto the wait list. Apart from the exceptions listed above, all applicants on an existing wait list will be served prior to families on a new wait list.

Lottery applicants will only be required to provide information needed to make an initial assessment of the family’s eligibility, and to determine the family’s placement on the waiting list. This is known as the "pre-application." This information will not be verified for waiting list placement.

The family will be required to provide all of the information necessary to establish family eligibility and level of assistance when the family is selected from the waiting list. This information will be verified. If it is determined that the family intentionally misrepresented the facts on the pre-application, the family will either be placed back on the wait list (ranked by their current preferences), or will be denied assistance. If the family is unable to verify their declared preferences, the family will be denied those preferences and will be placed back on the waiting list ranked by their verified preferences.
4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]

HACCC must take steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard PHA application process. This could include people with disabilities, certain elderly individuals, as well as persons with limited English proficiency (LEP). HACCC must provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible, or HACCC must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of HACCC’s policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

PHAs are required to take reasonable steps to ensure equal access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on HACCC’s policies related to ensuring access to people with limited English proficiency (LEP).

4-I.D. PLACEMENT ON THE WAITING LIST

HACCC must review each complete application received and make a preliminary assessment of the family’s eligibility. HACCC must accept applications from families for whom the list is open unless there is good cause for not accepting the application (such as denial of assistance) for the grounds stated in the regulations [24 CFR 982.206(b)(2)]. Where the family is determined to be ineligible, HACCC must notify the family in writing [24 CFR 982.201(f)]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list [24 CFR 982.202(c)].

Ineligible for Placement on the Waiting List

HACCC Policy

HACCC will conduct a lottery of all families and individuals who have turned in applications during the application period. Only applicants selected in the lottery will be placed on the wait list. Those not selected will receive a written notice informing them that they were not selected for the wait list.

If HACCC determines from the information provided on the pre-application that any applicant placed on the wait list appears ineligible, the family will be sent a notice denying them assistance. HACCC will send the written notification of the ineligibility determination within 14 calendar days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review and explain the process for doing so (see Chapter 16).
Eligible for Placement on the Waiting List

HACCC Policy

HACCC will send written notification of placement on the waiting list within 14 calendar days of verification of the lottery results.

Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list.

Applicants will be placed on the waiting list according to any preference(s) for which they qualify and their lottery number.
PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

HACCC must have policies regarding various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for assistance, as well as conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how a PHA may structure its waiting list and how families must be treated if they apply for assistance from a PHA that administers more than one assisted housing program.

4-II.B. ORGANIZATION OF THE WAITING LIST [24 CFR 982.204 and 205]

HACCC’s HCV waiting list must be organized in such a manner to allow HACCC to accurately identify and select families for assistance in the proper order, according to the admissions policies described in this plan.

The waiting list must contain the following information for each applicant listed:
- Name and social security number of head of household;
- Family unit size and number of family members;
- Amount of annual income
- Any accessibility needs
- Any translation/interpretation needs
- Wait list opening date and lottery number
- Qualification for any local preference;
- Racial or ethnic designation of the head of household;
- Postal mailing address.

HUD requires HACCC to maintain a single waiting list for the HCV program unless it serves more than one county or municipality. Such PHAs are permitted, but not required, to maintain a separate waiting list for each county or municipality served.

HACCC Policy

HACCC will maintain a single waiting list for the HCV program. In addition, HACCC shall maintain a separate site-based waiting list for each Project-Based Voucher (PBV) Project.

HUD directs that a family that applies for assistance from the HCV program must be offered the opportunity to be placed on the waiting list for any public housing, project-based voucher or moderate rehabilitation program HACCC operates if 1) the other programs’ waiting lists are open, and 2) the family is qualified for the other programs.

HUD permits, but does not require, that PHAs maintain a single merged waiting list for their public housing, Section 8, and other subsidized housing programs.
A family’s decision to apply for, receive, or refuse other housing assistance must not affect the family’s placement on the HCV waiting list, or any preferences for which the family may qualify.

HACCC Policy

HACCC will not merge the HCV waiting list with the waiting list for any other program HACCC operates.

4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

A PHA is permitted to close the waiting list if it has an adequate pool of families to use its available HCV assistance. Alternatively, HACCC may elect to continue to accept applications only from certain categories of families that meet particular preferences or funding criteria.

HACCC Policy

Due to the overwhelming interest in housing assistance received when the wait list is open, HACCC will accept applications for no more than two weeks at a time. The list may be opened for a shorter period of time. HACCC will randomly select applicants via a lottery if there are more applicants than anticipated available vouchers over the subsequent 24-month period. Where HACCC has particular preferences or funding criteria that require a specific category of family, HACCC may elect to continue to accept applications from these applicants while closing the waiting list to others.

HACCC will close the waiting list when the estimated waiting period for housing assistance for applicants on the list reaches 24 months for the most current applicants. Where HACCC has particular preferences or funding criteria that require a specific category of family, HACCC may elect to continue to accept applications from these applicants while closing the waiting list to others.

Reopening the Waiting List

If the waiting list has been closed, it may be reopened at any time. HACCC must give public notice of the waiting list opening. The notice must comply with HUD fair housing requirements and must specify who may apply, and where and when applications will be received.

HACCC Policy

HACCC will announce the reopening of the waiting list at least 14 calendar days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice.

HACCC will give public notice by publishing the relevant information in suitable media outlets including, but not limited to the following newspapers:

- Contra Costa Times
- Peninsula Community News
- LEP Publications:
  - El Observador
• Vietnam Daily News

HACCC will develop informational materials and flyers to distribute to public and private agencies that serve low-income persons and will also make presentations to such organizations. HACCC may provide application forms to other agencies that serve low-income clients and also may develop partnerships with such organizations, particularly those that serve persons with disabilities or LEP persons.

4-II.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

HACCC must conduct outreach as necessary to ensure that HACCC has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires HACCC to admit a specified percentage of extremely low income families to the program (see Chapter 4, Part III), HACCC may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21].

PHA outreach efforts must comply with fair housing requirements. This includes:

• Analyzing the housing market area and the populations currently being served to identify underserved populations

• Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program

• Avoiding outreach efforts that prefer or exclude people who are members of a protected class

PHA outreach efforts must be designed to inform qualified families about the availability of assistance under the program. These efforts may include, as needed, any of the following activities:

• Submitting press releases to local newspapers, including minority newspapers

• Developing informational materials and flyers to distribute to other agencies

• Providing application forms to other public and private agencies that serve the low income population

• Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

**HACCC Policy**

HACCC will monitor the characteristics of the population being served and the characteristics of the population as a whole in HACCC’s jurisdiction. Targeted outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.
4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

HACCC Policy

While the family is on the waiting list, the family must immediately inform HACCC of changes in contact information, including current residence, mailing address, and phone number. The changes must be submitted in writing and must provide a mailing address (email is not an acceptable mailing address). HACCC will send a written confirmation that the notice of change was received through the mail.

4-II.F. UPDATING THE WAITING LIST [24 CFR 982.204]

An out-of-date waiting list can hamper a housing authority’s efforts to process applicants efficiently when funding is available. To keep the waiting list current, HACCC is permitted to contact families on the waiting list periodically to reconfirm their interest, and to "purge" the list of families that are no longer interested, no longer eligible, or no longer reachable.

HUD requires HACCC to establish policies to use when removing applicant names from the waiting list.

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to a PHA request for information or updates, and HACCC determines that the family did not respond because of the family member’s disability, HACCC must reinstate the applicant family to their former position on the waiting list [24 CFR 982.204(c)(2)].

HACCC Policy

The waiting list will be updated as needed to ensure that all applicants are still interested in receiving housing assistance and that applicant contact information is current. To update the waiting list, HACCC will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that HACCC has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant’s name being removed from the HCV waiting list or multiple PBV site-based waiting lists if the update inquiry is for all programs. For wait list updates or correspondence to applicants on a specific wait list, if the household fails to respond, they shall only be removed from the specific wait list they received correspondence for.

The family’s response must be in writing and may be delivered in person, by mail, or by fax. Responses should be postmarked or received by HACCC not later than 30 calendar days from the date of HACCC letter.

If the family fails to respond within 30 calendar days, the family will be removed from the waiting list without further notice. If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.
If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 14 calendar days to respond from the date the letter was re-sent. If a family is removed from the waiting list for failure to respond, the PHA may reinstate the family if it is determined that the lack of response was due to PHA error, or to circumstances beyond the family’s control.

Removal from the Waiting List

HACCC Policy

HACCC will remove applicants from the waiting list if they have requested that their name be removed in writing, in person or by email. In such cases no informal hearing is required.

If at any time an applicant family is on the waiting list, HACCC 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 HACCC 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 HACCC’s decision (see Chapter 16) [24 CFR 982.201(f)].
PART III: SELECTION FOR HCV 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 HACCC 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.

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

4-III.B. SELECTION AND HCV 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, HACCC 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. HACCC must maintain records showing that such families were admitted with special program funding.

HACCC administers the following Special Purpose funding:

- Veterans Administration Supportive Housing Program (VASH)
- Moderate Rehabilitation

Special Admissions include the following:

- In-Place households for newly authorized PBV projects
- Public Housing residents displaced due to RAD and other HACCC redevelopment efforts
- Set-Aside for 25-50 vouchers for formerly homeless families transitioning from higher-level Continuum of Care-funded permanent supportive housing programs who no longer need a higher level of care. A referral from the permanent supportive housing program is required.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. HACCC must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, HACCC 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-III.C.
HACCC Policy

HACCC does not currently administer targeted funding.

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.

4-III.C. SELECTION METHOD

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

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

PHAs are 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 HACCC to establish other local preferences, at its discretion. Any local preferences established must be consistent with HACCC plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by a generally accepted data sources.

HACCC Policy

HACCC will use the following preferences (listed below with their ranking value) to rank applicants on the wait list:

- **Involuntary Displacement (20 points).** A preference for applicants who have been involuntarily displaced from housing due to:
  - A federal or state declared disaster
  - Government action (e.g., code enforcement, public improvement or development). Government action will also include participants in a witness protection program
  - Action by a housing owner that is beyond an applicant’s ability to control and which occurs despite the applicant's having met all previous conditions of occupancy, and is other than a rent increase (e.g. conversion of a unit to non-rental or residential use, owner wants the property for personal use, foreclosure).

If the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

To receive this preference, applicants must not be living in standard, permanent replacement housing. State law requires a preference in cases of displacement by public or private action.
- **Permanent Supportive Housing Graduation (500 points).** A preference for formerly homeless families who have graduated from a Contra Costa County Continuum of Care (COC) funded permanent supportive housing program, or another homeless housing program participating in the COC Coordinated Entry system, that partners with HACCC such as Shelter Plus Care. A referral from the COC Coordinated Entry system is required to be eligible for this preference.

- **Insufficient Funding Termination (20 points).** A preference to any family that has been terminated from HACCC’s HCV program due to insufficient program funding.

- **Residency Preference (10 points).** A residency preference for applicants who live, work or have been hired to work in Contra Costa County. The use of a residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.

- **Veterans Assistance (1 point).** A preference for current members of the U.S. Armed Forces, veterans, or surviving spouses of veterans (as required by state law) (1 point).

**Income Targeting Requirement [24 CFR 982.201(b)(2)]**

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during HACCC’s fiscal year. ELI families are those with annual incomes at the greater of the Federal Poverty level or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are “continuously assisted” under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

**HACCC Policy**

HACCC will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

**Order of Selection**

HACCC system of preferences may select families based on local preferences according to the date and time of application or by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

**HACCC Policy**

4-12

Administrative Plan - HCVP Program

Revised 12/2015
All applications received within the application window will be accepted and entered into the applicant pool. The applicant pool will be screened for duplicate applications. Only one application will be allowed per Head of Household. Applicants will be randomly selected for the wait list by computer-generated lottery. All applicants in the pool will be randomly assigned a lottery number. Families will be selected for the waiting list based on preference points and lottery number from the lowest to the highest number until HACCC has enough applicants to issue vouchers for approximately the next 24 months. If HACCC planned on issuing 2,500 vouchers over the next 24 months, applicants who were assigned numbers 1 through 2,500 would be placed on the wait list.

No other applicant would be placed on the list. All other applicants will have to reapply in the future.

All applicants will be assigned points based on any preference(s) for which they qualify (e.g., a veteran and resident of HACCC’s jurisdiction would receive 11 points). Applicants with more preference points will be ranked ahead of applicants with fewer preference points. Among applicants with the same number of preference points, families will be selected according to the lottery number assigned to them in the original lottery. A family assigned a lower number will have preference over a family assigned a higher number (e.g., a family assigned the number 20 in the lottery will receive preference over a family assigned 105).

When selecting families from the waiting list, if HACCC has targeted funding available, it must use those funds only to assist those families who meet the specified criteria. Within each targeted funding category, families will be selected based on the selection preference(s) for which they qualify (e.g., Mainstream Program) and by using their lottery placement as a tiebreaker. Documentation will be maintained by HACCC as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is neither qualified nor interested in targeted funding, there will be a notation maintained so that HACCC does not have to ask higher placed families each time targeted selections are made.

HACCC may also skip families in order to meet HUD’s ELI requirements. HACCC will assist qualified families in rank order off the wait list. HACCC is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

Preferences will be verified at the time of the full application. If a preference cannot be verified, the family will be returned to the wait list with the revised (lower) preference total.

4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, HACCC must notify the family [24 CFR 982.554(a)].
HACCC Policy

HACCC will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:

- Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview
- Who is required to attend the interview
- All documents that must be provided at the interview, including information about what constitutes acceptable documentation

If a notification letter is returned to HACCC with no forwarding address, the family will be removed from the waiting list. A notice of denial (see Chapter 3) will be sent to the family’s address of record, as well as to any known alternate address.

4-III.E. THE APPLICATION INTERVIEW

HUD recommends that HACCC obtain the information and documentation needed to make an eligibility determination through a face-to-face interview with a PHA representative [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if HACCC determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by HACCC [Notice PIH 2012-10].

Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability.

HACCC Policy

Families selected from the waiting list are required to participate in an eligibility interview.

All adult family members must be present at the initial eligibility appointment. If any adult members are not present at the initial eligibility appointment the appointment will be rescheduled. Verification of information pertaining to all adult members of the household not present at the interview will not begin until signed release forms are returned to HACCC.

All adult household members must provide acceptable documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity). If the adult members do not provide the required documentation at the time of the interview, they will be required to provide it within 14 calendar days.

All adult family members must also consent to a fingerprinting scan for criminal background screening.

The family must provide the information necessary to establish the family’s eligibility and determine the appropriate level of assistance, as well as completing required forms, providing required signatures, and submitting required documentation. If any materials
are missing, HACCC will provide the family with a written list of items that must be submitted.

If the family is claiming a waiting list preference, the family must provide documentation to verify their eligibility for a preference (see Chapter 7). If the family is verified as eligible for the preference, HACCC will proceed with the interview. If HACCC determines the family is not eligible for the preference, the interview will not proceed and the family will be placed back on the waiting list according to their updated preference ranking and lottery number.

Any required documents or information that the family is unable to provide at the interview must be provided with 14 calendar days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of eligible noncitizen status). If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (See Chapter 3).

An advocate, interpreter, or other assistant may assist the family with the application and the interview process.

Interviews will be conducted in English. For limited English proficient (LEP) applicants, HACCC will provide translation services in accordance with HACCC’s LEP plan.

If the family is unable to attend a scheduled interview, the family should contact HACCC in advance of the interview to schedule a new appointment. In all circumstances, if a family does not attend a scheduled interview, HACCC will send another notification letter with a new interview appointment time. Applicants who fail to attend two scheduled interviews without PHA approval will be denied assistance based on the family’s failure to supply information needed to determine eligibility. A notice of denial will be issued in accordance with policies contained in Chapter 3.

4-III.F. COMPLETING THE APPLICATION PROCESS

HACCC must verify all information provided by the family (see Chapter 7). Based on verified information, HACCC must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted funding admission, or selection preference that affected the order in which the family was selected from the waiting list.

HACCC Policy

Involuntary Displacement (20 points):

- Families who claim they are being or have been displaced due to either a disaster or government action: written verification by the displacing unit or agency of government, or by a service agency such as the Red Cross. The disaster must either have occurred in the past year, or the family must still be living in temporary housing or receiving housing assistance subsidies that will expire.
• Families who claim they are being or have been displaced because of actions taken by the owner/agent of the unit the family is renting: Notification by owner to family of the action/ written verification by the owner or agent/documents such as sales agreements, foreclosure notices or building permits.

• Families who claim they have been or are about to be displaced to avoid reprisals for providing information to assist police in a criminal investigation: certification of threat assessment and placement in a witness protection program by a law enforcement agency and written recommendation from a law enforcement agency or HUD.

**Permanent Supportive Housing Graduation (500 points).** A preference for formerly homeless families who have graduated from a Contra Costa County Continuum of Care (COC) funded permanent supportive housing program, or another homeless housing program participating in the COC Coordinated Entry system, that partners with HACCC such as Shelter Plus Care. A referral from the COC Coordinated Entry system is required to be eligible for this preference.

**Insufficient Funding Termination (20 points).** A preference to any family that has been terminated from HACCC’s HCV program due to insufficient program funding.

**Residency Preference (10 points):** In order to verify that an applicant is a resident, HACCC will require a minimum of 2 of the following documents: rent receipts, leases, utility bills, employer or agency records, school records, driver’s licenses, voter’s registration records, credit reports.

For families who work or who have been hired to work in Contra Costa County, a statement from the employer will be required.

**Veterans Preference (1 point):** HACCC will require U.S. government documents which indicate that the applicant qualifies under the above definition.

If HACCC determines that the family is ineligible, HACCC will send written notification of the ineligibility determination within 14 calendar days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review (Chapter 16).

If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list (e.g. targeted funding, extremely low-income), the family will be returned to its original position on the waiting list. HACCC will notify the family in writing that it has been returned to the waiting list, and will specify the reasons for it.

If HACCC determines that the family is eligible to receive assistance, HACCC will invite the family to attend a briefing in accordance with the policies in Chapter 5.
ATTACHMENT 03: COORDINATED ENTRY ASSESSMENT TOOL

RELATED APPLICATION QUESTION: 1C-8

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Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)

Prescreen Triage Tool for Single Adults
Modified With Additional CT HMIS Questions
Updated: 3-10-16

AMERICAN VERSION 2.0

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

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<th>Agency</th>
<th>Team</th>
<th>Staff</th>
<th>Volunteer</th>
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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

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<thead>
<tr>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
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In what language do you feel best able to express yourself? __________________________

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<th>Date of Birth</th>
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<th>Social Security Number</th>
<th>Consent to participate</th>
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<td>___ ___ _____________</td>
<td>Yes No</td>
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IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.
A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - Shelters
   - Transitional Housing
   - Safe Haven
   - Outdoors
   - Other (specify):
   - Refused


SCORE:

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

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

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.**

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.**

**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.**

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.**

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.**

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.**
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 RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.
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.

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.

Scoring Summary

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Score: Recommendation:

Score: 0-3: no housing intervention

Score: 4-7: an assessment for Rapid Re-Housing

Score: 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
1. Number of adults in the household: _________

2. Number of children under the age of 18 in the household: _________

3. HIV / AIDS: □ Y  □ N  □ Refused

4. Has physical violence, threat of physical violence, or stalking by a spouse or intimate partner caused or contributed to your current homelessness? □ Y  □ N  □ Refused

5. Domestic violence victim/survivor: □ Y  □ N  □ Refused
   If Yes, when the experience occurred: □ Within the past three months  □ 3–6 months
   □ 6 months to one year  □ One year or more  □ Doesn’t Know  □ Refused

6. Are you currently working with a case worker from DCF? □ Y  □ N  □ Refused

7. Have you slept on the streets/place not meant for human habitation or in a shelter in a state other than CT in the past 3 years? □ Y  □ N  □ Refused

8. Additional Intake / CAN Specific Notes (optional):

________________________________________________________________________
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Administration

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<th>Interviewer’s Name</th>
<th>Agency</th>
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<th>Staff</th>
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<td>___ : ___ AM/PM</td>
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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

<table>
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<tr>
<th>PARENT 1</th>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
<th>In what language do you feel best able to express yourself?</th>
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IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.
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:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Date of Birth</th>
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**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.**

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.**

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.**
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.

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.

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.

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

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.**

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 problematic substance use? □ Y □ N □ N/A or Refused

**IF “YES”, SCORE 1 FOR TRI-MORBIDITY.**

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.**

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.**
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 OR 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:
Scoring Summary

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<tr>
<td>A. HISTORY OF HOUSING &amp; HOMELESSNESS</td>
<td>0/2</td>
<td>Score: Recommendation:</td>
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<td>B. RISKS</td>
<td>0/4</td>
<td>0-3  no housing intervention</td>
</tr>
<tr>
<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
<td>0/4</td>
<td>4-8  an assessment for Rapid Re-Housing</td>
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<tr>
<td>D. WELLNESS</td>
<td>0/6</td>
<td>9+   an assessment for Permanent Supportive Housing/Housing First</td>
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<tr>
<td>E. FAMILY UNIT</td>
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<td>GRAND TOTAL:</td>
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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
1. Number of adults in the household: __________

2. Number of children under the age of 18 in the household: __________

3. HIV / AIDS: ☐ Y ☐ N ☐ Refused

4. Has physical violence, threat of physical violence, or stalking by a spouse or intimate partner caused or contributed to your current homelessness? ☐ Y ☐ N ☐ Refused

5. Domestic violence victim/survivor: ☐ Y ☐ N ☐ Refused
   If Yes, when the experience occurred: ☐ Within the past three months ☐ 3–6 months ☐ 6 months to one year ☐ One year or more ☐ Doesn’t Know ☐ Refused

6. Are you currently working with a case worker from DCF? ☐ Y ☐ N ☐ Refused

7. Have you slept on the streets/place not meant for human habitation or in a shelter in a state other than CT in the past 3 years? ☐ Y ☐ N ☐ Refused

8. Additional Intake / CAN Specific Notes (optional):

________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
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16
# ATTACHMENT 04: COC RATING AND RANKING PROCEDURE, 1E-1

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<td>22-49</td>
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<td>o Renewal Project Application</td>
<td>21-33</td>
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<tr>
<td>o New Project Application</td>
<td>34-49</td>
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<td><strong>Sample Project Report (displays narrative and scores used for evaluation)</strong></td>
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<td><strong>Minutes from Meeting Where Scoring Tool was Adopted</strong></td>
<td>60-71</td>
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<td>o Motion to Adopt Renewal Scoring Tool</td>
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Section 1. APPLICATION OVERVIEW

The Council on Homelessness prepares and oversees the applications for funds administered by HUD under the HEARTH Act. The Council on Homelessness is designed to assist individuals—including unaccompanied youth—and families experiencing homelessness and to provide the services needed to help individuals move into transitional and permanent housing, with the goal of long-term stability. The Council’s HUD CoC Program funds are granted annually based on a national competition following the release of a Notice of Funding Availability (NOFA). It is a primary responsibility of the Council to oversee the application for those funds.

The following sections outline the Council’s policies as related to designing, operating and following a collaborative local process for the development of HUD Continuum of Care Program applications and approval of submission of applications as required by C.F.R. 578.9.

Section 2. COLLABORATIVE APPLICANT

The Council designates Contra Costa County Behavioral Health Homeless Program as the annual HUD CoC Program Collaborative Applicant. The Collaborative Applicant (or its designee) is responsible for leading and supporting all aspects of the annual HUD CoC Program application process, including submission of the Consolidated Application consisting of 1) the CoC Application (formerly Exhibit 1); 2) Project Applicant’s Priority List; and 3) all Project Applications (formerly Exhibits 2).

Section 3. OVERVIEW OF PROJECT REVIEW PROCESS AND APPLICATION SUBMISSION TIMELINE

Immediately after HUD’s Continuum of Care Program Notice of Funding Availability (NOFA) is released, the Collaborative Applicant (or its designee) will coordinate and carry out all of activities needed to successfully submit an application on behalf of the CoC. The following is an overview of the timeline of tasks for CoC Program application submission. The timeline is subject to change annually, depending on HUD’s requirements as outlined in the NOFA.

Prior to the NOFA release, the Council will request that the HUD Grantees Committee convene to design and/or revise scoring tools and any corresponding local application materials to assist in the CoC review and ranking of all renewal and new project applications. These materials will take into consideration both local and HUD priorities.
The scoring tools will be finalized and presented to the Council for review and approval. The Council may initiate additional revisions to the scoring tools and local application materials if warranted based on new information about HUD priorities or process requirements contained in that year’s NOFA.

Upon HUD release of the NOFA, the Collaborative Applicant will schedule and announce a time and date for a Technical Assistance Workshop. These details will be distributed to the entire CoC.

All potential applicants must participate in the HUD CoC Program Technical Assistance Workshop. At the workshop, the Collaborative Applicant will present an overview of the HUD CoC NOFA, including details about available funding and any major changes in the application from previous years. Applicants will also be oriented to the process for reviewing and ranking applications, which will cover any supplemental local application materials and the scoring tool and applicable dates. Applicants will also have a chance to ask any questions about both the local and HUD application processes.

Applicants complete local application materials by a date announced at the Technical Assistance Workshop, typically within four to six weeks of the NOFA release (and generally not less than 30 days prior to the NOFA submission deadline).

- Any late application received within 48 hours of the due date/time will receive a 15 point score reduction. Late applications received after 48 hours will not be accepted.
- Incomplete applications cannot be cured for the CoC Review and Rank Panel scoring process but must be corrected prior to HUD submission.

Qualified, non-conflicted CoC Review and Rank Panel members are recruited and oriented to the local review and ranking process.

The CoC Review and Rank Panel members receive all local application and scoring materials and review and score each program’s application.

The CoC Review and Rank Panel meets to jointly discuss each application, interview applicants, and to comment on ways to improve individual applications. Panel members individually score applications based on the scoring tools. The ranked list is created by the following procedures:

- One ranked list is prepared based on a compilation of CoC Review and Rank Panel raw scores for each application.
- Those applications that do not meet certain threshold requirements (as detailed on the scoring tool) will not be included on the ranked list.
- The highest scoring and eligible new permanent housing project will be selected to apply for any bonus funding available through the NOFA.
- Based on community priorities established by the scoring tools, the CoC Review and Rank Panel may determine whether any renewal project should be decreased or reallocated. Any funding
captured from an existing project will be made available for reallocation to a new project that meets the requirements in the NOFA application.

Scoring results are sent to applicants with a reminder of the appeals process at least 15 days before CoC Application deadline. In addition, projects are given feedback from the CoC Review and Rank Panel on the quality of their application and ways they can improve their final submission to HUD.

Appeals, if any, are considered in compliance with the Appeals Process detailed below.

A final ranked project list is submitted to the Executive Board for review and approval.

The Collaborative Applicant collects all final Project Applications and submits them to HUD, along with the CoC Application, as part of the CoC’s Consolidated Application

Section 4. CoC REVIEW AND RANK PANEL MEMBERSHIP

The Council designates between three and five of its members to serve as CoC Review and Rank Panelists. CoC Review and Rank Panelists must be:

- Knowledgeable about homelessness and housing in the community and broadly representative of the relevant sectors, subpopulations, and geographic areas;
- “Neutral,” meaning that they are not employees, staff, or otherwise have a business or personal conflict of interest with the applicant organizations;
- Familiar with housing and homeless needs within Contra Costa County; and
- Willing to review projects with the best interest of homeless persons in mind.

To serve on the CoC Review and Rank Panel, members must:

- Sign a statement declaring that they have no conflict of interest and a confidentiality agreement; and
- Be able to dedicate time for application review and CoC Review and Rank Panel meetings as scheduled by the Collaborative Applicant.

Section 5. REALLOCATION OF FUNDS

HUD allows CoCs to reallocate funds from non- and/or under-performing projects to higher priority community needs that also align with HUD priorities and goals. The CoC Review and Rank Panel facilitates the reallocation discussion and process, in consultation with the CoC, the Council, the Collaborative Applicant, and the CoC Program recipients and subrecipients who may be impacted. The Council must approve all final decisions about reallocation.
Section 6. USING ALL AVAILABLE FUNDS

The Collaborative Applicant will do everything possible to ensure that the community applies for all funds available to the CoC. Thus, if all on-time applications have been submitted and it appears that either: 1) the community is not requesting as much money as is available from HUD, 2) no bonus (or other special project as defined by HUD) projects have been submitted, or 3) there are reallocated funds available, then:

- The Collaborative Applicant will communicate with the Council, CoC, and other interested parties (all homeless service and housing providers in Contra Costa County) with details about the available funding.
- The Collaborative Applicant will provide technical assistance and guidance, as needed, to ensure applicants understand the funding requirements.
- Any additional applications for these funds will be due as soon as possible after this communication is distributed, in compliance with CoC Program submission deadlines.

Section 7. APPEALS PROCESS

All eligible applicants have the opportunity to appeal both their score and preliminary ranking prior to the ranked list being finalized and approved by the Council. The Appeals Panel will only be established if an applicant requests an appeal.

A. THE APPEALS PANEL

The Appeals Committee will be comprised of four impartial members of the Council: three voting members and one non-voting member. The three voting members will not have participated in the original CoC Review and Rank Panel. The non-voting member must have been a member of the original CoC Review and Rank Panel.

No member of the Appeals Committee may have a conflict of interest with any of the agencies applying for CoC Program funding. All members of the Appeals Committee must sign conflict of interest and confidentiality statements. If there are insufficient Council members who qualify for the appeals committee, a member of the CoC may be designated by the Council to participate in the Appeals Committee.

B. ELIGIBLE APPEALS

An applicant may be eligible to appeal the decision of the CoC Review and Rank Panel if their project application:

- Is rejected from inclusion as part of the CoC Consolidated Application submission, or
- Receives decreased funding (e.g., through reallocation).
To appeal, the applicant must demonstrate that:

- Their score is not reflective of the application information provided, or
- There was bias or unfairness in the process that warrants the appeal.

All appeals must be based on information submitted by the applicant agency by the application due date. No new or late information will be considered. The omission of information (inadvertently or otherwise) from a project application is not grounds for an appeal.

C. SUBMITTING AN APPEAL

Any and all appeals must be received in writing with supporting documentation within three business days following the notification of ranking to projects.

The notice of appeal must include a written statement specifying in detail the grounds asserted for the appeal. The statement must be signed by an individual authorized to represent the agency (i.e., Executive Director) and submitted to the Collaborative Applicant or its administrative designee. The notice of appeal is limited to two single-sided, single-spaced pages in 12-point font. The notice of appeal must include a copy of the project application in question and all accompanying materials submitted to the CoC Review and Rank Panel.

D. THE APPEALS PROCESS

The Appeals Panel will meet with a representative(s) of the agency/collaborative making the notice of appeal to discuss the appeal. A face-to-face meeting is preferred, but if time conflicts require it, the conversation can occur by conference telephone.

All appeals submitted in compliance with Section 7.B will be read, reviewed and evaluated by the Appeals Panel. The role of the Appeals Panel is to read and review only those areas of the application that are being appealed.

The Appeals Panel will then meet to deliberate. All project applicants will be invited to attend any appeal and each applicant may make a 10-minute statement regarding the appeal.

The Appeals Panel will review the rankings made by the CoC Review and Rank Panel only on the basis of the submitted project application, the two-page appeal, any statements made to the Appeals Panel during the appeals process, and the materials used by the CoC Review and Rank Panel. No new information can be submitted by the applicant or reviewed by the Appeals Panel.

The decision of the Appeals Panel must be supported by a simple majority vote of voting members.

The appealing agency will receive, in writing, the decision of the Appeals Panel within two business days of the Appeals Panel Meeting. The decision of the Appeals Panel will be final.
The Council must approve the final ranked list of all Project Applicant proposals. Any Council members with a conflict of interest must recuse himself/herself from all related discussions and abstain from the vote approving the priority list. The Collaborative Applicant will then submit this prioritized list to HUD by the CoC Program Competition deadline as part of the Consolidated Application. Conditional award funding is typically based upon the prioritized list of Project Applicants that are submitted; however, HUD determines actual awards and funding amounts.
AVAILABLE FUNDING FOR OUR COC

HUD determines the maximum award for which each CoC is eligible, determined by a combination of factors. This year, in our CoC, our eligible application amounts are as follows:

- **Estimated Annual Renewal Demand:** $14,234,434
- **Estimated Permanent Housing Bonus Funding:** $854,066
- **Estimated DV Bonus Funding:** $305,710*
- **Estimated Tier 1 Funding:** $13,380,368
- **Estimated Tier 2 Funding:** $854,066
- **Estimated Planning Funding:** $382,602

LOCAL PROCESS TIMELINE

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUD Opens FY2018 CoC Program Competition</td>
<td>June 20, 2018</td>
</tr>
<tr>
<td>CoC Provider Meeting about New Project Scoring Tools</td>
<td>June 28, 2018</td>
</tr>
<tr>
<td>Renewal Project Supplemental Questionnaires Due</td>
<td>July 11, 2018</td>
</tr>
<tr>
<td>Technical Assistance Workshop</td>
<td>July 12, 2018</td>
</tr>
<tr>
<td>Scoring Tools Finalized by Council on Homelessness</td>
<td>July 12, 2018</td>
</tr>
<tr>
<td>New Project Letters of Intent Due</td>
<td>July 19, 2018</td>
</tr>
<tr>
<td>Renewal Project PRESTO Reports finalized by providers</td>
<td>July 25, 2018</td>
</tr>
<tr>
<td>New Project Supplemental Questionnaires Due</td>
<td>August 1, 2018</td>
</tr>
<tr>
<td>Review &amp; Rank Panel Orientation</td>
<td>August 2, 2018</td>
</tr>
<tr>
<td>New/Renewal Project e-snaps Applications Due</td>
<td>August 8, 2018</td>
</tr>
<tr>
<td>Review &amp; Rank Panel Interviews</td>
<td>August 16, 2018</td>
</tr>
<tr>
<td>Review &amp; Rank Decisions Announced</td>
<td>August 17, 2018</td>
</tr>
<tr>
<td>Appeals of Review &amp; Rank Decisions Due</td>
<td>August 22, 2018</td>
</tr>
<tr>
<td>Appeals Considered &amp; Decisions Announced</td>
<td>August 23, 2018</td>
</tr>
<tr>
<td>Council on Homelessness Approval of Priority Listings</td>
<td>August 27, 2018</td>
</tr>
<tr>
<td>HUD Deadline for CoCs to Finalize Priority Listings</td>
<td>September 3, 2018</td>
</tr>
<tr>
<td>Project Application Technical Reviews and coordination with applicants</td>
<td>August 1 – September 10, 2018</td>
</tr>
<tr>
<td>Project Applications Finalized in e-snaps</td>
<td>September 10, 2018</td>
</tr>
<tr>
<td>HUD Deadline for CoCs to Post Consolidated Application Online</td>
<td>September 14, 2018</td>
</tr>
<tr>
<td>HUD Deadline for Submission of CoC Consolidated Application</td>
<td>September 18, 2018</td>
</tr>
</tbody>
</table>

* HUD has not released the 2018 PPRN. This estimate is based on Contra Costa’s 2017 PPRN. DV Bonus is 10% of the Preliminary Pro Rata Need or a minimum of $50,000; FY2017 PPRN = $3,057,101 x .10 = $305,710.
OVERVIEW

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Project’s Work is Consistent with HUD Priorities</td>
<td>25</td>
</tr>
<tr>
<td>2. Outcomes</td>
<td>35</td>
</tr>
<tr>
<td>3. Agency Capacity</td>
<td>30</td>
</tr>
<tr>
<td>4. Budget</td>
<td>10</td>
</tr>
<tr>
<td>5. <em>Reallocation Bonus</em></td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Note: The following projects will be reviewed for threshold and placed at the bottom of Tier 1:

- HMIS renewal projects,
- Coordinated Entry renewal projects, and
- Renewal projects operational less than one year.
## Threshold Criteria

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Housing First</strong>&lt;br&gt;The project’s policies include a commitment to identifying and lowering its barriers to housing.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>2. Coordinated Entry</strong>&lt;br&gt;Project participates in coordinated entry to the extent possible for this project type.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>3. HMIS</strong>&lt;br&gt;Project will enter data for all CoC-funded beds into HMIS.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>4. Successful Drawdown</strong>&lt;br&gt;Project, if operational, has made at least one successful drawdown of federal funds as of the time of this application.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>5. Program Policies &amp; Procedures</strong>&lt;br&gt;Project has submitted policies and procedures that are consistent with minimum HUD requirements.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>6. Participant Eligibility</strong>&lt;br&gt;The project will only accept participants that can be documented as eligible for this project’s program type based on their housing and disability status.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>7. Equal Access/Fair Housing</strong>&lt;br&gt;The project provides equal access and fair housing without regard to sexual orientation, gender identity, or local residency status.</td>
<td>N/A</td>
</tr>
</tbody>
</table>
SCORING CRITERIA

1. PROJECT’S WORK IS CONSISTENT WITH HUD AND LOCAL PRIORITIES  (25 PTS.)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.A. HUD Priorities</strong></td>
<td>10</td>
</tr>
<tr>
<td>Renewal permanent housing (PSH &amp; RRH) = 10 points</td>
<td></td>
</tr>
<tr>
<td><strong>1.B. Prioritizing Chronically Homeless Households</strong></td>
<td>10</td>
</tr>
<tr>
<td>Percentage of new clients who are <strong>chronically homeless</strong></td>
<td></td>
</tr>
<tr>
<td>• Consider: program type, household type</td>
<td></td>
</tr>
<tr>
<td><strong>1.C. Project Impact &amp; Responsiveness to Local Need</strong></td>
<td>5</td>
</tr>
<tr>
<td>Impact of the program in addressing local needs</td>
<td></td>
</tr>
<tr>
<td>• Consider: leveraged resources (e.g., site-based housing), subpopulations served, demonstrated need for the project type in the community</td>
<td></td>
</tr>
</tbody>
</table>
Keep in mind that outcomes will naturally be lower in a more difficult to serve population such as persons experiencing chronic homelessness, mental illness and/or substance use disorders.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2. A. Housing Stability</strong></td>
<td></td>
</tr>
<tr>
<td>RRH: Exits to Permanent Housing</td>
<td>20</td>
</tr>
<tr>
<td>% of “living-leavers” who exited to a permanent destination</td>
<td></td>
</tr>
<tr>
<td>PSH: Increasing Housing Retention</td>
<td></td>
</tr>
<tr>
<td>% of participants who remained in the program for at least 6 months or “living-leavers” who exited to another permanent destination</td>
<td></td>
</tr>
<tr>
<td><strong>2. B. Exits to Homelessness</strong></td>
<td>5</td>
</tr>
<tr>
<td>% of persons who exited to homeless temporary destinations (emergency shelter, transitional housing, place not meant for human habitation, or hotel/motel)</td>
<td></td>
</tr>
<tr>
<td><strong>2. C. Maintaining/Increasing Cash Income</strong></td>
<td>5</td>
</tr>
<tr>
<td>% of adults who maintained or increased any non-zero cash income (employment and/or mainstream benefits) based on last completed annual assessment for stayers and based on exit for leavers</td>
<td></td>
</tr>
<tr>
<td><strong>2. D. Connecting to Non-Cash Mainstream Benefits</strong>*</td>
<td>5</td>
</tr>
<tr>
<td>% of adults who access at least one non-cash mainstream benefit OR one health insurance benefit based on last completed annual assessment for stayers and based on exit for leavers</td>
<td></td>
</tr>
<tr>
<td>• Consider the greater of the two percentages</td>
<td></td>
</tr>
</tbody>
</table>
| *To reflect changes the new APR format that parses out connections to health insurance from mainstream non-cash benefits and does not allow the information to be merged.
### 3. AGENCY CAPACITY

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.A. Administrative Structure</strong></td>
<td>6</td>
</tr>
<tr>
<td>Does the agency have the expertise, staff, procedural, and administrative structure needed to meet all grant audit, administrative, and reporting requirements?</td>
<td></td>
</tr>
<tr>
<td>• Any outstanding HUD findings and/or financial audit findings? (2 pts)</td>
<td></td>
</tr>
<tr>
<td>• Has HUD deobligated any of the agency’s/program’s grant funds in the past three operating years? (2 pts)</td>
<td></td>
</tr>
<tr>
<td>• Does the application packet that was submitted reflect an agency with capacity that is sufficient to carry out the HUD administrative requirements? (2 pt)</td>
<td></td>
</tr>
<tr>
<td><strong>3.B. HMIS Participation &amp; Data Quality</strong></td>
<td>6</td>
</tr>
<tr>
<td>• Does the project have 5% or fewer values that are missing/unknown for required HUD Universal Data Elements (UDEs)?</td>
<td></td>
</tr>
<tr>
<td>• Does the project run data checks at least quarterly?</td>
<td></td>
</tr>
<tr>
<td>Consider: HMIS Data Completeness Report Card</td>
<td></td>
</tr>
<tr>
<td><strong>3.C. CoC Participation</strong></td>
<td>6</td>
</tr>
<tr>
<td>Does the agency and/or project sponsor participate in Contra Costa Council on Homelessness and CoC-related planning meetings?</td>
<td></td>
</tr>
<tr>
<td><strong>3.D. Consistent Implementation of Housing First</strong></td>
<td>6</td>
</tr>
<tr>
<td>Has the agency implemented the principles of Housing First (e.g., lower the barriers to entry for prospective clients, avoid screening out clients based on real or perceived barriers to success)? Does the project continually monitor compliance with Housing First?</td>
<td></td>
</tr>
<tr>
<td><strong>3.E. Quality Assurance</strong></td>
<td>6</td>
</tr>
<tr>
<td>Does the agency and/or project maintain policies, procedures, and actions to ensure continuous quality improvement? Consider:</td>
<td></td>
</tr>
<tr>
<td>• Does the agency train its staff to ensure high quality of care?</td>
<td></td>
</tr>
<tr>
<td>• Does the agency assess quality of service and consumer satisfaction through surveys, focus groups, etc.?</td>
<td></td>
</tr>
<tr>
<td>• Does the agency monitor program performance using data?</td>
<td></td>
</tr>
</tbody>
</table>
## 4. EFFICIENT USE OF FUNDS (10 PTS.)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.A. Utilization Rate</strong></td>
<td>5</td>
</tr>
<tr>
<td>Is the project at capacity in meeting the number of homeless people it is designed to serve?</td>
<td></td>
</tr>
<tr>
<td>• Consider: Annual Performance Report utilization data on beds (for single persons) OR units (for shared housing/families) for stayers and living-leavers who exit to a permanent housing destination.</td>
<td></td>
</tr>
<tr>
<td><strong>4.B. Unspent Funds and Drawdown Rate</strong></td>
<td>5</td>
</tr>
<tr>
<td>Is the project using its grant efficiently and regularly? Consider:</td>
<td></td>
</tr>
<tr>
<td>• The percentage of funds drawn down from e-LOCCs during the project’s most recently completed contract, as reported by the project, divided by the amount of CoC funding shown for that project on the corresponding GIW, and;</td>
<td></td>
</tr>
<tr>
<td>• Rate of drawdown</td>
<td></td>
</tr>
</tbody>
</table>

## 5. REALLOCATION BONUS (5 PTS.)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.A. Reallocation</strong></td>
<td>5</td>
</tr>
<tr>
<td>Did the Agency voluntarily reallocate a renewal project? Consider:</td>
<td></td>
</tr>
<tr>
<td>• How much funding was reallocated?</td>
<td></td>
</tr>
<tr>
<td>• What was the project type?</td>
<td></td>
</tr>
</tbody>
</table>
## OVERVIEW

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Project’s Work is Consistent with HUD and Local Priorities</td>
<td>25</td>
</tr>
<tr>
<td>2. Project Design and Readiness</td>
<td>35</td>
</tr>
<tr>
<td>3. Agency Capacity</td>
<td>30</td>
</tr>
<tr>
<td>4. Efficient Use of Funds</td>
<td>10</td>
</tr>
<tr>
<td>5. Reallocation Bonus</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Note: This tool will be used for reallocated projects and bonus projects.
## Threshold Criteria

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Housing First</td>
<td>N/A</td>
</tr>
<tr>
<td>The project’s policies include a commitment to identifying and lowering its barriers to housing.</td>
<td></td>
</tr>
<tr>
<td>2. Coordinated Entry</td>
<td>N/A</td>
</tr>
<tr>
<td>Project will participate in coordinated entry to the extent possible for this project type.</td>
<td></td>
</tr>
<tr>
<td>3. HMIS</td>
<td>N/A</td>
</tr>
<tr>
<td>Project will enter data for all CoC-funded beds into HMIS, unless it is serving survivors of domestic violence, in which case it will enter data into a comparable database.</td>
<td></td>
</tr>
<tr>
<td>4. Program Policies &amp; Procedures</td>
<td>N/A</td>
</tr>
<tr>
<td>Project has adopted, or is committed to adopting, policies and procedures that are consistent with minimum HUD requirements.</td>
<td></td>
</tr>
<tr>
<td>5. Participant Eligibility</td>
<td>N/A</td>
</tr>
<tr>
<td>The project will only accept participants that can be documented as eligible for this project’s program type based on their housing and disability status.</td>
<td></td>
</tr>
<tr>
<td>6. Equal Access/Fair Housing</td>
<td>N/A</td>
</tr>
<tr>
<td>The project provides equal access and fair housing without regard to sexual orientation, gender identity, or local residency status.</td>
<td></td>
</tr>
</tbody>
</table>
1. PROJECT’S WORK IS CONSISTENT WITH HUD AND LOCAL PRIORITIES (25 PTS.)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.A. HUD and Local Priorities</td>
<td>10</td>
</tr>
<tr>
<td>Points will be awarded at the discretion of the Review &amp; Rank Panel within the following ranges, taking into consideration community need:</td>
<td></td>
</tr>
<tr>
<td>• Permanent supportive housing (for chronically homeless) = 5 to 10 points</td>
<td></td>
</tr>
<tr>
<td>• Permanent supportive housing (DedicatedPLUS) = up to 5 points</td>
<td></td>
</tr>
<tr>
<td>• Rapid re-housing = 5 to 10 points</td>
<td></td>
</tr>
<tr>
<td>• Joint transitional housing and rapid re-housing = up to 5 points</td>
<td></td>
</tr>
<tr>
<td>• Coordinated Entry = up to 10 points</td>
<td></td>
</tr>
<tr>
<td>• HMIS = up to 10 points</td>
<td></td>
</tr>
<tr>
<td>1.B. Project Impact &amp; Responsiveness to Local Need</td>
<td>15</td>
</tr>
<tr>
<td>Impact of the program in addressing local needs</td>
<td></td>
</tr>
<tr>
<td>• Consider: leveraged resources (e.g., site-based housing), subpopulations served, demonstrated need for the project type in the community, experience working with the local population and local partners</td>
<td></td>
</tr>
</tbody>
</table>

2. PROJECT DESIGN AND READINESS (35 PTS.)

Consider the overall design of the project in light of its outcome objectives, and the Continuum of Care’s goals that permanent housing programs for homeless people result in stable housing and increased income (through benefits or employment).

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.A. Program Design</td>
<td>20</td>
</tr>
<tr>
<td>For all projects: Housing where participants will reside is fully described and appropriate to the program design proposed. Program design includes provision of appropriate supportive services.</td>
<td></td>
</tr>
<tr>
<td>• Does the program design include the use of innovative or evidence-based practices?</td>
<td></td>
</tr>
<tr>
<td>• Will the project be ready to start within HUD’s statutory deadlines (e.g., can demonstrate site control, has plan to identify units, is an expansion of an existing project)?</td>
<td></td>
</tr>
<tr>
<td>• Is the project staffed appropriately to operate the housing/services?</td>
<td></td>
</tr>
<tr>
<td>• Are staff trained to meet the needs of the population to be served?</td>
<td></td>
</tr>
</tbody>
</table>
### FY2018 COC Program Competition

**New Project Scoring Tool**

<table>
<thead>
<tr>
<th><strong>Specific Method for Evaluating Victim Service Providers.</strong></th>
</tr>
</thead>
</table>
| **FY2018 COC PROGRAM COMPETITION**  
**NEW PROJECT SCORING TOOL** |

- Does the program include involvement of clientele in designing and operating the program?
- Does the method of service delivery described include culture-specific/sensitive elements (e.g., trauma-informed care)?
- Will the program be physically accessible to persons with disabilities?
- Are program outcomes realistic but sufficiently challenging given the scale of the project? Are outcomes measurable and appropriate to the population being served?
- **For Domestic Violence Bonus projects, does the program design include safety, planning, and confidentiality protocols?**

**For PSH/RRH (at least 3 of 4 required by HUD):**

- Does the type of housing proposed, including the number and configuration of units, fit the needs of the program participants (e.g., two or more bedrooms for families)?
- Will the type of supportive services that will be offered to program participants ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source?
- Does the project have a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply that meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)?
- Will the project assist program participants to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing)?

**For Joint TH-RRH (at least 4 of 6 required by HUD):**

- Does the type of housing proposed, including the number and configuration of units, fit the needs of the program participants (e.g., two or more bedrooms for families)?
- Will the project provide enough rapid re-housing assistance to ensure that at any given time a program participant may move from transitional housing to permanent housing? (This may be demonstrated by identifying a budget that has twice as many resources for the RRH portion than TH, by having twice as many RRH units at a point in time as TH units, or by demonstrating that the budget and units are appropriate for the population being served.)
- Will the type of supportive services that will be offered to program participants ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source?
- Does the project have a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply that meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)?
- Will the project assist program participants to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of housing)?
- Will the project adhere to a housing first model?

**For Coordinated Entry:** Program design is in alignment with coordinated entry system design envisioned by CoC.

- Is the system easily accessible for all persons within the CoC’s geographic area who are seeking information regarding homelessness assistance?
- Is there a strategy for advertising the program that is designed specifically to reach homeless persons with the highest barriers within the CoC’s geographic area?
- Is there a standardized assessment process?
- Does the program ensure that program participants are directed to appropriate housing and services that fit their needs?

**For HMIS:** Program design is in alignment with CoC’s data needs.

- Will the project conduct trainings and otherwise prepare projects for the new HUD Data Standards?
- Will the project further enhance the CoC’s ability to produce data in a form that can be analyzed to assist the CoC in assessing homeless needs, allocating resources, and coordinating services?
- Will HMIS funds be expended in a way that is consistent with the CoC’s funding strategy for the HMIS and furthers the CoC’s HMIS implementation?

### 2.B. Services Partnership or Capacity

There is a committed relationship with a service provider with a signed letter of commitment or MOU; if agency is providing services itself, they have shown they have the funds to do that. Consider:

- What depth of services will be offered?
- Will the services meet the needs of the target population proposed?
- How will services will be leveraged or funded?

### 2.C. Expected Outcomes

Has the agency demonstrated, through past performance, the ability to successfully carry out the work proposed and effectively provide services to people experiencing homelessness? Consider the agency’s experience and outcomes related to measures of housing stability, exits to homelessness, and increased income/benefits in any prior projects.
### 3. AGENCY CAPACITY

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
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<tbody>
<tr>
<td><strong>3.A. Agency Experience</strong></td>
<td>5</td>
</tr>
</tbody>
</table>
| Does the agency have the expertise and staffing needed to operate the proposed project? Consider:  
  - Has the agency successful handled at least one other federal grant or other major grant of this size and complexity, either in or out of the CoC?  
  - Does the agency have a clear staffing plan that covers both grant management and performance of grant activities? |        |
| **3.B. Administrative Structure** | 5      |
| Does the agency have the procedural and administrative structure needed to meet all grant audit, administrative, and reporting requirements?  
  - Does the agency have any outstanding HUD findings and/or financial audit findings? (2 pts)  
  - Has HUD deobligated any of the agency’s grant funds in the past three operating years? (2 pts)  
  - Does the application packet that was submitted reflect an agency with capacity that is sufficient to carry out the HUD administrative requirements? (1 pt) |        |
| **3.C. HMIS Participation**    | 5      |
| Is the agency/program actively participating in the HMIS?  
  - Consider: the percentage of the program’s clients who have data entered into HMIS; HMIS Data Completeness Report Card |        |
| Note: Domestic Violence programs do not participate in HMIS, but should have a plan to enter data into a comparable database. |        |
| **3.D. CoC Participation**     | 5      |
| Does the agency and/or project sponsor participate in Contra Costa Council on Homelessness and CoC-related planning meetings? |        |
| **3.E. Housing First**         | 5      |
| Has the agency implemented the principles of Housing First (e.g., lower the barriers to entry for prospective clients, avoid screening out clients based on real or perceived barriers to success)? Does the agency demonstrate a commitment to Housing First for this new project? |        |
### 3.F. Quality Assurance

Does the agency maintain policies, procedures, and actions to ensure continuous quality improvement?

- Does the agency train its staff to ensure high quality of care?
- Does the agency assess quality of service and consumer satisfaction through surveys, focus groups, etc.? (Optional: applicants may attach a document summarizing client feedback for panelist consideration.)
- Does the agency monitor program performance using data?

### 4. EFFICIENT USE OF FUNDS (10 PTS.)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
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<tr>
<td>4.A. Budget</td>
<td>5</td>
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</table>

**4.A. Budget**

Is budget 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?
- 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?
- Does the budget show that the project is taking appropriate measures to promote cost effectiveness?

For expansion projects, panelists may also consider the efficient use of funds factors of the renewal project that is proposed for expansion.

| 4.B. Financial Management  | 5      |

**4.B. Financial Management**

Has the applicant submitted their most recently completed independent audit of their nonprofit financial statements?

- If so, does the audit demonstrate the agency’s capacity to maintain adequate control over all funds, property, and other assets to ensure they are used solely for authorized purposes?

If the applicant has not completed an independent audit:

- Have they submitted unaudited financial statements and articulated their plan to meet federal financial management requirements?
### 5. REALLOCATION BONUS (5 PTS.)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.A. Reallocation</strong></td>
<td>5</td>
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<tr>
<td>Did the Agency voluntarily reallocate a renewal project? Consider:</td>
<td></td>
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<tr>
<td></td>
<td>• How much funding was reallocated?</td>
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<td></td>
<td>• What was the project type?</td>
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FY 2018 CoC Competition
Supplemental Questionnaire
for Renewal Projects

INSTRUCTIONS

Due Date: July 11, 2018, 5:00 pm

This Supplemental Questionnaire must be completed for each renewal project submitting an application for the FY2018 HUD CoC Program Competition.

The answers you provide to this Supplemental Questionnaire will be combined with data pulled from your project’s submitted APR to create a PRESTO-generated report to be used by the Review & Rank Panel.

For each renewal project application, send one email to ContraCostaTA@homebaseccc.org (cc’ing Jaime.Jenett@hsd.cccounty.us) containing:

- A subject line that clearly describes the email’s contents (“Contra Costa CoC NOFA – Renewal Application – [Your Agency Name] – [Your Project Name]”)
- In the body of the email, a numbered list of the attachments
- And the following attachments:
  - 1 PDF document entitled “[Your Agency Name] – [Your Project Name] – HUD Monitoring” (if applicable) with scanned copies of: (a) any HUD Monitoring letters received by the project during the most recent evaluation period and (b) related correspondence with HUD
  - 1 PDF document entitled “[Your Agency Name] – [Your Project Name] – Client Feedback” that summarizes the client feedback (if applicable)
  - 1 PDF of Agency/Program Policies & Procedures

You will receive an email confirming receipt of your attachments. Agencies that submit supplemental questionnaires in advance of the deadline will receive their draft PRESTO report(s) more quickly, and thereby have more time to review and request edits before the Review & Rank meeting.

Technical assistance requests and questions about how to complete this Supplemental Questionnaire may be submitted to contracostata@homebaseccc.org.
OVERVIEW OF PROJECT

1. Project Name and Address

   Project Name:
   
   Address:

2. Agency:

3. Program Category:
   - Permanent Housing – Permanent Supportive Housing
   - Permanent Housing – Rapid Rehousing
   - HMIS
   - SSO – Coordinated Entry

4. Please provide a narrative overview of the populations served and services provided by your project. [Response Limit: 1000 characters]
PROJECT CHANGES

5. Have there been significant changes in operations or structure of either this project or within the agency in general over the last 12 months (e.g., you offer different supportive services, you increased or decreased the number of beds in the project, you serve a different population, etc.)? If so, please describe. [Response Limit: 1000 characters]

6. Are there any plans for significant changes in operations or structure of either this project or within the agency in general over the next 12-24 months? If so, please describe. Will these changes be reflected in your Project Application (Exhibit 2)? [Response Limit: 1000 characters]
THRESHOLD CRITERIA

7. **Housing First:** Please input a quote from the project’s policies demonstrating a commitment to identifying and lowering the project’s barriers to housing.

8. **CE:** Does the project participate in Coordinated Entry to the extent possible for this project type? Please respond indicating either YES or NO.

9. **HMIS:** Will the project enter data for all CoC-funded beds into HMIS? Please respond indicating either YES or NO.

10. **Drawdowns:** If operational, has the project made at least one successful drawdown of federal funds as of the time of this application? Please respond indicating either YES or NO.

11. **Program Policies & Procedures:** Please attach the agency’s/project’s Policies & Procedures, demonstrating consistency with minimum HUD requirements for CoC-funded projects.

12. **Participant Eligibility:** Will the project only accept participants that can be documented as eligible for this project’s program type based on their housing and disability status? Please respond indicating either YES or NO.

13. **Equal Access/Fair Housing:** Please input a quote from the agency’s/project’s policies demonstrating a commitment to providing equal access and fair housing without regard to sexual orientation, gender identity, or local residency status.
14. **PRIORITIZING CHRONICALLY HOMELESS HOUSEHOLDS:**

   A. What percentage of new clients enrolled in your project are chronically homeless? *(Note: Please calculate using the time period that corresponds with the HUD-Submitted APR data used for this project’s 2018 PRESTO Report).*

   B. Please describe how your project is prioritizing chronically homeless households. Highlight any relevant considerations regarding program type or household type served. *[Response Limit: 1000 characters]*

15. **PROJECT IMPACT & RESPONSIVENESS TO LOCAL NEED:** Please describe the impact of your program in addressing local needs. Highlight any leveraged resources (e.g., site-based housing). Describe specific subpopulations served. Describe the demonstrated need for the project type in the community. *[Response Limit: 2000 characters]*
16. Please describe any relevant information that the Review & Rank Panel should consider, (such as serving a more difficult to serve population such as chronically homeless people, homeless people with mental and/or addictive illnesses, etc.), in evaluating the following outcomes:

A. **Housing Stability** [Response Limit: 500 characters]:

B. **Exits to Homelessness** [Response Limit: 500 characters]:

C. **Maintaining/ Increasing Cash Income** [Response Limit: 500 characters]:

D. **Non-Cash Mainstream Benefits** [Response Limit: 500 characters]:
17. **ADMINISTRATIVE COMPLIANCE**: Are there any unresolved HUD monitoring findings or outstanding audit findings related to this project? Please respond indicating either **YES** or **NO**.

If yes, please email the documentation concerning these findings as a PDF to ContraCostaTA@homebaseccc.org after inputting your response to this question in PRESTO.

18. In the past three years, has HUD ever deobligated, or is HUD planning to deobligate, any grant funds awarded to this project? Please respond indicating either **YES** or **NO**.

   A. If yes, please provide an explanation breaking down the deobligated amount by budget line item (rental assistance, operations, etc.), along with the date and reason for the deobligation. [Response Limit: 1000 characters]:

19. **HMIS PARTICIPATION & DATA QUALITY**: Does the project run data checks at least quarterly? If the project has more than 5% of values that are missing/unknown for required HUD Universal Data Elements (UDEs), please describe plans to improve data quality. [Response Limit: 1000 characters]
20. **COC PARTICIPATION:** Please describe the participation of your agency staff in the Contra Costa Council on Homelessness and CoC-related planning meetings from **May 1, 2017,** to **April 30, 2018,** including:

   a. Council on Homelessness meetings,  
   b. CoC full membership meetings,  
   c. the HUD Grantees/NOFA Committee,  
   d. the CoC/ESG Executive Directors Meeting,  
   e. the HMIS Policy Committee, and  
   f. Coordinated Entry Committees and Workgroups.

   *[Response Limit: 1500 characters]*
21. **CONSISTENT IMPLEMENTATION OF HOUSING FIRST**: HUD defines Housing First as “a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements and rapid placement and stabilization in permanent housing are primary goals.” Please describe how your project is employing a Housing First approach. [**Response Limit**: 1500 characters]
QUALITY ASSURANCE

22. How many staff are employed by this project? Please list by job titles and FTE status.

23. Please describe your staff training, who is trained, and how often. [Response Limit: 1000 characters]

24. Between May 1, 2017, to April 30, 2018, have you surveyed your clients (e.g. written surveys, focus groups, group meeting feedback) regarding their satisfaction with this project? Please respond indicating either YES or NO.

If yes, please email the document that summarizes the client feedback as a PDF to ContraCostaTA@homebaseccc.org after inputting your response to this question in PRESTO.

25. How does your agency use data to evaluate its performance in serving persons experiencing homelessness through this project? How is data used in planning and program management? [Response Limit: 1000 characters]
EFFICIENT USE OF FUNDS

UTILIZATION RATE

26. If the project is not at capacity in meeting the number of persons experiencing homelessness that the project is designed to serve, please provide an explanation. Additionally, if the project would have had a Utilization Rate of 100% for the evaluation period but for factors beyond the agency’s/project’s control, please explain the impact of these factors. [Response Limit: 1500 characters]

UNSPENT FUNDS AND DRAWDOWN RATE

27. For the project’s most recently completed contract period, please enter:

   a. Total amount of funding [indicated by numbers only] drawn down in e-LOCCs

   b. Total amount of CoC funding available under the contract [indicated by numbers only]

28. Please describe frequency of drawdown in e-LOCCs, and explain any draw down irregularities. Please explain circumstances if total funding was not drawn down in most recently completed contract period. [Response Limit: 1500 characters]
29. Did your agency voluntarily reallocate any renewal project(s), either partial or full reallocation? If so, please list all reallocated projects below, and provide the project type and how much funding was reallocated. [Response Limit: 1000 characters]
FY 2018 CoC Competition
Supplemental Questionnaire
for New Projects

INSTRUCTIONS

Due Date: August 1, 2018, 5:00 pm

This Supplemental Questionnaire must be completed for each project submitting a new project application for the FY2018 HUD CoC Program Competition. This questionnaire is being sent as a reference in advance of the deadline to submit letters of intent to apply for a new project; after letters of intent are received, HomeBase will follow up with new project applicants regarding setup of a “Respondent” account in PRESTO. Applicants will submit answers in PRESTO, which will be used to create a PRESTO-generated report to be used by the Review & Rank Panel.

For each new project application, send one email to contracostata@homebaseccc.org (cc’ing Jaime.Jenett@hsd.cccounty.us) containing:

- A subject line that clearly describes the email’s contents (“Contra Costa CoC NOFA – New Project Supplemental Questionnaire – [Your Agency Name] – [Your Project Name]”)
- In the body of the email, a numbered list of the attachments
- And the following attachments:
  - 1 completed Supplemental Questionnaire entitled “[Your Agency Name] – [Your Project Name] – Supplemental Questionnaire” in Word format
  - 1 PDF document entitled “[Your Agency Name] – HUD Monitoring” (if applicable) with scanned copies of: (a) any HUD Monitoring letters received by any HUD-funded (ESG or CoC Program) projects since January 2016; and (b) related correspondence with HUD
  - 1 PDF document entitled “[Your Agency Name] – Independently Audited Nonprofit Financial Statements” or “[Unaudited Nonprofit Financial Statements”
  - Optional: 1 PDF document entitled “[Your Agency Name] – [Your Project Name] – Client Feedback” that summarizes client feedback

Please note that PDFs of the e-snaps applicant profile and project application have a later deadline of August 8, 2018, but may be submitted earlier if desired.

You will receive an email confirming receipt of your attachments. Technical assistance requests and questions about how to complete this Supplemental Questionnaire may be submitted to contracostata@homebaseccc.org.
OVERVIEW OF PROJECT

1. Project Name and Address

   Project Name:

   Address:

2. Agency:

3. Funding Source:
   - Reallocations and/or Bonus
   - DV Bonus

4. Program Category:
   - Coordinated Entry
   - Joint Transitional and Permanent Housing – Rapid Rehousing
   - Permanent Housing – DedicatedPLUS
   - Permanent Housing – Permanent Supportive Housing
   - Permanent Housing – Rapid Rehousing
   - HMIS

5. Please provide a narrative overview of the homeless population to be served, housing, and services to be provided by your project. Please note whether this project is an expansion of an existing renewal project. [Response Limit: 1000 characters]
6. **Housing First:** Will the project’s policies include a commitment to identifying and lowering its barriers to housing? Please respond YES/NO.

7. **Coordinated Entry:** Will the project participate in coordinated entry to the extent possible for this project type? Please respond YES/NO.

8. **HMIS:** Will the project enter data for all CoC-funded beds into HMIS, (unless it is serving survivors of domestic violence, in which case it will enter data into a comparable database)? Please respond YES/NO.

9. **Program Policies & Procedures:** Has the project adopted, or is committed to adopting, policies and procedures that are consistent with minimum HUD requirements? Please respond YES/NO.

10. **Participant Eligibility:** Will the project only accept participants that can be documented as eligible for this project’s program type based on their housing and disability status. Please respond YES/NO.

11. **Equal Access/Fair Housing:** Will the project provide equal access and fair housing without regard to sexual orientation, gender identity, or local residency status? Please respond YES/NO.
12. Please describe the impact the program will have in addressing local needs, (e.g.,
leveraged resources, such as site-based housing; subpopulations served; demonstrated
need, using systems-level data, for the project type in the community; experience
working with the local population and local partners, etc.). [Response Limit: 2000
characters]
13. Please provide a summary description of your project design, including [Response Limit: 3000 characters]:

- **For All Projects:**
  - How the program design will include the use of innovative or evidence-based practices;
  - Whether the project will be ready to start within HUD’s statutory deadlines (e.g., can demonstrate site control, has plan to identify units, is an expansion of an existing project);
  - How the project will be staffed appropriately to operate the housing/services;
  - How staff will be trained to meet the needs of the population to be served;
  - How the program will include involvement of clientele in designing and operating the program;
  - How the method of service delivery described includes culture-specific/sensitive elements (e.g., trauma-informed care);
  - How the program will be physically accessible to persons with disabilities;
  - How the program outcomes are realistic but sufficiently challenging given the scale of the project, and whether outcomes are measurable and appropriate to the population being served, and;
  - For Domestic Violence Bonus projects, how the program design includes safety, planning, and confidentiality protocols;

- **For PSH/RRH (at least 3 of 4 required by HUD):**
  - How the type of housing proposed, including the number and configuration of units, fits the needs of the program participants (e.g., two or more bedrooms for families);
  - How the type of supportive services that will be offered to program participants ensures successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source;
  - How the project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply that meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education), and;
  - How the project will assist program participants to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing).

- **For Joint TH-RRH (at least 4 of 6 required by HUD):**
  - How the type of housing proposed, including the number and configuration of units, fits the needs of the program participants (e.g., two or more bedrooms for families);
FY2018 COC COMPETITION
SUPPLEMENTAL QUESTIONNAIRE FOR NEW PROJECTS

- How the project will provide enough rapid re-housing assistance to ensure that at any given time a program participant may move from transitional housing to permanent housing. (This may be demonstrated by identifying a budget that has twice as many resources for the RRH portion than TH, by having twice as many RRH units as TH units at a point in time as TH units, or by demonstrating that the budget and units are appropriate for the population being served.);
- How the type of supportive services that will be offered to program participants ensures successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source;
- How the project will have a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply that meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education);
- How the project will assist program participants to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of housing), and;
- How the project will adhere to a housing first model.

- For Coordinated Entry:
  - How the system will be easily accessible for all persons within the CoC’s geographic area who are seeking information regarding homelessness assistance;
  - Strategies to be used for advertising the program that are designed specifically to reach homeless persons with the highest barriers within the CoC’s geographic area;
  - What standardized assessment process will be used, and;
  - How the program will ensure that program participants are directed to appropriate housing and services that fit their needs.

- For HMIS:
  - How the project will conduct trainings and otherwise prepare projects for the new HUD Data Standards;
  - How the project will further enhance the CoC’s ability to produce data in a form that can be analyzed to assist the CoC in assessing homeless needs, allocating resources, and coordinating services, and;
  - How the HMIS funds will be expended in a way that is consistent with the CoC’s funding strategy for the HMIS and furthers the CoC’s HMIS implementation.
14. Do you have a committed relationship with a service provider with a signed letter of commitment or MOU (if yes, please attach)? Whether services will be provided by a separate service provider or by the agency itself, please describe the services to be offered, how the services will be tailored to meet the needs of the target population, and how services will be leveraged or funded. [Response Limit: 1000 characters]

15. Please describe how the agency intends to carry out the work proposed, drawing on examples from past performance (e.g., experience with similar projects, outcomes related to measures of housing stability, exits to homelessness, and increased income/benefits in any prior projects). [Response Limit: 1500 characters]
AGENCY CHANGES

16. Have there been significant changes in operations or structure within the agency in general over the last 12 months? If so, please describe. [Response Limit: 1000 characters]

17. Are there any plans for significant changes in operations or structure within the agency in general over the next 12-24 months? If so, please describe. [Response Limit: 1000 characters]
18. Please describe your agency’s expertise and staffing capacity to operate the proposed project (detailing where the agency successfully handled at least one other federal grant or other major grant of this size and complexity, either in or out of the CoC; whether the agency has a clear staffing plan that covers both grant management and performance of grant activities; etc.) [Response Limit: 1500 characters]
AGENCY CAPACITY – ADMINISTRATIVE COMPLIANCE

19. Are there any unresolved HUD monitoring findings or outstanding audit findings?

- Yes
- No

If yes, please attach the documentation concerning these findings as a PDF when you email this form.

20. In the past three years, has HUD ever deobligated, or is HUD planning to deobligate, any grant funds awarded?

- Yes
- No

If yes, please indicate the amount, date and reason.

21. Are you an active participant in the Contra Costa CoC HMIS?

- Yes
- No

If no, please describe your plans to join the HMIS, and relevant experience with other management information systems and data reporting compliance. Note: Domestic Violence programs do not participate in HMIS, but should have a plan to enter data into a comparable database. [Response Limit: 500 characters]
22. Please describe the participation of your agency staff in the Contra Costa Council on Homelessness and CoC-related planning meetings from **May 1, 2017, to April 30, 2018**, including:

   a. Council on Homelessness meetings,
   b. CoC full membership meetings,
   c. the HUD Grantees/NOFA Committee,
   d. the CoC/ESG Executive Directors Meeting,
   e. the HMIS Policy Committee, and
   f. Coordinated Entry Committees and Workgroups.

   **[Response Limit: 1500 characters]**
23. HUD defines Housing First as “a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements and rapid placement and stabilization in permanent housing are primary goals.” Please describe how your project has implemented the Housing First approach, and will employ a Housing First approach in the future. [Note: response not required for HMIS or Coordinated Entry projects.] [Response Limit: 1000 characters]
24. Please describe how your agency stays abreast of and implements innovative or evidence-based practices. Please list key evidence-based practices used in your project, such as Assertive Community Treatment, Critical Time Intervention, Motivational Interviewing, Integrated Dual Disorders Treatment, Trauma Informed Care, outreach strategies, peer supports, and cultural competence. [Response Limit: 1000 characters]
25. How many staff will be employed by this project? Please list by job titles and FTE status.

26. Please describe your staff training, who is trained, and how often. [Response Limit: 1000 characters]
QUALITY ASSURANCE – CONSUMER SATISFACTION

27. Please describe your plans to survey your clients (e.g. written surveys, focus groups, group meeting feedback) regarding their satisfaction with this project. (Optional: applicants may attach a document summarizing client feedback for panelist consideration.) [Response Limit: 1000 characters]

QUALITY ASSURANCE – PERFORMANCE MONITORING

28. How does your agency plan to use data to evaluate its performance in serving homeless people through this project? How will data be used in planning and program management? [Response Limit: 1000 characters]
29. Please describe the other funding streams and resources that will be leveraged for this project, as well as related capital investments (if applicable). Please describe how outside resources will be matched/leveraged (e.g., funding, staff, building space, volunteers, etc.) [Response Limit: 1500 characters]

30. If the agency has conducted an independent audit of its nonprofit financial statements, please attach them as a PDF when you email this form. If the agency has not completed an independent audit, please provide details regarding the plan to meet federal financial management requirements below, and submit unaudited financial statements as a PDF when you email this form. [Response Limit: 500 characters]
Esperanza Rapid Rehousing (RRH)
SHELTER, Inc. of Contra Costa County

Additional Materials

Project Type and Grant Award

Project Type: RRH

Grant Award: $399,840.00

Project Narratives

Narrative Overview

This new rapid rehousing (RRH) project will increase CoC capacity to serve people fleeing domestic violence, dating violence, sexual assault or stalking as defined in 24 CFR 578.3 and/or victims of human trafficking who are experiencing homelessness by providing targeted, time-limited rent assistance & support services to regain & maintain permanent housing. This Housing First, evidence-based intervention will support households throughout the County to find housing that meets their needs, pay for move-in and early costs using progressive engagement, and stay in their homes as assistance ends by linking them to employment, financial, education, & health services to support successful tenancies. This grant will provide for 9 households (15 people) served at a point-in-time, with 18 households served annually. Eligible households may include singles & families, seniors, transition-aged youth & unaccompanied youth defined as homeless at 24 CFR 578.3.

Threshold Criteria
1. Housing First
The project’s policies will include a commitment to identifying and lowering its barriers to housing:
Yes

2. Coordinated Entry
Will the project participate in Coordinated Entry to the extent possible for this project type?
Yes

3. HMIS
Will the project enter data for all CoC-funded beds in HMIS?
Yes

4. Program Policies & Procedures
Will the project’s Policies & Procedures demonstrate consistency with minimum HUD requirements?
Yes

5. Participant Eligibility
Will the project only accept participants that can be documented as eligible for this project’s program type based on their housing and disability status?
Yes

6. Equal Access/Fair Housing
Will the project’s policies include a commitment to providing equal access and fair housing without regard to sexual orientation, gender identity, or local residency status, as demonstrated by the following provision:
Yes

**Scored Criteria**

51
**Project's Work is Consistent with HUD & Local Priorities**

The project addresses local need and impacts the CoC's efforts to end homelessness in the following ways (e.g. serving a specialized population, leveraging resources, etc.)

This program would provide vital and cost-effective rapid rehousing (RRH) services to eligible homeless households who are fleeing domestic violence, dating violence, sexual assault or stalking as defined in 24 CFR 578.3 and/or victims of human trafficking who are experiencing homelessness to regain and maintain permanent housing within our County's competitive rental market. This program will meet the needs of survivors to locate, lease, and stabilize in housing that is safe and meets their needs, leveraging existing private rentals to increase the number of accessed units to reduce homelessness. With housing as a stable platform, client and case manager (CM) develop plans to overcome challenges, link with community-based resources, and financially sustain their tenancy. SHELTER, Inc. has over 30 years of experience in directly providing and partnering with local agencies to help clients increase their income by leveraging resources through benefits eligibility screening; referrals to mental health counseling; substance abuse treatment; financial assistance; legal services; budgeting & credit repair; education; transportation; childcare; &employment assistance. Our resource coordinator helps obtain donations of school supplies and household items. STAND! For Families Free of Violence has over 30 years providing domestic violence services in Contra Costa County and will partner with us in these efforts. Their FY17-18 data shows at least 74 single adults and 62 adults with a child were served in their shelter and TH programs, as an indication of community need. Since financial assistance is individualized and flexible, as households exit the program, we can help additional households. We estimate that DV bonus funds will allow us to serve and place at least 18 households consisting of individuals and families with children during the year.
Project Design

Summary Description of Project Design

Experts promote the effectiveness of RRH to quickly move homeless persons back into permanent housing & provide services to retain housing & meet self-sufficiency goals. This evidence-based & client-driven approach will increase the resources available in the CoC to house homeless persons affected by DV find, pay for & stay in permanent housing.

Based on our partnership with STAND! and our existing leadership, and infrastructure to operate RRH programs, we can begin serving eligible participants very quickly and leverage existing relationships with landlords to locate appropriate housing.

To serve 18 households annually, program staff for this DV bonus project is a total of 2.04 FTE dedicated to serving the needs of the households experiencing homelessness. This includes (1) Supportive Services: Case Manager (1.0 FTE), Employment Specialist (0.25 FTE), Housing Resource Specialist (0.25 FTE), Program Assistant for Service Needs (0.15 FTE), and mgmt. related to above (0.39 FTE).

Staff will be trained in serving DV populations and in evidence-based practices such as motivational interviewing, cultural competence, trauma-informed care & de-escalation and harm reduction techniques. SHELTER, Inc. conducts bi-weekly case manager meetings featuring targeted trainings on topics such as rapid rehousing best practices, community-based resources, engagement strategies & exit planning. Staff attend trainings provided by H3 for all CES-participating agencies including subsidized housing & Vi-SPDAT administration.

As a Housing First strategy, client choice is a key element of RRH services. Staff work with clients to develop pre- & post-placement Housing Stabilization plans to determine the location of housing (securing physically accessible units when necessary) & identify supports needed to sustain their housing. SHELTER, Inc. deeply values client feedback to inform & improve program design, which is gained through participant forums, regular participant surveys & post-exit retention surveys.

The hallmark of an RRH approach to meet the specific needs of the person or family to regain & sustain permanent housing is recognizing the unique strengths & challenges of persons experiencing homelessness. Program facilities are welcoming & affirming. All staff commit to our Code of Conduct based on values of accountability, integrity, & compassion. We will also meet with participants in a location of their choice to ensure safety & confidentiality.

Our main office, including bathrooms & parking, is fully-accessible, on local public transportation routes & provides the resources and materials to effectively communicate with persons with disabilities and/or Limited English Proficiency.

Based on our many years of experience, among households experiencing homelessness, outcomes of at least 80% exits to permanent housing and 90% retention after 12 months are measurable & realistic based on the local rental market & general characteristics & needs of homeless persons.

As a DV bonus project, our protocols will include strict confidentiality policies & practices that protect the identities & safety of all victims and children, including staff confidentiality agreements, locked paper records & encrypted electronic transmissions. Agency case conferences will not include Esperanza participants. Participants & staff will review safety protocols & communication plans to foster rapid response & connect with STAND! & local police in case of emergency.
1. How the type of housing proposed, including the number and configuration of units, fits the needs of the program participants (e.g., two or more bedrooms for families): RRH is a highly individualized homelessness intervention focusing on client choice. SHELTER, Inc.’s team of HRSs cultivate relationships with landlords to open doors for applicants and work with each household to help match them with safe and available units that meet their needs, align with legal occupancy standards, and are within FMR.

2. How the type of supportive services that will be offered to program participants ensures successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source: HRSs will provide tenant education, housing search assistance (including applications and negotiations), inspections, facilitate move-ins and determine what financial assistance is needed for move-in and early stabilization. CMs support building a successful tenancy, accessing community services, greater self-determination and sustainable finances. These services will meet the RRH goal to quickly obtain, and sustain, permanent housing.

3. How the project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply that meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education): Due to the importance of developing resources to meet basic needs, a primary goal of the CM is to help households identify and apply for mainstream benefits available through government or private sources. CMs utilize checklists during intake and monthly meetings. Information about the application process provided, along with assistance as needed to ensure safety. Outcomes on referrals are tracked to document progress and success in this area.

4. How the project will assist program participants to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing): SHELTER, Inc. staff will work intensively with each household to find safe permanent housing and facilitate move-in. In keeping with a progressive engagement approach, meetings and periodic review of the household’s situation will be used to determine what financial or other type of assistance (mediation, transit, health, legal, child care, etc.) is needed to maintain safety and housing.

**Services Partnership**

SHELTER, Inc. will provide services, funded with HUD award, private foundation grants and donations. STAND! will provide support for training, referrals, and other needs specific to the population we will serve, and we will develop an MOU as appropriate to support this collaboration. Services include: Intake process to identify housing needs, resources, barriers, and create a Housing Stabilization plan; HRS housing search assistance; Needs assessment at least every 3 months for ongoing services and financial assistance; Weekly meetings with the HRS and CM are during search and leasing phase, then at least monthly to focus on stabilization, linking with community services, and growing income/benefits. Monthly meetings or other methods of contact with the CM will be offered, and acceptance of services or referrals is voluntary. Regular follow-up and supportive services provided up to 6 months after financial assistance ends.
**Past Performance**

This DV bonus will operate using an RRH approach, similar to our REACH Plus RRH, which has successful outcomes. For example: **HOUSING STABILITY**: 100% of participants who exited the project exited to permanent housing. **EXITS TO HOMELESSNESS**: 0% of participants exited the project to a homeless destination. **MAINTAINING/INCREASING CASH INCOME**: By all adults, 60% maintained/increased income – but this discounts the fact that by households, each family actually improved their situation. Of the 4 adults who decreased their income, the reasons were A) grandmother didn’t have income at entry or exit & helps watch kids while daughter works (& daughter increased her income), B) single mom whose earned income decreased by $38 went from 2 food service jobs to 1 better job (from $2,463 to $2,425/mo), & 3&4) 2 families of 2 adults where 1 adult lost income, but the HofH adult gained income, so as a family they had more income at exit than entry (one Hof H increased income by $1760 & the other by $2,472/mo). **BENEFITS**: 100% had health benefits at exit or follow-up, and for the non-cash benefits (other than healthcare), of the 5 who didn’t have noncash benefits (the main one being SNAP since healthcare isn’t counted in the new APRs), it was due to the fact that 3 were non-head of household and non-cash benefits were in the HoH’s name, and the other 2 were in the same family and their combined income was too high to receive SNAP.

**Agency Changes**

**Significant Changes in Operation or Structure over the last 12 months**

No Changes.

**Plans for Significant Changes in Operation or Structure in the next 12-24 months**

Agency is seeing the growing regional issue of homelessness and migration away from urban centers and is exploring how we can help end homelessness in Solano County.
Agency Capacity
Agency Experience & Staffing Capacity

SHELTER, Inc. has 25 years of experience operating multiple government grants; we currently operate over 15 government grants, maintain financial procedures consistent with general accepted accounting principles (GAAP), and have successfully completed A-133 audit requirements. SHELTER, Inc. has the operations and programs teams and the data and finance systems capable of implementing, tracking and reporting on this program, including operating four other CoC grants ranging in size from $187,000 to $541,000. Our Fiscal Department includes a COO/CFO, 3 full-time staff with division of duties for checks and balances, and tracks all program expenses using a computerized accounting system to track each grant requiring separate reporting on a departmental, program or grant basis. Agency data analytics team will support confidential tracking and reporting on this program. The staffing plan for the proposed project serving 18 households annually includes a total of 2.04 FTE to perform the following grant activities and grant management: (1) Supportive Services: Case Manager (1.0 FTE), Employment Specialist (0.25 FTE), Housing Resource Specialist (0.25 FTE), Program Assistant for Service Needs (0.15 FTE), and mgmt. related to above (0.39 FTE).

Are there any unresolved HUD monitoring findings or outstanding audit findings related to this project?

No

Have any grant funds been deobligated in the past three years?

Yes. REACH RRH: 2017: N/A. 2016: $80,546 (turnover; focus on finding PH for people in TH programs that were ending); 2015: $168,550 (1st year ramp up). THP 2017 $19,601 (finance turnover), PSP 2016 $14, 2015 $5,162 (turnover, new finance system)

Please review the project’s application packet to further evaluate agency capacity.

HMIS Participation
Is the project actively participating in the CoC’s HMIS?

SHELTER, Inc. has long supported and participated in HMIS, serving on the HMIS/Data Committee, supporting the conversion from ServicePoint to Clarity, and developing custom reporting within the HMIS system. However, for this DV bonus project, in-house staff will coordinate confidential and secure methods to enter participant data into a comparable database.
**Continuum of Care Participation**

CoC participation will be measured by agency staff attendance at the following CoC-related meetings from May 1, 2017, to April 30, 2018:

1. Council on Homelessness meetings;
2. CoC full membership meetings;
3. HUD Grantees/NOFA Committee;
4. CoC/ESG Executive Directors Meeting;
5. HMIS Policy Committee, and;
6. Coordinated Entry Committees and Workgroups.

SHELTER, Inc. staff participates extensively. The CEO &/or Dir of Programs attended Council on Homelessness meetings on 5/4/17, 6/1, 7/6, 8/3, 9/7, 10/5, 11/2, 12/7, 2/1/18, 3/1, and 4/5/18 & CoC full membership meetings on 7/21/2017, 8/1/2017, 10/20/2017, 2/20/2018, 4/20/2018, and the HUD Grantees/NOFA committee 7/27/17, 8/1/17 and 3/22/18.

Our CEO was appointed to serve as the CoC/ESG Provider Rep beginning 4/4/17 & coordinates the CoC/ESG Providers ED Meetings (e.g. 8/18/17, 2/13/18, 5/22/18).

The CEO, Dir of Programs and other staff have been highly involved in all aspects of planning & implementing the CE System, including membership in monthly Coordinated Entry Oversight Committee as well as attendance at CE Emergency Shelter Workgroup, Contra Costa Coordinated Entry Data/Evaluation Committee, Housing Placement Committee, CE Policies and Procedures Committee and the HMIS Policy Committee.

**Housing First**

HUD defines Housing First as "a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements and rapid placement and stabilization in permanent housing are primary goals."

We move homeless households as quickly as possible into housing using the Housing First model. We assist participants in securing housing in the community of their choice so they can maintain their relationships with schools, jobs & support networks. There are no income requirements, only a willingness to increase/secure an income sufficient to sustain their housing. We use a harm-reduction model with no sobriety requirements; however, if there are risks that may jeopardize successful tenancy, we provide resource linkages.

Once participants have housing, we offer but do not require case management services & refer participants to resources to promote stability. The CM administers a Housing Retention Assessment to identify strengths & challenges. Using the results, the CM supports participants to implement a Housing Stabilization Plan with goals & steps to overcome challenges. CMs & HRSs provide budgeting, income & tenant education. We tailor services to each household's unique needs.
Quality Assurance

Use of Evidence-Based Practices

The program’s Housing First rapid rehousing strategy has a strong evidence base as an effective means of housing homeless persons & providing services that ensure participants can retain their housing once financial assistance has ended, even, and perhaps especially, for households affected by DV and related criminal activity because it focuses on client choice and empowerment, as demonstrated by many years of the Washington State Domestic Violence Housing First Program. STAND! will serve as a subject-matter expert, collaborator, and resource for this program. Through partnerships with the County, Kaiser, Harm Reduction Therapy Center (HRTC) & Tipping Point Community, Supervisors, CMs & employment specialists attend trainings including Adverse Childhood Experiences/Trauma Informed Care & Vicarious Trauma, De-escalation techniques & Harm Reduction, & DV Restraining Orders, & Motivational Interviewing in order to bring these evidence-based practices to our work with participants.

Staffing and Staff Training

The staffing plan for the proposed project includes a total of 2.04 FTE to perform the following grant activities and grant management: (1) Supportive Services: Case Manager (1.0 FTE), Employment Specialist (0.25 FTE), Housing Resource Specialist (0.25 FTE), Program Assistant for Service Needs (0.15 FTE), and mgmt. related to above (0.39 FTE).

Incoming staff complete multiple online trainings, and all staff annually review key trainings & agency policies & procedures. Trainings for all staff included Trauma Informed Care & Vicarious Trauma by Kaiser, De-escalation techniques & Harm Reduction by HRTC. Tipping Point provides Motivational Interviewing. Relias Learning online training includes modules on HIPAA & Client Confidentiality. HRS staff also receive training on Landlord Tenant Law, Fair Housing, and Mental Health First Aid. CMs receive training through county resources on HMIS, Suicide Assessment & Prevention, Post Prison Shock & CM, Elder Abuse, DV Restraining Orders, Mental Health Systems Crash Course, Mental Health First Aid Class, Trauma 101 & Young Children Impacted by Family Violence. Direct service staff for this project will complete DV training prior to engagement with participants to support their cultural competence in this area.

Consumer Satisfaction Review

SHELTER, Inc. deeply values client feedback to inform & improve program design, which is gained through participant forums, regular participant surveys (now computer-based) and post-exit retention surveys. At least annually, we conduct surveys with all clients. Through these surveys, we receive information regarding client satisfaction and suggestions for improvements. We also gain valuable information on how we are meeting needs, such as referrals to resources. Data and findings from surveys are shared with our staff and Board in periodic meetings, written materials, and our agency intranet. Within these standards practices, modifications will be made to solicit the feedback of Esperanza participants while ensuring their safety and confidentiality at all times.

Use of Data to Evaluate Project Performance

For this project, SHELTER, Inc., and indeed the entire CES, has an exciting opportunity to explore ways to gather, analyze, and safeguard information to enhance and inform our system of care for persons who are homeless due to fleeing domestic violence, dating violence, sexual assault or stalking as defined in 24 CFR 578.3 and/or victims of human trafficking who are experiencing homelessness. SHELTER, Inc. strives to be data-informed, using data to guide its work and accomplish its mission. Agency practices include prompt data entry into HMIS and other systems (no longer than 24 business hours), monthly review of data quality with managers and leadership
monthly to discuss data on numbers served, key performance indicators, contract outcomes and trends, from which to strategize about improvements. We look forward to working with the County, participants, and DV providers to develop appropriate referral, data collection and evaluation protocols for this program.

**Budget**

What other funding streams and resources will be leveraged for this project, as well as related capital investments (if applicable)?

Each year, SHELTER, Inc. receives $350,000 in-kind donations & volunteers donate over 13,000 hours of their time to support our programs & clients, including REACH Plus RRH and other HUD/CoC projects. Community support provides food (including a Thanksgiving food drive), backpacks, toiletries, diapers, & household items. We collaborate with a church & nonprofit agencies to help clients with move-in furniture & other needs. We refer clients to Season of Sharing (SOS) funds, which are administered through EHSD, & can help with one-time assistance such as security deposits. We partner with nonprofit & county agencies to link clients with critical supportive services such as mental health, healthcare, financial tools, cash & non-cash benefits, & other needs. In addition, we fundraise to help provide additional services to participants and help meet federal HUD match requirements. For this program we will work with STAND! and other DV/community violence organizations to connect participants with community resources available through this support network.

*Please see project budget attachment.*

**Financial Management**

If the agency has not completed an independent audit, the project has the following plan in place to meet federal financial management requirements.

N/A (Have submitted audited financial statement)

**Reallocation Bonus**

How much funding was reallocated?
CONTRA COSTA COUNCIL ON HOMELESSNESS
MEETING MINUTES

The Contra Costa Council on Homelessness provides a forum for communication and coordination about the implementation of the County’s Strategic Plan to prevent and end homelessness, and for orchestrating a vision on ending homelessness in the County, educating the community on homeless issues, and advocating on federal, state, and local policy issues affecting people who are homeless or at-risk of homelessness. The Council provides advice and input on the operations of homeless services, program operations, and program development efforts in Contra Costa County. Items may be taken out of order based on the business of the day and preference of the Council.

Date, Time: Thursday, July 12th, 2018, 1:00pm – 3:00pm

Location: Department of Probation, 2nd Floor, 50 Douglas Drive, Martinez, CA 94553

Council Member Attendance:
Present: Candace Collier, John Eckstrom, Gabriel Lemus, Dan Sawislak, Deanne Pearn, Bradley Lindblom, Miguel Hidalgo-Barnes, Teri House, Doug Leich, Patrice Guillory, Alejandra Chamberlain, John Barclay, Manjit Sappal, Tracy Pullar, Cecelia McCloy

Absent: Joseph Villarreal

Staff Attendance: Jaime Jenett, Lavonna Martin, Dana Ewing, Jenny Robbins Contra Costa Health Services (H3); Erica McWhorter, Emily Firgens, HomeBase


1. Welcome and Introductions
   • Call to order by Doug Leich

2. Approve Minutes (Action Item)
   • Motion
   • State of Motion:
     o We move to adopt the minutes from the June 7, 2018 Council on Homelessness Meeting.
   • Discussion
     o The Council moved to approve.
   • Procedural Record:
     o Motion made by: John Eckstrom
     o Seconded by: Teri House
     o AYES: Candace Collier, John Eckstrom, Gabriel Lemus, Dan Sawislak, Deanne Pearn, Bradley Lindblom, Miguel Hidalgo-Barnes, Teri House,
3. Committee Structure & Membership (Action Item) – Cecelia McCloy, Vice Chair
   - Replace structure provided in March with a new structure (as outlined in meeting packet materials).
   - Majority of work that happens on the Council, happens in these committees, many of which are required by the Council by-laws.
   - Look at committees to see which ones you’re interested in. Some meet regularly some meet less regularly. For example, the By-laws Committee meets once a year whereas CE oversight meets monthly.
   - This won’t be an Action Item. Instead email HomeBase to let us know what Committee you’re interested in being the Council Liaison for.

4. Committee Updates (Action Item) – Committee Members
   - Ad Hoc Oversight Committee Roster (presented by John Barclay)
     - John and Teri discussed who should serve on CE oversight, had old list of meeting representatives and decided to adjust list slightly.
     - Needed to make membership work with Brown Act and not have too many Council Members on the CE Oversight Committee.
     - The agencies recommended are pretty familiar.
     - Motion
       - State of Motion:
         - We move to approve the accept the recommendations.
       - Discussion
       - Procedural Record:
         - Motion made by: John Barclay
         - Seconded by: Gabriel Lemus
         - AYES: Candace Collier, John Eckstrom, Gabriel Lemus, Dan Sawislak, Deanne Pearn, Bradley Lindblom, Miguel Hidalgo-Barnes, Teri House, Doug Leich, Patrice Guillory, Alejandra Chamberlain, John Barclay, Manjit Sappal, Tracy Pullar, Cecelia McCloy
         - NOES: None.
         - ABSTAINS: None.
         - ABSENT: Joseph Villarreal
   - Ad Hoc Committee on Subpopulations
COUNCIL ON HOMELESSNESS MEETING MINUTES

- Context
  - June meeting discussed creating a Vets Committee
  - Need to create more consistent report outs about many subpopulations.
  - Proposed Ad Hoc Subcommittee to explore subpopulations to monitor and provide updates to Council.

- In the process of determining inequities of program. Tying in who’s entering our system care, working through, and exiting. Different people are using different services and getting different outcomes.

- Council Packet behind pages marked 4B & 4C is preliminary data on subpopulations in the CoC.
  - Some data more difficult for certain populations, could be a conversation among Council.
  - Dana has breakdown by age and is seeing an increase for seniors and decrease in families experiencing homelessness.

- Teri: Wants to be mindful of burden this place on Dana as only data person.
  - Dana: Already looking at this because HUD is looking at it. We also have a statistician that we can ask questions of. This Ad Hoc Committee could look at other resources.

- Teri: What attributes might Council members want to bring to this Committee?
  - Dana: I just bring you the data but all of you have the expertise to know the data.
  - Lavonna: Someone with an inquisitive nature and wants to ask questions. Ask the questions to help us dig deeper.
  - Dana: Also good to have people who have context. Who understand programing outside of CoC, what’s happening outside of CoC.

- Doug: Why do we really need a committee? Can think of targeted questions and the benefit of thinking through data and how it relates to programs.

- John E: What data do we want to be looking at and what do we want to compare it to? Have the Committee look at definitional phase of what do we want and how do we define that.

- Lavonna: We’re always going to have questions about the populations we’re serving. Good to have institutionalized forum for asking the
questions. Really about inquisitive nature and always asking why something is important.

- Deanne: Are we trying to make a recommendation to approve an Ad Hoc Committee? How does this work with the Performance Measures Committee?
  - Jaime: This came out of last meeting talking about Vets and how we are institutionalizing looking at this subpopulation. HUD looking to do this more.
  - Dana: Performance Measures doesn’t look at this yet but could be something they do.
  - Lavonna: Performance Measures Committee is mostly providers. It’s good to have an outside group to look at data and provide a check. As we push out how we look at performance more regularly it’s good to get outside of regular group.
  - Have small group that meets a few times of year to make sure we’re looking at the right thing.

- Dana: Looking to make sure that we’re prioritizing the right populations.

- Teri: It’s good to cover this a “Subpopulations Committee,” it covers a lot. Good reasons for having this process.

- Motion
  - State of Motion:
    - We move to approve the creation of an Ad Hoc Subpopulations Committee.
  - Discussion
    - Deanne: Recommend that the Ad Hoc Committee work with Performance Measure Committee so that we don’t have two parallel Committees looking at data.
    - Tracy: With regard to vets it’s important to remember that we have activity outside of Council -- have case conferencing and by name list. Ask ourselves if we need to do more reporting out.
    - Dana: We’re modeling the vets strategy with families w/children (by name list).
    - John B.: Data we get comes without context. Hope that this Ad Hoc Committee also brings in experts to add context. Bring in experts from outside the system.
  - Procedural Record:
    - Motion made by: Teri House
• Seconded by: John Eckstrom
• AYES: Candace Collier, John Eckstrom, Gabriel Lemus, Dan Sawislak, Deanne Pearn, Bradley Lindblom, Miguel Hidalgo-Barnes, Teri House, Doug Leich, Patrice Guillory, Alejandra Chamberlain, John Barclay, Manjit Sappal, Tracy Pullar, Cecelia McCloy
• NOES: None.
• ABSTAINS: None.
• ABSENT: Joseph Villarreal

  o Show of hands who’s interested
    ▪ Bradley
    ▪ Teri (Proposed Chair as we’re getting the Committee started)
    ▪ John E.
    ▪ Manjit
    ▪ Deanne
    ▪ Patrice
    ▪ Tracy
    ▪ Kimberly Krisch
  o Jaime: Be mindful of the Brown Act.
  o Teri: We can post this and have it be a public meeting.
  o Alejandra: Request Calendar for how often this might be.
    ▪ Dana: Imagines it might meet more frequently as we’re diving in and then every few months after that.

• Youth Action Council (YAC) (Christa Mayes)
  o The CCYCS YAC is part of the youth CoC. Consists of homeless youth in CCYCS. The purpose is to continually improve experience of youth in CCYCS, access to services, and advocate for additional housing services.
  o Most recently working with H3 to work on street outreach grant.
    ▪ Create peer based outreach team that will assist to ID homeless youth, location, and hotspots. Help transition them to services.
  o Involved in internal projects, including Service Learning. Interested in spearheading service learning projects that focus on youth. Created over 60 bags of love lunches.
    ▪ Partnered with CORE to distribute love lunches to homeless individuals living on the streets & encampments across county.
    ▪ Future projects in the works, one includes working with Rainbow Community Center in El Cerrito.
    ▪ YAC Welcomes any new idea for service projects.
Organizing homeless youth panel for YAC to interact with homeless shelter participants. YAC will also plan to discuss resources in the community that were most vulnerable to them while they were homeless and ensure access.

CCYCS met with Los Medanos College (LMC) and were invited to new student orientation on 8/29 to share about homeless services for youth and older students.

Doug: Are you getting support from H3 to have materials? Other providers who would be appropriate to participate?

- Christa: Yes
- Araceli: Contact at LMC and have new student week at end of August. Also have adult shelter program. If others interested and want to join let us know. (Teri is interested.) Very eager to offer homeless services. Have students coming to the administration asking that this is a need.
- Teri: City owns some city adjacent and idea of having housing on that site.
- Candace will also be there.

Jenny: At the next H3 meeting we’ll be talking about doing a more comprehensive youth count outside of PIT. In the process of rolling out month long youth count. Working with school districts and other community colleges. Tabling and reaching out to other providers working with this demographic. Mental health, drug, primary care also involved in getting a better count.

Deanne: Are you coordinating with ILSP or foster care to be at that day at LMC? Often a lot of overlap, work to get them connected.

- Araceli: I know they have foster care liaisons on campus already. See if it’s of interest or necessary.

5. 2018 CoC NOFA Updates (Action Item) – Erica McWhorter

- Renewal Scoring Tool
  - Need to make a slight update to the 2018 Renewal Scoring tool to account for changes in how the APR reports health insurance in non-cash benefits.
  - John B.: Does this include Drug Medical Waivers?
    - No, just looking at insurance.
    - Helpful to understand how providers are determining who has insurance.
Motion to adopt Renewal Scoring Tool

- Motion
  - State of Motion:
    - We move to approve the changes to the 2018 CoC NOFA Renewal Project Scoring Tool

- Discussion
- Procedural Record:
  - Motion made by: Teri House
  - Seconded by: John Barclay
  - AYES: Candace Collier, John Eckstrom, Gabriel Lemus, Dan Sawislak, Deanne Pearn, Bradley Lindblom, Miguel Hidalgo-Barnes, Teri House, Doug Leich, Patrice Guillory, Alejandra Chamberlain, John Barclay, Manjit Sappal, Tracy Pullar, Cecelia McCloy
  - NOES: None.
  - ABSTAINS: None.
  - ABSENT: Joseph Villarreal

- NOFA 2018 Release (Erica McWhorter)
  - NOFA released on June 20, 2018. New projects can be created through reallocation & bonus (PSH, RRH, Joint TH-RRH, dedicated HMIS, SSO for CE).
  - New Bonus Project with special Domestic Violence funding
    - RRH and SSO project options most relevant for potential use of DV funds
    - John E.: How does it get determined if you get a DV program funded?
      - Exact criteria unclear but HUD will look at the need for project within community and experience of provider with DV survivors.
  - Potential for $1.2M in new money for system.
  - Alejandra: STAND interested, but interest from others?
    - Erica: STAND at TA workshop, but will know more by 7/19 when letters of intent are due.
  - NOFA also asks about the participation of marginalized populations in the CoC planning process. Looking at racial inequities.

- New Project Scoring Tool
  - Met in June to discuss, aligned new tool with renewal tool.
    - Scoring tool is about showing agency capacity. Goal to make sure project design and agency capacity reflect likelihood of success.
    - Added efficient use of funds factor. More robust than looking at just a budget. Look at cost effectiveness, how their using match/leverage, and financial audits.

- State of Motion:
  - Move to approve the 2018 CoC NOFA New Project Scoring Tool.
Discussion

Procedural Record:
- Motion made by: Cecelia McCloy
- Seconded by: Manjit Sappal
- AYES: Candace Collier, John Eckstrom, Gabriel Lemus, Dan Sawislak, Deanne Pearn, Bradley Lindblom, Miguel Hidalgo-Barnes, Teri House, Doug Leich, Patrice Guillory, Alejandra Chamberlain, John Barclay, Manjit Sappal, Tracy Pullar, Cecelia McCloy
- NOES: None.
- ABSTAINS: None.
- ABSENT: Joseph Villarreal

Date Change for COH Monthly Meeting
- Need to have the CoC Priority list approved before the Sept. 6 meeting, so proposing to move the Sept. 6 meeting to August 27. Should we meet on August 2 and 27 or just August 27?
- Good to not go too long without a meeting.
- Motion
  - State of Motion:
    - Move to change the Sept. 6 meeting to Aug. 27.

Discussion

Procedural Record:
- Motion made by: John Eckstrom
- Seconded by: Cecelia McCloy
- AYES: Candace Collier, John Eckstrom, Gabriel Lemus, Dan Sawislak, Deanne Pearn, Bradley Lindblom, Miguel Hidalgo-Barnes, Teri House, Doug Leich, Patrice Guillory, Alejandra Chamberlain, John Barclay, Manjit Sappal, Tracy Pullar, Cecelia McCloy
- NOES: None.
- ABSTAINS: None.
- ABSENT: Joseph Villarreal

Identify Review & Rank Panelists
- A few members have already indicated interest: Teri, Tracy, Doug, John B., and Candace.
- Motion
  - State of Motion:
    - Move to accept Teri, Tracy, Doug, John B., and Candace as the Review & Rank Panelists.

Discussion

Procedural Record:
- Motion made by: John Eckstrom
- Seconded by: Miguel Hidalgo-Barnes
 Identify Appeals Committee
  o Interested Members: Bradley, Ceil & John B.
  o Motion
    • State of Motion
    • Move to accept Bradley, Ceil, and John B. as the Appeals Committee Panelists.
  o Discussion
  o Procedural Record:
    • Motion made by: John Eckstrom
    • Seconded by: Gabriel Lemus
    • AYES: Candace Collier, John Eckstrom, Gabriel Lemus, Dan Sawislak, Deanne Pearn, Bradley Lindblom, Miguel Hidalgo-Barnes, Teri House, Doug Leich, Patrice Guillory, Alejandra Chamberlain, John Barclay, Manjit Sappal, Tracy Pullar, Cecelia McCloy
    • NOES: None.
    • ABSTAINS: None.
    • ABSENT: Joseph Villarreal

6. State ESG Funding Recommendations (Action Item) – Kristin Lackey
   • 2018-2019 money likely won’t be coming until next year. Closing out ‘16-’17 money and from this point forward Kristin will be handling money
   • This year funds reduced by ~10%.
     o Second year of renewal program. Same projects, programs as funded in ‘17-’18
   • State of Motion
     o Motion
       • Move to approve the ESG funding recommendations as laid out.
   • Discussion
   • Procedural Record:
     o Motion made by: Teri House
     o Seconded by: Miguel Hidalgo-Barnes
     o AYES: Candace Collier, Dan Sawislak, Deanne Pearn, Bradley Lindblom, Miguel Hidalgo-Barnes, Teri House, Doug Leich, Patrice Guillory,
COUNCIL ON HOMELESSNESS MEETING MINUTES

Alejandra Chamberlain, John Barclay, Manjit Sappal, Tracy Pullar, Cecelia McCloy

- **NOES:** None.
- **ABSTAINS:** John Eckstrom and Gabriel Lemus
- **ABSENT:** Joseph Villarreal


- **Teri:** Fund is for diversion and not prevention. Divert people who are homeless or imminently at risk of homelessness. It will be used as CE Tool for Diversion & HN only. No application for the money.
  - Intended to be a fund of last resort and other uses not easily funded with other sources. If you can use Season of Sharing funds then this isn’t for this. Meant to be fund that pays for things other funds won’t pay for.
  - Eligible & ineligible uses clearly spelled out
  - HMIS document eligibility and accept or reject. Make sure things are documented and apparent.
  - Oversight Committee will review any issues that come up during the piloting of this fund.

- **Jaime:** Have to work out some stuff in HMIS before it launches but will launch soon after and need P&Ps approved first.

- **Deanne:** Committee spent a lot of time and very thoughtful. Looks really good and answered a lot of questions. Came together well.

- **Miguel:** Hard to wrap your mind around something before you have examples. In my case management program we have a similar fund and I’m confident we can figure it out.

- **Dan:** What is the difference between diversion and prevention?
  - **Miguel:** To have your homelessness prevented you have your housing and keep your housing. To be diverted, you are at-risk or experiencing homelessness and you never enter the system of care.
  - **Jaime:** Really about keeping people out of shelter system. May connect with CORE and CARE. Really about diverting people from shelter.
  - **Miguel:** Suspect these are individuals with some resources and just need some guidance.

- **Cecelia:** Is this all private money?
  - **Jaime:** Not all private donations. Some private but Probation has put in some money. Why we’re pausing and make sure we’re documenting where the money is going. New that we have Department donating money.
  - **Miguel:** Can’t anticipate specific amount of money that will be spent. Be as conservative as possible using it.

- **State of Motion**
Motion:
- Move to approve the Housing Security Fund Policies & Procedures as drafted.

Discussion:
- John B.: What is the timeframe of the pilot/trial? What happens as issues come up? What is the mechanism for review/tweaks?
  - Jaime: In terms of pilot, rolling out in navigation and diversion. Want to make everything sewn up and have clear process. Talked about doing a quarter at a time and seeing what the funds look like, what is getting used, are things coming up that aren’t articulated. This will then go to Oversight, look at it, and they will make recommendations.
  - Not pilot as much as launch. Having tool available in two points in system of care.
  - Don’t know how long it’ll be before we have other sources using this funding.
- John B.: Pilots are very structured and you have goals in place to meet. Trying to roll out vetted program in pilot fashion. Want to be clear about what we’re doing & reviewing it.
  - Teri: Oversight Committee mechanism for dealing with issues.
  - Jaime: Natalie, new CES manager, checking in and bringing new info to Oversight.
  - Deanne: One of the requests of the Oversight Committee to develop a dashboard of data to assess performance of CE and this would be built into dashboard.

Procedural Record:
- Motion made by: Teri House
- Seconded by: Dan Sawislak
- AYES: Candace Collier, Dan Sawislak, John Eckstrom, Gabriel Lemus, Deanne Pearn, Bradley Lindblom, Miguel Hidalgo-Barnes, Teri House, Doug Leich, Patrice Guillory, Alejandra Chamberlain, John Barclay, Manjit Sappal, Tracy Pullar, Cecelia McClory
- NOES: None.
- ABSTAINS: None.
- ABSENT: Joseph Villarreal

8. Policy & Advocacy Discussion and Decision Points (Action Item) – Jaime Jenett
- New funding from the state. Want to have ducks in a row for priorities. Put together an ad hoc committee to identify strategies for local priorities.
- Cecelia: Is this one time funding?
  - Jaime: Yes, but a few different ones. Block grant is one-time. Want to develop standing list of priorities. Could go in a bunch of different ways.
- Deanne: How does this coincide with NPLH Needs Assessment?
Jaime: Looks like this will come beforehand.

**Motion**
- **State of Motion**
  - **Move to establish an Ad Hoc Committee to develop list of CoC Priorities for State Funding.**

**Discussion**

**Procedural Record:**
- **Motion made by:** Deanne Pearn
- **Seconded by:** John Barclay
- **AYES:** Candace Collier, Dan Sawislak, John Eckstrom, Gabriel Lemus, Deanne Pearn, Bradley Lindblom, Miguel Hidalgo-Barnes, Teri House, Doug Leich, Patrice Guillery, Alejandra Chamberlain, John Barclay, Manjit Sappal, Tracy Pullar, Cecelia McCloy
- **NOES:** None.
- **ABSTAINS:** None.
- **ABSENT:** Joseph Villarreal

9. **CoC Provider Grid – Jaime Jenett**
   - Jaime: Added categories that you’d like to see let me know if you want any other information.

10. **Community Announcements**
    - None

11. **Adjourn Meeting – Doug Leich**
    - **Motion:** John Eckstrom
    - **Second:** Teri House
    - **Meeting Adjourned**
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<td>1. 07.02.18 email to CoC listserv with the Public Solicitation attached (which includes information about the local competition and the objective ranking, ratings and selection process). Email also invites recipients to the 07.12.18 Technical Assistance Workshop, where the local competition and the objective ranking, ratings and selection process was discussed</td>
<td>1</td>
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<tr>
<td>2. Screenshot of Contra Costa County website posting of FY2017 CoC Program Competition within application period (posted 07.02.18) with Public Solicitation (which outlines the local competition and the objective local ranking, ratings and selection process)</td>
<td>2</td>
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<td>3. 07.12.18 CoC Board meeting agenda, which included a presentation and discussion about the CoC Competition and the objective local ranking, ratings, and selection process</td>
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<td>4. 07.12.18 Technical Assistance Workshop agenda, where participants were informed of the ranking, ratings, and selection process</td>
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<tr>
<td>5. 07.16.18 follow-up email sent to Technical Assistance attendees and interested providers, with workshop materials attached (including information about ranking, ratings, and selection process)</td>
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Greetings,

Please be advised that the Department of Housing and Urban Development's (HUD's) Notice of Funding Availability (NOFA) for the Fiscal Year 2018 Continuum of Care Program Competition was released on Wednesday, June 20, 2018.

The attached Public Solicitation for Project Applications provides a summary of the NOFA and the overall timeline for accessing this funding opportunity.

A technical assistance workshop for all interested parties will be held on Thursday, July 12 from 10:00 am to 12:00 pm in the H3 Venti conference room at 2400 Bisso Lane, Suite D, Second Floor, Concord.

Meetings are open to representatives of any organization that might be interested in applying for CoC funding, including nonprofit organizations, local governments, instrumentalities of local governments and public housing agencies.

The public should please forward this Public Solicitation to any interested parties, send to relevant additional listservs, and post on public bulletin boards. The CoC encourages applications from organizations that have not previously received CoC Program funding.

Inquiries about this process may be directed to contracostaTA@homebaseccc.org.

--

Warmly,

Jaime Jenett, MPH
(she/her pronouns)
Continuum of Care Planning and Policy Manager
Health, Housing and Homeless Services Division
Contra Costa Health Services
2400 Bisso Lane, Building D, 2nd Floor
Concord, CA 94520
Tel: (925) 608-6716
Cell: (925) 464-0152
jaime.jenett@hsd.cccounty.us
http://cchealth.org/homeless/

For information on Continuum of Care meetings and events, go to: http://cchealth.org/homeless/council/meetings.php

(See attached file: Contra Costa FY2018 CoC NOFA Public Solicitation.pdf)
Continuum of Care
Tools for Partners

Funding Opps/Awards
NOFA - Notice of Funding Availability
The CoC Program (24 CFR part 578) is a program the Department of Housing and Urban Development and is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house the homeless while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by the homeless; and to optimize self-sufficiency among those experiencing homelessness. Please find the most recent Notice of Funding Availability (NOFA) process below.

2018
- Public Solicitation - 7/2/2018
- Competition Awards - 1/04/2018

RFP - Requests for Proposals
Antioch Library Evening CARE Center for Families:
- Request for Letters of Intent
- Budget Template
- Evening CARE Center Antioch Q & A
The Contra Costa Council on Homelessness provides a forum for communication and coordination about the implementation of the County’s Strategic Plan to prevent and end homelessness, and for orchestrating a vision on ending homelessness in the County, educating the community on homeless issues, and advocating on federal, state, and local policy issues affecting people who are homeless or at-risk of homelessness. The Council provides advice and input on the operations of homeless services, program operations, and program development efforts in Contra Costa County. Items may be taken out of order based on the business of the day and preference of the Council.

**AGENDA**

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<td>1. Welcome/Introductions</td>
<td>Doug Leich, Chair</td>
<td>Call to order.</td>
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<td>2. Approve Minutes (Action Item)</td>
<td>Doug Leich, Chair</td>
<td>Review and adoption of minutes from the June 2018 Council meeting.</td>
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<td>3. Committee Structure and Membership (Action Item)</td>
<td>Cecelia McCloy, Vice-Chair</td>
<td>Discussion of Council committee structure and membership, including committee status, Council member liaisons and responsibilities.</td>
</tr>
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</table>
| 4. Committee Updates (Action Item)   | Committee Members                      | Standing Item. General updates available in meeting packet. Additional updates from:  
|                                      |                                        | • Ad Hoc Oversight Nomination Committee  
|                                      |                                        | • Ad Hoc Committee on Subpopulations  
|                                      |                                        | • Youth Action Council                |
| 5. State ESG Funding Recommendations (Action Item) | Gabriel Lemus, Council Member | Possible action to adopt recommendations for State ESG funding.                  |
|                                      | Deanne Pearn, Council Member 
|                                      | Miguel Hidalgo-Barnes, Council Member | Introduction to the Housing Security Fund. Discussion and possible action to adopt Coordinated Entry Diversion and Housing Navigation Policies and Procedures for the Use of the Housing Security Fund. |
| 8. Policy and Advocacy Discussion and Decision Points (Action Item) | Doug Leich, Chair | Discussion of key policy and legislative updates for possible action by Council and Ad Hoc Committee to explore funding opportunities. |
| 9. CoC Provider Grid | Jaime Jenett, H3 | Presentation on written overview of CoC participating providers and funding streams. |
| 11. Pin it                           | All                                    | Standing Item. Other future items of discussion and scheduling to be considered. |
AGENDA

1. Welcome & Introductions

2. 2018 HUD CoC Program Competition Overview and Funding Available

3. Designing Your Project
   A. Eligible New Project Types
   B. New Project Basic Design Requirements
   C. Renewal Project Design Requirements
   D. Eligible Costs and Project Participants

4. Program Requirements & Later Responsibilities

5. E-snaps and HUD Documents

6. Local Competition Timeline, Process & Scoring Tools

If you need technical assistance at any point in this process, please contact the HomeBase Team for Contra Costa at: ContraCostaTA@homebaseccc.org

Erica McWhorter, 415-788-7961 x337, erica@homebaseccc.org

Emily Firgens, 415-788-7961 x346, emily@homebaseccc.org
Hello All,

Thank you for your interest in the Contra Costa County Continuum of Care and HUD CoC NOFA. We are attaching the Contra Costa CoC NOFA TA Workshop materials. If you did not get a chance to provide your contact information to us, please do so using the Attached Contact Information Form below.

Additionally, the new project questionnaire is now available. It is also attached for your reference. (Please complete in PRESTO per the instructions.)

Feel free to contact HomeBase (ContraCostaTA@HomeBaseCCC.org) at any time with questions.

Thank you,

Erica

---

3 attachments

1. TA Workshop Materials.pdf
   2696K
   Included all information from TA workshop, including process for rating/ranking, local competition scoring tools, and project applications.

2. Contact Info Form.doc
   29K

3. FY2018 CoC Competition Supplemental Questionnaire - New Projects [Final].docx
   83K

https://mail.google.com/mail/u/0/?ui=2&ik=5683e8c2e9&jsver=PZY5abr1U30.en.&cbl=gmail_fe_180814.14_p4&view=pt&msg=164a475b1d3a2041&q=TA%20workshop&qs=true
## RELATED APPLICATION QUESTION: 1E-4

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<td>a. Sections of Public Solicitation pertaining to the reallocation process (outlined in red boxes)</td>
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<td>2. CoC Local Competition Process (Including Reallocation Process)</td>
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<td>a. Reallocation by the R&amp;R Panel and CoC Board</td>
<td>12-13</td>
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<tr>
<td>3. 2018 CoC Program Competition New Project Scoring Tool</td>
<td>16-23</td>
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<td>a. Scoring factor that gives additional points to projects that voluntarily reallocate to submit a new project</td>
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This summary includes highlights from the 2018 CoC NOFA, the HUD email announcement regarding its release, and a Change Log that HUD published the same day. Some relevant information is not included in the NOFA but will become known once HUD opens e-snaps and releases the Detailed Instructions.

**BACKGROUND**

The CoC Program (24 CFR Part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless; and to optimize self-sufficiency among those experiencing homelessness.

The U.S. Department of Housing and Urban Development (HUD) releases an annual Notice of Funding Availability (NOFA), signifying the beginning of a funding competition among approximately 450 Continuums of Care (CoC), the community stakeholder groups that guide local responses to homelessness. The 2018 CoC NOFA was released on June 20, 2018, opening the competition making available approximate **$2.1 BILLION NATIONALLY** to serve people experiencing homelessness. The information in the NOFA sets forth the competition rules and processes for 2018. This summary includes the highlights of the NOFA – additional guidance will be shared as it is made available.

Before the application is submitted to HUD, the CoC is required to hold a local competition to determine which projects will be included in the consolidated application, along with their relative priority. The results of the local competition dictate which projects the CoC will seek to fund. Additional information about project application requirements and standards will be available at the upcoming TA Workshop. Additional details about anything in this summary can be found in the NOFA, available at:


**KEY THEMES IN THIS YEAR’S NOFA**

As described in more detail below:

- CoCs may apply for DV Bonus Projects to serve survivors of domestic violence, dating violence, and stalking.
- Reallocation and Bonus funding may be comingled and Bonus funding may be used to fund HMIS or Supportive Services Only for Coordinated Entry projects, not just housing projects.
- Applicants may transition their project(s) from one CoC Program Component to another over a one-year grant cycle.
• Applicants may consolidate two, three, or four eligible renewal projects into one project during the application process.
• Applicants may apply for new funding to expand CoC-Program-funded or non-CoC-Program-funded projects.
• HUD had added a policy priority indicating that CoCs should work to develop partnerships with Public Housing Authorities (sometimes called PHAs) to work toward helping CoC Program participants exit Permanent Supportive Housing through Housing Choice Vouchers (formerly Section 8 vouchers) and other available housing options.
• HUD has underscored that efforts to prevent and end homelessness should consider and address racial inequities in order to achieve positive outcomes for all persons experiencing homelessness.

HUD’S HOMELESS POLICY AND PROGRAM PRIORITIES

CoCs and Project Applications will be evaluated based on the extent to which they further HUD’s policy priorities. The policy priorities outlined in the NOFA include:

1. Ending homelessness for all persons.
   a. CoCs should identify, engage, and effectively serve all persons experiencing homelessness.
   b. CoCs should measure their performance based on local data taking into account challenges faced by all subpopulations experiencing homelessness in the geographic area (e.g., veterans, youth, families, and those experiencing chronic homelessness).
   c. CoCs should have a comprehensive outreach strategy to identify and continuously engage all unsheltered individuals and families.
   d. CoCs should use local data to determine the characteristics of individuals and families with the highest needs and longest experiences of homelessness to develop housing and supportive services tailored to their needs.
   e. CoCs should use the reallocation process to create new projects that improve their overall performance and better respond to their needs.

2. Creating a systemic response to homelessness.
   a. CoCs should be using system performance measures such as the average length of homeless episodes, rates of return to homelessness, and rates of exit to permanent housing destinations to determine how effectively they are serving people experiencing homelessness.
   b. CoCs should be using their Coordinated Entry process to promote participant choice, coordinate homeless assistance and mainstream housing and services to ensure people experiencing homelessness receive assistance quickly, and make homelessness assistance open, inclusive, and transparent.

3. Strategically allocating and using resources.
   a. Using cost, performance, and outcome data, CoCs should improve how resources are utilized to end homelessness.
   b. CoCs should review project quality, performance, and cost effectiveness.
   c. HUD encourages CoCs to maximize the use of mainstream and other community-based resources when serving persons experiencing homelessness.
   d. **NEW THIS YEAR** CoCs should work to develop partnerships with Public Housing Authorities to work toward helping CoC Program participants exit Permanent Supportive Housing through Housing Choice Vouchers.
Supportive Housing through Housing Choice Vouchers and other available housing options.
e. CoCs should review all projects eligible for renewal in FY 2018 to determine their effectiveness in serving people experiencing homelessness, including cost effectiveness.

4. Use a Housing First approach.
a. CoC-Program-funded projects should help individuals and families move quickly into permanent housing, and the CoC should measure and help projects reduce the length of time people experience homelessness.
b. CoCs should engage landlords and property owners, remove barriers to entry, and adopt client-centered service methods.

HUD DEADLINES AND TIMELINE

- **Wednesday, June 20, 2018**: 2017 CoC NOFA release date.
- **On or after Thursday, June 28, 2018**: eSNAPS will be available
- **On or before Sunday, August 19, 2018** (30 days prior to submission deadline): All project applications are required to be submitted to the CoC
- **On or before Monday, September 3, 2018** (15 days prior to submission deadline): The CoC is required to notify all project applicants who submitted their project applications to the CoC by the CoC-established deadline whether their project application(s) will be accepted and ranked on the CoC Priority Listing, rejected, or reduced by the CoC.
- **On or before Sunday, September 16, 2018** (2 days prior to submission deadline): CoCs must post on their website (or a partner’s website) all parts of the CoC Consolidated Application, including the CoC Application attachments and the completed Priority Listing (but not project applications), and notify community members and key stakeholders that the Consolidated Application is available.
- **Submission Deadline: Tuesday, September 18, 2018 at 8:00 PM EDT/7:00PM CDT/5:00 PM PDT**
- HUD may issue up to two conditional funding announcements.
- **September 30, 2020**: All conditional funds awarded in this competition must be obligated.
- **September 30, 2025**: Obligated funds must be expended.

APPLICATION STRUCTURE

The CoC Consolidated Application is made up of three parts:

- **CoC Application**: Describes the CoC’s plan for ending homelessness, its system-level performance, and addresses the NOFA’s selection criteria. This part of the application is scored and will determine the order in which CoCs are funded.
- **Project Applications**
- **CoC Priority Listing**: Ranks projects in order of priority.
RANKING INFORMATION

HUD requires CoCs to review and rank projects submitted by project applicants, except CoC planning projects, having them fall into two Tiers based on a financial threshold. All projects must pass HUD’s eligibility and threshold requirements to be funded, no matter their priority.

**TIER 1**
- In 2018, Tier 1 is equal to 94% of the CoC’s FY 2018 Annual Renewal Demand.
- Tier 1 projects will be conditionally selected from the highest-scoring CoC to the lowest-scoring CoC, provided the project applications pass both eligibility and threshold review. In the event insufficient funding is available under this NOFA to award all Tier 1 projects, Tier 1 will be reduced proportionately, which could result in some Tier 1 projects falling into Tier 2. Therefore, CoCs should carefully determine the priority and ranking for all project applications in Tier 1 as well as Tier 2.

**TIER 2**
- Projects in Tier 2 are less likely to be funded, and every Tier 2 project will be scored using a 100-point scale based on three factors that have not changed since last year’s competition:
  - **COC SCORE.** Up to 50 of 100 points will be awarded in direct proportion to the score received on the CoC Application.
  - **COC PROJECT RANKING.** Up to 40 of 100 points for the CoC’s ranking of the project application(s). To more evenly distribute funding across CoCs and take into account the CoC’s ranking of projects, point values will be assigned directly related to the CoC’s ranking of projects. Additional details are available in the NOFA.
  - **COMMITMENT TO HOUSING FIRST.** Up to 10 of 100 points for:
    - How the permanent housing project commits to applying the Housing First model;
    - How the Transitional Housing project, Joint Transitional Housing and Rapid Rehousing Component project, safe haven project, or Supportive Services Only project that is not for centralized or coordinated assessment demonstrates that it is low-barrier, prioritizes rapid placement and stabilization in permanent housing, and does not have service participation requirements or preconditions to entry (such as sobriety or a minimum income threshold); or
    - HMIS project or Supportive Services Only project for a centralized or coordinated assessment system will automatically receive 10 points.
NEW HUD POLICIES RELATED TO PROJECT APPLICATIONS IN 2018

TRANSITION GRANTS

- Applicants may transition renewal projects from one CoC Program component (e.g., Transitional Housing to Rapid Rehousing, Rapid Rehousing to Permanent Supportive Housing) to another using the CoC Program Competition.
- To be eligible to receive a transition grant, the renewal project applicant must have the consent of its CoC.
- To create a transition grant, the CoC must wholly eliminate one or more projects and use those funds to create the single, new transition grant.
- For a new project to be considered a transition grant, the applicant for the new project must be the same recipient for the eligible renewal grant(s) being eliminated, and the applicant must provide the grant number(s) of the projects being eliminated to create the new project and attach a copy of the most recently awarded project application (e.g., if the project was last funded in the FY 2017 CoC Program Competition, a copy of the FY 2017 CoC Program Competition project application must be attached to the project application).

CONSOLIDATED PROJECTS

- Eligible renewal project applicants may consolidate two, three, or four eligible renewal projects into one project application during the application process.
- This means that a CoC Program recipient no longer must wait for a grant agreement amendment to be executed to consolidate two or more grants before it can apply for a single consolidated project in the CoC Program Competition. However, prior to beginning the consolidation process in the project application, the applicant should consult with the local HUD field office to ensure it is eligible to consolidate the projects.
- The projects being combined during a grant consolidation will continue uninterrupted.

EXPANSION PROJECTS

- A renewal project applicant may submit a new project application to expand its current operations by adding units, beds, persons served, services provided to existing program participants, or in the case of HMIS, increase the current HMIS grant activities within the CoC’s geographic area.
- There are two types of expansions:
  - Expanding a CoC-Program-funded Project. Expansion in which a project applicant submits a new project application to expand the current operations of an eligible renewal project for which it is the recipient by adding additional CoC Program funds. Under this type of expansion, for the new expansion project to be selected for conditional award the renewal project application must also be selected for conditional award.
• **Expanding a non-CoC Program funded project.** Expansion in which a project applicant submits a new project application that requests CoC Program funds to add to a current homeless project that is funded from sources other than CoC Program funds. Note that project applicants are prohibited from using CoC Program funds to replace state and local funds.

**REALLOCATION**

• CoCs may only reallocate eligible renewal projects that have previously been renewed under the CoC Program.

**NEW ELIGIBLE PROJECT TYPES**

• **NEW THIS YEAR** CoCs may submit new projects created through reallocation, bonus, or a combination of reallocation and bonus; new DV Bonus projects; and CoC planning project.
  o Because new project applications may be created through the reallocation or bonus processes, if HUD determines that a project applicant or a CoC incorrectly classified one or more new projects as reallocation or bonus, HUD may reclassify the project(s) as either reallocation or bonus if the CoC exceeded either its reallocation or bonus amount.
  o If a project applicant uses both reallocation and bonus amounts to create a single new project but did not have sufficient amounts available from either source, HUD will reduce the project to the amount available, if any.

**ELIGIBLE NEW PROJECTS**

**DOMESTIC VIOLENCE (DV) BONUS**

• Due to up to $50 million set aside in the FY2018 HUD Appropriations Act, CoCs will be able to apply for a DV Bonus for Rapid Rehousing projects, Joint Transitional Housing and Rapid Rehousing Component projects, and Supportive Services Only projects for Coordinated Entry. A CoC may apply for up to 10% of its PPRN, or a minimum of $50,000, whichever is greater, or a maximum of $5 million, whichever is less, to create up to three DV Bonus projects with 1-year grant terms.

• A CoC may apply for **ONE OF EACH** of the following types of projects:
  o Rapid rehousing projects that must follow a housing first approach.
  o Joint Transitional Housing and Rapid Rehousing component projects that must follow a housing first approach.
  o Supportive Services Only Projects for Coordinate Entry to implement policies, procedures, and practices that equip the CoC’s Coordinated Entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking.

• A CoC can only submit one project application for each of the project types above. If a CoC submits more than one project application for each project type, HUD will only consider the
highest ranked project that passes eligibility and quality threshold review for the DV Bonus and will consider any other project for funding as a regular bonus project.

- A CoC may apply to expand an existing renewal project that is not dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking to dedicate additional units, beds, persons served, or services provided to existing program participants to this population.

- CoCs are required to rank all DV Bonus projects on the New Project Listing of the CoC Priority Listing with a unique rank number. If a project application designated as DV Bonus is conditionally selected by HUD with DV Bonus funds, HUD will remove the ranked DV Bonus project from the New Project Listing and all other project applications ranked below the DV Bonus project will slide up one rank position. If the DV Bonus project application is not conditionally selected with DV Bonus funds, the project application will remain in its ranked position and will be considered for conditional award under the regular bonus amount available to the CoC.

- For projects the CoC indicates it would like considered as part of the DV Bonus, HUD will award a point value to each project application combining both the CoC Application score and responses to the DV-Bonus-specific questions in the CoC Application using the following 100-point scale:
  - For Rapid Rehousing and joint Rapid Rehousing and Transitional Housing component projects:
    - **COC SCORE.** Up to 50 points in direct proportion to the score received on the CoC Application.
    - **NEED FOR THE PROJECT.** Up to 25 points based on the extent the CoC is able to quantify the need for the project in its portfolio, the extent of the need, and how the project will fill that gap.
    - **QUALITY OF THE PROJECT APPLICANT.** Up to 25 points based on the previous performance of the applicant in serving survivors of domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes.
  - For Supportive Services Only projects for Coordinated Entry:
    - **COC SCORE.** Up to 50 points in direct proportion to the score received on the CoC Application.
    - **NEED FOR THE PROJECT.** Up to 50 points based on the extent to which the CoC is able to demonstrate the need for a Coordinated Entry system that better meets the needs of survivors of domestic violence, dating violence, sexual assault, or stalking, and how the project will fill this need.
ELIGIBLE TYPES OF NEW PROJECTS CREATED THROUGH REALLOCATION AND/OR BONUS

- **PERMANENT HOUSING-PERMANENT SUPPORTIVE HOUSING PROJECTS** that meet the requirements of DedicatedPLUS or where 100% of the beds are dedicated to individuals and families experiencing chronic homelessness, as defined in 24 CFR 578.3.
- **PERMANENT HOUSING-RAPID REHOUSING PROJECTS** that will serve homeless individuals and families, including unaccompanied youth.
- **JOINT TRANSITIONAL HOUSING AND RAPID REHOUSING COMPONENT PROJECTS** to better serve homeless individuals and families, including particular client eligibility criteria.
- **DEDICATED HMIS PROJECTS** to be carried out by HMIS Lead, which is the recipient or subrecipient of an HMIS grant.
- **SUPPORTIVE SERVICES ONLY PROJECTS FOR COORDINATED ENTRY** to develop or operate a centralized or coordinated assessment system.

**QUICK HINTS FOR PROJECT APPLICANTS**

**IMPORTANT POINTS FOR RENEWAL PROJECTS**

- **DEDICATED PLUS PROJECTS.** A renewal project that is Permanent Supportive Housing 100% dedicated to chronically homeless people may either become a DedicatedPLUS project or may continue to dedicate 100% of its beds to chronically homeless individuals and families. If a renewal project that has 100% of its beds dedicated to chronically homeless individuals and families elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93.
- **RENEWAL GRANTS PER UNIT COST.** Applicants requesting renewal of grants for rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR), if the actual rent per unit under lease is less than the FMR. This will help reduce the number of projects receiving rental assistance that have large balances of unspent funds remaining at the end of the operating year. Renewal project applicants must ensure the amount requested will be sufficient to cover all eligible costs as HUD cannot provide funds beyond the amount awarded through this Competition. **NEW THIS YEAR** The Applicants must provide copies of the leases to establish the actual rents.
- **RAPID REHOUSING ELIGIBILITY.** Certain renewal Rapid Rehousing projects may be allowed to serve participants beyond those proposed in the initial funding application. For example, if a renewing Rapid Rehousing project was originally funded to serve only families with children, that project, through the FY 2018 project application, may be able to also serve individuals if it so chooses, depending on whether the original application was a Bonus project.
IMPORTANT POINTS FOR ALL PROJECT APPLICANTS

- **DUNS/SAM REGISTRATION.** All project applicants must have a DUNS number and an active SAM registration. **NEW THIS YEAR** SAM registration requires additional steps this year, and applicants should begin their registration process immediately.

- **REQUIRED READING.** Project applicants should read the CoC NOFA, CoC Program Interim Rule, and the General NOFA.

- **NO LEVERAGE.** No leverage again this year!

- **CODES OF CONDUCT.** All applicants must have a current HUD-approved Code of Conduct. Be sure to review the Code of Conduct for HUD Grant Programs page on HUD’s website to ensure your organization is listed (which means you have submitted an approved Code of Conduct). If you do not see your organization on the list, be sure to attach a current and complete Code of Conduct to your Project Applicant Profile in e-snaps.

- **ESTIMATE AMOUNT OF PROGRAM INCOME AS MATCH.** Project applicants that intend to use program income as match must provide an estimate of how much program income will be used for match.

- **2018 FMRS WILL APPLY.** Because the CoC Consolidated Application is due prior to the publication of the final FY 2019 FMRs, the FY 2018 FMRs will be used for funding amounts.

- **NEW THIS YEAR** **PAST PERFORMANCE.** In evaluating applications for funding, HUD will consider an applicant’s past performance in managing funds. Items HUD may consider include, but are not limited to:
  - The ability to account for funds appropriately;
  - Timely use of funds received from HUD;
  - Timely submission and quality of reports submitted to HUD;
  - Meeting program requirements.

RESOURCES

- E-snaps application system: [https://esnaps.hud.gov](https://esnaps.hud.gov)
- HUD Websites:
  - [www.hud.gov](http://www.hud.gov)
  - [www.hudexchange.info](http://www.hudexchange.info)
- Funding Application: [https://www.hudexchange.info/programs/e-snaps/](https://www.hudexchange.info/programs/e-snaps/)
- Training and Resources: [www.hudexchange.info/homelessness-assistance/](http://www.hudexchange.info/homelessness-assistance/)
- HUD Exchange Ask A Question (AAQ): [https://www.hudexchange.info/program-support/my-question/](https://www.hudexchange.info/program-support/my-question/)
- Listserv: [www.hudexchange.info/mailinglist](http://www.hudexchange.info/mailinglist)
CONTRA COSTA COC APPLICATION PROCESS

Excerpted from CoC Governance Charter: Article II. Continuum of Care (CoC) Application Process

Section 1. APPLICATION OVERVIEW

The Council on Homelessness prepares and oversees the applications for funds administered by HUD under the HEARTH Act. The Council on Homelessness is designed to assist individuals—including unaccompanied youth—and families experiencing homelessness and to provide the services needed to help individuals move into transitional and permanent housing, with the goal of long-term stability. The Council’s HUD CoC Program funds are granted annually based on a national competition following the release of a Notice of Funding Availability (NOFA). It is a primary responsibility of the Council to oversee the application for those funds.

The following sections outline the Council’s policies as related to designing, operating and following a collaborative local process for the development of HUD Continuum of Care Program applications and approval of submission of applications as required by C.F.R. 578.9.

Section 2. COLLABORATIVE APPLICANT

The Council designates Contra Costa County Behavioral Health Homeless Program as the annual HUD CoC Program Collaborative Applicant. The Collaborative Applicant (or its designee) is responsible for leading and supporting all aspects of the annual HUD CoC Program application process, including submission of the Consolidated Application consisting of 1) the CoC Application (formerly Exhibit 1); 2) Project Applicant’s Priority List; and 3) all Project Applications (formerly Exhibits 2).

Section 3. OVERVIEW OF PROJECT REVIEW PROCESS AND APPLICATION SUBMISSION TIMELINE

Immediately after HUD’s Continuum of Care Program Notice of Funding Availability (NOFA) is released, the Collaborative Applicant (or its designee) will coordinate and carry out all of activities needed to successfully submit an application on behalf of the Council. The following is an overview of the timeline of tasks for CoC Program application submission. The timeline is subject to change annually, depending on HUD’s requirements as outlined in the NOFA.

Prior to the NOFA release, the Executive Board will request that the CoC Providers Committee convene to design and/or revise scoring tools and any corresponding local application materials to assist in the CoC review and ranking of all renewal and new project applications. These materials will take into consideration both local and HUD priorities.

The scoring tools will be finalized and presented to the Executive Board for review and approval. The Executive Board may initiate additional revisions to the scoring tools and local application materials if...
warranted based on new information about HUD priorities or process requirements contained in that year’s NOFA.

Upon HUD release of the NOFA, the Collaborative Applicant will schedule and announce a time and date for a Technical Assistance Workshop. These details will be distributed to the entire Council.

All potential applicants must participate in the HUD CoC Program Technical Assistance Workshop. At the workshop, the Collaborative Applicant will present an overview of the HUD CoC NOFA, including details about available funding and any major changes in the application from previous years. Applicants will also be oriented to the process for reviewing and ranking applications, which will cover any supplemental local application materials and the scoring tool and applicable dates. Applicants will also have a chance to ask any questions about both the local and HUD application processes.

Applicants complete local application materials by a date announced at the Technical Assistance Workshop, typically within four to six weeks of the NOFA release (and generally not less than 30 days prior to the NOFA submission deadline).

- Any late application received within 48 hours of the due date/time will receive a 15 point score reduction. Late applications received after 48 hours will not be accepted.
- The Review and Rank Panel has the discretion to waive the late application points deduction if it determines that emergency or extreme situations existed.
- Incomplete applications cannot be cured for the CoC Review and Rank Panel scoring process but must be corrected prior to HUD submission.

Qualified, non-conflicted CoC Review and Rank Panel members are recruited and oriented to the local review and ranking process.

The CoC Review and Rank Panel members receive all local application and scoring materials and review and score each program’s application.

The CoC Review and Rank Panel meets to jointly discuss each application, interview applicants, and to comment on ways to improve individual applications. Panel members individually score applications based on the scoring tools. The ranked list is created by the following procedures:

- One ranked list is prepared based on a compilation of CoC Review and Rank Panel raw scores for each application.
- Those applications that do not meet certain threshold requirements (as detailed on the scoring tool) will not be included on the ranked list.
- The highest scoring and eligible new permanent housing project will be selected to apply for any “Permanent Housing Bonus” funding available through the NOFA.
Based on community priorities established by the scoring tools, the CoC Review and Rank Panel may determine whether any renewal project should be decreased or reallocated. Any funding captured from an existing project will be made available for reallocation to a new project that meets the requirements in the NOFA application.

Scoring results are sent to applicants with a reminder of the appeals process at least 15 days before CoC Application deadline. In addition, projects are given feedback from the CoC Review and Rank Panel on the quality of their application and ways they can improve their final submission to HUD.

Appeals, if any, are considered in compliance with the Appeals Process detailed below.

A final ranked project list is submitted to the Executive Board for review and approval.

The Collaborative Applicant collects all final Project Applications and submits them to HUD, along with the CoC Application, as part of the CoC’s Consolidated Application.

Section 4. CoC REVIEW AND RANK PANEL MEMBERSHIP

The Executive Board designates between three and five of its members to serve as CoC Review and Rank Panelists. CoC Review and Rank Panelists must be:

- Knowledgeable about homelessness and housing in the community and broadly representative of the relevant sectors, subpopulations, and geographic areas;
- “Neutral,” meaning that they are not employees, staff, or otherwise have a business or personal conflict of interest with the applicant organizations;
- Familiar with housing and homeless needs within Contra Costa County; and
- Willing to review projects with the best interest of homeless persons in mind.

To serve on the CoC Review and Rank Panel, members must:

- Sign a statement declaring that they have no conflict of interest and a confidentiality agreement; and
- Be able to dedicate time for application review and CoC Review and Rank Panel meetings as scheduled by the Collaborative Applicant.

Section 5. REALLOCATION OF FUNDS

HUD allows CoCs to reallocate funds from non- and/or under-performing projects to higher priority community needs that also align with HUD priorities and goals. The CoC Review and Rank Panel facilitates the reallocation discussion and process, in consultation with the Council, the Executive Board, the Collaborative Applicant, and the CoC Program recipients and subrecipients who may be impacted. The Executive Board must approve all final decisions about reallocation.
Section 6. USING ALL AVAILABLE FUNDS

The Collaborative Applicant will do everything possible to ensure that the community applies for all funds available to the CoC. Thus, if all on-time applications have been submitted and it appears that either: 1) the community is not requesting as much money as is available from HUD, 2) no Permanent Housing Bonus (or other special project as defined by HUD) projects have been submitted, or 3) there are reallocated funds available, then:

- The Collaborative Applicant will communicate with the Executive Board and other interested parties (all homeless service and housing providers in Contra Costa County) with details about the available funding.
- The Collaborative Applicant will provide technical assistance and guidance, as needed, to ensure applicants understand the funding requirements.
- Any additional applications for these funds will be due as soon as possible after this communication is distributed, in compliance with CoC Program submission deadlines.

Section 7. APPEALS PROCESS

All eligible applicants have the opportunity to appeal both their score and preliminary ranking prior to the ranked list being finalized and approved by the Executive Board. The Appeals Panel will only be established if an applicant requests an appeal.

A. THE APPEALS PANEL

The Appeals Committee will be comprised of four impartial members of the Executive Board: three voting members and one non-voting member. The three voting members will not have participated in the original CoC Review and Rank Panel. The non-voting member must have been a member of the original CoC Review and Rank Panel.

No member of the Appeals Committee may have a conflict of interest with any of the agencies applying for CoC Program funding. All members of the Appeals Committee must sign conflict of interest and confidentiality statements. If there are insufficient Executive Board members who qualify for the appeals committee, a member of the Council may be designated by the Executive Board to participate in the Appeals Committee.

B. ELIGIBLE APPEALS

An applicant may be eligible to appeal the decision of the CoC Review and Rank Panel if their project application:

- Is rejected from inclusion as part of the CoC Consolidated Application submission, or
- Receives decreased funding (e.g., through reallocation).
To appeal, the applicant must demonstrate that:

- Their score is not reflective of the application information provided, or
- There was bias or unfairness in the process that warrants the appeal.

All appeals must be based on information submitted by the applicant agency by the application due date. No new or late information will be considered. The omission of information (inadvertently or otherwise) from a project application is not grounds for an appeal.

C. SUBMITTING AN APPEAL

Any and all appeals must be received in writing with supporting documentation within three business days following the notification of ranking to projects.

The notice of appeal must include a written statement specifying in detail the grounds asserted for the appeal. The statement must be signed by an individual authorized to represent the agency (i.e., Executive Director) and submitted to the Collaborative Applicant or its administrative designee. The notice of appeal is limited to two single-sided, single-spaced pages in 12-point font. The notice of appeal must include a copy of the project application in question and all accompanying materials submitted to the CoC Review and Rank Panel.

D. THE APPEALS PROCESS

The Appeals Panel will meet with a representative(s) of the agency/collaborative making the notice of appeal to discuss the appeal. A face-to-face meeting is preferred, but if time conflicts require it, the conversation can occur by conference telephone.

All appeals submitted in compliance with Section 7.B will be read, reviewed and evaluated by the Appeals Panel. The role of the Appeals Panel is to read and review only those areas of the application that are being appealed.

The Appeals Panel will then meet to deliberate. All project applicants will be invited to attend any appeal and each applicant may make a 10-minute statement regarding the appeal.

The Appeals Panel will review the rankings made by the CoC Review and Rank Panel only on the basis of the submitted project application, the two-page appeal, any statements made to the Appeals Panel during the appeals process, and the materials used by the CoC Review and Rank Panel. No new information can be submitted by the applicant or reviewed by the Appeals Panel.

The decision of the Appeals Panel must be supported by a simple majority vote of voting members.

The appealing agency will receive, in writing, the decision of the Appeals Panel within two business days of the Appeals Panel Meeting. The decision of the Appeals Panel will be final.
Section 8. FINAL PRIORITIZED LIST OF APPLICATIONS

The Executive Board must approve the final ranked list of all Project Applicant proposals. Any Executive Board members with a conflict of interest must recuse himself/herself from all related discussions and abstain from the vote approving the priority list. The Collaborative Applicant will then submit this prioritized list to HUD by the CoC Program Competition deadline as part of the Consolidated Application. Conditional award funding is typically based upon the prioritized list of Project Applicants that are submitted; however, HUD determines actual awards and funding amounts.
FY 2018 CoC Program Competition
New Project Scoring Tool

OVERVIEW

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Project’s Work is Consistent with HUD and Local Priorities</td>
<td>25</td>
</tr>
<tr>
<td>2. Project Design and Readiness</td>
<td>35</td>
</tr>
<tr>
<td>3. Agency Capacity</td>
<td>30</td>
</tr>
<tr>
<td>4. Efficient Use of Funds</td>
<td>10</td>
</tr>
<tr>
<td>5. <em>Reallocation Bonus</em></td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Note: This tool will be used for reallocated projects and bonus projects.
## THRESHOLD CRITERIA

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Housing First</strong></td>
<td></td>
</tr>
<tr>
<td>The project’s policies include a commitment to identifying and lowering its barriers to housing.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>2. Coordinated Entry</strong></td>
<td></td>
</tr>
<tr>
<td>Project will participate in coordinated entry to the extent possible for this project type.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>3. HMIS</strong></td>
<td></td>
</tr>
<tr>
<td>Project will enter data for all CoC-funded beds into HMIS, unless it is serving survivors of domestic violence, in which case it will enter data into a comparable database.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>4. Program Policies &amp; Procedures</strong></td>
<td></td>
</tr>
<tr>
<td>Project has adopted, or is committed to adopting, policies and procedures that are consistent with minimum HUD requirements.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>5. Participant Eligibility</strong></td>
<td></td>
</tr>
<tr>
<td>The project will only accept participants that can be documented as eligible for this project’s program type based on their housing and disability status.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>6. Equal Access/Fair Housing</strong></td>
<td></td>
</tr>
<tr>
<td>The project provides equal access and fair housing without regard to sexual orientation, gender identity, or local residency status.</td>
<td>N/A</td>
</tr>
</tbody>
</table>
## 1. Project’s Work is Consistent with HUD and Local Priorities (25 PTS.)

### 1.A. HUD and Local Priorities

Points will be awarded at the discretion of the Review & Rank Panel within the following ranges, taking into consideration community need:

- Permanent supportive housing (for chronically homeless) = 5 to 10 points
- Permanent supportive housing (DedicatedPLUS) = up to 5 points
- Rapid re-housing = 5 to 10 points
- Joint transitional housing and rapid re-housing = up to 5 points
- Coordinated Entry = up to 10 points
- HMIS = up to 10 points

### 1.B. Project Impact & Responsiveness to Local Need

Impact of the program in addressing local needs

- Consider: leveraged resources (e.g., site-based housing), subpopulations served, demonstrated need for the project type in the community, experience working with the local population and local partners

## 2. Project Design and Readiness (35 PTS.)

Consider the overall design of the project in light of its outcome objectives, and the Continuum of Care’s goals that permanent housing programs for homeless people result in stable housing and increased income (through benefits or employment).

### 2.A. Program Design

For all projects: Housing where participants will reside is fully described and appropriate to the program design proposed. Program design includes provision of appropriate supportive services.

- Does the program design include the use of innovative or evidence-based practices?
- Will the project be ready to start within HUD’s statutory deadlines (e.g., can demonstrate site control, has plan to identify units, is an expansion of an existing project)?
- Is the project staffed appropriately to operate the housing/services?
- Are staff trained to meet the needs of the population to be served?
FY2018 COC PROGRAM COMPETITION
NEW PROJECT SCORING TOOL

• Does the program include involvement of clientele in designing and operating the program?
• Does the method of service delivery described include culture-specific/sensitive elements (e.g., trauma-informed care)?
• Will the program be physically accessible to persons with disabilities?
• Are program outcomes realistic but sufficiently challenging given the scale of the project? Are outcomes measurable and appropriate to the population being served?
• For Domestic Violence Bonus projects, does the program design include safety, planning, and confidentiality protocols?

For PSH/RRH (at least 3 of 4 required by HUD):

• Does the type of housing proposed, including the number and configuration of units, fit the needs of the program participants (e.g., two or more bedrooms for families)?
• Will the type of supportive services that will be offered to program participants ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source?
• Does the project have a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply that meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)?
• Will the type of supportive services that will be offered to program participants ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source?
• Does the project have a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply that meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)?

For Joint TH-RRH (at least 4 of 6 required by HUD):

• Does the type of housing proposed, including the number and configuration of units, fit the needs of the program participants (e.g., two or more bedrooms for families)?
• Will the project provide enough rapid re-housing assistance to ensure that at any given time a program participant may move from transitional housing to permanent housing? (This may be demonstrated by identifying a budget that has twice as many resources for the RRH portion than TH, by having twice as many RRH units at a point in time as TH units, or by demonstrating that the budget and units are appropriate for the population being served.)
• Will the type of supportive services that will be offered to program participants ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source?
• Does the project have a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply that meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)?
FY2018 COC PROGRAM COMPETITION
NEW PROJECT SCORING TOOL

<table>
<thead>
<tr>
<th><strong>2.B. Services Partnership or Capacity</strong></th>
<th>5</th>
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<tbody>
<tr>
<td>There is a committed relationship with a service provider with a signed letter of commitment or MOU; if agency is providing services itself, they have shown they have the funds to do that. Consider:</td>
<td></td>
</tr>
<tr>
<td>• What depth of services will be offered?</td>
<td></td>
</tr>
<tr>
<td>• Will the services meet the needs of the target population proposed?</td>
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<tr>
<td>• How will services will be leveraged or funded?</td>
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<tr>
<th><strong>2.C. Expected Outcomes</strong></th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the agency demonstrated, through past performance, the ability to successfully carry out the work proposed and effectively provide services to people experiencing homelessness? Consider the agency’s experience and outcomes related to measures of housing stability, exits to homelessness, and increased income/benefits in any prior projects.</td>
<td></td>
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</tbody>
</table>
### 3. AGENCY CAPACITY

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.A. Agency Experience</strong></td>
<td>5</td>
</tr>
</tbody>
</table>
| Does the agency have the expertise and staffing needed to operate the proposed project? Consider:  
  - Has the agency successful handled at least one other federal grant or other major grant of this size and complexity, either in or out of the CoC?  
  - Does the agency have a clear staffing plan that covers both grant management and performance of grant activities? | 5      |
| **3.B. Administrative Structure** | 5      |
| Does the agency have the procedural and administrative structure needed to meet all grant audit, administrative, and reporting requirements?  
  - Does the agency have any outstanding HUD findings and/or financial audit findings? (2 pts)  
  - Has HUD deobligated any of the agency’s grant funds in the past three operating years? (2 pts)  
  - Does the application packet that was submitted reflect an agency with capacity that is sufficient to carry out the HUD administrative requirements? (1 pt) | 5      |
| **3.C. HMIS Participation**    | 5      |
| Is the agency/program actively participating in the HMIS?  
  - Consider: the percentage of the program’s clients who have data entered into HMIS; HMIS Data Completeness Report Card  
  Note: Domestic Violence programs do not participate in HMIS, but should have a plan to enter data into a comparable database. | 5      |
| **3.D. CoC Participation**     | 5      |
| Does the agency and/or project sponsor participate in Contra Costa Council on Homelessness and CoC-related planning meetings? | 5      |
| **3.E. Housing First**         | 5      |
| Has the agency implemented the principles of Housing First (e.g., lower the barriers to entry for prospective clients, avoid screening out clients based on real or perceived barriers to success)? Does the agency demonstrate a commitment to Housing First for this new project? | 5      |
### 3.F. Quality Assurance

Does the agency maintain policies, procedures, and actions to ensure continuous quality improvement?

- Does the agency train its staff to ensure high quality of care?
- Does the agency assess quality of service and consumer satisfaction through surveys, focus groups, etc.? (Optional: applicants may attach a document summarizing client feedback for panelist consideration.)
- Does the agency monitor program performance using data?

### 4. EFFICIENT USE OF FUNDS (10 PTS.)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.A. Budget</strong></td>
<td></td>
</tr>
<tr>
<td>Is budget clearly articulated, with no unnecessary or unexplained items? Consider:</td>
<td>5</td>
</tr>
<tr>
<td>- Does the budget show that the project will have enough resources to provide high-quality, reliable services to the target population?</td>
<td></td>
</tr>
<tr>
<td>- 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?</td>
<td></td>
</tr>
<tr>
<td>- Does the budget show that the project is taking appropriate measures to promote cost effectiveness?</td>
<td></td>
</tr>
<tr>
<td>For expansion projects, panelists may also consider the efficient use of funds factors of the renewal project that is proposed for expansion.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>4.B. Financial Management</strong></th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the applicant submitted their most recently completed independent audit of their nonprofit financial statements?</td>
<td></td>
</tr>
<tr>
<td>- If so, does the audit demonstrate the agency’s capacity to maintain adequate control over all funds, property, and other assets to ensure they are used solely for authorized purposes?</td>
<td></td>
</tr>
<tr>
<td>If the applicant has not completed an independent audit:</td>
<td></td>
</tr>
<tr>
<td>- Have they submitted unaudited financial statements and articulated their plan to meet federal financial management requirements?</td>
<td></td>
</tr>
</tbody>
</table>
5. REALLOCATION BONUS

<table>
<thead>
<tr>
<th>Factor</th>
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<tbody>
<tr>
<td><strong>5.A. Reallocation</strong></td>
<td></td>
</tr>
<tr>
<td>Did the Agency voluntarily reallocate a renewal project? Consider:</td>
<td>5</td>
</tr>
<tr>
<td>• How much funding was reallocated?</td>
<td></td>
</tr>
<tr>
<td>• What was the project type?</td>
<td></td>
</tr>
</tbody>
</table>
# ATTACHMENT 8: PROJECTS ACCEPTED NOTIFICATION

## RELATED APPLICATION QUESTION: 1E-5

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<tr>
<td>2. Priority Listing posted on Contra Costa website, 08.27.2018</td>
<td>2</td>
</tr>
<tr>
<td>3. Individual emails to projects notifying of recommended ranking and funding (with Priority Listing attached)</td>
<td>3-14</td>
</tr>
<tr>
<td>a. 08.17.18 email to CCHS notifying of recommended ranking and funding (with Priority Listing attached)</td>
<td>3-4</td>
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<tr>
<td>a. 08.17.18 email to CCIH notifying of recommended ranking and funding (with Priority Listing attached)</td>
<td>5</td>
</tr>
<tr>
<td>a. 08.17.18 email to HACCC notifying of recommended ranking and funding (with Priority Listing attached)</td>
<td>6-7</td>
</tr>
<tr>
<td>a. 08.17.18 email to RCD notifying of recommended ranking and funding (with Priority Listing attached)</td>
<td>8</td>
</tr>
<tr>
<td>a. 08.17.18 email to SAHA notifying of recommended ranking and funding (with Priority Listing attached)</td>
<td>9</td>
</tr>
<tr>
<td>a. 08.17.18 email to SHELTER, Inc. notifying of recommended ranking and funding (with Priority Listing attached)</td>
<td>10-11</td>
</tr>
<tr>
<td>4. Email distributing final ranked list to project applicants (with link to priority listing online)</td>
<td>12</td>
</tr>
</tbody>
</table>
## FY2018 CoC Program Competition Priority Listing

**Approved by Council on Homelessness - August 27, 2018**

### Tier 1

<table>
<thead>
<tr>
<th>Rank</th>
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<th>Type</th>
<th>Award Amount</th>
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<tbody>
<tr>
<td>1</td>
<td>CCIH</td>
<td>Garden Park Apartments Community</td>
<td>PSH</td>
<td>$340,072</td>
</tr>
<tr>
<td>2</td>
<td>HACCC</td>
<td>S+C Villa Vasconcellos</td>
<td>PSH</td>
<td>$107,811</td>
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<td>3</td>
<td>HACCC</td>
<td>Contra Costa Project-Based Rental Assistance</td>
<td>PSH</td>
<td>$151,880</td>
</tr>
<tr>
<td>4</td>
<td>HACCC</td>
<td>S+C Lakeside</td>
<td>PSH</td>
<td>$86,340</td>
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<tr>
<td>5</td>
<td>CCIH</td>
<td>ACCESS</td>
<td>PSH</td>
<td>$962,318</td>
</tr>
<tr>
<td>6</td>
<td>CCIH</td>
<td>Families in Supportive Housing</td>
<td>PSH</td>
<td>$992,422</td>
</tr>
<tr>
<td>7</td>
<td>CCHS</td>
<td>Permanent Connections</td>
<td>PSH</td>
<td>$258,886</td>
</tr>
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<td>8</td>
<td>SHELTER, Inc.</td>
<td>Permanent Step Project</td>
<td>PSH</td>
<td>$186,849</td>
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<tr>
<td>9</td>
<td>CCHS</td>
<td>Destination Home</td>
<td>PSH</td>
<td>$385,900</td>
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<tr>
<td>10</td>
<td>SHELTER, Inc.</td>
<td>REACH Plus RRH</td>
<td>RRH</td>
<td>$471,427</td>
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<td>11</td>
<td>SHELTER, Inc.</td>
<td>Turningpoint Housing Program</td>
<td>PSH</td>
<td>$407,235</td>
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<td>12</td>
<td>RCD</td>
<td>Idaho Apartments</td>
<td>PSH</td>
<td>$194,836</td>
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<td>13</td>
<td>CCHS</td>
<td>Contra Costa HMIS</td>
<td>HMIS</td>
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<td>14</td>
<td>CCHS</td>
<td>High Utilizers of Multiple Systems</td>
<td>PSH</td>
<td>$966,573</td>
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<tr>
<td>15</td>
<td>SAHA</td>
<td>Tabora Gardens</td>
<td>PSH</td>
<td>$291,675</td>
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<td>16</td>
<td>SHELTER, Inc.</td>
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<td>Contra Costa Coordinated Entry</td>
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<td>Contra Costa Coordinated Entry Expansion</td>
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<tr>
<td>19</td>
<td>HACCC</td>
<td>Contra Costa Tenant-Based Rental Assistance (Straddling Tiers)</td>
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### Tier 2

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<tr>
<th>Rank</th>
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<tr>
<td>19</td>
<td>HACCC</td>
<td>Contra Costa Tenant-Based Rental Assistance (Straddling Tiers)</td>
<td>PSH</td>
<td>$854,067</td>
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<td>20</td>
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<td>22</td>
<td>SHELTER, Inc.</td>
<td>Esperanza Rapid Rehousing (DV Bonus)</td>
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<td>23</td>
<td>SHELTER, Inc.</td>
<td>REACH Plus RRH Expansion (Bonus)*</td>
<td>RRH</td>
<td>$71,888</td>
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*Less than requested budget of $463,830

### Additional Funding

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<td>Annual Renewal Demand</td>
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<td>Permanent Housing Bonus</td>
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<td>Domestic Violence Bonus</td>
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<td>Tier 1 Amount</td>
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<td>Tier 2 Amount</td>
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<td>Tier 2 Amount with DV Bonus</td>
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<td>CoC Planning (not ranked)</td>
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<tr>
<td>Total Request to HUD</td>
<td>$15,488,340</td>
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</table>
Continuum of Care

Tools for Partners

Funding Opps/Awards

NOFA - Notice of Funding Availability
The CoC Program (24 CFR part 578) is a program the Department of Housing and Urban Development and is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house the homeless while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by the homeless; and to optimize self-sufficiency among those experiencing homelessness. Please find the most recent Notice of Funding Availability (NOFA) process below.

2018
- 📝 Priority Listing - 8/27/2018
- 📝 Public Solicitation - 7/2/2018
- 📝 Competition Awards - 1/04/2018

RFP - Requests for Proposals
Antioch Library Evening CARE Center for Families:
- 📝 Request for Letters of Intent
- 📝 Budget Template
- 📝 Evening CARE Center Antioch Q & A
Dear CCHS,

Thank you for participating in this year's CoC Program Review and Rank process for Contra Costa. Attached is the Review & Rank Panel's recommended Priority Listing. The Review & Rank Panel scored and ranked all 23 projects, with results as follows: the top 19 ranked projects are in Tier 1, with the 19th project straddling Tiers 1 and 2, and four projects fully in Tier 2. No renewal projects were reallocated. All of the submitted bonus projects was included in the priority listing, though one was reduced from its requested amount because of limited availability of bonus funding.

Results for Your Projects

The Review & Rank Panel ranked your renewal projects as follows:

- Contra Costa Coordinated Entry - Rank 17 (Tier 1), Grant Amount: $550,344
- Contra Costa Coordinated Entry Expansion - Rank 18 (Tier 1), Grant Amount: $666,691
- Contra Costa Coordinated Entry xTRA Expansion (Bonus) - Rank 20 (Tier 2), Grant Amount: $496,531
- Contra Costa HMIS - Rank 13 (Tier 1), Grant Amount: $175,596
- Destination Home - Rank 9 (Tier 1), Grant Amount: $385,900
- High Utilizers of Multiple Systems - Rank 14 (Tier 1), Grant Amount: $966,573
- Permanent Connections - Rank 7 (Tier 1), Grant Amount: $258,886

You may request to see copies of your score breakdowns.

Appeals Policy & Next Steps:

The Appeals Policy states the following regarding who is eligible to appeal: An applicant may be eligible to appeal the decision of the CoC Review and Rank Panel if their project application: is rejected from inclusion as part of the CoC Consolidated Application submission, or receives decreased funding (e.g., through reallocation).

Thus, as none of your projects were rejected from inclusion or involuntarily received decreased funding through reallocation, none of your projects are eligible to appeal.

The final priority listing will be approved at the August 27th Council on Homelessness meeting at 1 pm in the Sequoia Room, 50 Douglas Drive, Martinez. HomeBase will be in touch by Friday, August 31st with guidance about how to improve your project applications for final submission to HUD.

If you have any questions about this process, please contact ContraCostaTA@homebaseccc.org.

Best,
Amanda

--

Amanda Wehrman | Deputy Managing Director
870 Market Street | Suite 1228 | San Francisco, CA 94102
ph 415.788.7961 ext. 308 | fax 415.788.7965
www.homebaseccc.org

Legal and Technical Assistance | Advancing Solutions to Homelessness
Policy | Advocacy | Planning
Contra Costa 2018 Recommended Priority Listing 2018.08.16.pdf
Dear CCIH,

Thank you for participating in this year's CoC Program Review and Rank process for Contra Costa. Attached is the Review & Rank Panel's recommended Priority Listing. The Review & Rank Panel scored and ranked all 23 projects, with results as follows: the top 19 ranked projects are in Tier 1, with the 19th project straddling Tiers 1 and 2, and four projects fully in Tier 2. No renewal projects were reallocated. All of the submitted bonus projects was included in the priority listing, though one was reduced from its requested amount because of limited availability of bonus funding.

Results for Your Projects

The Review & Rank Panel ranked your renewal projects as follows:

- ACCESS - Rank 5 (Tier 1), Grant Amount: $962,318
- Families in Supportive Housing - Rank 6 (Tier 1), Grant Amount: $992,422
- Families in Supportive Housing Expansion (Bonus) - Rank 21 (Tier 2), Grant Amount: $285,647
- Garden Park Apartments Community - Rank 1 (Tier 1), Grant Amount: $340,072

You may request to see copies of your score breakdowns.

Appeals Policy & Next Steps:

The Appeals Policy states the following regarding who is eligible to appeal: An applicant may be eligible to appeal the decision of the CoC Review and Rank Panel if their project application: is rejected from inclusion as part of the CoC Consolidated Application submission, or receives decreased funding (e.g., through reallocation).

Thus, as none of your projects were rejected from inclusion or involuntarily received decreased funding through reallocation, none of your projects are eligible to appeal.

The final priority listing will be approved at the August 27th Council on Homelessness meeting at 1 pm in the Sequoia Room, 50 Douglas Drive, Martinez. HomeBase will be in touch by Friday, August 31st with guidance about how to improve your project applications for final submission to HUD.

If you have any questions about this process, please contact ContraCostaTA@homebaseccc.org.

Best,
Amanda

--

Contra Costa 2018 Recommended Priority Listing 2018.08.16.pdf 97K
Dear HACCC,

Thank you for participating in this year’s CoC Program Review and Rank process for Contra Costa. Attached is the Review & Rank Panel’s recommended Priority Listing. The Review & Rank Panel scored and ranked all 23 projects, with results as follows: the top 19 ranked projects are in Tier 1, with the 19th project straddling Tiers 1 and 2, and four projects fully in Tier 2. No renewal projects were reallocated. All of the submitted bonus projects was included in the priority listing, though one was reduced from its requested amount because of limited availability of bonus funding.

Results for Your Projects

The Review & Rank Panel ranked your renewal projects as follows:

- Contra Costa Project-Based Rental Assistance - Rank 3 (Tier 1), Grant Amount: $151,880
- Contra Costa Tenant-Based Rental Assistance (Straddling Tiers) - Rank 19, Grant Amount: $5,642,292 in Tier 1, $854,067 in Tier 2
- S+C Lakeside - Rank 4 (Tier 1), Grant Amount: $86,340
- S+C Villa Vasconcellos - Rank 2 (Tier 1), Grant Amount: $107,811

You may request to see copies of your score breakdowns.

Appeals Policy & Next Steps:

The Appeals Policy states the following regarding who is eligible to appeal: An applicant may be eligible to appeal the decision of the CoC Review and Rank Panel if their project application: is rejected from inclusion as part of the CoC Consolidated Application submission, or receives decreased funding (e.g., through reallocation).

Thus, as none of your projects were rejected from inclusion or involuntarily received decreased funding through reallocation, none of your projects are eligible to appeal.

The final priority listing will be approved at the August 27th Council on Homelessness meeting at 1 pm in the Sequoia Room, 50 Douglas Drive, Martinez. HomeBase will be in touch by Friday, August 31st with guidance about how to improve your project applications for final submission to HUD.

If you have any questions about this process, please contact ContraCostaTA@homebaseccc.org.

Best,
Amanda
FY2018 CoC Program Ranking Decisions - RCD

Amanda Wehrman <amanda@homebaseccc.org>  
Fri, Aug 17, 2018 at 11:06 AM

To: Janice King <jking@rcdev.org>, June Cummings <jcummings@rcdev.org>, Olivia King <OKing@rcdhousing.org>, Brenda Goldstein <bgoldstein@lifelongmedical.org>, John Hudson <jhudson@rcdhousing.org>
Cc: Contra Costa TA <contracostaTA@homebaseccc.org>

Dear RCD,

Thank you for participating in this year’s CoC Program Review and Rank process for Contra Costa. Attached is the Review & Rank Panel's recommended Priority Listing. The Review & Rank Panel scored and ranked all 23 projects, with results as follows: the top 19 ranked projects are in Tier 1, with the 19th project straddling Tiers 1 and 2, and four projects fully in Tier 2. No renewal projects were reallocated. All of the submitted bonus projects was included in the priority listing, though one was reduced from its requested amount because of limited availability of bonus funding.

Results for Your Projects

The Review & Rank Panel ranked your renewal projects as follows:

- Idaho Apartments - Rank 12 (Tier 1), Grant Amount: $194,836

You may request to see copies of your score breakdowns.

Appeals Policy & Next Steps:

The Appeals Policy states the following regarding who is eligible to appeal: An applicant may be eligible to appeal the decision of the CoC Review and Rank Panel if their project application: is rejected from inclusion as part of the CoC Consolidated Application submission, or receives decreased funding (e.g., through reallocation).

Thus, as none of your projects were rejected from inclusion or involuntarily received decreased funding through reallocation, none of your projects are eligible to appeal.

The final priority listing will be approved at the August 27th Council on Homelessness meeting at 1 pm in the Sequoia Room, 50 Douglas Drive, Martinez. HomeBase will be in touch by Friday, August 31st with guidance about how to improve your project applications for final submission to HUD.

If you have any questions about this process, please contact ContraCostaTA@homebaseccc.org.

Best,
Amanda

--

Amanda Wehrman | Deputy Managing Director
870 Market Street | Suite 1228 | San Francisco, CA 94102
ph 415.788.7961 ext. 308 | fax 415.788.7965
www.homebaseccc.org

Legal and Technical Assistance | Advancing Solutions to Homelessness
Policy | Advocacy | Planning

Contra Costa 2018 Recommended Priority Listing 2018.08.16.pdf
97K
Dear SAHA,

Thank you for participating in this year’s CoC Program Review and Rank process for Contra Costa. Attached is the Review & Rank Panel's recommended Priority Listing. The Review & Rank Panel scored and ranked all 23 projects, with results as follows: the top 19 ranked projects are in Tier 1, with the 19th project straddling Tiers 1 and 2, and four projects fully in Tier 2. No renewal projects were reallocated. All of the submitted bonus projects was included in the priority listing, though one was reduced from its requested amount because of limited availability of bonus funding.

Results for Your Projects

The Review & Rank Panel ranked your renewal projects as follows:

- Tabora Gardens - Rank 15 (Tier 1), Grant Amount: $291,675

You may request to see copies of your score breakdowns.

Appeals Policy & Next Steps:

The Appeals Policy states the following regarding who is eligible to appeal: An applicant may be eligible to appeal the decision of the CoC Review and Rank Panel if their project application: is rejected from inclusion as part of the CoC Consolidated Application submission, or receives decreased funding (e.g., through reallocation).

Thus, as none of your projects were rejected from inclusion or involuntarily received decreased funding through reallocation, none of your projects are eligible to appeal.

The final priority listing will be approved at the August 27th Council on Homelessness meeting at 1 pm in the Sequoia Room, 50 Douglas Drive, Martinez. HomeBase will be in touch by Friday, August 31st with guidance about how to improve your project applications for final submission to HUD.

If you have any questions about this process, please contact ContraCostaTA@homebaseccc.org.

Best,

Amanda

--

Amanda Wehrman | Deputy Managing Director
870 Market Street | Suite 1228 | San Francisco, CA 94102
ph 415.788.7961 ext. 308 | fax 415.788.7965
www.homebaseccc.org

Legal and Technical Assistance | Advancing Solutions to Homelessness
Policy | Advocacy | Planning

Contra Costa 2018 Recommended Priority Listing 2018.08.16.pdf
97K
FY2018 CoC Program Ranking Decisions - SHELTER, Inc.

Amanda Wehrman <amanda@homebaseccc.org>  
Fri, Aug 17, 2018 at 11:07 AM

To: Amy Maggiore <AmyM@shelterinc.org>, John Eckstrom <John@shelterinc.org>, Laurel te Velde <laurelt@shelterinc.org>, Leslie Gleason <LeslieG@shelterinc.org>, Megan Segle <megans@shelterinc.org>, Laronette Perry <LaronetteP@shelterinc.org>
Cc: Contra Costa TA <contracostaTA@homebaseccc.org>

Dear SHELTER, Inc.,

Thank you for participating in this year's CoC Program Review and Rank process for Contra Costa. Attached is the Review & Rank Panel's recommended Priority Listing. The Review & Rank Panel scored and ranked all 23 projects, with results as follows: the top 19 ranked projects are in Tier 1, with the 19th project straddling Tiers 1 and 2, and four projects fully in Tier 2. No renewal projects were reallocated. All of the submitted bonus projects was included in the priority listing, though one was reduced from its requested amount because of limited availability of bonus funding.

Results for Your Projects

The Review & Rank Panel ranked your renewal projects as follows:

- Esperanza Rapid Rehousing (DV Bonus) - Rank 22 (Tier 2), Grant Amount: $399,840
- Permanent Step Project - Rank 8 (Tier 1), Grant Amount: $186,849
- Project Thrive - Rank 16 (Tier 1), Grant Amount: $541,220
- REACH Plus RRH - Rank 10 (Tier 1), Grant Amount: $471,427
- REACH Plus RRH Expansion (Bonus) - Rank 23 (Tier 2), Grant Amount: $71,888*
- Turningpoint Housing Program - Rank 11 (Tier 1), Grant Amount: $407,235

*Your Permanent Housing Bonus project, the REACH Plus RRH Expansion, was included in the recommended priority listing at a reduced amount because the total requested by all bonus projects exceeded what was available. Please let us know whether you are still interested in this expansion project being included at this reduced amount?

You may request to see copies of your score breakdowns.

Appeals Policy & Next Steps:

The Appeals Policy states the following regarding who is eligible to appeal: An applicant may be eligible to appeal the decision of the CoC Review and Rank Panel if their project application: is rejected from inclusion as part of the CoC Consolidated Application submission, or receives decreased funding (e.g., through reallocation).

Thus, as your bonus project was reduced from your requested amount you are eligible to appeal. I have attached the local process for appeals to this email. If you choose to appeal, please email ContraCostaTA@homebaseccc.org by noon Monday stating your intent to appeal, and submit your two-page written appeal by noon on Wednesday, August 22nd. The Appeals Panel will meet on Thursday, 9/23 at 9 am to hear your appeal. Please note that a successful appeal must demonstrate that their score was not reflective of the application information provided, or that there was bias or unfairness in the process that warrants the appeal.

The final priority listing will be approved at the August 27th Council on Homelessness meeting at 1 pm in the Sequoia Room, 50 Douglas Drive, Martinez. HomeBase will be in touch by Friday, August 31st with guidance about how to improve your project applications for final submission to HUD.

If you have any questions about this process, please contact ContraCostaTA@homebaseccc.org.

Best,
Amanda

--
Dear Project Applicants,

Per requirements of the FY2018 CoC Program NOFA that notice of funding status be confirmed, in writing and outside of e-snaps, about the final determination of the CoC Priority Listing, I am sending this email to confirm that all submissions to the FY2018 Contra Costa CoC Program competition have been accepted and ranked by the CoC. As noted in the listing, only one new project was partially reduced from the requested amount, due to limited Bonus funding availability. Your applications will be submitted to HUD with the CoC's Consolidated Application.

The Contra Costa Council on Homelessness approved the CoC Priority Listing on August 27, 2018, and it is available online here:


Thank you for your work serving those experiencing homelessness in Contra Costa County!

Warmly,

Jaime Jenett, MPH
(she/her pronouns)

Continuum of Care Planning and Policy Manager
Health, Housing and Homeless Services Division
Contra Costa Health Services

2400 Bisso Lane, Building D, 2nd Floor
Concord, CA 94520
Tel: (925) 608-6716
Cell: (925) 464-0152
jaime.jenett@hsd.cccounty.us
http://cchealth.org/homeless/

For information on Continuum of Care meetings and events, go to: http://cchealth.org/homeless/council/meetings.php
2018 COC NOFA

ATTACHMENT 9: REJECTION REDUCTION NOTIFICATION

RELATED APPLICATION QUESTION: 1E-5

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<th>Document Satisfying Requirement</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 08.17.18 email notification to Shelter, Inc. of funding reduction</td>
<td>1-2</td>
</tr>
<tr>
<td>a. Local Priority Listing approved by CoC Council on Homelessness on 08.27.18 (which shows funding reduction)</td>
<td>3</td>
</tr>
</tbody>
</table>
Dear SHELTER, Inc.,

Thank you for participating in this year’s CoC Program Review and Rank process for Contra Costa. Attached is the Review & Rank Panel’s recommended Priority Listing. The Review & Rank Panel scored and ranked all 23 projects, with results as follows: the top 19 ranked projects are in Tier 1, with the 19th project straddling Tiers 1 and 2, and four projects fully in Tier 2. No renewal projects were reallocated. All of the submitted bonus projects was included in the priority listing, though one was reduced from its requested amount because of limited availability of bonus funding.

**Results for Your Projects**

The Review & Rank Panel ranked your renewal projects as follows:

- Esperanza Rapid Rehousing (DV Bonus) - Rank 22 (Tier 2), Grant Amount: $399,840
- Permanent Step Project - Rank 8 (Tier 1), Grant Amount: $186,849
- Project Thrive - Rank 16 (Tier 1), Grant Amount: $541,220
- REACH Plus RRH - Rank 10 (Tier 1), Grant Amount: $471,427
- **REACH Plus RRH Expansion (Bonus) - Rank 23 (Tier 2), Grant Amount: $71,888* Reduced from $463,830.**
- Turningpoint Housing Program - Rank 11 (Tier 1), Grant Amount: $407,235

*Your Permanent Housing Bonus project, the REACH Plus RRH Expansion, was included in the recommended priority listing at a reduced amount because the total requested by all bonus projects exceeded what was available. Please let us know whether you are still interested in this expansion project being included at this reduced amount?

You may request to see copies of your score breakdowns.

**Appeals Policy & Next Steps:**

The Appeals Policy states the following regarding who is eligible to appeal: An applicant may be eligible to appeal the decision of the CoC Review and Rank Panel if their project application: is rejected from inclusion as part of the CoC Consolidated Application submission, or receives decreased funding (e.g., through reallocation).

Thus, as your bonus project was reduced from your requested amount you are eligible to appeal. I have attached the local process for appeals to this email. **If you choose to appeal, please email ContraCostaTA@homebaseccc.org by noon Monday stating your intent to appeal,** and submit your two-page written appeal by noon on Wednesday, August 22nd. The Appeals Panel would meet on Thursday, 9/23 at 9 am to hear your appeal. Please note that a successful appeal must demonstrate that their score was not reflective of the application information provided, or that there was bias or unfairness in the process that warrants the appeal.

The final priority listing will be approved at the August 27th Council on Homelessness meeting at 1 pm in the Sequoia Room, 50 Douglas Drive, Martinez. HomeBase will be in touch by Friday, August 31st with guidance about how to improve your project applications for final submission to HUD.

If you have any questions about this process, please contact ContraCostaTA@homebaseccc.org.

Best,
Amanda
<table>
<thead>
<tr>
<th>Rank</th>
<th>Applicant</th>
<th>Project</th>
<th>Type</th>
<th>Award Amount</th>
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*Less than requested budget of $463,830

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<tr>
<td><strong>Annual Renewal Demand</strong></td>
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<td><strong>Permanent Housing Bonus</strong></td>
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<td><strong>Domestic Violence Bonus</strong></td>
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<td><strong>Total Request to HUD</strong></td>
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ATTACHMENT 10: LOCAL COMPETITION DEADLINE

RELATED APPLICATION QUESTION: 1E-5

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<td>2. Technical Assistance Workshop Agenda where local competition timeline and deadlines were discussed</td>
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<td>3. Bidder’s Conference follow-up email with attached materials from Bidder’s Conference, including timelines</td>
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<td>4. New project application cover page with 08.01.18 deadline for submission</td>
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HUD determines the maximum award for which each CoC is eligible, determined by a combination of factors. This year, in our CoC, our eligible application amounts are as follows:

- **Estimated Annual Renewal Demand:** $14,234,434
- **Estimated Permanent Housing Bonus Funding:** $854,066
- **Estimated DV Bonus Funding:** $305,710*
- **Estimated Tier 1 Funding:** $13,380,368
- **Estimated Tier 2 Funding:** $854,066
- **Estimated Planning Funding:** $382,602

### LOCAL PROCESS TIMELINE

<table>
<thead>
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<th>Event</th>
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<tr>
<td>HUD Opens FY2018 CoC Program Competition</td>
<td>June 20, 2018</td>
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<tr>
<td>CoC Provider Meeting about New Project Scoring Tools</td>
<td>June 28, 2018</td>
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<tr>
<td>Renewal Project Supplemental Questionnaires Due</td>
<td>July 11, 2018</td>
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<tr>
<td>Technical Assistance Workshop</td>
<td>July 12, 2018</td>
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<tr>
<td>Scoring Tools Finalized by Council on Homelessness</td>
<td>July 12, 2018</td>
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<tr>
<td>New Project Letters of Intent Due</td>
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<tr>
<td>Renewal Project PRESTO Reports finalized by providers</td>
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<td>New Project Supplemental Questionnaires Due</td>
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<td>Review &amp; Rank Panel Orientation</td>
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<td>New/Renewal Project e-snaps Applications Due</td>
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<td>Review &amp; Rank Panel Interviews</td>
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<td>Review &amp; Rank Decisions Announced</td>
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<td>Appeals of Review &amp; Rank Decisions Due</td>
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<td>Appeals Considered &amp; Decisions Announced</td>
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<td>Council on Homelessness Approval of Priority Listings</td>
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<td>HUD Deadline for CoCs to Finalize Priority Listings</td>
<td>September 3, 2018</td>
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<tr>
<td>Project Application Technical Reviews and coordination with applicants</td>
<td>August 1 – September 10, 2018</td>
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<tr>
<td>Project Applications Finalized in e-snaps</td>
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<tr>
<td>HUD Deadline for CoCs to Post Consolidated Application Online</td>
<td>September 14, 2018</td>
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<tr>
<td>HUD Deadline for Submission of CoC Consolidated Application</td>
<td>September 18, 2018</td>
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* HUD has not released the 2018 PPRN. This estimate is based on Contra Costa’s 2017 PPRN. DV Bonus is 10% of the Preliminary Pro Rata Need or a minimum of $50,000; FY2017 PPRN = $3,057,101 x .10 = $305,710.
SUMMARY OF THE 2018 NOTICE OF FUNDING AVAILABILITY (NOFA) FOR THE CONTINUUM OF CARE (COC) PROGRAM

This summary includes highlights from the 2018 CoC NOFA, the HUD email announcement regarding its release, and a Change Log that HUD published the same day. Some relevant information is not included in the NOFA but will become known once HUD opens e-snaps and releases the Detailed Instructions.

BACKGROUND

The CoC Program (24 CFR Part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless; and to optimize self-sufficiency among those experiencing homelessness.

The U.S. Department of Housing and Urban Development (HUD) releases an annual Notice of Funding Availability (NOFA), signifying the beginning of a funding competition among approximately 450 Continuums of Care (CoC), the community stakeholder groups that guide local responses to homelessness. The 2018 CoC NOFA was released on June 20, 2018, opening the competition making available approximate $2.1 BILLION NATIONALLY to serve people experiencing homelessness. The information in the NOFA sets forth the competition rules and processes for 2018. This summary includes the highlights of the NOFA – additional guidance will be shared as it is made available.

Before the application is submitted to HUD, the CoC is required to hold a local competition to determine which projects will be included in the consolidated application, along with their relative priority. The results of the local competition dictate which projects the CoC will seek to fund. Additional information about project application requirements and standards will be available at the upcoming TA Workshop. Additional details about anything in this summary can be found in the NOFA, available at:


KEY THEMES IN THIS YEAR’S NOFA

As described in more detail below:

- CoCs may apply for DV Bonus Projects to serve survivors of domestic violence, dating violence, and stalking.
- Reallocation and Bonus funding may be comingled and Bonus funding may be used to fund HMIS or Supportive Services Only for Coordinated Entry projects, not just housing projects.
- Applicants may transition their project(s) from one CoC Program Component to another over a one-year grant cycle.
Applicants may consolidate two, three, or four eligible renewal projects into one project during the application process.

Applicants may apply for new funding to expand CoC-Program-funded or non-CoC-Program-funded projects.

HUD had added a policy priority indicating that CoCs should work to develop partnerships with Public Housing Authorities (sometimes called PHAs) to work toward helping CoC Program participants exit Permanent Supportive Housing through Housing Choice Vouchers (formerly Section 8 vouchers) and other available housing options.

HUD has underscored that efforts to prevent and end homelessness should consider and address racial inequities in order to achieve positive outcomes for all persons experiencing homelessness.

**HUD’S HOMELESS POLICY AND PROGRAM PRIORITIES**

CoCs and Project Applications will be evaluated based on the extent to which they further HUD’s policy priorities. The policy priorities outlined in the NOFA include:

1. **Ending homelessness for all persons.**
   a. CoCs should identify, engage, and effectively serve all persons experiencing homelessness.
   b. CoCs should measure their performance based on local data taking into account challenges faced by all subpopulations experiencing homelessness in the geographic area (e.g., veterans, youth, families, and those experiencing chronic homelessness).
   c. CoCs should have a comprehensive outreach strategy to identify and continuously engage all unsheltered individuals and families.
   d. CoCs should use local data to determine the characteristics of individuals and families with the highest needs and longest experiences of homelessness to develop housing and supportive services tailored to their needs.
   e. CoCs should use the reallocation process to create new projects that improve their overall performance and better respond to their needs.

2. **Creating a systemic response to homelessness.**
   a. CoCs should be using system performance measures such as the average length of homeless episodes, rates of return to homelessness, and rates of exit to permanent housing destinations to determine how effectively they are serving people experiencing homelessness.
   b. CoCs should be using their Coordinated Entry process to promote participant choice, coordinate homeless assistance and mainstream housing and services to ensure people experiencing homelessness receive assistance quickly, and make homelessness assistance open, inclusive, and transparent.

3. **Strategically allocating and using resources.**
   a. Using cost, performance, and outcome data, CoCs should improve how resources are utilized to end homelessness.
   b. CoCs should review project quality, performance, and cost effectiveness.
   c. HUD encourages CoCs to maximize the use of mainstream and other community-based resources when serving persons experiencing homelessness.
   d. **NEW THIS YEAR** CoCs should work to develop partnerships with Public Housing Authorities to work toward helping CoC Program participants exit Permanent Supportive Housing through Housing Choice Vouchers.
Supportive Housing through Housing Choice Vouchers and other available housing options.

e. CoCs should review all projects eligible for renewal in FY 2018 to determine their effectiveness in serving people experiencing homelessness, including cost effectiveness.

4. Use a Housing First approach.
   a. CoC-Program-funded projects should help individuals and families move quickly into permanent housing, and the CoC should measure and help projects reduce the length of time people experience homelessness.
   b. CoCs should engage landlords and property owners, remove barriers to entry, and adopt client-centered service methods.

HUD DEADLINES AND TIMELINE

- **Wednesday, June 20, 2018**: 2017 CoC NOFA release date.
- **On or after Thursday, June 28, 2018**: eSNAPS will be available
- **On or before Sunday, August 19, 2018** (30 days prior to submission deadline): All project applications are required to be submitted to the CoC.
- **On or before Monday, September 3, 2018** (15 days prior to submission deadline): The CoC is required to notify all project applicants who submitted their project applications to the CoC by the CoC-established deadline whether their project application(s) will be accepted and ranked on the CoC Priority Listing, rejected, or reduced by the CoC.
- **On or before Sunday, September 16, 2018** (2 days prior to submission deadline): CoCs must post on their website (or a partner’s website) all parts of the CoC Consolidated Application, including the CoC Application attachments and the completed Priority Listing (but not project applications), and notify community members and key stakeholders that the Consolidated Application is available.
- **Submission Deadline: Tuesday, September 18, 2018 at 8:00 PM EDT/7:00PM CDT/5:00 PM PDT**
- HUD may issue up to two conditional funding announcements.
- **September 30, 2020**: All conditional funds awarded in this competition must be obligated.
- **September 30, 2025**: Obligated funds must be expended.

APPLICATION STRUCTURE

The CoC Consolidated Application is made up of three parts:

- **CoC Application**: Describes the CoC’s plan for ending homelessness, its system-level performance, and addresses the NOFA’s selection criteria. This part of the application is scored and will determine the order in which CoCs are funded.
- **Project Applications**
- **CoC Priority Listing**: Ranks projects in order of priority.
RANKING INFORMATION

HUD requires CoCs to review and rank projects submitted by project applicants, except CoC planning projects, having them fall into two Tiers based on a financial threshold. All projects must pass HUD’s eligibility and threshold requirements to be funded, no matter their priority.

TIER 1

- In 2018, Tier 1 is equal to 94% of the CoC's FY 2018 Annual Renewal Demand.
- Tier 1 projects will be conditionally selected from the highest-scoring CoC to the lowest-scoring CoC, provided the project applications pass both eligibility and threshold review. In the event insufficient funding is available under this NOFA to award all Tier 1 projects, Tier 1 will be reduced proportionately, which could result in some Tier 1 projects falling into Tier 2. Therefore, CoCs should carefully determine the priority and ranking for all project applications in Tier 1 as well as Tier 2.

TIER 2

- Projects in Tier 2 are less likely to be funded, and every Tier 2 project will be scored using a 100-point scale based on three factors that have not changed since last year’s competition:
  - **COC SCORE.** Up to 50 of 100 points will be awarded in direct proportion to the score received on the CoC Application.
  - **COC PROJECT RANKING.** Up to 40 of 100 points for the CoC’s ranking of the project application(s). To more evenly distribute funding across CoCs and take into account the CoC’s ranking of projects, point values will be assigned directly related to the CoC’s ranking of projects. Additional details are available in the NOFA.
  - **COMMITMENT TO HOUSING FIRST.** Up to 10 of 100 points for:
    - How the permanent housing project commits to applying the Housing First model;
    - How the Transitional Housing project, Joint Transitional Housing and Rapid Rehousing Component project, safe haven project, or Supportive Services Only project that is not for centralized or coordinated assessment demonstrates that it is low-barrier, prioritizes rapid placement and stabilization in permanent housing, and does not have service participation requirements or preconditions to entry (such as sobriety or a minimum income threshold); or
    - HMIS project or Supportive Services Only project for a centralized or coordinated assessment system will automatically receive 10 points.
NEW HUD POLICIES RELATED TO PROJECT APPLICATIONS IN 2018

TRANSITION GRANTS

- Applicants may transition renewal projects from one CoC Program component (e.g., Transitional Housing to Rapid Rehousing, Rapid Rehousing to Permanent Supportive Housing) to another using the CoC Program Competition.
- To be eligible to receive a transition grant, the renewal project applicant must have the consent of its CoC.
- To create a transition grant, the CoC must wholly eliminate one or more projects and use those funds to create the single, new transition grant.
- For a new project to be considered a transition grant, the applicant for the new project must be the same recipient for the eligible renewal grant(s) being eliminated, and the applicant must provide the grant number(s) of the projects being eliminated to create the new project and attach a copy of the most recently awarded project application (e.g., if the project was last funded in the FY 2017 CoC Program Competition, a copy of the FY 2017 CoC Program Competition project application must be attached to the project application).

CONSOLIDATED PROJECTS

- Eligible renewal project applicants may consolidate two, three, or four eligible renewal projects into one project application during the application process.
- This means that a CoC Program recipient no longer must wait for a grant agreement amendment to be executed to consolidate two or more grants before it can apply for a single consolidated project in the CoC Program Competition. However, prior to beginning the consolidation process in the project application, the applicant should consult with the local HUD field office to ensure it is eligible to consolidate the projects.
- The projects being combined during a grant consolidation will continue uninterrupted.

EXPANSION PROJECTS

- A renewal project applicant may submit a new project application to expand its current operations by adding units, beds, persons served, services provided to existing program participants, or in the case of HMIS, increase the current HMIS grant activities within the CoC’s geographic area.
- There are two types of expansions:
  - **Expanding a CoC-Program-funded Project.** Expansion in which a project applicant submits a new project application to expand the current operations of an eligible renewal project for which it is the recipient by adding additional CoC Program funds. Under this type of expansion, for the new expansion project to be selected for conditional award the renewal project application must also be selected for conditional award.
• Expanding a non-CoC Program funded project. Expansion in which a project applicant submits a new project application that requests CoC Program funds to add to a current homeless project that is funded from sources other than CoC Program funds. Note that project applicants are prohibited from using CoC Program funds to replace state and local funds.

REALLOCATION

• CoCs may only reallocate eligible renewal projects that have previously been renewed under the CoC Program.

NEW ELIGIBLE PROJECT TYPES

• **NEW THIS YEAR** CoCs may submit new projects created through reallocation, bonus, or a combination of reallocation and bonus; new DV Bonus projects; and CoC planning project.
  o Because new project applications may be created through the reallocation or bonus processes, if HUD determines that a project applicant or a CoC incorrectly classified one or more new projects as reallocation or bonus, HUD may reclassify the project(s) as either reallocation or bonus if the CoC exceeded either its reallocation or bonus amount.
  o If a project applicant uses both reallocation and bonus amounts to create a single new project but did not have sufficient amounts available from either source, HUD will reduce the project to the amount available, if any.

ELIGIBLE NEW PROJECTS

DOMESTIC VIOLENCE (DV) BONUS

• Due to up to $50 million set aside in the FY2018 HUD Appropriations Act, CoCs will be able to apply for a DV Bonus for Rapid Rehousing projects, Joint Transitional Housing and Rapid Rehousing Component projects, and Supportive Services Only projects for Coordinated Entry. A CoC may apply for up to 10% of its PPRN, or a minimum of $50,000, whichever is greater, or a maximum of $5 million, whichever is less, to create up to three DV Bonus projects with 1-year grant terms.

• A CoC may apply for ONE OF EACH of the following types of projects:
  o Rapid rehousing projects that must follow a housing first approach.
  o Joint Transitional Housing and Rapid Rehousing component projects that must follow a housing first approach.
  o Supportive Services Only Projects for Coordinate Entry to implement policies, procedures, and practices that equip the CoC’s Coordinated Entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking.

• A CoC can only submit one project application for each of the project types above. If a CoC submits more than one project application for each project type, HUD will only consider the
highest ranked project that passes eligibility and quality threshold review for the DV Bonus and will consider any other project for funding as a regular bonus project.

- A CoC may apply to expand an existing renewal project that is not dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking to dedicate additional units, beds, persons served, or services provided to existing program participants to this population.

- CoCs are required to rank all DV Bonus projects on the New Project Listing of the CoC Priority Listing with a unique rank number. If a project application designated as DV Bonus is conditionally selected by HUD with DV Bonus funds, HUD will remove the ranked DV Bonus project from the New Project Listing and all other project applications ranked below the DV Bonus project will slide up one rank position. If the DV Bonus project application is not conditionally selected with DV Bonus funds, the project application will remain in its ranked position and will be considered for conditional award under the regular bonus amount available to the CoC.

- For projects the CoC indicates it would like considered as part of the DV Bonus, HUD will award a point value to each project application combining both the CoC Application score and responses to the DV-Bonus-specific questions in the CoC Application using the following 100-point scale:
  - For Rapid Rehousing and joint Rapid Rehousing and Transitional Housing component projects:
    - **COC SCORE.** Up to 50 points in direct proportion to the score received on the CoC Application.
    - **NEED FOR THE PROJECT.** Up to 25 points based on the extent the CoC is able to quantify the need for the project in its portfolio, the extent of the need, and how the project will fill that gap.
    - **QUALITY OF THE PROJECT APPLICANT.** Up to 25 points based on the previous performance of the applicant in serving survivors of domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes.
  - For Supportive Services Only projects for Coordinated Entry:
    - **COC SCORE.** Up to 50 points in direct proportion to the score received on the CoC Application.
    - **NEED FOR THE PROJECT.** Up to 50 points based on the extent to which the CoC is able to demonstrate the need for a Coordinated Entry system that better meets the needs of survivors of domestic violence, dating violence, sexual assault, or stalking, and how the project will fill this need.
ELIGIBLE TYPES OF NEW PROJECTS CREATED THROUGH REALLOCATION AND/OR BONUS

- **PERMANENT HOUSING-PERMANENT SUPPORTIVE HOUSING PROJECTS** that meet the requirements of DedicatedPLUS or where 100% of the beds are dedicated to individuals and families experiencing chronic homelessness, as defined in 24 CFR 578.3.
- **PERMANENT HOUSING-RAPID REHOUSING PROJECTS** that will serve homeless individuals and families, including unaccompanied youth.
- **JOINT TRANSITIONAL HOUSING AND RAPID REHOUSING COMPONENT PROJECTS** to better serve homeless individuals and families, including particular client eligibility criteria.
- **DEDICATED HMIS PROJECTS** to be carried out by HMIS Lead, which is the recipient or subrecipient of an HMIS grant.
- **SUPPORTIVE SERVICES ONLY PROJECTS FOR COORDINATED ENTRY** to develop or operate a centralized or coordinated assessment system.

QUICK HINTS FOR PROJECT APPLICANTS

IMPORTANT POINTS FOR RENEWAL PROJECTS

- **DEDICATED PLUS PROJECTS.** A renewal project that is Permanent Supportive Housing 100% dedicated to chronically homeless people may either become a DedicatedPLUS project or may continue to dedicate 100% of its beds to chronically homeless individuals and families. If a renewal project that has 100% of its beds dedicated to chronically homeless individuals and families elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93.
- **RENEWAL GRANTS PER UNIT COST.** Applicants requesting renewal of grants for rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR), if the actual rent per unit under lease is less than the FMR. This will help reduce the number of projects receiving rental assistance that have large balances of unspent funds remaining at the end of the operating year. Renewal project applicants must ensure the amount requested will be sufficient to cover all eligible costs as HUD cannot provide funds beyond the amount awarded through this Competition. **NEW THIS YEAR** The Applicants must provide copies of the leases to establish the actual rents.
- **RAPID REHOUSING ELIGIBILITY.** Certain renewal Rapid Rehousing projects may be allowed to serve participants beyond those proposed in the initial funding application. For example, if a renewing Rapid Rehousing project was originally funded to serve only families with children, that project, through the FY 2018 project application, may be able to also serve individuals if it so chooses, depending on whether the original application was a Bonus project.
IMPORTANT POINTS FOR ALL PROJECT APPLICANTS

- **DUNS/SAM REGISTRATION.** All project applicants must have a DUNS number and an active SAM registration. **NEW THIS YEAR** SAM registration requires additional steps this year, and applicants should begin their registration process immediately.

- **REQUIRED READING.** Project applicants should read the CoC NOFA, CoC Program Interim Rule, and the General NOFA.

- **NO LEVERAGE.** No leverage again this year!

- **CODES OF CONDUCT.** All applicants must have a current HUD-approved Code of Conduct. Be sure to review the Code of Conduct for HUD Grant Programs page on HUD’s website to ensure your organization is listed (which means you have submitted an approved Code of Conduct). If you do not see your organization on the list, be sure to attach a current and complete Code of Conduct to your Project Applicant Profile in e-snaps.

- **ESTIMATE AMOUNT OF PROGRAM INCOME AS MATCH.** Project applicants that intend to use program income as match must provide an estimate of how much program income will be used for match.

- **2018 FMRS WILL APPLY.** Because the CoC Consolidated Application is due prior to the publication of the final FY 2019 FMRs, the FY 2018 FMRs will be used for funding amounts.

- **NEW THIS YEAR** **PAST PERFORMANCE.** In evaluating applications for funding, HUD will consider an applicant’s past performance in managing funds. Items HUD may consider include, but are not limited to:
  - The ability to account for funds appropriately;
  - Timely use of funds received from HUD;
  - Timely submission and quality of reports submitted to HUD;
  - Meeting program requirements.

RESOURCES

- **2018 CoC NOFA:** https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/
- E-snaps application system: https://esnaps.hud.gov
- HUD Websites:
  - www.hud.gov
  - www.hudexchange.info
- Funding Application: https://www.hudexchange.info/programs/e-snaps/
- Training and Resources: www.hudexchange.info/homelessness-assistance/
- HUD Exchange Ask A Question (AAQ): https://www.hudexchange.info/program-support/my-question/
- Listserv: www.hudexchange.info/mailinglist
AGENDA

1. Welcome & Introductions

2. 2018 HUD CoC Program Competition Overview and Funding Available

3. Designing Your Project
   A. Eligible New Project Types
   B. New Project Basic Design Requirements
   C. Renewal Project Design Requirements
   D. Eligible Costs and Project Participants

4. Program Requirements & Later Responsibilities

5. E-snaps and HUD Documents

6. Local Competition Timeline, Process & Scoring Tools

If you need technical assistance at any point in this process, please contact the HomeBase Team for Contra Costa at: ContraCostaTA@homebaseccc.org

   Erica McWhorter, 415-788-7961 x337, erica@homebaseccc.org

   Emily Firgens, 415-788-7961 x346, emily@homebaseccc.org
## Commonly Used Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>AHAR</td>
<td>Annual Homeless Assessment Report</td>
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<tr>
<td>APR</td>
<td>Annual Performance Report (for HUD homeless programs)</td>
</tr>
<tr>
<td>CDBG</td>
<td>Community Development Block Grant (CPD program – federal funding stream)</td>
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<tr>
<td>CES</td>
<td>Coordinated Entry System</td>
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<tr>
<td>CoC</td>
<td>Continuum of Care; system of care offering assistance to persons experiencing/at risk of homelessness</td>
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<tr>
<td>CoC</td>
<td>Federal grant program stressing permanent solutions to homelessness</td>
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<tr>
<td>Con Plan</td>
<td>Consolidated Plan, a locally developed plan for housing assistance and urban development under CDBG and other CPD programs</td>
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<td>DCD</td>
<td>Department of Conservation and Development</td>
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<td>EHSD</td>
<td>(Contra Costa County) Employment and Human Services Division</td>
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<td>ESG</td>
<td>Emergency Solutions Grant (CPD – federal and state program funding streams)</td>
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<td>FMR</td>
<td>Fair Market Rent (maximum rent for Section 8 rental assistance/CoC grants)</td>
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<td>H3</td>
<td>(Contra Costa County) Health, Housing, and Homeless Services Division</td>
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<td>HCD</td>
<td>Housing and Community Development (State office)</td>
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<td>HEARTH</td>
<td>Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009</td>
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<td>HMIS</td>
<td>Homeless Management Information System</td>
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<td>HOME</td>
<td>Home Investment Partnerships (CPD program)</td>
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<td>HOPWA</td>
<td>Housing Opportunities for Persons with AIDS (CPD program)</td>
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<td>HUD</td>
<td>U.S. Department of Housing and Urban Development (federal)</td>
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<td>MHSA</td>
<td>Mental Health Services Act</td>
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<td>NOFA</td>
<td>Notice of Funding Availability</td>
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<td>PSH</td>
<td>Permanent Supportive Housing</td>
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<td>PHA</td>
<td>Public Housing Authority</td>
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<td>RRH</td>
<td>Rapid Re-Housing</td>
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<td>SAMHSA</td>
<td>Substance Abuse &amp; Mental Health Services Administration</td>
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<td>SNAPS</td>
<td>Office of Special Needs Assistance Program (HUD office overseeing CoC)</td>
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<td>SSO</td>
<td>Supportive Services Only (program)</td>
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<td>SSDI</td>
<td>Social Security Disability Income</td>
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<td>SSI</td>
<td>Supplemental Security Income</td>
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<td>SSVF</td>
<td>Supportive Services for Veteran Families program (funding stream)</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<td>TANF</td>
<td>Temporary Assistance to Needy Families</td>
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<td>TAY</td>
<td>Transition Age Youth (usually ages 16-24)</td>
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<tr>
<td>VA</td>
<td>Veterans Affairs (U.S. Department of)</td>
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<td>VASH</td>
<td>Veterans Affairs Supportive Housing</td>
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<tr>
<td>VI-SPDAT</td>
<td>Vulnerability Index – Service Prioritization Decision Assistance Tool</td>
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Erica McWhorter <erica@homebaseccc.org>

Contra Costa CoC NOFA TA Workshop Materials and New Project Questionnaire Available!

Erica McWhorter <erica@homebaseccc.org>  
Mon, Jul 16, 2018 at 11:58 AM

To: mmilam@richmondpd.net, abrown@richmondpa.net, Amy Maggiore <amym@shelterinc.org>, Leslie Gleason <LeslieG@shelterinc.org>, Laronette Perry <LaronetteP@shelterinc.org>, Cristi Dugger <cdugger@sahahomes.org>, Chris Hess <CHess@sahahomes.org>, kye@sahahomes.org, swoodburn@novindevelopment.com, Sara Marsh <sara@ccinterfaithhousing.org>, Deanne Pearn <dpearn@ccinterfaithhousing.org>, William Jones <bill@ccinterfaithhousing.org>, cstate@gripcommunity.org, Louise Bourassa <lbourassa@gripcommunity.org>
Cc: Contra Costa TA <contracostaTA@homebaseccc.org>, Jaime Jenett <Jaime.Jenett@hsd.cccounty.us>

Hello All,

Thank you for your interest in the Contra Costa County Continuum of Care and HUD CoC NOFA. We are attaching the Contra Costa CoC NOFA TA Workshop materials. If you did not get a chance to provide your contact information to us, please do so using the Attached Contact Information Form below.

Additionally, the new project questionnaire is now available. It is also attached for your reference. (Please complete in PRESTO per the instructions.)

Feel free to contact HomeBase (ContraCostaTA@HomeBaseCCC.org) at any time with questions.

Thank you,

Erica

--

3 attachments

- TA Workshop Materials.pdf 2696K
- Contact Info Form.doc 29K
- FY2018 CoC Competition Supplemental Questionnaire - New Projects [Final].docx 83K
INSTRUCTIONS

Due Date: August 1, 2018, 5:00 pm

This Supplemental Questionnaire must be completed for each project submitting a new project application for the FY2018 HUD CoC Program Competition. This questionnaire is being sent as a reference in advance of the deadline to submit letters of intent to apply for a new project; after letters of intent are received, HomeBase will follow up with new project applicants regarding setup of a “Respondent” account in PRESTO. Applicants will submit answers in PRESTO, which will be used to create a PRESTO-generated report to be used by the Review & Rank Panel.

For each new project application, send one email to contracostata@homebaseccc.org (cc’ing Jaime.Jenett@hsd.cccounty.us) containing:

- A subject line that clearly describes the email’s contents (“Contra Costa CoC NOFA – New Project Supplemental Questionnaire – [Your Agency Name] – [Your Project Name]”)
- In the body of the email, a numbered list of the attachments
- And the following attachments:
  - 1 completed Supplemental Questionnaire entitled “[Your Agency Name] – [Your Project Name] – Supplemental Questionnaire” in Word format
  - 1 PDF document entitled “[Your Agency Name] – HUD Monitoring” (if applicable) with scanned copies of: (a) any HUD Monitoring letters received by any HUD-funded (ESG or CoC Program) projects since January 2016; and (b) related correspondence with HUD
  - 1 PDF document entitled “[Your Agency Name] – Independently Audited Nonprofit Financial Statements” or “[Unaudited Nonprofit Financial Statements”
  - Optional: 1 PDF document entitled “[Your Agency Name] – [Your Project Name] – Client Feedback” that summarizes client feedback

Please note that PDFs of the e-snaps applicant profile and project application have a later deadline of August 8, 2018, but may be submitted earlier if desired.

You will receive an email confirming receipt of your attachments. Technical assistance requests and questions about how to complete this Supplemental Questionnaire may be submitted to contracostata@homebaseccc.org.
### ATTACHMENT 11: COC AND HMIS LEAD GOVERNANCE

**RELATED APPLICATION QUESTION: 2A-1**

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Contra Costa Council on Homelessness

Bylaws

(Rules for the Conduct of Business)

Approved and Adopted by the Contra Costa Council on Homelessness on: May 4, 2017

Approved and Adopted by the Contra Costa Board of Supervisors on: [enter date]

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Article I. Name of the Continuum of Care and the Contra Costa Council on Homelessness

Section 1. CONTRA COSTA CONTINUUM OF CARE

The name of this Continuum of Care (CoC) shall be the Contra Costa Continuum of Care, herein referred to as the Continuum of Care or the CoC. The Contra Costa Continuum of Care includes the full general membership of all community members committed to our guiding principle.

Section 2. CONTRA COSTA COUNCIL ON HOMELESSNESS

The name of this Continuum of Care’s governing body shall be the Contra Costa Council on Homelessness, herein referred to as the Council on Homelessness or the Council. The Council is comprised of the members serving in the seats outlined in Article IV. Council Membership and Committees.

Article II. Overview and Mission

The Council is committed to the Housing First approach, and has established this Guiding Principle:

“Homelessness is first a housing issue, and necessary supports and services are critical to help people remain housed. Our system must be nimble and flexible enough to respond through the shared responsibility, accountability, and transparency of the community.”

The CoC has identified two goals and three strategies for the implementation of this Guiding Principle:

- Goal 1: Permanent Housing
- Goal 2: Prevention
- Strategy 1: Coordinated Assessment
- Strategy 2: Performance Standards
- Strategy 3: Communication

The Contra Costa Council on Homelessness, appointed by the Board of Supervisors, provides advice and input on the operations of homeless services, program operations, and program development efforts in Contra Costa County. Further, the Council on Homelessness establishes the local process for applying, reviewing and prioritizing project applications for funding in U.S. Department of Housing and Urban Development (HUD) Homeless Assistance Grant Competitions, including the Continuum of Care (CoC) Program and the Emergency Solutions Grant (ESG) Program. The Council will review, update, and approve the Council on Homelessness Governance Charter at least annually and will update these Bylaws when appropriate.

The Contra Costa Council on Homelessness provides a forum for the Continuum of Care to communicate about the implementation of strategies to prevent and end homelessness. The purpose of the forum is to educate the community on homeless issues, and advocate on federal, state, county and city policy issues that affect people who are homeless or at-risk of homelessness.
Article III. Council on Homelessness Responsibilities

Section 1. FUNCTIONS AND TASKS

The Contra Costa Council on Homelessness is the planning body that coordinates the community’s policies, strategies, and activities toward preventing and ending homelessness in Contra Costa County, California. It is a regional, year-round collective planning body of stakeholders ranging from non-profit service providers to local governmental entities. The Council’s work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implementing strategic responses, educating the community on homeless issues, providing advice and input on the operations of homeless services, and measuring performance as related to serving the homeless population in Contra Costa County.

The responsibilities of the Council include the development and implementation of all procedures and policies needed to comply with the HEARTH Act and relevant HUD regulations and guidance (see C.F.R §578.7). The Council must consult with recipients of CoC and ESG funds within Contra Costa County and other homeless service providers in order to coordinate care.

Further, it is the role of the Council to provide oversight and take direct action in the following areas:

A. COUNCIL ON HOMELESSNESS PLANNING
   1. Policies and Procedures
      i. Develop, follow, and update the Council on Homelessness Bylaws and Governance Charter.
      ii. Vote on any action items that arise at Council on Homelessness meetings.
      iii. Review, rank, and recommend CoC and ESG Program Applications for submission to the Board of Supervisors, the California Department of Housing and Community Development, and HUD.
   2. Systems Development
      i. Implement a coordinated entry system focusing on quality assurance, access, interdependency between programs and interdependency between programs and clients, and addressing barriers.
      ii. Develop and implement written standards for providing CoC assistance, including written policies and procedures as required by HUD.
3. Data, Analysis, and Evaluation
   i. Point-in-Time Count
   Plan for and conduct, at least biennially, a point-in-time count of homeless persons within Contra Costa County that meets HUD requirements, including a housing inventory of shelters, transitional housing, and permanent housing reserved for homeless persons, in general, and chronically homeless persons and veterans, specifically, as HUD requires.

   ii. HMIS
   Design and operate the Contra Costa County Homeless Management Information System (Contra Costa HMIS) Project. Designate a single HMIS lead agency. Ensure consistent participation in HMIS by recipients and subrecipients, and that the HMIS is administered pursuant to all HUD requirements. In compliance with Sub-part B of the HUD Interim Rule on the Continuum of Care Program (24 CFR Part 578) and the HMIS requirements, the HMIS Governance Charter, Policies and Procedures, and the Data Security, Quality, and Client Data and Privacy Plans outline specific details as to the relationship between the Council on Homelessness and the collaborative applicant, namely the Contra Costa County Health Services’ Division of Health, Housing and Homeless Services. These Bylaws fully incorporate those standards, policies, and plans.

   iii. Performance Measurement
   Develop performance measures that can be used to inform a variety of tasks, including CoC Program competition project scoring and reporting; determining how federal, state, and local funds should be utilized; and, creating a responsive system that provides constructive support promoting efficiency by analyzing and responding to gaps in housing and service interventions offered in the system. Additionally, the Council will:
   1. Set targets that focus on real change, and are meaningful (relevant to the desired impact), measurable, realistic (adaptable and flexible), and regularly assessed.
   2. Consult with recipients and subrecipients, evaluate their performance, and initiate corrective action with poor performers.
iv. Conduct an initial comprehensive assessment in coordination with ESG Program, and then annually conduct a gaps analysis of the needs of homeless people, as compared to available housing and services within Contra Costa County.

v. Facilitate and support the reporting of outcomes of CoC and ESG programs to HUD in coordination with the Collaborative Applicant.

B. FUNDING COORDINATION
1. Facilitate and support the development of funds and resources for homeless services in Contra Costa County in partnership with local jurisdictions located in Contra Costa County. Specifically, the Council will:
   i. Provide information required to complete the Consolidated Plan(s) within Contra Costa County.
   ii. Consult with State and local government ESG recipients within Contra Costa County on the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients. Further, in consultation with recipients of ESG funds within Contra Costa County, establish and consistently follow written standards for providing homeless services and housing assistance.

C. COMMUNITY ENGAGEMENT
1. Encourage and develop public understanding and education on homeless and housing issues in relationship to identified strategies.
2. Advise the Board of Supervisors, the Health Services Director, and the Health, Housing, and Homeless Services Director, on the special needs of the homeless and matters of urgency regarding homelessness. Specifically, the Council will:
   i. Provide advocacy on homeless concerns to the Board of Supervisors and cities located in Contra Costa County.
3. Make recommendations about long-range planning and policy formulation to the Board of Supervisors and cities located in Contra Costa County.

Section 2. TRANSPARENCY AND DIVERSITY
The Council encourages all members of the community to participate in group discussions and working groups. The Council ensures a diverse population contributes to deliberations and decision-making—including consumers and community members—as well as gender, ethnic, cultural, and geographical representation. To align with this effort, the Council conducts an annual recruitment effort by advertising open positions. Further, all interested persons are encouraged to attend meetings, provide input, and voice concerns to the Council.
The Council follows all provisions of the Brown Act and the Better Government Ordinance in its conduct as a public body. CoC membership is open to any interested party upon request. Further, anyone interested in sitting on the Council may submit an application in compliance with the process established by the Contra Costa County Board of Supervisors.

**Article IV. Council Membership and Committees**

**Section 1. ELIGIBILITY**

All members of the Contra Costa Council on Homelessness must reside in or be employed in Contra Costa County.

All members of the Council shall demonstrate a professional interest in, or personal commitment to addressing and alleviating the impact of homelessness on the people of the County of Contra Costa.

**Section 2. MEMBERSHIP**

Membership on the Council will be as shown in the chart below. The Council will make an invitation for new members to join publicly available annually. Each seat will have a term of two years expiring in alternating years:

**Area of Representation**

1. Affordable Housing Developer
2. Behavioral Health Representative
3. City Government Seat
4. CoC/ESG Program Grantee
5. Community Member Seat
6. Consumer/Consumer Advocate
7. Education and Vocational Services Representative
8. Emergency Solutions Grants Representative
9. Employment and Human Services Department (EHSD) Representative
10. Faith Community Representative
11. Health Care Representative
12. Homeless Service Provider
13. Public Housing Authority
14. Public Safety Representative #1
15. Public Safety Representative #2
16. Reentry Services Representative
17. Veterans Services Representative

This seat allows for one of two types of people to serve in this capacity, a consumer or a consumer advocate. Consumer appointees to the Consumer/Consumer Advocate Seat must have a lived experience of homelessness (i.e., be homeless or formerly homeless). Lived experience is not required for consumer advocate appointees to this seat.

All members are appointed by the Board of Supervisors and may have their appointments rescinded by majority vote of the Board of Supervisors.
In addition to the seats that have already been designated, outreach will be made to obtain participation from groups including, but not limited to, the following: veterans’ rights advocates, victim service providers, school districts, colleges and universities, social service providers, mental health agencies, and social justice advocates.

In addition to the above requirements, both public- and private-sector seats should, as much as possible, include representation from organizations or agencies who serve various homeless subpopulations such as: persons with chronic substance abuse issues, persons with serious mental illness, persons experiencing chronic homelessness, persons with HIV/AIDS, veterans, families with children, unaccompanied youth, seniors, and victims of domestic violence, dating violence, sexual assault, trafficking, and stalking.

Upon expiration of the term of a Council seat, the seat will be vacated and available to be filled through the selection process.

If a seated Council member is unable to complete the two-year term due to unforeseen circumstances, the Council may invite a replacement member, through the selection process, who shall serve out the remainder of the two-year term for that seat.

Section 3. SELECTION PROCESS
The Council will review all eligible applications for open seats annually. The Council will recommend new members through majority vote. This selection process will be reviewed by the CoC every five years at a minimum.

Section 4. OFFICERS
The Council shall elect one chair and one vice-chair to provide for the operation and conduct of business. Terms for the Officers shall be two years. Officers may serve no more than two consecutive terms in the same Council seat. The Council must take action within three months to replace an Officer in an expired Council seat. During the time the Council is acting to replace an Officer in a Council seat that has expired, the Officer may continue to serve in that role until the Council takes action to find a replacement.

The Chair of the Council shall provide oversight for the operation of the Council. The Chair shall preside over meetings of the Council. The Chair may call for special meetings of the Council or its committees.

The Vice-Chair shall provide oversight for the operations of all sub-committees. If the Chair is absent, or the office is vacant, the Vice-Chair shall assume responsibility for the operation of the Council.

Section 5. ELIGIBILITY CRITERIA
In addition to residency requirements, to be eligible for Council membership:
A person must contribute unique expertise, opinions, and viewpoints on homeless issues. Where a potential Council member represents a coalition, consortium, association, neighborhood group, or voluntary organization, the nominee must represent to the
Council the group’s mission. The nominee must also represent to the Council the various viewpoints personally held by the nominee.

Section 6. WHEN A SEATED MEMBER NO LONGER MEETS THE ELIGIBILITY CRITERIA
If a seated Council member no longer meets the eligibility criteria, the Council:

A. May request the Council member to submit a statement of resignation to the Council within 30 days of the change.
B. May recommend to the Board of Supervisors the removal of the member and the subsequent appointment of an eligible nominee selected by the Council.
C. May, where there is no apparent candidate to fill the seat, continue the seated member’s participation, with or without limitation, until an eligible candidate is found.

Section 7. MEETINGS AND ATTENDANCE
The Council will set an annual meeting schedule. The Council will meet monthly and the full membership of the Continuum of Care will convene quarterly with published agendas.

Two absences, excused or unexcused, from the regularly scheduled Council meeting in a rolling 12-month period will warrant inquiry from the Council as to ability and interest of the individual in continuing as a member. Three unexcused absences within a rolling 12-month period from time of appointment will result in a recommendation to the Board of Supervisors that this member be removed from the Council.

Any Council member unable to attend a meeting should notify the Chair of the Council or its administrative designee to request an excused absence.

The Chair of the Council or its administrative designee will maintain attendance records, and notify the Council when two absences are recorded.

Section 8. VOTING MEMBERS
A quorum of a majority of the appointed Council members is required for the conduct of business. Decisions must be made by an affirmative vote of a majority of Council members present during a Council meeting.

Section 9. AMENDMENT AND REVIEW
The Council will review the Governance Charter and Bylaws at least annually and update and approve as needed. Amendment requires a majority vote of the Council at a regularly scheduled Council meeting, provided that notice of the scheduled vote on the amendment was provided at least two weeks prior to that Council meeting.

Amendment of the Council on Homelessness Governance Charter and Bylaws requires an affirmative vote of two-thirds majority of current sitting Council members. Amendments
to the Bylaws must be submitted to the Contra Costa County Board of Supervisors for approval. An amendment of the Bylaws takes effect only upon approval by the Board of Supervisors.

Section 10. COMMITTEE STRUCTURE AND OPERATIONS

The Council may create ad hoc committees as the need arises.

A. The purpose of the ad hoc committees will be to develop recommended solutions to the specific issue for which they were created. The ad hoc committees may be comprised of members of the CoC and outside individuals. Ad hoc committees may be dissolved upon a vote of the Council.

B. The Council may create an ad hoc nominating committee to make recommendations on the filling of vacancies. The ad hoc nominating committee will solicit and assess applicants, rank them in order of preferred appointment, and submit these recommendations to the Council for approval. The Council will submit final recommendations to the Board of Supervisors.

C. Ad hoc committees can be appointed to address any matters within the jurisdiction of the Council.

The Council will have the following standing committees:

A. CoC Providers Committee: Membership on this committee will include, at minimum, the Council Chair, Vice Chair, and a non-conflicted member serving as CoC Representative on this committee. This committee will meet annually or as needed.

B. Consumer Advisory Committee: Membership on this committee will include, at minimum, the Council Chair, Vice Chair, and Consumer/Consumer Advocate representative. This committee will meet, at minimum, two times per year as a forum. A report-out to the Council must be made after each forum is held.

C. Coordinated Entry Oversight Committee: Membership on this committee will include, at minimum, the Council Chair and Vice Chair. This committee will meet quarterly or as needed.

D. Performance Measures Committee: Membership on this committee will include, at minimum, the Council Vice Chair, a representative from H3 as the HMIS Administrator, and a CoC- and/or ESG-funded member. This committee will meet annually or as needed.

Section 11. COUNCIL STAFFING AND RECORDKEEPING
The Council on Homelessness is supported by Contra Costa Health, Housing, and Homeless Services staff as outlined in the Governance Charter. The responsibilities of Contra Costa Health, Housing, and Homeless Services staff to the Council include:

A. Storage of all Council and committee records, including agendas and minutes for all meetings;
B. Presentation of annual reports to the Board of Supervisors as called for by the Family and Human Services Committee; and
C. All duties identified throughout these Bylaws that may be delegated to an administrative designee.

**Article V. Conduct & Conflict of Interest**

**Section 1. CONDUCT**

Each Council member will uphold certain standards of performance and good conduct and avoid real or apparent conflicts of interest. In order to prevent a conflict of interest, a Council member, chairperson, employee, agent, or consultant of the Council may not:

A. Influence decisions concerning the selection or award of a grant or other financial benefit to an organization that the Council member, employee, officer, or agent has a financial or other interest in or represents, except for the Council itself.

B. Solicit and/or accept gifts or gratuities by anyone for their personal benefit in excess of minimal value.

C. Engage in any behavior demonstrating an actual conflict of interest or giving the appearance of any such conflict.

**Section 2. CONFLICT OF INTEREST**

All Council members must file an initial and annual conflict of interest statement with the Chair of the Council or its administrative designee. Failure to file such a statement may result in the removal of a member.
CONTRA COSTA COUNCIL ON HOMELESSNESS
MEETING MINUTES

The Contra Costa Council on Homelessness provides a forum for communication and coordination about the implementation of the County's Strategic Plan to prevent and end homelessness, and for orchestrating a vision on ending homelessness in the County, educating the community on homeless issues, and advocating on federal, state, and local policy issues affecting people who are homeless or at-risk of homelessness. The Council provides advice and input on the operations of homeless services, program operations, and program development efforts in Contra Costa County. Items may be taken out of order based on the business of the day and preference of the Council.

**Date, Time:** Thursday, May 4, 2017 1:00pm – 3:00pm

**Location:** ZA Room, 30 Muir Road, Martinez, CA 94553

**Council Member Attendance:**

**Present:** Gabriel Lemus (Chair), Teri House (Vice Chair), Cecelia McCloy, Gary Kingsbury, Diane Aguinaga, John Barclay, Stephanie Bachelor, Doug Leich, Miguel Hidalgo-Barnes, Anne Struthers, Dan Sawislak

**Absent:** Brenda Kain, Alejandra Chamberlain, John Eckstrom, Joseph Villarreal.

**Staff Attendance:** Lavonna Martin, Jaime Jenett, Juliana Pooley, Dana Ewing, Jennifer Baha, Contra Costa Health Services (H3); Meadow Robinson, Erica McWhorter, HomeBase.

**Public Attendance:** Tracy Cascio, Usha Ramachandran, Julie Garcia, Nathalie Sterne, Bob Dodson, George Escutia Jr., Jill Ray, Teresa Schow, Mitchell Woerner, Leslie Gleason, Bill Shaw, Brett Beaver, Zuleika Godinez, Judy Stillman, Samaa Gad, Deanne Pearn, Claude Battaglia, Rhonda Jau, Thomas Fulton

1. **Welcome and Introductions**
   - Call to order by Gabriel Lemus, Chair

2. **Approve Minutes (Action Item)**
   - Motion
   - Chair proposes changes at pg 10 of April 6th Council on Homelessness minutes — change from Senator McCain “doesn’t agree” to “does agree”
   - Statement of Motion:
     - We move to adopt the minutes from the April 6th Council on Homelessness Meeting
   - Discussion:
     - The Council reviewed the minutes from the April 6th Council meeting
     - The Council moved to approve.
   - Procedural Record:
Motion made by: Gabriel Lemus (Chair)
Seconded by: Cecelia McCoy
AYES: Teri House (Vice Chair), Gary Kingsbury, Diane Aguinaga, John Barclay, Stephanie Bachelor, Doug Leich, Miguel Hidalgo-Barnes, Anne Struthers, Dan Sawislak
NOES: None.
ABSTAINS: None.
ABSENTS: Brenda Kain, Alejandra Chamberlain, John Eckstrom, Joseph Villarreal.

Motion Carried

3. Bylaws Update (Action Item)
Meadow Robinson gave an update on the Council bylaws.

Ad Hoc Bylaws Committee Update: The Bylaws Committee met twice in March and developed proposed revisions.

Highlights of change (3 main areas of substantial change):
1. Community Engagement
   - Elimination of Healthcare for the Homeless as community/consumer advisory liaison.
   - Addition of Consumer Advisory Committee under standing committee section. This will provide a forum for broader community engagement.

2. Areas of Representation
   - Nine (9) changes to enhance and diversify representation of stakeholders (see table below).
   - All changes accommodate current seated members.

<table>
<thead>
<tr>
<th>Current Seat</th>
<th>Proposed Seat</th>
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<tbody>
<tr>
<td>Community Member Seat #1</td>
<td>Homeless Service Provider</td>
</tr>
<tr>
<td>Community Member Seat #2</td>
<td>Public Safety Representative #2</td>
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<tr>
<td>Community Member Seat #3</td>
<td>Community Member Seat</td>
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<tr>
<td>Government Seat #1</td>
<td>City Government Seat</td>
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<tr>
<td>Government Seat #2</td>
<td>Reentry Services Representative</td>
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<tr>
<td>Homeless Housing Provider</td>
<td>Affordable Housing Developer</td>
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<tr>
<td>Philanthropy Representative</td>
<td>Employment and Human Services (EHSD) Representative</td>
</tr>
<tr>
<td>Public Safety Representative</td>
<td>Public Safety Representative #1</td>
</tr>
<tr>
<td>Consumer/Consumer Advocate</td>
<td>DELTED</td>
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</tbody>
</table>
3. Standing Committees: The following standing committees were enumerated in the bylaws for added clarity and transparency:
   - CoC Providers Committee
   - Consumer Advisory Committee
   - Coordinated Entry Oversight Committee
   - Performance Measures Committee
   - Minor changes include: Revisions to acknowledge new department/County structure (Health, Housing, and Homeless Services); Clarity in the excused vs. unexcused absence provision; and in how quorum is calculated.

   • Motion
   • Statement of Motion:
     - We move to adopt proposed revisions to the Council bylaws for approval by Board of Supervisors.
   • Discussion:
     - The Council reviewed the Council bylaws.
     - The Council moved to approve.
   • Procedural Record:
     - Motion made by: Teri House (Vice Chair)
     - Seconded by: Gary Kingsbury
     - AYES: Gabriel Lemus (Chair), Cecelia McCloy, Diane Aguinaga, John Barclay, Stephanie Bachelor, Doug Leich, Miguel Hidalgo-Barnes, Anne Struthers, Dan Sawislak
     - NOES: None.
     - ABSTAINS: None.
     - ABSENTS: Brenda Kain, Alejandra Chamberlain, John Eckstrom, Joseph Villarreal.
   • Motion Carried

4. Contra Costa Housing Forum (Action Item)
   • Zuleika Godinez spoke about Ensuring Opportunity’s commitment to creating an affordable housing strategy; housing security is one of Ensuring Opportunity’s policy priorities.
     - Ensuring Opportunity is hosting “Contra Costa Housing Forum” on June 20, 2017 and is seeking sponsorship from the Council especially with utilization of Council logo on documents, invitations, and announcements.
     - Ensuring Opportunity asks that the Council also share the event details through their networks.
     - Jaime Jenett (H3) advises there are no conflicts in the Council/County sponsoring the event.
• Motion
• Statement of Motion:
  o We move to approve the Council as an official sponsor of Contra Costa Housing Forum
• Discussion:
  o The Council discussed the proposal.
  o The Council moved to approve.
• Procedural Record:
  o Motion made by: Doug Leich
  o Seconded by: Teri House (Vice Chair)
  o AYES: Gabriel Lemus (Chair), Cecelia McCloy, Gary Kingsbury, Diane Aguinaga, John Barclay, Stephanie Bachelor, Miguel Hidalgo-Barnes, Anne Struthers, Dan Sawislak
  o NOES: None.
  o ABSTAINS: None.
  o ABSENTS: Brenda Kain, Alejandra Chamberlain, John Eckstrom, Joseph Villarreal.
• Motion Carried

5. Transfer of PCH-AAA from H3 to Anka (Action Item)
• Jaime Jenett (H3) gave the details pertaining to the transfer of PCH-AAA (Project Coming Home-Addressing Alcohol Addiction).
  o Currently Contra Costa Health Services is the recipient of the grant.
  o Contra Costa Health Services proposes to move the grant to the current sub-recipient, ANKA.
  o Traditionally the County doesn’t take long term ownership over projects PCH-AAA; Anka has been running this project for a long time on its own, and the County is confident in its ability to continue to do so.
  o Match requirement: match remains the same even after moved

• Motion
• Statement of Motion:
  o We move to approve the transfer of the CoC Program project PCH-AAA from H3 to Anka as recipient.
• Discussion:
  o The Council discussed the proposal.
  o The Council moved to approve.
• Procedural Record:
  o Motion made by: Teri House (Vice Chair)
  o Seconded by: Stephanie Bachelor
AYES: Gabriel Lemus (Chair), Cecelia McCloy, Gary Kingsbury, Diane Aguinaga, John Barclay, Miguel Hidalgo-Barnes, Anne Struthers, Dan Sawislak, Doug Leich

NOES: None.

ABSTAINS: None.

ABSENTS: Brenda Kain, Alejandra Chamberlain, John Eckstrom, Joseph Villarreal.

- Motion Carried

6. Affordable Housing & PHAs: Continuing the Conversation
- Dan Sawislak presented the next steps that emerged from the April CoC meeting regarding affordable housing and PHAs.
  - Demystifying Public Housing Authorities
    - Pittsburg Housing Authority (HA) and HACCC gave presentations on Housing Authority operations, and answered attendees’ questions.
    - Highlight: Access and referrals to programs administered by HACCC for those experiencing homelessness, e.g. Shelter Plus Care, via Coordinated Entry System.
    - How Housing Authority preferences are created and approved, and how eligibility is weighed.
    - What opportunities exist for those who graduate from HA programs.
  - Panel on Affordable Housing
    - Panel of advocates and developers of affordable housing in Contra Costa answered questions to explain what affordable housing is, and how it is developed.
    - Highlight: Where funding for affordable housing comes from, and how decisions are made once that funding becomes available.
    - What local ordinances are increasing the stock of housing (JADUs), and whether or not this also increases the stock of affordable housing.
    - Regarding the development process, what decisions are made concerning the type of information to gather.
  - Open Discussion
    - Council impressed with richness and content of panel/presentation
    - Possible new influence of Richmond HA and their new task force—possible opportunity for Joseph to step in and help facilitate new partnership
    - HA dependent on federal funds and yearly federal budget
• Housing forum and community energy will be helpful in finding resources and moving this along
  o H3 will reach out to Joseph to make introductions with Richmond HA
  o HAs are working on fair housing document so that is another opportunity to make linkages to support this effort
• Minutes from panel will be posted on Council website.

7. Point-in-Time Count Report
• Dana Ewing reported out on the preliminary data form the 2017 PIT Count.
  o PIT data is self report
  o This is a snapshot of one night
  o Annual data in some cases is far more accurate, certainly far more robust
  o Point in time Count Method: same as last year for the most part
  o Sheltered data provided through HMIS
  o Unsheltered information provided through a variety of sources: counters went to libraries, soup kitchen, encampments, calls to 211, etc.
    • 50+ volunteers
    • 17 service/community sites
  o Those who wouldn’t have been counted include, anyone in:
    • Hospital
    • Shelters
    • Cars (unless identified by CORE team)
  o PIT Trend data will be provided later, but some takeaways include:
    o Under 1000 unsheltered (first time in a long time)
    o Zero campaign looks to be lowering the veteran numbers
    o Full report out will include: trends, encampment maps, regional information (expected release date: June)
  o “At Risk” information was also captured
    o Definition of “at risk”: losing housing within two weeks
    o At-risk services available:
      • Prevention and diversion – funding is limited, and the evidence that is out there doesn’t support a large investment in prevention
      • The regulations attached to the funding are very limiting
      • Housing security fund will allow County to build in more prevention efforts

8. CoC Survey Report
• Jaime Jenett reviewed the CoC stakeholder feedback collected through the CoC survey.
  o Survey Results: 18 completed survey, 6 COH members.
  o Vast majority of responses were neutral or satisfied. County is working to have stakeholder satisfied or very satisfied.
Some suggested changes: more public education, more public voices, COH to take lead on more things.

CoC Governance and Leadership
- What works well: meetings are run well, good representation of stakeholders, HomeBase and County keep stakeholders well informed.
- Suggested changes: more public education, more community voices, identify ways the Council can take the lead instead of County staff, distribute previous meeting minutes in advance for more time to review.

CoC Operations and Planning:
- What works well: meetings are well organized, data is incorporated well into CoC planning, PIT works well and is improving over time, team oriented approach.
- Suggested changes: less meetings, Zero 2016 meetings felt redundant, targeted efforts to reduce impact of homeless persons on hospitals/ED, committee info should be more broadly communicated to the public.
- Some changes in places: sunset built for zero and zero 2016 meetings; connections being built between emergency room social workers to inform them of CES.
- County advises that the new website redesign is coming, with a CES specific portal
- One idea to get information out about CES committees: monthly email blasts.
- Reminder: CES committee meetings are open to the public.

Coordinated Entry Planning and Implementation Efforts
- What works well: process has invited and engaged the entire community and providers, effective communication efforts directed at homeless consumers (not just providers), communication regarding Coordinated Entry to stakeholders outside the CoC been effective, appreciate CoC’s efforts to bring multiple stakeholders together “to connect the dots and build the vision.”
- Suggested changes: greater new outreach, HMIS intakes are time consuming, increase clarity about what is happening with CE and when, concerned that CE does not meet the needs of the severely and persistently mentally ill, less chaos, better definition of services before implementation, more structure project management, maybe add a District Attorney and Public Defender to the mix.

Design and Operation of HMIS
- What works well: HMIS staff are responsive, support is available when needed, great training system, staff is trying their best with the software.
- Suggested changes: get rid of Bowman, need more training and more funding.
- County advises that there is more training coming, future training may be available remotely (ie. videos etc).
NOFA 15-16
- What works well: process was clearer because of information shared at the conference, non-applicants felt the process was transparent and clear.
- Suggested changes: “Last year there were delays and challenges in getting needed information to the grantees and there was misinformation which impacted review and rank. The packets for the bidders conference seem to be almost the same every year. Perhaps more updates should be provided on an annual basis to reflect changes - and those should be highlighted at the bidder's conference.” “After last year, need more thought given to scoring tool and discussion about our priority for chronically homeless vs other homeless.”
- Note: 3 respondents that answered these questions were applicants
- County is pretty confident that they have worked out these glitches in information dissemination.

Interest in a Unified Funding Sources
- Yes: 3, No: 1, Not Enough Info: 13
- Currently: Health Services acts as the CoC lead and Collaborative Applicant, County applies for funding, and money flows directly to the agencies
- Suggestion: Unified funding agency, which bridges the gap that sometimes exists between HUD award and HUD funding; This model is such that dollars come in through the County and then get dispersed to agencies. This would model CDBG, ESG, etc. County could bridge the funding gap between HUD award and HUD funding and this may be useful for providers (especially small non-profits) who are having difficulty bridging the gap.
- This question was designed as a ‘temperature check’ with grantees

9. Provider Presentations
STAND! Presentation:
- Julie Garcia & Usha Ramachandran gave an overview of the services provided by STAND!
  - STAND is the only DV agency in Contra Costa
  - Founded in 1977 as Battered Women’s Alternatives; merged with Family Stress Center in 2010
  - Mission: to break the cycle of DV among families
  - 500 calls answered per month (not all crisis calls, i.e. volunteer inquiries also come through this line)
  - More than 10,000 clients served annually
  - Three (3) departments: prevention, intervention, treatment
  - Intervention:
COUNCIL ON HOMELESSNESS MEETING MINUTES

- Crisis Line: 24/7 hotline to receive information about DV, services available, and where victims are screened/assessed
- Emergency Response Team: Dispatched teams go to hospitals/PD to support victims immediately after an incident
- RMC Shelter: 24-bed facility for women and children up to age 16, part of the Rollie Mullen Center where clients can stay for up to 12 weeks
- Transitional Housing: temporary housing for 9 families and 4 single women for up to 2 years
- Domestic Violence Support Groups: Victims that call the crisis line are referred to our 28-week support groups across the county
- Restraining Order Assistance Clinics: Domestic Violence liaisons provide direct support to navigate legal services

Treatment:
- Clinical Services, Assessment and Case Management: wrap-around therapeutic services offered for children, families, and parents
- Anger Management/Domestic Violence Treatment Program: court-mandated 52-week support group for people that have used violence
- Victims of Crime Counseling Program: up to 40 free sessions of therapy after witnessing a crime or filing a restraining order
- Differential Response Program: services and support offered to families before court intervenes in child custody decisions
- SAMHWorks Counseling Program: providing socioeconomic support and services for unemployed families

Prevention:
- Kinship (Antioch): support and programs for non-biological caregivers and their children (ex. Homework Club; Foodbank)
- Proud Parenting: Spanish and English support groups for parenting skills, behavior/communication techniques with children, etc
- First 5 Bay Point Center: Spanish and English parenting classes, early intervention screenings for 0-5 year olds
- Delta: recognizing and engaging adult men before violence happens
- YESS: school- and community-based program for teens to address dating violence, redefine gender stereotypes, etc
- Speakers Bureau and Volunteer Services

Crisis Line:
- Open 24 hours a day, 7 days a week, serves 100 languages!!
- STAND! Works with other bay area agencies to refer those who are not eligible to stay

Other info
- 100 regular volunteers
- Main mode of entry is through 24/7 crisis line
- Language is not a barrier to provide supportive services
STAND! Is part of a pilot program for high danger crime victims (only 3 other programs in the country for this pilot)

Winter Nights Presentation:
- Judith Stillman gave an overview of Winter Nights (ccc.winternights.org)
- Winter nights is a rotating shelter, in service from October-June, servicing homeless families with children in Contra Costa & Alameda Counties
- Goals:
  - Provide safe shelter and 3 meals/day to homeless families with children
  - Keep homeless families together
  - Keep school-age children in school and achieving at grade level or above
  - Help families acquire sustainable housing
  - Provide transportation to schools, jobs and daytime shelter for parents and children
- The program provide tents, sleeping pads, and sleeping bags, safe shelter, and 3 meals per day
- Families don’t stay during the day (except Saturday and Sundays)
  - Daytime shelter offered at St. Vincent de Paul Oasis in Pittsburg
- Families arrive at 5pm – tutors are provided for families, reading program also incentives children
- Programs and services provided by the program:
  - “Traveling Tutors” Team
  - Reading Achievement Program
    - Reading rewards program – including movie tickets - for all children
  - Financial Agreement and Counseling
  - Homeless Court
  - Volunteer Social Worker
  - Daytime Shelter if Needed
  - Transportation – Winter Nights Van
- Program also organizes weekend activities/outings
- Goals: to extend the program into East County
- People Served
  - Boys over the age of 14 are accepted (with families)
  - Families must have a source of income
  - No drugs or alcohol allowed
  - Program does typically not serve families who were served the previous year
- The program celebrates its success with Shelter Inc.: placed 7 families in housing recently and working to place 4 more families currently.
  - In the past ten years of its existence, Winter Nights has sheltered and fed over 270 families (850+ persons)
  - More than 160 families found sustainable housing through Winter Nights
With few exceptions, all school-age children have stayed in school and at grade level, some achieving scholastically and in sports

- Over three-thousand volunteers benefit by participating each year
- Over 4000 volunteers – in need of a volunteer case worker
- Winter nights is currently interfacing with CES
- When the program has ended, where do families go?
  - Planning is a part of the process from the beginning
  - Try to ensure that there is *somewhere* families can go
  - Provides incentive for families and staff to hustle—most find housing or safe place

10. Committee Updates (Action Item)

- Juliana Pooley provided an update on Committee endeavors.
  - Oversight Committee: Received updates on PDSA Cycle. Reviewed draft communications materials. In process of discussing HUD CE Process Self-Assessment.
  - Communications Committee: Finalizing flyers (in English and Spanish), two-page fact sheet, and process flow graphic. Providing feedback on video script and website.
  - Policies & Procedure Committee: Reviewing and line editing complete draft of Policies & Procedures.
  - Data/Evaluation: Discussing evaluation plan to determine data collection strategies and timeline

- Coordinated Entry Workgroup Update
  - Prevention/Diversion Tool: Finalizing pre-screen tool. Trainings to be offered at CARE Centers in May, and pilot of tool in June.
  - Rapid Rehousing Referral: Determined that there will not be a separate pre-screen for RRH. Developing tools to support referrals using VI-SPDAT for prioritization.
  - Emergency Shelter Referral: Will reconvene in early summer pending HMIS transition to build out eligibility and prioritization process for referrals.

- Erica McWhorter provided an update on CoC Program competition scoring tool
  - CoC Providers Committee met to discuss the changes to the tool
  - Updates include: removed reference to TH, decreased HUD priorities factor, housing stability factor to better align with HUD standards, increase income measures expanded to include maintaining income, added separate factors for Housing First and Coordinated Entry
  - Once NOFA released we may have to revisit the scoring tool both for the new or renewal projects

- Motion
- Statement of Motion:
We move to approve the changes to the CoC Program renewal project scoring tool for the FY2017 local competition, as recommended by the CoC Providers Committee.

- Discussion:
  - The Council discussed the changes to scoring tool.
  - The Council moved to approve.

- Procedural Record:
  - Motion made by: Anne Struthers
  - Seconded by: John Barclay
  - AYES: Gabriel Lemus (Chair), Teri House (Vice Chair), Cecelia McCloy, Gary Kingsbury, Diane Aguinaga, Stephanie Bachelor, Doug Leich, Miguel Hidalgo-Barnes, Dan Sawislak
  - NOES: None.
  - ABSTAINS: None.
  - ABSENTS: Brenda Kain, Alejandra Chamberlain, John Eckstrom, Joseph Villarreal.

  Motion Carried

11. Built for Zero Update (Standing Item)
   - This item was forgone due to time constraints

12. Policy and Advocacy Update (Action Item)

   - Lavonna Martin, H3, spoke about an opportunity to have a more vocal role in advocating for homeless youth, in asking Board of Supervisors to support AB 1406;
     - April 4, 2017: The Council approved a letter in support of AB 1406 to go before the Contra Costa Board of Supervisors for signatures
     - Full Board of Supervisors approval on April 25, 2017
     - Currently this is on hold because budget hearings are going on in the state
     - Waiting on information from CWPA

   - No Place Like Home Update
     - Technical assistance NOFA has been released - The County plans to pursue these funds for technical assistance. Applications being accepted now until September 30, 2017.
     - Can be used right away to support planning/design/implementation of Coordinated Entry, permanent supportive housing, and supportive services, gearing up for when other NPLH funds available.
     - Program guidelines have just been released and are open for public comment – encourage all to review and comment.
     - NPLH regional workshop May 11 in Oakland.
13. Nuts & Bolts

- **Safe Time**: works to prevent homelessness; recruit private home owners to temporarily shelter homeless persons; 501c3 status; made first placement for family of 4; invite interest for hosts and volunteers
- **Stand Down (Delta Vets)**: homeless vets to Contra Costa Fairgrounds to provide services; pets allowed; August 8-11 volunteers needed; 403 W. 6th Street in Antioch at 6pm for meetings first Thursdays of the month
- **Sen. Steve Glazer’s office**: want to be resource for Council; came to hear PIT data and successes; any opportunities for the Senator to visit provider/program locations or others is welcomed; liaison available from Senator’s office to communicate any needs or concerns to.

14. Pin It

- Affordable housing week coming up!
Contra Costa Council on Homelessness

Governance Charter

Approved and Adopted by the Contra Costa Council on Homelessness on: June 11, 2015

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Article I. Collaborative Applicant

Section 1. DEFINITION OF RESPONSIBILITIES

Contra Costa Homeless Program is the collaborative applicant for the Contra Costa Continuum of Care (CoC). The collaborative applicant’s role is to:

A. Submit the consolidated application
B. Apply for CoC planning funds on behalf of the CoC
C. Develop a governance charter with the CoC

Section 2. COLLABORATIVE APPLICANT REQUIREMENTS

The Collaborative Applicant designated by the Council on Homelessness must comply with HUD regulations for the CoC Program by keeping records documenting compliance with HUD requirements. The Collaborative Applicant will keep evidence of the following according to the Council’s approved record-keeping requirements:

A. The Council meets the structural requirements:
   1. Approved copy of a governance charter establishing the Council and including a written process to select a CoC board, and
   2. Board roster (including Council members’ affiliations/representation(s)).

B. The CoC has been established and operated in compliance with HUD regulations, including:
   1. Published agendas and meeting minutes, and
   2. Monitoring reports of recipients and subrecipients.

C. The CoC has prepared the application for funds in compliance with HUD regulations.

D. The Council is compliant with HUD’s conflict of interest requirements, including documentation of a conflict of interest policy signed by all Council members.
Article II. Continuum of Care (CoC) Application Process

Section 1. APPLICATION OVERVIEW

The Council on Homelessness prepares and oversees the applications for funds administered by HUD under the HEARTH Act. The Council on Homelessness is designed to assist individuals—including unaccompanied youth—and families experiencing homelessness and to provide the services needed to help individuals move into transitional and permanent housing, with the goal of long-term stability. The Council’s HUD CoC Program funds are granted annually based on a national competition following the release of a Notice of Funding Availability (NOFA). It is a primary responsibility of the Council to oversee the application for those funds.

The following sections outline the Council’s policies as related to designing, operating and following a collaborative local process for the development of HUD Continuum of Care Program applications and approval of submission of applications as required by C.F.R. 578.9.

Section 2. COLLABORATIVE APPLICANT

The Council designates Contra Costa County Behavioral Health Homeless Program as the annual HUD CoC Program Collaborative Applicant. The Collaborative Applicant (or its designee) is responsible for leading and supporting all aspects of the annual HUD CoC Program application process, including submission of the Consolidated Application consisting of 1) the CoC Application (formerly Exhibit 1); 2) Project Applicant’s Priority List; and 3) all Project Applications (formerly Exhibits 2).

Section 3. OVERVIEW OF PROJECT REVIEW PROCESS AND APPLICATION SUBMISSION TIMELINE

Immediately after HUD’s Continuum of Care Program Notice of Funding Availability (NOFA) is released, the Collaborative Applicant (or its designee) will coordinate and carry out all of activities needed to successfully submit an application on behalf of the CoC. The following is an overview of the timeline of tasks for CoC Program application submission. The timeline is subject to change annually, depending on HUD’s requirements as outlined in the NOFA.

Prior to the NOFA release, the Council will request that the HUD Grantees Committee convene to design and/or revise scoring tools and any corresponding local application materials to assist in the CoC review and ranking of all renewal and new project applications. These materials will take into consideration both local and HUD priorities.

The scoring tools will be finalized and presented to the Council for review and approval. The Council may initiate additional revisions to the scoring tools and local application materials if warranted based on new information about HUD priorities or process requirements contained in that year’s NOFA.
Upon HUD release of the NOFA, the Collaborative Applicant will schedule and announce a time and date for a Technical Assistance Workshop. These details will be distributed to the entire CoC.

All potential applicants must participate in the HUD CoC Program Technical Assistance Workshop. At the workshop, the Collaborative Applicant will present an overview of the HUD CoC NOFA, including details about available funding and any major changes in the application from previous years. Applicants will also be oriented to the process for reviewing and ranking applications, which will cover any supplemental local application materials and the scoring tool and applicable dates. Applicants will also have a chance to ask any questions about both the local and HUD application processes.

Applicants complete local application materials by a date announced at the Technical Assistance Workshop, typically within four to six weeks of the NOFA release (and generally not less than 30 days prior to the NOFA submission deadline).

- Any late application received within 48 hours of the due date/time will receive a 15 point score reduction. Late applications received after 48 hours will not be accepted.
- Incomplete applications cannot be cured for the CoC Review and Rank Panel scoring process but must be corrected prior to HUD submission.

Qualified, non-conflicted CoC Review and Rank Panel members are recruited and oriented to the local review and ranking process.

The CoC Review and Rank Panel members receive all local application and scoring materials and review and score each program’s application.

The CoC Review and Rank Panel meets to jointly discuss each application, interview applicants, and to comment on ways to improve individual applications. Panel members individually score applications based on the scoring tools. The ranked list is created by the following procedures:

- One ranked list is prepared based on a compilation of CoC Review and Rank Panel raw scores for each application.
- Those applications that do not meet certain threshold requirements (as detailed on the scoring tool) will not be included on the ranked list.
- The highest scoring and eligible new permanent housing project will be selected to apply for any bonus funding available through the NOFA.
- Based on community priorities established by the scoring tools, the CoC Review and Rank Panel may determine whether any renewal project should be decreased or reallocated. Any funding captured from an existing project will be made available for reallocation to a new project that meets the requirements in the NOFA application.
Scoring results are sent to applicants with a reminder of the appeals process at least 15 days before CoC Application deadline. In addition, projects are given feedback from the CoC Review and Rank Panel on the quality of their application and ways they can improve their final submission to HUD.

Appeals, if any, are considered in compliance with the Appeals Process detailed below.

A final ranked project list is submitted to the Executive Board for review and approval.

The Collaborative Applicant collects all final Project Applications and submits them to HUD, along with the CoC Application, as part of the CoC’s Consolidated Application

Section 4. CoC REVIEW AND RANK PANEL MEMBERSHIP

The Council designates between three and five of its members to serve as CoC Review and Rank Panelists. CoC Review and Rank Panelists must be:

- Knowledgeable about homelessness and housing in the community and broadly representative of the relevant sectors, subpopulations, and geographic areas;
- “Neutral,” meaning that they are not employees, staff, or otherwise have a business or personal conflict of interest with the applicant organizations;
- Familiar with housing and homeless needs within Contra Costa County; and
- Willing to review projects with the best interest of homeless persons in mind.

To serve on the CoC Review and Rank Panel, members must:

- Sign a statement declaring that they have no conflict of interest and a confidentiality agreement; and
- Be able to dedicate time for application review and CoC Review and Rank Panel meetings as scheduled by the Collaborative Applicant.

Section 5. REALLOCATION OF FUNDS

HUD allows CoCs to reallocate funds from non- and/or under-performing projects to higher priority community needs that also align with HUD priorities and goals. The CoC Review and Rank Panel facilitates the reallocation discussion and process, in consultation with the CoC, the Council, the Collaborative Applicant, and the CoC Program recipients and subrecipients who may be impacted. The Council must approve all final decisions about reallocation.

Section 6. USING ALL AVAILABLE FUNDS

The Collaborative Applicant will do everything possible to ensure that the community applies for all funds available to the CoC. Thus, if all on-time applications have been submitted and it appears that either: 1) the community is not requesting as much money
as is available from HUD, 2) no bonus (or other special project as defined by HUD) projects have been submitted, or 3) there are reallocated funds available, then:

- The Collaborative Applicant will communicate with the Council, CoC, and other interested parties (all homeless service and housing providers in Contra Costa County) with details about the available funding.
- The Collaborative Applicant will provide technical assistance and guidance, as needed, to ensure applicants understand the funding requirements.
- Any additional applications for these funds will be due as soon as possible after this communication is distributed, in compliance with CoC Program submission deadlines.

Section 7. APPEALS PROCESS

All eligible applicants have the opportunity to appeal both their score and preliminary ranking prior to the ranked list being finalized and approved by the Council. The Appeals Panel will only be established if an applicant requests an appeal.

A. THE APPEALS PANEL

The Appeals Committee will be comprised of four impartial members of the Council: three voting members and one non-voting member. The three voting members will not have participated in the original CoC Review and Rank Panel. The non-voting member must have been a member of the original CoC Review and Rank Panel.

No member of the Appeals Committee may have a conflict of interest with any of the agencies applying for CoC Program funding. All members of the Appeals Committee must sign conflict of interest and confidentiality statements. If there are insufficient Council members who qualify for the appeals committee, a member of the CoC may be designated by the Council to participate in the Appeals Committee.

B. ELIGIBLE APPEALS

An applicant may be eligible to appeal the decision of the CoC Review and Rank Panel if their project application:

- Is rejected from inclusion as part of the CoC Consolidated Application submission, or
- Receives decreased funding (e.g., through reallocation).

To appeal, the applicant must demonstrate that:

- Their score is not reflective of the application information provided, or
- There was bias or unfairness in the process that warrants the appeal.

All appeals must be based on information submitted by the applicant agency by the application due date. No new or late information will be considered. The omission of
information (inadvertently or otherwise) from a project application is not grounds for an appeal.

C. SUBMITTING AN APPEAL

Any and all appeals must be received in writing with supporting documentation within three business days following the notification of ranking to projects.

The notice of appeal must include a written statement specifying in detail the grounds asserted for the appeal. The statement must be signed by an individual authorized to represent the agency (i.e., Executive Director) and submitted to the Collaborative Applicant or its administrative designee. The notice of appeal is limited to two single-sided, single-spaced pages in 12-point font. The notice of appeal must include a copy of the project application in question and all accompanying materials submitted to the CoC Review and Rank Panel.

D. THE APPEALS PROCESS

The Appeals Panel will meet with a representative(s) of the agency/collaborative making the notice of appeal to discuss the appeal. A face-to-face meeting is preferred, but if time conflicts require it, the conversation can occur by conference telephone.

All appeals submitted in compliance with Section 7.B will be read, reviewed and evaluated by the Appeals Panel. The role of the Appeals Panel is to read and review only those areas of the application that are being appealed.

The Appeals Panel will then meet to deliberate. All project applicants will be invited to attend any appeal and each applicant may make a 10-minute statement regarding the appeal.

The Appeals Panel will review the rankings made by the CoC Review and Rank Panel only on the basis of the submitted project application, the two-page appeal, any statements made to the Appeals Panel during the appeals process, and the materials used by the CoC Review and Rank Panel. No new information can be submitted by the applicant or reviewed by the Appeals Panel.

The decision of the Appeals Panel must be supported by a simple majority vote of voting members.

The appealing agency will receive, in writing, the decision of the Appeals Panel within two business days of the Appeals Panel Meeting. The decision of the Appeals Panel will be final.

Section 8. FINAL PRIORITIZED LIST OF APPLICATIONS

The Council must approve the final ranked list of all Project Applicant proposals. Any Council members with a conflict of interest must recuse himself/herself from all related discussions and abstain from the vote approving the priority list. The Collaborative Applicant will then submit this prioritized list to HUD by the CoC Program Competition deadline as part of the Consolidated Application. Conditional award funding is typically
based upon the prioritized list of Project Applicants that are submitted; however, HUD determines actual awards and funding amounts.

Article III. Emergency Shelter Grant (ESG) Application Process

Section 1. APPLICATION OVERVIEW

In addition to the CoC Application Process, the Council also coordinates with the recipients of Emergency Solutions Grant funds. While HUD distributes some ESG funds directly to entitlement jurisdictions, the California Department of Housing and Community Development (HCD) administers the remaining non-entitlement funding for California. In recent years, HCD has required the Council, as the collaborative applicant, to prioritize applications within Contra Costa and submit portions of the application.

The following sections outline the CoC’s policies as related to designing, operating and following a local process for the review, rank, and approval of California Department of Housing and Community Development (HCD) Emergency Solutions Grant (ESG) applications.

Section 2. REVIEW PROCESS

The Council designates and authorizes its ESG Review and Rank Panel to review, score and rank the ESG project submissions. Only neutral ESG Review and Rank Committee members will participate in the scoring and ranking of project submissions; neutral means individuals who are not employees, staff or otherwise have a business or personal conflict of interest with the applicant organizations. The scores and rankings for projects must be approved by a majority of members of the ESG Review and Rank Panel, approved by the Council, and submitted to the Continuum of Care Coordinator.

The Council authorizes the Continuum of Care Coordinator to ensure:

- A process timeline in compliance with HCD requirements is communicated to applicants and followed;
- Verification is made that each proposed project will operate, or facilities will be located, within an eligible Contra Costa County city (Antioch, Concord, Pittsburg, Richmond and Walnut Creek);
- Each project submission is complete;
- The Attachment D forms are signed;
- The Attachment D packages, including the Attachment D, a copy of these Review Process and Scoring Criteria, and a Summary Table, are delivered to HCD by the due date in compliance with its application process;
- Each project applicant is informed by separate email notification that its Attachment D has been submitted to HCD.
Section 3. SCORING CRITERIA & APPLICATION PROCESS

All applicants will be required to submit to the Continuum of Care Coordinator (or its administrative designee) a copy of their ESG application, Attachment D, and a supplemental questionnaire that asks for information needed to inform the ESG Review and Rank Panel in reviewing and scoring applications based on the following criteria.

A. **Leverage**: (50 point Maximum)
   1. Projects will be awarded a maximum of 50 points if the project leverages ESG with other funding and services (50 pts maximum).
   2. Points for this criterion will be assigned as follows:
      i. \( \text{Total Project Budget} \div \text{Proposed Total ESG Budget} = \text{“Leverage Ratio”} \)
      ii. If Leverage Ratio ≥ 2, then 50 pts
      iii. If Leverage Ratio < 2, then \(((\text{Leverage Ratio} - 1) \times 50) \text{ pts} \)

B. **Priority Alignment**: (50 point Maximum)
   1. **Component Priority**: Is the project in alignment with County priorities; i.e., does the Proposed Project include one of the following program components (ranked in the following order) (15 points):
      i. Rapid Re-Housing
      ii. Street Outreach
      iii. Emergency Shelter
      iv. HMIS
   2. **Target Population**: Is the project’s target population aligned with County priorities (ranked in the following order): (15 points)
      i. Families
      ii. Youths under 25
      iii. Chronically Homeless
   3. **Organization Capacity**: Consider the following (20 points):
      i. Does the applicant organization have past experience administering State or federal housing grants?
      ii. What is the proposed ratio of individuals served to project budget for the project? How does the ratio compare to other projects proposing to perform the same activities?
      iii. What is the overall experience of the applicant agency and its key staff?
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>Concerned people in the county begin drafting, “A Plan for Dealing with Homelessness in Contra Costa County”.</td>
</tr>
<tr>
<td>1991</td>
<td>A symposium is held to address homelessness in Contra Costa County.</td>
</tr>
<tr>
<td>1997</td>
<td>The Board of Supervisors officially establishes the Homeless Continuum of Care Advisory Board (CoCB) under Board Order C.87.</td>
</tr>
<tr>
<td>1999</td>
<td>The CoCB meets to oversee the planning process, to review the original plan, and to update the 2001-2006 Contra Costa Continuum of Care Homeless Plan.</td>
</tr>
<tr>
<td>2001</td>
<td>The plan is adopted. The CoCB is the lead agency for the Continuum of Care Planning Process, setting new objectives in response to changing circumstances.</td>
</tr>
<tr>
<td>2004</td>
<td>The Board of Supervisors approves <em>Ending Homelessness in Ten Years: A County-wide Plan for the Communities of Contra Costa County</em>. This plan embraces key concepts of the Five Year Plan but does not replace it. HIJIDWG, a newly formed group, is charged with the implementation of the Ten Year Plan provisions. This group begins meeting regularly.</td>
</tr>
<tr>
<td>2014</td>
<td>Using the ten-year plan as a foundation, CCICH develops a strategic plan update, <em>Forging Ahead</em>, outlining the guiding principal that homelessness is first a housing issue, and necessary supports and services are critical to help people remain housed.</td>
</tr>
<tr>
<td>1987</td>
<td>The Task Force on Homelessness reports to the Board of Supervisors on Homelessness in Contra Costa County and includes Recommendations for Action.</td>
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<tr>
<td>1994</td>
<td>Contra Costa County Board of Supervisors mandates that a comprehensive, integrated plan for homeless services must be developed for the County. In response, the Ad Hoc Homeless Task Force is created to coordinate a countywide planning process and write the county's first official Homeless Plan.</td>
</tr>
<tr>
<td>2000</td>
<td>Contra Costa County begins the process of developing a new five-year Homeless Continuum of Care Plan. The CoCB coordinates the planning process.</td>
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<tr>
<td>2003</td>
<td>The CoCB adopts by-laws that include assuming all previous functions of the Contra Costa Homeless Advisory Committee and the new responsibilities under federal and state regulation of the Homeless Continuum of Care Boards.</td>
</tr>
<tr>
<td>2005</td>
<td>On parallel tracks the CoCB and HIJIDWG continue to work towards ending homelessness, with similar issues and membership.</td>
</tr>
<tr>
<td>2008</td>
<td>The CoCB and HIJIDWG merge to become the Contra Costa Interjurisdictional Council on Homelessness (CCICH).</td>
</tr>
<tr>
<td>2015</td>
<td>CCICH rebrands as the Council on Homelessness, adopting new by-laws and governance charter to reflect the role of the CoC and the Council.</td>
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</table>
Contra Costa Interagency Council on Homelessness

ADVISORY BOARD MEETING MINUTES

Meeting Date: June 11, 2015
Time: 8:30 AM – 10 AM
Location: 1350 Arnold Drive, Suite 202, Martinez

Attendance (Board Members): Megan Monahan, Kevin Corrigan, Sean Connors, Doug Stewart, Brenda Kain, Janet Kennedy, Valarie Sloven, Teri House
Absent: Joseph Villarreal
Public Attendance: Tim O’Keefe, Dr. Joe Mega, Joanne Sanchez, Jennifer Baha, Giza Rappaport, Sara Marsh, Dana Ewing, Justin McCarthy, Amanda Stempson, Josh Jacobs

1. Introduction
   a. Call to order by Teri House

2. Public Comment

3. Health Care for the Homeless (HCH) Update
   a. Reported that they are starting a high utilizer clinic in Martinez for patients frequenting emergency rooms. They are still working on defining the population. They are planning on providing both an outreach and clinical team. The program will start in July, and will be once a week to start.
      i. Dr. Joe Mega is the contact for this program
   b. Homeless Program has done a study to identify high utilizers and will share the high utilizers list

4. Permanent Connections
   a. Permanent Connections is a HUD-funded PSH program run by Homeless Program. It houses 11 transition age youth. Homeless Program will shift grantees to Housing Authority of Contra Costa to be run as a rental assistance program. The young people are clustered with three landlords, and all these landlords are already working with the housing authority.
   b. Motion
      i. Statement of Motion:
         1. We move to approve the transition of Permanent Connections from Homeless Program to Housing Authority
      ii. Procedural Record
         1. Motion Made by: Teri House
2. Seconded by: Sean Connors
3. AYES: Doug Stewart, Megan Monahan, Valerie Sloven, Janet Kennedy, Kevin Corrigan, Brenda Kain
4. NOES: zero
5. ABSTAINS: zero

iii. ABSENTS: Joseph Villarreal

5. FY2015 CoC Program Competition
   a. HUD Grantees are meeting to streamline the scoring tool and rethink the measured outcomes section. The new scoring tool will be more in line with the APR data that is already being collected.
      i. After the NOFA is released we will assess if HUD will score on leverage, if not it will be removed from the scoring tool.
      ii. There is currently a bonus given to CoCs that keep leverage at 7% for admin (eligible amount is 10%), this may change when the NOFA is released.
      iii. Coordinated Entry is likely to be heavily assessed.
   b. Motion
      i. Statement of Motion:
         1. We move to tentatively approve the NOFA scoring tool, pending the release of the NOFA and additional information from HUD
      ii. Procedural Record
         1. Motion Made by: Kevin Corrigan
         2. Seconded by: Sean Connors
         3. AYES: Doug Stewart, Megan Monahan, Valerie Sloven, Teri House, Janet Kennedy, Brenda Kain
         4. NOES: zero
         5. ABSTAINS: zero
      iii. ABSENTS: Joseph Villarreal

6. CoC Governance
   a. The Governance Charter Committee recommends that the bylaws and charter be separated to be both compliant with HUD and county regulations. The board seats will also change and it was recommended that the “non-profit developer” broadened to “nonprofit homeless service provider”.
   b. Motion
      i. Statement of Motion:
         1. We move to approve the By laws and Governance Charter recommended edits to the Governance Charter Committee and adopt the Governance Charter
      ii. Procedural Record
         1. Motion Made by: Teri House
2. Seconded by: Sean Connors
3. AYES: Doug Stewart, Megan Monahan, Valerie Sloven, Janet Kennedy, Kevin Corrigan, Brenda Kain
4. NOES: zero
5. ABSTAINS: zero
iii. ABSENTS: Joseph Villarreal

7. Executive Board Meeting
   a. Since the board has lost a few members, we will consider rescheduling the meeting different time and/or date.
   b. HomeBase will send out a fluid survey to establish next meeting time.

8. HMIS MOU
   a. HMIS group has been meeting bi-monthly to develop a MOU between Homeless Program’s lead and partner agencies. They want to maximize the current grant to support use of HMIS, and leverage that to encourage others who have not been participating to come on line and reduce the costs to make it easy for providers to participate. Homeless Program will use the HUD grant to pay for the system, meaning the actual server and support, plus pay for the HMIS administrator. The providers will then pay for licenses to use the system.
   b. Motion
      i. Statement of Motion:
         1. We move to approve the MOU
      ii. Procedural Record
         1. Motion Made by: Kevin Corrigan
         2. Seconded by: Sean Connors
         3. AYES: Doug Stewart, Megan Monahan, Valerie Sloven, Janet Kennedy, Brenda Kain, Teri House
         4. NOES: zero
         5. ABSTAINS: zero
      iii. ABSENTS: Joseph Villarreal

   a. The campaign started in January as an effort to end homelessness for veterans and the chronic homelessness. Contra Costa County is one of 80 organizations participating in this initiative. The current goal is to house 237 veterans in 763 chronically homeless people. So far, 64 veterans and 52 chronically homeless have been housed. Still need placements for 173 veterans and 711 chronically homeless.
   b. The county participated in a boot camp to develop a 30-day work plan and model for moving campaign forward. Efforts will include:
      i. Landlord outreach
      ii. Section 8 and VA supportive housing vouchers
iii. Getting priority for housing choice vouchers from the housing authority.

c. Community Solutions will facilitate a conversation on June 25 from 10-2pm to establish the next 30 day plan

10. PIT Count Findings

a. 2015 Point In Time Count is conducted nationally in last 10 days of January—alternating the years for unsheltered counts. This year saw a new methodology to be more inclusive and collect more data. The count was extended from 1 to 3 days. Went out to encampments and the community based sites for 3 days. Additionally, an encampment and service site map was created from the data collected.

b. There were 1326 unsheltered individuals, 704 sheltered, and 1685 people living in an other temporary living situation, for grand total of 3715.

11. Behavioral Health Integration Update

a. The county is going through a multiyear phased process to integrate one behavioral health division. The last phase saw SPIID teams (comprised of county staff, consumers, and families) coming together to identify common frameworks for how the behavioral health system currently works. They came up with a plan to create integrated case conferencing and integrated service teams. The next phase will focus on how to implement changes.

b. For more information on this process, review the status update on the Behavioral Health Website.

12. Pin it

a. Teri House asked to convene a meeting with service providers (all HUD grantees) and any other interested stakeholders to provide an opportunity to talk about preferences for Section 8 vouchers so we can ensure homeless people get priority.
CoC-HMIS Governance Charter, Policies & Procedures
## Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Description</th>
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<tbody>
<tr>
<td>03/21/2006</td>
<td>Evan Smith</td>
<td>Changes to reflect edits made at the 02/2006 COCB HMIS Meeting</td>
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<tr>
<td>04/21/2006</td>
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<tr>
<td>05/22/2006</td>
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<td>Changes to reflect edits made at the 04/2006 COCB HMIS Meeting</td>
</tr>
<tr>
<td>06/4/2009</td>
<td>Kim Baello</td>
<td>Added “24 hours or 1 business day” under 5.3 Policies</td>
</tr>
<tr>
<td>12/11/2014</td>
<td>HMIS Policy Committee</td>
<td>Changes to reflect edits made at 02 – 09/2014 HMIS Policy Committee meetings</td>
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   Partner Agency User Agreement
   User Access Request
   Client Informed Consent and Release of Information Authorization
   Release of Information Client Benefits
   Standardized Intake Form
1. Introduction

This document provides the framework for the ongoing operations of the Contra Costa County Homeless Management Information System (CONTRA COSTA HMIS) Project. The Project Overview provides the main objectives, direction and benefits of the CONTRA COSTA HMIS Project. Governing Principles establish the values that are the basis for all policy statements and subsequent decisions. This document also serves as the Governance Charter, establishing the relationship between the Contra Costa County Continuum of Care (the Continuum, CoC, or CCICH) and Contra Costa County Behavioral Health Homeless Program (HP) (the Collaborative Applicant and HMIS Lead Agency).

Operating Procedures will provide specific policies and steps necessary to control the operational environment and enforce compliance in the areas of:

- Project Participation
- User Authorization
- Collection of Client Data
- Release of Client Data
- Server Security and Availability
- Workstation Security
- Training
- Technical Support

Other Obligations and Agreements will discuss external relationships required for the continuation of this project. Forms Control provides information on obtaining forms, filing and record keeping.

2. Project Overview

The long-term vision of HMIS is to enhance Partner Agencies’ collaboration, service delivery and data collection capabilities. Accurate information will put The Continuum in a better position to request funding from various sources and help plan better for future needs.

The mission of the Homeless Management Information System of the Contra Costa County Continuum of Care is to be an integrated network of homeless and other service providers that use a central database to collect, track and report uniform information on client needs and services. This system will not only meet Federal requirements but also enhance service planning and delivery.

The fundamental goal of the CONTRA COSTA HMIS Project is to document the demographics of homelessness in Contra Costa County according to the HUD HMIS Standards. It is then the goal of the project to identify patterns in the utilization of assistance, and document the effectiveness of the services for the client. This will be accomplished through analysis of data that is gathered from the actual experiences of homeless persons and the service providers who assist them in shelters and homeless assistance programs throughout the county. Data that is gathered via intake interviews and program participation will be used to complete HUD Annual Progress Reports. This data may also be analyzed to provide unduplicated counts and anonymous aggregate data to policy makers, service providers, advocates, and consumer representatives.

The project utilizes a web-enabled application residing on a central server to facilitate data collection by homeless service organizations across the county. Access to the central server is limited to agencies formally participating in the project and then only to authorized staff members that meet the necessary training and security requirements.

The CONTRA COSTA HMIS Project is staffed and advised by Contra Costa County Behavioral Health Homeless Program. HP’s Executive Director is the authorizing agent for all agreements made between Partner Agencies and HP. Bowman Systems is responsible for the administration of the central server.
and system administration. COHP Project Staff will also provide technology, training and technical assistance to users of the system throughout the county.

The HMIS Policy Committee of Contra Costa County Continuum of Care (The Continuum) is responsible for oversight and guidance of The CONTRA COSTA HMIS Project. This group is committed to balancing the interests and needs of all stakeholders involved: homeless men, women, and children; service providers; and policy makers.

Potential benefits for homeless men, women, and children and case managers: Service coordination can be improved when information is shared among case management staff within one agency or with staff in other agencies (with written client consent) who are serving the same clients.

Potential benefits for agencies and program managers: Aggregated, information can be used to develop a more complete understanding of clients’ needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report to funding agencies such as HUD.

Potential benefits for community-wide Continuums of Care and policy makers: County-wide involvement in the project provides the capacity to generate HUD Annual Progress Reports for the CoC and allows access to aggregate information both at the local and regional level that will assist in identification of gaps in services, as well as the completion of other service reports used to inform policy decisions aimed at addressing and ending homelessness at local, state and federal levels.

3. Governing Principles

Described below are the overall governing principles upon which all other decisions pertaining to the CONTRA COSTA HMIS Project are based.

Participants are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.

Confidentiality

The rights and privileges of clients are crucial to the success of HMIS. These policies will ensure clients’ privacy without impacting the delivery of services, which are the primary focus of agency programs participating in this project.

Policies regarding client data will be founded on the premise that a client owns his/her own personal information and will provide the necessary safeguards to protect client, agency, and policy level interests. Collection, access and disclosure of client data through HMIS will only be permitted by the procedures set forth in this document.

Data Integrity

Client data is the most valuable and sensitive asset of the CONTRA COSTA HMIS Project. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.

System Availability

The availability of a centralized data repository is necessary to achieve countywide aggregation of unduplicated homeless statistics. The System Administrator is responsible for ensuring the broadest deployment and availability for homeless service agencies in Contra Costa County.
Compliance

Violation of the policies and procedures set forth in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity will result in the withdrawal of system access for the offending entity.

Policies

- Compliance with these Policies and Procedures is mandatory for participation in the CONTRA COSTA HMIS system.
- Using the ServicePoint software, all changes to client data are recorded and will be periodically and randomly audited for compliance.

Procedures

- See Project Participation and User Authorization sections for procedures to be taken for lack of compliance.

4. Roles and Responsibilities

*Contra Costa County Continuum of Care (The Continuum)*

- **Guardianship of Client Data:** The Continuum is responsible for holding in trust all data entered into the HMIS on behalf of the clients served by the community. It is responsible for ensuring that appropriate policies, procedures, and standards are in place governing the access, use, and dissemination of data stored in the system. It is the responsibility of the CoC to ensure that all records containing protected identifying information of any individual or family who applies for and/or receives CoC assistance will be kept secure and confidential.
- **HMIS Lead Agency:** The CoC is responsible for the selection of the HMIS Lead. HP has been designated as the HMIS Lead to operate and maintain the Contra Costa HMIS.

**HMIS Policy Committee**

- **HMIS Policy Making:** The HMIS Policy Committee of CCICH is responsible for drafting, reviewing, and approving all policies and procedures related to the operation of the HMIS as required by federal regulation, including but not limited to HMIS Policies & Procedures, Partner Agency Memorandum of Understanding, Privacy Plan, Security Plan, and Data Quality Plan.
- **Annual Review of this Governance Charter, Policies & Procedures:** The HMIS Policy Committee is responsible for reviewing HMIS policies and procedures in consultation with the Collaborative Applicant (HP), and updating this Governance Charter as necessary to comply with Section 578.7(b) of the McKinney-Vento Act.
- **HMIS Oversight:** The HMIS Policy Committee shall provide project direction and guidance, ensuring that HMIS is administered in compliance with HUD requirements. In addition, the HMIS Policy Committee is responsible for:
  - Technology Plan
  - Selection of system software
  - Approval of project forms and documentation
  - Project participation and feedback
  - Project Funding
Duties and Responsibilities of HP as HMIS Lead Agency

- **Enforcement of Privacy, Security & Data Quality Plans:** This agreement incorporates by reference, and the Agency agrees to be bound by, written HMIS policies and procedures for privacy, security and data quality as to be determined by the CoC. These policies will be drafted and updated as required to ensure compliance with HUD HMIS Notices on HMIS Governance, Privacy and Security, Software Functionality, and Data Quality upon release of the HMIS Requirements Final Rule when it becomes effective.

- **Security:** In addition to any duties and responsibilities included in the HMIS Security Plan, the Agency shall be responsible for making all reasonable efforts to maintain and secure client records, HMIS, and supporting services.
  - **User Credentials:** The Agency shall assign and maintain user identification and passwords for all HMIS users and monitor and log use of anyone accessing client data.
  - **Network Security:** The Agency shall take all reasonable efforts to ensure the security and integrity of the client database, including implementation and maintenance of appropriate firewalls, intrusion prevention systems (IPS), and other security measures as required in order to ensure the integrity of HMIS, including mobile security measures. The Agency shall conduct regular audits of HMIS security and report any significant vulnerabilities to the CoC.

- **Data Quality:** In addition to any duties and responsibilities included in the HMIS Data Quality Plan, the Agency will be responsible for making all reasonable efforts to ensure the highest level of data quality possible.
  - **Universal Data Elements:** The Agency shall ensure the HMIS is capable of managing the collection of each data variable and corresponding response category for each of the Universal Data Elements outlined in the HUD HMIS data and Technical Standards.
  - **Program-Specific Data Elements:** The Agency shall ensure the HMIS is capable of managing the collection of each data variable and corresponding response category for each of the Program-specific data elements as outlined in the HMIS Data and Technical Standards.
  - **Unduplicated Client Records:** The Agency shall ensure HMIS is capable of generating a summary of the number of unduplicated client records entered into HMIS.
  - **Program Entry and Exit Dates:** The Agency shall be responsible for ensuring the accurate entry of program entry and exit dates. Program entry and exit dates should be recorded upon any program entry or exit on all participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence in a program’s housing before the participant leaves the shelter or the last day a service was provided.

- **End User Training & Support:** The Agency shall be responsible for providing initial and on-going HMIS training, support and technical assistance to all participating agencies that use HMIS. The Agency shall work with participating agencies serving homeless clients and assist them with the process of entering information into HMIS, and shall strive for real-time, or close to real-time data entry.

- **Software Updates, Patches & Maintenance:** The Agency shall be responsible for ensuring all software and supporting services are updated, patched and otherwise maintained to the extent required in order to fulfill the agency’s obligations under this agreement. The Agency shall serve as liaison to Bowman Systems on behalf of the CoC and partner agencies.

- **Other Federal Requirements**
  - **Drug-Free Workplace:** The HMIS Lead Agency shall adopt drug-free workplace policy in compliance with the requirements of the Drug-Free Workplace Act. This policy must be published and distributed to employees, notifying them that the unlawful manufacture, distribution, dispensing, possession or use of a controlled
substance is prohibited and specifying actions that shall be taken against employees for violation of such a prohibition.

- **Homeless Client Participation**: In determining HMIS policy, the CoC Board or designated body shall include at least one homeless person or formerly homeless person in policymaking decisions. Participation can include but is not limited to governing board leadership, advisory committees, staff positions, and sub-committee positions.

- **Equal Opportunity and Non-Discrimination**: The HMIS Lead Agency adopts an equal opportunity and non-discrimination policy in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and HUD regulations.

**HP Executive Director**
- Liaison with HUD
- Project Staffing
- HP signatory for Memoranda of Understandings
- Overall responsibility for success of the CONTRA COSTA HMIS project

**Project Manager / System Administrator**
- Procurement of server software and licenses
- Post current HMIS documents on County Website
- Project Policies & Procedures and compliance
- General responsibility for project rollout
- Keeper of signed Memorandums of Understanding and User Agreements
- User Administration
- System Uptime & Performance Monitoring
- Ongoing Protection of Confidential Data
- Curriculum Development & Trainings
- Outreach/End User Support
- Adherence to Contra Costa County & HUD Data Standards
- Application Customization
- Data Monitoring
- Data Validity
- Aggregate data reporting and extraction
- Assist Partner Agencies with agency-specific data collection and reporting needs (within reason and within constraints of other duties)

**Partner Agency (PA)**
For full details of Partner Agency duties and responsibilities, see the Memorandum of Understanding (MOU) Between Contra Costa County Behavioral Health Homeless Program and Partner Agency and the Partner Agency User Agreement and Technical User Agreement. The MOU and User Agreements are reviewed annually and updated as needed by the Policy Committee.

**PA Executive Director**
- Authorizing agent for partner agreement (MOU)
- Designation of HMIS Technical Administrator
- Agency compliance with Policies & Procedures
- End user licenses
- Agency level HUD reporting

**Partner Agency HMIS Technical Administrator**
- Authorizing agent for Partner Agency User Agreements
- Keeper of Partner Agency User Agreements
- Keeper of executed Client Informed Consent forms
- Authorizing agent for user ID requests
• Staff workstations
• Internet connectivity
• End user adherence to workstation security policies
• Detecting and responding to violations of the Policies and Procedures
• First level End user support
• Maintain Agency/Program Data in HMIS Application
• Authorized imports of client data

Agency Staff

• Safeguard Client Privacy through Compliance with confidentiality policies
• Data Collection as specified by training and other documentation.

Homeless Program Director

The Contra Costa County Homeless Director will serve as the Program Director for CONTRA COSTA HMIS participants. While every participant in the system, including clients, should have access to the Program Director, reasonable efforts should be made (and documented if possible) to obtain resolution by other means, including escalation within an agency and through HP.

The current Program Director may be contacted as follows:
Lavonna Martin
Acting Director, Homeless Program
Lavonna.Martin@hsd.cccounty.us

5. USE OF HMIS COMPONENT GRANT FUNDS

The HMIS Lead Agency is the only entity eligible to use grant funds for an HMIS component, and funded activities must comply with HUD HMIS requirements. The Agency has the following specific reporting requirements:

• **Annual Performance Reports**: The Agency shall ensure the HMIS is capable of generating a consistently reliable Annual Performance Report (APR) in compliance with the latest HUD guidance.

• **Annual Homeless Assessment Reports**: The Agency shall prepare and submit Annual Homeless Assessment Reports (AHAR) to HUD.

• **CoC Competition Community Application**: The Agency shall provide all necessary support required for the CoC to fully and accurately complete the community application portion of the HUD McKinney-Vento Continuum of Care competition.

• **High-Performing Communities Application**: The Agency shall at the CoC’s request provide all necessary data and support required to support the collaborative applicant’s application for designation as a High Performing Community under Section 424 of the McKinney-Vento Act.
6. OPERATING PROCEDURES

6.1 Project Participation

Policies

- Agencies participating in the CONTRA COSTA HMIS Project shall commit to abide by the governing principles of the CONTRA COSTA HMIS Project and adhere to the terms and conditions of this partnership as detailed in the Memorandum of Understanding.
- The Partner Agency shall pay a participation fee charged by the HMIS Lead Agency as specified in the fee schedule addendum to the Memorandum of Understanding.

Procedures

Confirm Participation

1. The Partner Agency shall confirm their participation in the CONTRA COSTA HMIS Project by submitting a Memorandum of Understanding to the HP System Administrator.
2. The Project Manager will obtain the co-signature of HP Program Director.
3. The Project Manager will maintain a file of all signed Memorandums of Understanding.
4. The HP System Administrator will update the list of all Partner Agencies and make it available to the project community and post this list on the HMIS website (http://cchealth.org/homeless/hmis.php/).
5. All participating Agencies will be listed on the CONTRA COSTA HMIS website.

Terminate Participation

Voluntary

1. The Partner Agency shall inform the HP System Administrator in writing of its intention to terminate its agreement to participate in CONTRA COSTA HMIS Project.
2. The HP System Administrator will provide a 30 Day Notice and inform the HP Executive Director and update the Participating Agency List.
3. The HP System Administrator will revoke access of the Partner Agency staff to the CONTRA COSTA HMIS. Note: All Partner Agency-specific information contained in the HMIS system will remain in the HMIS system upon termination.
4. The HP System Administrator will keep all termination records on file with the associated Memorandums of Understanding.

Lack of Compliance

1. When the HP System Administrator determines that a Partner Agency is in violation of the terms of the partnership, Executive Directors of Partner Agency and HP will work to resolve the conflict(s).
2. If Executive Directors are unable to resolve conflict(s), the HP Program Director will be called upon to resolve the conflict. If that results in a ruling of Termination:
   i. The Partner Agency will be notified in writing of the intention to terminate their participation in the CONTRA COSTA HMIS Project.
   ii. The HP System Administrator will revoke access of the Partner Agency staff to the CONTRA COSTA HMIS.
   iii. The HP System Administrator will keep all termination records on file with the associated Memorandums of Understanding.
List of primary contacts for each agency

1. The Partner Agency shall designate a primary contact for communications regarding CONTRA COSTA HMIS by submitting a Partner Agency Technical Administrator Agreement form to the HP System Administrator.
2. The HP System Administrator will maintain a file of all signed Technical Administrator Assignment forms.
3. The HP System Administrator will maintain a list of all assigned Technical Administrators and make it available to the project staff.

Re-Assign Technical Administrator

1. The Partner Agency may designate a new or replacement primary contact in the same manner as above.

Site Security Assessment

1. Prior to allowing access to the HMIS, the Partner Agency Technical Administrator and the HP System Administrator will meet to review and assess the security measures in place to protect client data. Meeting of Agency Executive Director (or designee), Program Manager/Administrator and Agency Technology Administrator with HP staff member to assess agency information security protocols. This review shall in no way reduce the responsibility for agency information security, which is the full and complete responsibility of the agency, its Executive Director, and Technical Administrator.
2. Agencies shall have the latest version of virus protection software on all computers that access HMIS.

6.2 User Authorization & Passwords

Policies

- Agency Staff participating in the CONTRA COSTA HMIS Project shall commit to abide by the governing principles of the CONTRA COSTA HMIS Project and adhere to the terms and conditions of the Partner Agency User Agreement.
- The Partner Agency Technical Administrator must only request user access to HMIS for those staff members that require access to perform their job duties.
- All users must have their own unique user ID and must never use or allow use of a user ID that is not assigned to them. [See User Agreement]
- Temporary, first time only, passwords will be communicated via email to the owner of the User ID.
- User specified passwords must never be shared and should never be communicated in any format.
- New User IDs must require password change on first use.
- Passwords must consist of at least 8 characters and must contain a combination of letters and numbers (no special characters; alpha and numeric only). The password must contain at least two numbers [required by software].
  - According to the HUD Data and Technical Standards Final Notice (July 2004): “User authentication. Baseline Requirement. A CHO must secure HMIS systems with, at a minimum, a user authentication system consisting of a username and password. Passwords must be at least eight characters long and meet reasonable industry standard requirements.”
• Passwords must be changed every 45 days. If they are not changed within that time period, they will expire and the user will be locked out of the system.
• Three consecutive unsuccessful attempts to login will disable the User ID until the account is reactivated by a Partner Agency Technical Administrator or the CONTRA COSTA HMIS Administrator.

**Procedures**

**Workstation Security Assessment**
1. Prior to requesting user access for any staff member, the Partner Agency Technical Administrator will assess the operational security of the user's workspace.
2. Partner Agency Technical Administrator will confirm that workstation has up to date virus protection properly installed and that a full-system scan has been performed within the last week.

**Request New User ID**
1. When the Partner Agency Technical Administrator identifies a staff member that requires access to CONTRA COSTA HMIS, a Partner Agency User Agreement (PAUA) will be provided to the prospective User.
2. The Prospective User must read, understand and sign the PAUA and return it to the Partner Agency Technical Administrator.
3. The Partner Agency Technical Administrator will co-sign the PAUA and keep it on file.
4. The Partner Agency Technical Administrator will create the new user ID as specified and notify the user ID owner of the temporary password via email.

**Change User Access**
1. When the PA Technical Administrator determines that it is necessary to change a user’s access level they will update the user ID as needed.

**Rescind User Access**
**Voluntary:** Use this procedure when any HMIS user leaves the agency or otherwise becomes inactive.

**Compliance Failure:** Use this procedure when any HMIS user breaches the User Agreement, or violates the Policies & Procedures, or breaches confidentiality or security.
1. The PA Technical Admin will deactivate staff User IDs
2. The HP System Administrator will deactivate all other User IDs.

**Reset Password**
1. When a user forgets their password or has reason to believe that someone else has gained access to their password, they must immediately notify their Partner Agency Technical Administrator.
2. The PA Technical Administrator will reset the user’s password and notify the user of their new temporary password.

**6.3 Collection and Entry of Client Data**

**Policies**
• Client Data will be gathered according to the policies, procedures and confidentiality rules meeting the minimum threshold of HUD data standards.
• Client Data may only be entered into the HMIS with client’s authorization to do so.
• Client Data will only be shared with Partner Agencies if the Client consents, has signed the Client Consent form, and the signed Client Consent form is available on record.
• Client Data will be entered into the HMIS in a timely manner in compliance with the guidelines set in the HMIS Data Quality Plan.
• All Client Data entered into the HMIS will be kept as accurate and as current as possible.
• Hardcopy or electronic files will continue to be maintained according to individual program requirements.
• No data may be imported without the client’s authorization.
• Any authorized data imports will be the responsibility of the participating agency.
• Partner Agencies are responsible for the accuracy, integrity, and security of all data input by said Agency.

**Procedures**

• Refer to Policies & Procedures Materials and/or data entry guidelines.

### 6.4 Release and Disclosure of Client Data

**Policies**

• The HMIS Lead Agency shall ensure compliance with relevant federal and state confidentiality regulations and laws that protect client records. The Agency shall only release client records with the consent of the client, unless otherwise provided for by law.
• Substance Abuse Records: The Agency shall abide specially by federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by informed written consent of the person whom it pertains to or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Agency understands that federal rules restrict use of the information to criminally investigate any alcohol or drug abuse patients.
• Client-specific data from the HMIS system may be shared with partner agencies only when the sharing agency has secured a valid Release of Information from that client authorizing such sharing, and only during such time that Release of Information is valid (before its expiration). Other non-HMIS inter-agency agreements do not cover the sharing of HMIS data.
• Sharing of client data may be limited by program specific confidentiality rules.
• No client-specific data will be released or shared outside of the partner agencies unless the client gives specific written permission or unless withholding that information would be illegal. Please see Release of Information. Note that services may NOT be denied if client refuses to sign Release of Information or declines to state any information.
• Client Consent: Release of Information must constitute INFORMED consent. The burden rests with the intake counselor to inform the client before asking for consent.
• The Agency shall not require or imply that services must be contingent upon a Client’s participation in HMIS. Services should be provided to a client regardless of HMIS participation, provided the client would otherwise be eligible for services.
• Client shall be given a print out of all data relating to them upon written request and within 10 working days.
• A report of data sharing events, including dates, agencies, persons, and other details, must be made available to the client upon written request and within 15 days or according to agency policy.
• A log of all external releases or disclosures must be maintained for seven (7) years and made available to the client upon written request and within 15 days or according to agency policy.
• Aggregate system wide data that does not contain any client specific identifying data may be shared with internal and external agents without specific permission. This policy should be made clear to clients as part of the Informed Consent procedure.
• Each Agency Executive Director is responsible for their agency’s internal compliance with the HUD Data Standard.

Procedures

• Procedures for disclosure of client-specific data are readily obtained from the above policies, combined with the configuration of the CONTRA COSTA HMIS system, which facilitates appropriate data sharing.

6.5 Aggregate Data Access

Policies
• The Agency shall provide reports using aggregate data to the CoC upon request, or to other entities for funding or planning purposes pertaining to providing services to homeless persons, for homeless policy and planning decisions, in preparing federal, state or local applications for funding, to demonstrate the need for and effectiveness of programs, and to obtain a system-wide view of program utilization in the state.
• The Agency shall use only unidentified, aggregate data.

Procedures
• The Agency is responsible for ensuring that reporting access is maintained at the proscribed levels for agency clients, non-agency clients, and aggregate information reporting.

6.6 Proprietary Rights & Abuse

Policies
• Copyright: The Contra Costa HMIS, underlying software, and services are protected by copyright and cannot be copied, except as permitted by law or written agreement with the copyright holder.
• Unauthorized Access and Abuse: The HMIS Lead Agency shall take reasonable efforts to prevent the unauthorized access, use or modification of HMIS, or interference with normal system operation. This shall include both corruption of the HMIS database in any manner, as well as unauthorized disclosure or sharing of user identification and/or passwords. The Agency shall not use HMIS with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

Procedures
• The HMIS Lead Agency shall be responsible for monitoring and preventing unauthorized access, use, or modification of HMIS, or interference with normal system operation.
6.7 Workstation Security

Policies
- Partner Agency Technical Administrator is responsible for preventing degradation of the whole system resulting from viruses, intrusion, or other factors under the agency’s control.
- Partner Agency Technical Administrator or their delegate is responsible for preventing inadvertent release of confidential client-specific information. Such release may come from physical or electronic or even visual access to the workstation, thus steps should be taken to prevent these modes of inappropriate access (i.e. don’t let someone read over your shoulder; lock your screen).
- Definition and communication of all procedures to all Agency users for achieving proper agency workstation configuration and for protecting their access by all Agency users to the wider system are the responsibility of the Partner Agency Technical Administrator.
- Additional security policies are included in the Security Plan.

Procedures
- At a minimum, any workstation accessing the HMIS System shall have anti-virus software with current virus definitions (24 hours) and frequent full-system scans (weekly).

6.8 Training

Policies
- Agency Executive Director shall direct the Agency Technical Administrator and designated staff persons to attend training(s) as specified in the Memorandum of Understanding (MOU) between Partner Agency and HP.

Procedures
Training
HP will provide training in the following areas prior to Partner Agency using CONTRA COSTA HMIS:
- Agency Technical Administrator Training
- End User Training
- Confidentiality Training

Agency Technical Administrator Training
Training will be done in a group setting, where possible to achieve the most efficient use of time and sharing of information between agencies. Training will include:
- New user set-up
- Assigning Agency within CONTRA COSTA HMIS hierarchy.
- End user training
- Running package reports
- Creating customized reports

Ongoing Training
HP will provide regular training for the Continuum of Care, as needed. The areas covered will be:
- Agency Technical Administrator Training
- End User Training
- Confidentiality Training
6.9 Technical Support

Policies

- Support Requests include problem reporting, requests for enhancements (features), or other general technical support.
- Users shall submit support requests to their Partner Agency Technical Administrator (email is suggested).
- Users shall not submit requests to software vendor.
- Users shall not submit requests directly to HP without specific invitation. All requests to HP shall be submitted to Partner Agency Technical Administrator, who may then escalate to HP, who may then escalate to vendors as appropriate.
- HP will only provide support for issues specific to the CONTRA COSTA HMIS software and systems.

Procedures

Submission of Support Request

1. User encounters problem or originates idea for improvement to system or software.
2. End User creates Support Request to Partner Agency Technical Administrator.
3. Partner Agency Technical Administrator, upon receipt of a Support Request, shall make reasonable attempts to resolve the issue.
4. If the Partner Agency Technical Administrator is unable to resolve the issue and determines that the problem is specific to CONTRA COSTA HMIS software and systems contact the HMIS systems administrator.
5. System Administrator will consolidate such requests from multiple Partner Agencies, if appropriate, and strive to resolve issues in priority order according to their severity and impact.
6. If the System Administrator is unable to resolve the issue, other software or system vendor(s) may be included in order to resolve the issue(s).
7. In cases where issue resolution may be achieved by the end user or other Partner Agency personnel, System Administrator will provide instructions via email to Partner Agency Technical Administrator.

6.10 Changes to this and other Documents

Policies

- The HMIS Policy Committee of The Continuum will guide the compilation and amendment of these Policies and Procedures. The HMIS Policy Committee will review this document on an annual basis.

Procedures

Changes to Policies & Procedures

1. Proposed changes may originate from any participant in the CONTRA COSTA HMIS.
2. When proposed changes originate within a Partner Agency, they must be reviewed by the HMIS Policy Committee.
3. CONTRA COSTA HMIS System Administrator will maintain a list of proposed changes.
4. The list of proposed changes will be discussed by the Policy Committee, subject to line item excision and modification. This discussion may occur either at a meeting of the Technology Committee, or via email or conference call, according to the discretion and direction of the Technology Committee Chairperson.
5. Results of said discussion will be communicated, along with the amended Policies and Procedures. The revised Policies and Procedures will be identified within the document by the date of the Policy Committee discussion.

6. Partner Agencies Executive Directors shall acknowledge receipt and acceptance of the revised Policies and Procedures within 10 working days of delivery of the amended Policies and Procedures by notification in writing or email to System Administrator. P.A. Technical Administrator (cc to E.D.) shall also ensure circulation of the revised document within their agency and compliance with the revised Policies and Procedures.

7. Forms Control

All forms required by these procedures are available in pdf format on the Homeless Program website, located at http://cchealth.org/homeless/data-evaluation/.
HMIS DATA SECURITY PLAN

Overview

HUD regulations require that Continuums of Care establish HMIS Data Security Plans. This Data Security Plan is based upon the HMIS Requirements Proposed Rule released in December 2011, and may be edited upon the release of further guidance by HUD.

Applicability

CONTRA COSTA HMIS participating agencies must apply system security provisions to all the systems where personal protected information (PPI) is stored, including, but not limited to, its networks, desktops, laptops, tablets, phones, mainframes and servers.

User Authentication

Upon successful completion of training and submission of signed User Agreement to the HMIS Lead, each HMIS user will be provided with a unique personal User Identification Code (User ID) and initial password to access the HMIS. While the User ID provided will not change, HUD standards require that the initial password only be valid for the user's first access to the HMIS. Upon access with the initial password, the user will see a screen that will prompt the user to change the initial password to a personal password created by the user. The Partner Agency Technical Administrator must only request user access to HMIS for those staff members that require access to perform their job duties.

The password created by the user must meet the following Federal and application-enforced guidelines from the CoC-HMIS Governance Charter Policies and Procedures:

a. All users must have their own unique user ID and must never use or allow use of a user ID that is not assigned to them. (See User Agreement.)

b. Temporary, first time only, passwords will be communicated via email to the owner of the User ID.

c. User specified passwords must never be shared and should never be communicated in any format.

d. New User IDs must require password change on first use. Passwords must contain of at least 8 characters and must contain a combination of letters and numbers. The password must contain at least two numbers or symbols (required by software). (Refer to the HUD Data and Technical Standards Final Notice (July 2004) for additional guidance.)

Agencies participating in the CONTRA COSTA HMIS shall commit to abide by the governing principles of the CONTRA COSTA HMIS Project and shall adhere to the terms and conditions of this partnership as detailed in the Memorandum of Understanding attached.
Agencies participating in the CONTRA COSTA HMIS shall commit to abide by the governing principles in the CoC-HMIS Governance Charter, Policies & Procedures.

Prior to allowing access to the HMIS, the Partner Agency Technical Administrator will agree to review and assess the security measures in place to protect client data. A Homeless Program staff member will meet Agency Executive Director (or designee), Program Manager / Administrator and Agency Technology Administrator to access agency information security protocols. This review shall in no way reduce the responsibility for agency information security, which is the full and complete responsibility of the agency, its Executive Director, and Technical Administrator.

**Security Training**

The HMIS Lead will ensure that all users receive security training prior to being given access to the HMIS, and that the training curriculum reflects the CoC-HMIS Governance Charter, Policies & Procedures and HUD requirements. HMIS security training will be offered at least annually.

**Application Security**

Agencies must ensure that all computers connecting to HMIS run a current version of anti-virus software. This is enforced through an Active Directory network policy, and applies to both devices directly attached to an area-wide network as well as those at service provider locations that connect through the public Internet via a Secure Socket Layer (SSL) Virtual Private Network (VPN) tunnel connection. Individual computers are scanned and only allowed to connect to the network when the presence of updated anti/virus software from an approved list has been verified. This appliance also provides protection against phishing, malware; bot attacks and provides access control to limit users to appropriate resources.

HMIS Participating Agencies must maintain anti-virus software on all devices on their network. Devices that access the Internet must be configured to automatically download updated virus definitions. Steps should also be taken to prevent the intrusion of “adware” and “spyware” programs.

The Agency Technical Administrator maintains hardware, software and PPI in a secure environment, protected by a Firewall. Users must take appropriate steps to ensure that networks used outside of the agency are secured in compliance with this section.

**Physical Control over Devices With Access to HMIS Data**

HMIS Participating Agencies must staff devices at all times that are stationed in public areas and used to collect HMIS data. Every device that is used to access the HMIS must have a password-protected screen saver that automatically turns on when the device is temporarily not in use. If an HMIS user will be away from the device for an extended period of time, he or she is required to log off from HMIS before leaving the work area in which the device is located.
Disaster Protection and Recovery

HMIS is contained on SQL 2005 databases which are run on a Windows Server clustered environment so that there will be failover protection if the primary server becomes unavailable. The physical data storage is on multiple disc drives in a RAID array for redundancy so that no data will be lost or downtime incurred if a physical disk drive becomes inoperable. Additional hardware redundancy exists in the form of dual power supplies, disc controllers and network interface cards. The HMIS Lead maintains service coverage through original and extended warranties from the original equipment manufacturer and assures that the systems are kept up to date in terms of patches and updates issued by both the software and hardware vendors. The SQL databases are automatically backed up nightly and stored on another secure server.

Bowman Systems is responsible for the disaster protection and recovery of the central server, as well as data disposal.

System Monitoring

HMIS produces reports based on log files that are reviewed and inactive user accounts are consequently disabled (e.g., in the event of a user leaving an agency, a job position change, etc.). In addition to the HMIS database itself, access to HMIS is also controlled, monitored and logged by Agency Technical Administrator.

Hard Copy Security

The guidelines regarding the security of paper or other hard copy containing PPI that is either generated by or for the HMIS, including, but not limited to reports, data entry forms, and signed consent forms are:

1. HMIS Participating Agency staff must supervise at all times any paper or other hard copy generated by or for the HMIS that contains PPI when the hard copy is in a public area.
2. When HMIS Participating Agency staff is not present, the information must be secured in areas that are not publically accessible.
3. Written information specifically pertaining to user access (e.g., User ID and password) must not be stored or displayed in any publicly accessible location.
HMIS DATA QUALITY PLAN

Overview

HUD regulations require Continuums of Care to establish HMIS Data Quality Plans. This Data Quality Plan is based upon the HMIS Requirements Proposed Rule released in December 2011, and may be edited upon the release of further guidance by HUD.

Timeliness

An HMIS should have the most current client information available for every person being actively served by service providers. All HMIS participants should strive to minimize the gap between when information is collected and when it is entered into HMIS, with the goal of real-time data entry whenever feasible. To that end, relevant client information should always be entered into HMIS within the following initial guidelines, based on project type:

- Emergency Shelter, Transitional Housing, Permanent Housing, Rapid Rehousing, and Prevention projects: All Universal and Program-Specific Data Elements entered within two (2) business days of intake.
- Outreach projects and Non-residential Support Service Only projects (SSO): Limited data elements entered within five (5) business days of the first outreach encounter. Upon engagement for services, all remaining Universal and Program-Specific Data Elements entered within two (2) business days.

Agencies with projects providing services should strive to meet these timeliness goals:

- All users must have their own unique user ID and must never use or allow use of a user ID that is not assigned to them. [See User Agreement.] User specified passwords must never be shared and should never be communicated in any format. Client identification and supplemental assessments should be entered within two (2) business days.
- Updates and interim reviews should be entered within two (2) business days of discovery of the event change.
- All service data should be entered within five (5) business days of service provision.

As data entry policies and procedures are developed and refined within each participating agency, the CoC shall review these timeliness guidelines and modify them accordingly. It is the goal of Contra Costa continuum of care to enter data into HMIS in the most timely manner feasible.

Completeness

Complete HMIS data is necessary to fully understand the demographic characteristics and service use of persons in the system. Complete data facilitates confident reporting and analysis on the nature and extent of homelessness, such as:
• Unduplicated counts of clients served at the local level;
• Patterns of use of people entering and exiting the homeless assistance system; and
• Evaluation of the effectiveness of homeless systems.

In effect, complete data tells the full “story” of homelessness to the agencies, the Continuum, and the general public. To that end, all data entered into the HMIS shall be complete.

In addition, at the client level, more complete HMIS data improves quality of services and ability of provider staff to meet client needs, efficiently and effectively.

The Continuum’s goal is to collect 100% of all data elements. However, the Continuum recognizes that this may not be possible in all cases. Therefore, the Continuum has established a data quality benchmark upper limit of 1% as an acceptable percent of null/missing and unknown/don’t know/refused responses for all UDEs and program specific data elements excluding Domestic Violence and Social Security Number.

For exit dates, SSOs will close out these dates if no contact has been made within 6 months.

Data completeness will be evaluated using an automated report generated by the HMIS that calculates the percent completes of required data elements. This figure will be considered when generating an overall data quality score, reflecting compliance with the Data Quality Plan.

**Accuracy & Consistency**

Accuracy of data in an HMIS can be difficult to assess because it depends on both the client’s ability to provide the correct data and the intake worker’s ability to document and enter the data accurately. Consistency directly affects the accuracy of data; if an end user collects all of the data, but they do not collect it in a consistent manner, then the data may not be accurate.

The purpose of accuracy is to ensure that the data in the CoC’s HMIS is the best possible representation of reality as it relates to homeless people and the programs that serve them. To that end, all data entered into the CoC’s HMIS shall be a reflection of information provided by the client, as documented by the intake worker or otherwise updated by the client and documented for reference. Recording inaccurate information is strictly prohibited.

All data in HMIS shall be collected and entered in a common and consistent manner across all programs. To that end, the CoC will undertake system-wide accuracy checks, require end user training, and maintain a consistent intake form.

• **Systemwide Checks:** HMIS Lead Agency staff will conduct periodic accuracy and consistency checks, including de-duplication efforts every 6 months, and will run automated searches for information that is likely inconsistent. Any data inconsistency issues identified by agency-level staff will be reported to the HMIS Administrator.
• **Data Accuracy Report:** Like the Data Completeness report, this report will be filed monthly. This report measures specific incongruency errors including but not limited to:
  - Client age/date of birth errors, multiple active incomes, and incongruences between housing status and living situation, chronic homelessness status and disability status, and income and employment status.

• **Client Enrollment Reports:** Like the Data Completeness and Data Accuracy reports, this report will be filed monthly. This report displays a list of new client intakes, exits, and active clients during the month. This report should be verified for accuracy prior to submission.

• **Training:** All intake and data entry workers will complete an initial training before accessing the live HMIS system, using the established train the trainer structure. Optional trainings will be offered annually to HMIS users wishing to recertify their knowledge of consistency practices.

• **Intake Form:** A basic intake form that collects data in a consistent manner will be available to all programs, which they can alter to meet their additional needs, provided the base document does not change. A document that outlines the basic data elements collected on the intake form, their response categories, rationale, and definitions will be made available in paper and via the HMIS website as a quick reference to ensure consistent data collection. New agencies that join the CoC are required to review this document as part of the HMIS Agency Agreement execution process.

**Monitoring & Enforcement**

The CoC recognizes that the data produced from the HMIS is critical to meet the reporting and compliance requirements of individual agencies and the CoC as a whole. As such, all HMIS agencies are expected to meet the data quality benchmarks described in this document. To achieve this, the HMIS data will be monitored periodically to quickly identify and resolve issues that affect the timeliness, completeness, and accuracy of the data. All monitoring will be done in accordance with the Data Quality Plan, with full support of the CoC membership. The timeframe to correct errors will be within 10 days following the end of the month unless the 10th of the month falls on a weekend, then which it will be the following Monday.

• **Data Completeness and Data Accuracy Reports** show a letter grade on the front page, corresponding to each agency’s data completeness and data accuracy rate. These reports must be run on a monthly basis and submitted to the HMIS Lead Agency by the 10th of the following month. Once submitted, the HMIS System Administrator will evaluate and ensure that these reports meet the minimum-level required for compliance. All agencies are required to take the steps necessary to mitigate any errors and performance gaps prior to submission and must receive an “A” grade in both categories, reflecting compliance with this Data Quality Plan’s benchmarks.
The purpose of monitoring is to ensure that the agreed-upon data quality benchmarks are met to the greatest possible extent and that data quality issues are quickly identified and resolved. Monitoring will be considered in the annual CoC Program review & rank process. Participating agencies that are identified as needing assistance in addressing performance gaps will be offered refresher HMIS training courses and corrective plan technical assistance as needed.
Overview

HUD regulations require that Continuums of Care establish HMIS Data Privacy Plans after the HMIS Privacy and Security Notice is released. This Client Data & Privacy Plan is based upon the HMIS Requirements Proposed Rule released in December 2011, and may be edited upon the release of further guidance by HUD.

HMIS Data Sharing

Client-specific data from CONTRA COSTA HMIS may be shared with partner agencies only when the sharing agency has secured a valid Release of Information from that client authorizing such sharing, and only during such time that Release of Information is valid (before its expiration). Other non-HMIS inter-agency agreements do not cover the sharing of HMIS data. HUD’s HMIS Privacy and Security Notice may provide additional guidance on whether the Release of Information must have an expiration date.

Client Notification Policies and Procedures

HMIS Participating Agencies must let clients know that personal identifying information is being collected, and the reasons for collecting this information. To meet this requirement, HMIS Participating Agencies must (1) publicly post a Privacy Notice and (2) collect a Client Informed Consent & Release of Information (ROI) Authorization form.

- HMIS Participating Agencies must submit a copy of their Privacy Notice for the HMIS Administrator to keep on file. The Privacy Notice must, at a minimum, state that a copy of this Client Data & Privacy Plan is available upon request.
- CONTRA COSTA HMIS has prepared a standard document Client Informed Consent & Release of Information Authorization form. All written consent forms must be stored in a client’s case management file for record-keeping and auditing purposes.

The Participating Agency shall uphold Federal and State Confidentiality regulations to protect client records and privacy. If an agency is covered by the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA regulations prevail. The Agency shall not require or imply that services must be contingent upon a Client’s participation in HMIS. Services should be provided to a client regardless of HMIS participation, provided the client would otherwise be eligible for services.

Data Purpose & Use Limitations

Each agency will use or disclose personal information for activities described in this part of the notice. The agency assumes that clients consent to the use or disclosure of personal
information for the purposes described here and for other uses and disclosures that are determined to be compatible with these uses or disclosures:

a. To provide or coordinate services to individuals (shelter, housing, case management, etc.)
b. For functions related to payment or reimbursement for services
c. To carry out administrative functions such as personnel oversight, management functions, and auditing purposes
d. When required by law
e. To avert serious threat to health or safety if
   i. The agency believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
   ii. The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat
f. To report victims of abuse when authorized by law
g. For research purposes unless restricted by other federal and state laws.

Each agency shall only solicit or input into HMIS client information that is essential to providing services to the client. Each agency shall not knowingly enter false or misleading data under any circumstance, nor use HMIS with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

**Access and Correction**

Each agency must allow individuals to inspect and have a copy of their personal information that is maintained in HMIS. Each agency must offer to explain any information that is not understood. Individuals must submit a request to inspect their HMIS data in writing to their social worker/case manager. Each agency must consider a written request for correction of inaccurate or incomplete, personal information. If the agency agrees that the information is inaccurate or incomplete, the agency may delete it or choose to mark it as inaccurate or incomplete and to supplement it with additional information.

Each agency may deny the individual’s request for inspection or copying of personal information if:

a. Information was compiled in reasonable anticipation of litigation or comparable proceedings
b. Information is about another client/consumer
c. Information was obtained under a promise of confidentiality and the disclosure would reveal the source of the information, or
d. Disclosure of information would be reasonably likely to endanger the life or physical safety of any individual.

If the agency denies a request for access or correction, it must explain the reason for the denial and include documentation of the request and the reason for the denial. Each agency may
reject repeated or harassing requests for access or correction.

Confidentiality

Each agency must maintain any/all personal information as required by federal, state, or local laws. Each agency shall ensure that all staff, volunteers and other persons who use HMIS are issued an individual User ID and password. Each agency shall ensure that all staff, volunteers and other persons issued a User ID and password for HMIS receive confidentiality training, HMIS training, and comply with CONTRA COSTA HMIS Policies and Procedures.

Protections for Victims of Violence, Dating Violence, Sexual Assault, and Stalking

A Participating Agency may disclose PPI about an individual whom it reasonably believes to be a victim of violence, dating violence, sexual assault, or stalking only to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence where:

- Disclosure is required by law, and the disclosure complies with and is limited to the requirements of the law
- The individual agrees to the disclosure, or
- To the extent that the disclosure is expressly authorized by statute or regulation; and the Agency believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PPI for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

A Participating Agency that makes a permitted disclosure about a must promptly inform the individual that a disclosure has been or will be made, except if 1) the Agency, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or 2) the Agency would be informing a personal representative (such as a family member or friend), and the Agency reasonably believes the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as determined by the Agency in the exercise of professional judgment.
Contra Costa Interagency Council on Homelessness

ADVISORY BOARD
MEETING MINUTES

Meeting Date: February 12, 2015
Time: 8:30 AM – 10 AM
Location: 1350 Arnold Drive, Suite 202, Martinez

Attendance (Board Members): Stephan Peers, Megan Monahan, Valerie Sloven, Teri House, Joseph Villarreal, Kevin Corrigan, Sean Connors
Absent: John Garth, Michael Pollard, Doug Stewart, Janet Kennedy, Brenda Kain

1. Introduction
   a. Call to order by Teri House

2. Public Comment
   a. J.R. Wilson, Executive Director of DELTA VETERANS GROUP, announced that they would be having a Stand Down on the Delta from September 11-14, 2015. The event will be on the Contra Costa Fairgrounds. They will provide health screenings, dental, legal assistance, veteran’s benefits counseling, shelter placement, hygiene packets and independent living services

3. Health Care for the Homeless (HCH) Update
   a. Julia Surges reported the concerns identified at the homeless consumer advisory board
      i. Eye care
      ii. Public Transportation to access points like the Social Security Offices or West County Clinic
      iii. Information/Communication of available services
   b. HCH has a certified enrollment counselor available for consumers to access public benefits

4. Point In Time (PIT) Count Update
   a. The PIT count is a snapshot of homeless population on one night in January. This year, the methodology changed to survey people over three days by placing 155 volunteers at 71 sites. This was in addition to an outreach count by trained staff.
b. There were around 250 shifts of 1-4 hours--depending on the sites.
c. HomeBase created a volunteer survey which received responses from around a third of the volunteers
d. Key findings from the survey:
   i. How volunteers heard about the survey:
      1. 49% Multi-faith Action Coalition
   ii. Number of shifts
      1. 63% - 1 shift
      2. 21% - 2 shifts
      3. 16% - 3 or more shifts
   iii. Volunteer experience
      1. 65% said they would participate again;
      2. 20% no response;
      3. 15% said they wouldn't participate again because of one of the following:
         a. Their shift was canceled,
         b. They did not enjoy their placement
            i. Hospital ER/private hospitals
      1. Communication was as effective
      ii. Confusion at the staff level/volunteer level
   iv. What worked well:
      1. Training role play,
      2. Packets stocked,
      3. Most sites were welcoming,
      4. General information about the count was communicated to volunteers,
      5. Most people were assigned to the shifts they wanted
      6. More confidence in the comprehensiveness of the count
   e. Results: The PIT data’s soft numbers should be out by mid-March and we should have more detailed information by April
   f. Other lessons: 3 days is too much coverage for the site based volunteers as many sites were fully counted after two days

5. CoC Program Funding
   a. CoC Funds mostly Permanent Housing projects
      i. Of those projects, Permanent Supportive Housing is the most funded
   b. There were 33 grants received
   c. The CoC received all the requested renewals
      i. The proposed bonus project did not receive funding
         1. HomeBase is examining bonus project awards to identify commonalities between projects that did or did not receive funding
   d. For 2015, a subcommittee will be formed to modify the scoring tool
6. **HMIS Governance Charter and Planning (Action Item)**
   a. The HMIS Policy committee met to add language to the HMIS procedures around the role and responsibilities of the CoC
      i. They made specific plans around:
         1. Data Client and Privacy,
         2. Data Quality,
         3. Data Security
      ii. The drafted plans were then vetted through HMIS providers

   b. **Motion**
      i. **Statement of Motion:**
         1. We move to adopt the proposed HMIS procedures and the Data Client and Privacy, Data Quality, and Data Security plans
      ii. **Procedural Record**
         1. Motion Made by: Stephan Peers
         2. Seconded by: Joseph Villarreal
         3. AYES: Megan Monahan, Valerie Sloven, Teri House, Kevin Corrigan, Sean Connors
         4. NOES: zero
         5. ABSTAINS: zero
         6. ABSENTS: John Garth, Michael Pollard, Doug Stewart, Janet Kennedy, Brenda Kain

7. **CoC Governance Charter**
   a. The Contra Costa Council on Homelessness Executive Board is charged with providing a forum for communication about the implementation of the strategic plan to end homelessness and providing advice and input on the operations of homeless services, program operations, and program development efforts in Contra Costa County. As part of this effort a governance charter needs to be reviewed and approved annually.
      i. There will be a subcommittee that will draft a governance charter for adoption by the Executive Board

8. **Zero: 2016 Update**
   a. The Zero: 2016 initiative is a follow up to the 100 homes campaign to end veteran and chronic homelessness. 71 communities, including Contra Costa, were invited to participate. It is an effort to bring together efforts to end homelessness.
      i. Currently, Contra Costa is establishing take down targets
         1. Final targets should be finalized by March, but the preliminary numbers indicate that we will need to find housing solutions for 315 veterans over the next 12 months
         a. This places a monthly goal of 26 housing solutions per month
b. We currently average around 13-16 housing solutions for veterans per month
   ii. The take down targets will be informed by the VI SPDAT and Coordinated Assessment efforts
      1. Efforts are being made to develop community partnerships
      2. Outreach is also being made to the media to make sure the community is aware of the initiative

9. Closing Comments
   a. Doug Stewart requests time be reserved for an agenda item at the next executive meeting
   b. Sean Connors will be in a documentary film that will begin shooting in the upcoming months
   c. Homeless Programs will have new staff
   d. The Housing Authority of the County of Contra Costa (HACCC) is accepting applications for Project-Based Voucher (PBV) site-based wait lists. PBV units provide families with a housing opportunity where the assistance is tied to the unit they live in. The application can be found here.
   e. There is progress in developing the naval weapons station into 260 new low income housing units
      i. The City of Concord is looking for a master developer and is on-track to make that selection by spring of this year
      ii. It will still be a number of years before the units are live—potentially building will start by 2018.
## ATTACHMENT 12: HMIS POLICY AND PROCEDURES MANUAL

**RELATED APPLICATION QUESTION: 2A-2**

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December 11, 2014
Contra Costa County
Homeless Management Information System

CoC-HMIS Governance Charter, Policies & Procedures
## Revision History

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<tr>
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<tr>
<td>03/21/2006</td>
<td>Evan Smith</td>
<td>Changes to reflect edits made at the 02/2006 COCB HMIS Meeting</td>
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<td>06/4/2009</td>
<td>Kim Baello</td>
<td>Added “24 hours or 1 business day” under 5.3 Policies</td>
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<tr>
<td>12/11/2014</td>
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   Partner Agency User Agreement
   User Access Request
   Client Informed Consent and Release of Information Authorization
   Release of Information Client Benefits
   Standardized Intake Form
1. Introduction

This document provides the framework for the ongoing operations of the Contra Costa County Homeless Management Information System (CONTRA COSTA HMIS) Project. The Project Overview provides the main objectives, direction and benefits of the CONTRA COSTA HMIS Project. Governing Principles establish the values that are the basis for all policy statements and subsequent decisions. This document also serves as the Governance Charter, establishing the relationship between the Contra Costa County Continuum of Care (the Continuum, CoC, or CCICH) and Contra Costa County Behavioral Health Homeless Program (HP) (the Collaborative Applicant and HMIS Lead Agency).

Operating Procedures will provide specific policies and steps necessary to control the operational environment and enforce compliance in the areas of:

- Project Participation
- User Authorization
- Collection of Client Data
- Release of Client Data
- Server Security and Availability
- Workstation Security
- Training
- Technical Support

Other Obligations and Agreements will discuss external relationships required for the continuation of this project. Forms Control provides information on obtaining forms, filing and record keeping.

2. Project Overview

The long-term vision of HMIS is to enhance Partner Agencies’ collaboration, service delivery and data collection capabilities. Accurate information will put The Continuum in a better position to request funding from various sources and help plan better for future needs.

The mission of the Homeless Management Information System of the Contra Costa County Continuum of Care is to be an integrated network of homeless and other service providers that use a central database to collect, track and report uniform information on client needs and services. This system will not only meet Federal requirements but also enhance service planning and delivery.

The fundamental goal of the CONTRA COSTA HMIS Project is to document the demographics of homelessness in Contra Costa County according to the HUD HMIS Standards. It is then the goal of the project to identify patterns in the utilization of assistance, and document the effectiveness of the services for the client. This will be accomplished through analysis of data that is gathered from the actual experiences of homeless persons and the service providers who assist them in shelters and homeless assistance programs throughout the county. Data that is gathered via intake interviews and program participation will be used to complete HUD Annual Progress Reports. This data may also be analyzed to provide unduplicated counts and anonymous aggregate data to policy makers, service providers, advocates, and consumer representatives.

The project utilizes a web-enabled application residing on a central server to facilitate data collection by homeless service organizations across the county. Access to the central server is limited to agencies formally participating in the project and then only to authorized staff members that meet the necessary training and security requirements.

The CONTRA COSTA HMIS Project is staffed and advised by Contra Costa County Behavioral Health Homeless Program. HP’s Executive Director is the authorizing agent for all agreements made between Partner Agencies and HP. Bowman Systems is responsible for the administration of the central server.
and system administration. COHP Project Staff will also provide technology, training and technical assistance to users of the system throughout the county.

The HMIS Policy Committee of Contra Costa County Continuum of Care (The Continuum) is responsible for oversight and guidance of The CONTRA COSTA HMIS Project. This group is committed to balancing the interests and needs of all stakeholders involved: homeless men, women, and children; service providers; and policy makers.

Potential benefits for homeless men, women, and children and case managers: Service coordination can be improved when information is shared among case management staff within one agency or with staff in other agencies (with written client consent) who are serving the same clients.

Potential benefits for agencies and program managers: Aggregated, information can be used to develop a more complete understanding of clients’ needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report to funding agencies such as HUD.

Potential benefits for community-wide Continuums of Care and policy makers: County-wide involvement in the project provides the capacity to generate HUD Annual Progress Reports for the CoC and allows access to aggregate information both at the local and regional level that will assist in identification of gaps in services, as well as the completion of other service reports used to inform policy decisions aimed at addressing and ending homelessness at local, state and federal levels.

3. Governing Principles

Described below are the overall governing principles upon which all other decisions pertaining to the CONTRA COSTA HMIS Project are based.

Participants are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.

Confidentiality

The rights and privileges of clients are crucial to the success of HMIS. These policies will ensure clients’ privacy without impacting the delivery of services, which are the primary focus of agency programs participating in this project.

Policies regarding client data will be founded on the premise that a client owns his/her own personal information and will provide the necessary safeguards to protect client, agency, and policy level interests. Collection, access and disclosure of client data through HMIS will only be permitted by the procedures set forth in this document.

Data Integrity

Client data is the most valuable and sensitive asset of the CONTRA COSTA HMIS Project. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.

System Availability

The availability of a centralized data repository is necessary to achieve countywide aggregation of unduplicated homeless statistics. The System Administrator is responsible for ensuring the broadest deployment and availability for homeless service agencies in Contra Costa County.
Compliance

Violation of the policies and procedures set forth in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity will result in the withdrawal of system access for the offending entity.

Policies

- Compliance with these Policies and Procedures is mandatory for participation in the CONTRA COSTA HMIS system.
- Using the ServicePoint software, all changes to client data are recorded and will be periodically and randomly audited for compliance.

Procedures

- See Project Participation and User Authorization sections for procedures to be taken for lack of compliance.

4. Roles and Responsibilities

**Contra Costa County Continuum of Care (The Continuum)**

- **Guardianship of Client Data:** The Continuum is responsible for holding in trust all data entered into the HMIS on behalf of the clients served by the community. It is responsible for ensuring that appropriate policies, procedures, and standards are in place governing the access, use, and dissemination of data stored in the system. It is the responsibility of the CoC to ensure that all records containing protected identifying information of any individual or family who applies for and/or receives CoC assistance will be kept secure and confidential.
- **HMIS Lead Agency:** The CoC is responsible for the selection of the HMIS Lead. HP has been designated as the HMIS Lead to operate and maintain the Contra Costa HMIS.

**HMIS Policy Committee**

- **HMIS Policy Making:** The HMIS Policy Committee of CCICH is responsible for drafting, reviewing, and approving all policies and procedures related to the operation of the HMIS as required by federal regulation, including but not limited to HMIS Policies & Procedures, Partner Agency Memorandum of Understanding, Privacy Plan, Security Plan, and Data Quality Plan.
- **Annual Review of this Governance Charter, Policies & Procedures:** The HMIS Policy Committee is responsible for reviewing HMIS policies and procedures in consultation with the Collaborative Applicant (HP), and updating this Governance Charter as necessary to comply with Section 578.7(b) of the McKinney-Vento Act.
- **HMIS Oversight:** The HMIS Policy Committee shall provide project direction and guidance, ensuring that HMIS is administered in compliance with HUD requirements. In addition, the HMIS Policy Committee is responsible for:
  - Technology Plan
  - Selection of system software
  - Approval of project forms and documentation
  - Project participation and feedback
  - Project Funding
Duties and Responsibilities of HP as HMIS Lead Agency

- **Enforcement of Privacy, Security & Data Quality Plans**: This agreement incorporates by reference, and the Agency agrees to be bound by, written HMIS policies and procedures for privacy, security and data quality as to be determined by the CoC. These policies will be drafted and updated as required to ensure compliance with HUD HMIS Notices on HMIS Governance, Privacy and Security, Software Functionality, and Data Quality upon release of the HMIS Requirements Final Rule when it becomes effective.

- **Security**: In addition to any duties and responsibilities included in the HMIS Security Plan, the Agency shall be responsible for making all reasonable efforts to maintain and secure client records, HMIS, and supporting services.
  - **User Credentials**: The Agency shall assign and maintain user identification and passwords for all HMIS users and monitor and log use of anyone accessing client data.
  - **Network Security**: The Agency shall take all reasonable efforts to ensure the security and integrity of the client database, including implementation and maintenance of appropriate firewalls, intrusion prevention systems (IPS), and other security measures as required in order to ensure the integrity of HMIS, including mobile security measures. The Agency shall conduct regular audits of HMIS security and report any significant vulnerabilities to the CoC.

- **Data Quality**: In addition to any duties and responsibilities included in the HMIS Data Quality Plan, the Agency will be responsible for making all reasonable efforts to ensure the highest level of data quality possible.
  - **Universal Data Elements**: The Agency shall ensure the HMIS is capable of managing the collection of each data variable and corresponding response category for each of the Universal Data Elements outlined in the HUD HMIS data and Technical Standards.
  - **Program-Specific Data Elements**: The Agency shall ensure the HMIS is capable of managing the collection of each data variable and corresponding response category for each of the Program-specific data elements as outlined in the HMIS Data and Technical Standards.
  - **Unduplicated Client Records**: The Agency shall ensure HMIS is capable of generating a summary of the number of unduplicated client records entered into HMIS.
  - **Program Entry and Exit Dates**: The Agency shall be responsible for ensuring the accurate entry of program entry and exit dates. Program entry and exit dates should be recorded upon any program entry or exit on all participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence in a program's housing before the participant leaves the shelter or the last day a service was provided.

- **End User Training & Support**: The Agency shall be responsible for providing initial and on-going HMIS training, support and technical assistance to all participating agencies that use HMIS. The Agency shall work with participating agencies serving homeless clients and assist them with the process of entering information into HMIS, and shall strive for real-time, or close to real-time data entry.

- **Software Updates, Patches & Maintenance**: The Agency shall be responsible for ensuring all software and supporting services are updated, patched and otherwise maintained to the extent required in order to fulfill the agency’s obligations under this agreement. The Agency shall serve as liaison to Bowman Systems on behalf of the CoC and partner agencies.

- **Other Federal Requirements**
  - **Drug-Free Workplace**: The HMIS Lead Agency shall adopt drug-free workplace policy in compliance with the requirements of the Drug-Free Workplace Act. This policy must be published and distributed to employees, notifying them that the unlawful manufacture, distribution, dispensing, possession or use of a controlled...
substance is prohibited and specifying actions that shall be taken against employees for violation of such a prohibition.

- **Homeless Client Participation**: In determining HMIS policy, the CoC Board or designated body shall include at least one homeless person or formerly homeless person in policymaking decisions. Participation can include but is not limited to governing board leadership, advisory committees, staff positions, and sub-committee positions.

- **Equal Opportunity and Non-Discrimination**: The HMIS Lead Agency adopts an equal opportunity and non-discrimination policy in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and HUD regulations.

**HP Executive Director**

- Liaison with HUD
- Project Staffing
- HP signatory for Memoranda of Understandings
- Overall responsibility for success of the CONTRA COSTA HMIS project

**Project Manager / System Administrator**

- Procurement of server software and licenses
- Post current HMIS documents on County Website
- Project Policies & Procedures and compliance
- General responsibility for project rollout
- Keeper of signed Memorandums of Understanding and User Agreements
- User Administration
- System Uptime & Performance Monitoring
- Ongoing Protection of Confidential Data
- Curriculum Development & Trainings
- Outreach/End User Support
- Adherence to Contra Costa County & HUD Data Standards
- Application Customization
- Data Monitoring
- Data Validity
- Aggregate data reporting and extraction
- Assist Partner Agencies with agency-specific data collection and reporting needs (within reason and within constraints of other duties)

**Partner Agency (PA)**

For full details of Partner Agency duties and responsibilities, see the Memorandum of Understanding (MOU) Between Contra Costa County Behavioral Health Homeless Program and Partner Agency and the Partner Agency User Agreement and Technical User Agreement. The MOU and User Agreements are reviewed annually and updated as needed by the Policy Committee.

**PA Executive Director**

- Authorizing agent for partner agreement (MOU)
- Designation of HMIS Technical Administrator
- Agency compliance with Policies & Procedures
- End user licenses
- Agency level HUD reporting

**Partner Agency HMIS Technical Administrator**

- Authorizing agent for Partner Agency User Agreements
- Keeper of Partner Agency User Agreements
- Keeper of executed Client Informed Consent forms
- Authorizing agent for user ID requests
• Staff workstations
• Internet connectivity
• End user adherence to workstation security policies
• Detecting and responding to violations of the Policies and Procedures
• First level End user support
• Maintain Agency/Program Data in HMIS Application
• Authorized imports of client data

Agency Staff
• Safeguard Client Privacy through Compliance with confidentiality policies
• Data Collection as specified by training and other documentation.

Homeless Program Director
The Contra Costa County Homeless Director will serve as the Program Director for CONTRA COSTA HMIS participants. While every participant in the system, including clients, should have access to the Program Director, reasonable efforts should be made (and documented if possible) to obtain resolution by other means, including escalation within an agency and through HP.

The current Program Director may be contacted as follows:
Lavonna Martin
Acting Director, Homeless Program
Lavonna.Martin@hsd.cccounty.us

5. USE OF HMIS COMPONENT GRANT FUNDS
The HMIS Lead Agency is the only entity eligible to use grant funds for an HMIS component, and funded activities must comply with HUD HMIS requirements. The Agency has the following specific reporting requirements:

• Annual Performance Reports: The Agency shall ensure the HMIS is capable of generating a consistently reliable Annual Performance Report (APR) in compliance with the latest HUD guidance.

• Annual Homeless Assessment Reports: The Agency shall prepare and submit Annual Homeless Assessment Reports (AHAR) to HUD.

• CoC Competition Community Application: The Agency shall provide all necessary support required for the CoC to fully and accurately complete the community application portion of the HUD McKinney-Vento Continuum of Care competition.

• High-Performing Communities Application: The Agency shall at the CoC’s request provide all necessary data and support required to support the collaborative applicant’s application for designation as a High Performing Community under Section 424 of the McKinney-Vento Act.
6. OPERATING PROCEDURES

6.1 Project Participation

Policies

- Agencies participating in the CONTRA COSTA HMIS Project shall commit to abide by the governing principles of the CONTRA COSTA HMIS Project and adhere to the terms and conditions of this partnership as detailed in the Memorandum of Understanding.
- The Partner Agency shall pay a participation fee charged by the HMIS Lead Agency as specified in the fee schedule addendum to the Memorandum of Understanding.

Procedures

Confirm Participation

1. The Partner Agency shall confirm their participation in the CONTRA COSTA HMIS Project by submitting a Memorandum of Understanding to the HP System Administrator.
2. The Project Manager will obtain the co-signature of HP Program Director.
3. The Project Manager will maintain a file of all signed Memorandums of Understanding.
4. The HP System Administrator will update the list of all Partner Agencies and make it available to the project community and post this list on the HMIS website (http://cchealth.org/homeless/hmis.php/).
5. All participating Agencies will be listed on the CONTRA COSTA HMIS website.

Terminate Participation

Voluntary

1. The Partner Agency shall inform the HP System Administrator in writing of its intention to terminate its agreement to participate in CONTRA COSTA HMIS Project.
2. The HP System Administrator will provide a 30 Day Notice and inform the HP Executive Director and update the Participating Agency List.
3. The HP System Administrator will revoke access of the Partner Agency staff to the CONTRA COSTA HMIS. Note: All Partner Agency-specific information contained in the HMIS system will remain in the HMIS system upon termination.
4. The HP System Administrator will keep all termination records on file with the associated Memorandums of Understanding.

Lack of Compliance

1. When the HP System Administrator determines that a Partner Agency is in violation of the terms of the partnership, Executive Directors of Partner Agency and HP will work to resolve the conflict(s).
2. If Executive Directors are unable to resolve conflict(s), the HP Program Director will be called upon to resolve the conflict. If that results in a ruling of Termination:
   i. The Partner Agency will be notified in writing of the intention to terminate their participation in the CONTRA COSTA HMIS Project.
   ii. The HP System Administrator will revoke access of the Partner Agency staff to the CONTRA COSTA HMIS.
   iii. The HP System Administrator will keep all termination records on file with the associated Memorandums of Understanding.
List of primary contacts for each agency

1. The Partner Agency shall designate a primary contact for communications regarding CONTRA COSTA HMIS by submitting a Partner Agency Technical Administrator Agreement form to the HP System Administrator.
2. The HP System Administrator will maintain a file of all signed Technical Administrator Assignment forms.
3. The HP System Administrator will maintain a list of all assigned Technical Administrators and make it available to the project staff.

Re-Assign Technical Administrator

1. The Partner Agency may designate a new or replacement primary contact in the same manner as above.

Site Security Assessment

1. Prior to allowing access to the HMIS, the Partner Agency Technical Administrator and the HP System Administrator will meet to review and assess the security measures in place to protect client data. Meeting of Agency Executive Director (or designee), Program Manager/Administrator and Agency Technology Administrator with HP staff member to assess agency information security protocols. This review shall in no way reduce the responsibility for agency information security, which is the full and complete responsibility of the agency, its Executive Director, and Technical Administrator.
2. Agencies shall have the latest version of virus protection software on all computers that access HMIS.

6.2 User Authorization & Passwords

Policies

- Agency Staff participating in the CONTRA COSTA HMIS Project shall commit to abide by the governing principles of the CONTRA COSTA HMIS Project and adhere to the terms and conditions of the Partner Agency User Agreement.
- The Partner Agency Technical Administrator must only request user access to HMIS for those staff members that require access to perform their job duties.
- All users must have their own unique user ID and must never use or allow use of a user ID that is not assigned to them. [See User Agreement]
- Temporary, first time only, passwords will be communicated via email to the owner of the User ID.
- User specified passwords must never be shared and should never be communicated in any format.
- New User IDs must require password change on first use.
- Passwords must consist of at least 8 characters and must contain a combination of letters and numbers (no special characters; alpha and numeric only). The password must contain at least two numbers [required by software].
  - According to the HUD Data and Technical Standards Final Notice (July 2004): “User authentication. Baseline Requirement. A CHO must secure HMIS systems with, at a minimum, a user authentication system consisting of a username and password. Passwords must be at least eight characters long and meet reasonable industry standard requirements.”
• Passwords must be changed every 45 days. If they are not changed within that time period, they will expire and the user will be locked out of the system.
• Three consecutive unsuccessful attempts to login will disable the User ID until the account is reactivated by a Partner Agency Technical Administrator or the CONTRA COSTA HMIS Administrator.

Procedures

Workstation Security Assessment
1. Prior to requesting user access for any staff member, the Partner Agency Technical Administrator will assess the operational security of the user's workspace.
2. Partner Agency Technical Administrator will confirm that workstation has up to date virus protection properly installed and that a full-system scan has been performed within the last week.

Request New User ID
1. When the Partner Agency Technical Administrator identifies a staff member that requires access to CONTRA COSTA HMIS, a Partner Agency User Agreement (PAUA) will be provided to the prospective User.
2. The Prospective User must read, understand and sign the PAUA and return it to the Partner Agency Technical Administrator.
3. The Partner Agency Technical Administrator will co-sign the PAUA and keep it on file.
4. The Partner Agency Technical Administrator will create the new user ID as specified and notify the user ID owner of the temporary password via email.

Change User Access
1. When the PA Technical Administrator determines that it is necessary to change a user’s access level they will update the user ID as needed.

Rescind User Access
Voluntary: Use this procedure when any HMIS user leaves the agency or otherwise becomes inactive.

Compliance Failure: Use this procedure when any HMIS user breaches the User Agreement, or violates the Policies & Procedures, or breaches confidentiality or security.

1. The PA Technical Admin will deactivate staff User IDs
2. The HP System Administrator will deactivate all other User IDs.

Reset Password
1. When a user forgets their password or has reason to believe that someone else has gained access to their password, they must immediately notify their Partner Agency Technical Administrator.
2. The PA Technical Administrator will reset the user’s password and notify the user of their new temporary password.

6.3 Collection and Entry of Client Data

Policies
• Client Data will be gathered according to the policies, procedures and confidentiality rules meeting the minimum threshold of HUD data standards.
• Client Data may only be entered into the HMIS with client’s authorization to do so.
• Client Data will only be shared with Partner Agencies if the Client consents, has signed the Client Consent form, and the signed Client Consent form is available on record.
• Client Data will be entered into the HMIS in a timely manner in compliance with the guidelines set in the HMIS Data Quality Plan.
• All Client Data entered into the HMIS will be kept as accurate and as current as possible.
• Hardcopy or electronic files will continue to be maintained according to individual program requirements.
• No data may be imported without the client’s authorization.
• Any authorized data imports will be the responsibility of the participating agency.
• Partner Agencies are responsible for the accuracy, integrity, and security of all data input by said Agency.

**Procedures**

• Refer to Policies & Procedures Materials and/or data entry guidelines.

**6.4 Release and Disclosure of Client Data**

**Policies**

• The HMIS Lead Agency shall ensure compliance with relevant federal and state confidentiality regulations and laws that protect client records. The Agency shall only release client records with the consent of the client, unless otherwise provided for by law.
• Substance Abuse Records: The Agency shall abide specially by federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by informed written consent of the person whom it pertains to or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Agency understands that federal rules restrict use of the information to criminally investigate any alcohol or drug abuse patients.
• Client-specific data from the HMIS system may be shared with partner agencies only when the sharing agency has secured a valid Release of Information from that client authorizing such sharing, and only during such time that Release of Information is valid (before its expiration). Other non-HMIS inter-agency agreements do not cover the sharing of HMIS data.
• Sharing of client data may be limited by program specific confidentiality rules.
• No client-specific data will be released or shared outside of the partner agencies unless the client gives specific written permission or unless withholding that information would be illegal. Please see Release of Information. Note that services may NOT be denied if client refuses to sign Release of Information or declines to state any information.
• Client Consent: Release of Information must constitute INFORMED consent. The burden rests with the intake counselor to inform the client before asking for consent.
• The Agency shall not require or imply that services must be contingent upon a Client’s participation in HMIS. Services should be provided to a client regardless of HMIS participation, provided the client would otherwise be eligible for services.
• Client shall be given a print out of all data relating to them upon written request and within 10 working days.
• A report of data sharing events, including dates, agencies, persons, and other details, must be made available to the client upon written request and within 15 days or according to agency policy.
• A log of all external releases or disclosures must be maintained for seven (7) years and made available to the client upon written request and within 15 days or according to agency policy.
• Aggregate system wide data that does not contain any client specific identifying data may be shared with internal and external agents without specific permission. This policy should be made clear to clients as part of the Informed Consent procedure.
• Each Agency Executive Director is responsible for their agency's internal compliance with the HUD Data Standard.

**Procedures**

• Procedures for disclosure of client-specific data are readily obtained from the above policies, combined with the configuration of the CONTRA COSTA HMIS system, which facilitates appropriate data sharing.

**6.5 Aggregate Data Access**

**Policies**

• The Agency shall provide reports using aggregate data to the CoC upon request, or to other entities for funding or planning purposes pertaining to providing services to homeless persons, for homeless policy and planning decisions, in preparing federal, state or local applications for funding, to demonstrate the need for and effectiveness of programs, and to obtain a system-wide view of program utilization in the state.
• The Agency shall use only unidentified, aggregate data.

**Procedures**

• The Agency is responsible for ensuring that reporting access is maintained at the proscribed levels for agency clients, non-agency clients, and aggregate information reporting.

**6.6 Proprietary Rights & Abuse**

**Policies**

• **Copyright:** The Contra Costa HMIS, underlying software, and services are protected by copyright and cannot be copied, except as permitted by law or written agreement with the copyright holder.
• **Unauthorized Access and Abuse:** The HMIS Lead Agency shall take reasonable efforts to prevent the unauthorized access, use or modification of HMIS, or interference with normal system operation. This shall include both corruption of the HMIS database in any manner, as well as unauthorized disclosure or sharing of user identification and/or passwords. The Agency shall not use HMIS with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

**Procedures**

• The HMIS Lead Agency shall be responsible for monitoring and preventing unauthorized access, use, or modification of HMIS, or interference with normal system operation.
6.7 Workstation Security

Policies

• Partner Agency Technical Administrator is responsible for preventing degradation of the whole system resulting from viruses, intrusion, or other factors under the agency’s control.
• Partner Agency Technical Administrator or their delegate is responsible for preventing inadvertent release of confidential client-specific information. Such release may come from physical or electronic or even visual access to the workstation, thus steps should be taken to prevent these modes of inappropriate access (i.e. don’t let someone read over your shoulder; lock your screen).
• Definition and communication of all procedures to all Agency users for achieving proper agency workstation configuration and for protecting their access by all Agency users to the wider system are the responsibility of the Partner Agency Technical Administrator.
• Additional security policies are included in the Security Plan.

Procedures

• At a minimum, any workstation accessing the HMIS System shall have anti-virus software with current virus definitions (24 hours) and frequent full-system scans (weekly).

6.8 Training

Policies

• Agency Executive Director shall direct the Agency Technical Administrator and designated staff persons to attend training(s) as specified in the Memorandum of Understanding (MOU) between Partner Agency and HP.

Procedures

Training

HP will provide training in the following areas prior to Partner Agency using CONTRA COSTA HMIS:

  o Agency Technical Administrator Training
  o End User Training
  o Confidentiality Training

Agency Technical Administrator Training

Training will be done in a group setting, where possible to achieve the most efficient use of time and sharing of information between agencies. Training will include:

  o New user set-up
  o Assigning Agency within CONTRA COSTA HMIS hierarchy.
  o End user training
  o Running package reports
  o Creating customized reports

Ongoing Training

HP will provide regular training for the Continuum of Care, as needed. The areas covered will be:

  o Agency Technical Administrator Training
  o End User Training
  o Confidentiality Training
6.9 Technical Support

Policies

- Support Requests include problem reporting, requests for enhancements (features), or other general technical support.
- Users shall submit support requests to their Partner Agency Technical Administrator (email is suggested).
- Users shall not submit requests to software vendor.
- Users shall not submit requests directly to HP without specific invitation. All requests to HP shall be submitted to Partner Agency Technical Administrator, who may then escalate to HP, who may then escalate to vendors as appropriate.
- HP will only provide support for issues specific to the CONTRA COSTA HMIS software and systems.

Procedures

Submission of Support Request

1. User encounters problem or originates idea for improvement to system or software.
2. End User creates Support Request to Partner Agency Technical Administrator.
3. Partner Agency Technical Administrator, upon receipt of a Support Request, shall make reasonable attempts to resolve the issue.
4. If the Partner Agency Technical Administrator is unable to resolve the issue and determines that the problem is specific to CONTRA COSTA HMIS software and systems contact the HMIS systems administrator.
5. System Administrator will consolidate such requests from multiple Partner Agencies, if appropriate, and strive to resolve issues in priority order according to their severity and impact.
6. If the System Administrator is unable to resolve the issue, other software or system vendor(s) may be included in order to resolve the issue(s).
7. In cases where issue resolution may be achieved by the end user or other Partner Agency personnel, System Administrator will provide instructions via email to Partner Agency Technical Administrator.

6.10 Changes to this and other Documents

Policies

- The HMIS Policy Committee of The Continuum will guide the compilation and amendment of these Policies and Procedures. The HMIS Policy Committee will review this document on an annual basis.

Procedures

Changes to Policies & Procedures

1. Proposed changes may originate from any participant in the CONTRA COSTA HMIS.
2. When proposed changes originate within a Partner Agency, they must be reviewed by the HMIS Policy Committee.
3. CONTRA COSTA HMIS System Administrator will maintain a list of proposed changes.
4. The list of proposed changes will be discussed by the Policy Committee, subject to line item excision and modification. This discussion may occur either at a meeting of the Technology Committee, or via email or conference call, according to the discretion and direction of the Technology Committee Chairperson.
5. Results of said discussion will be communicated, along with the amended Policies and Procedures. The revised Policies and Procedures will be identified within the document by the date of the Policy Committee discussion.

6. Partner Agencies Executive Directors shall acknowledge receipt and acceptance of the revised Policies and Procedures within 10 working days of delivery of the amended Policies and Procedures by notification in writing or email to System Administrator. P.A. Technical Administrator (cc to E.D.) shall also ensure circulation of the revised document within their agency and compliance with the revised Policies and Procedures.

7. Forms Control

All forms required by these procedures are available in pdf format on the Homeless Program website, located at http://cchealth.org/homeless/data-evaluation/.
HMIS DATA SECURITY PLAN

Overview

HUD regulations require that Continuums of Care establish HMIS Data Security Plans. This Data Security Plan is based upon the HMIS Requirements Proposed Rule released in December 2011, and may be edited upon the release of further guidance by HUD.

Applicability

CONTRA COSTA HMIS participating agencies must apply system security provisions to all the systems where personal protected information (PPI) is stored, including, but not limited to, its networks, desktops, laptops, tablets, phones, mainframes and servers.

User Authentication

Upon successful completion of training and submission of signed User Agreement to the HMIS Lead, each HMIS user will be provided with a unique personal User Identification Code (User ID) and initial password to access the HMIS. While the User ID provided will not change, HUD standards require that the initial password only be valid for the user’s first access to the HMIS. Upon access with the initial password, the user will see a screen that will prompt the user to change the initial password to a personal password created by the user. The Partner Agency Technical Administrator must only request user access to HMIS for those staff members that require access to perform their job duties.

The password created by the user must meet the following Federal and application-enforced guidelines from the CoC-HMIS Governance Charter Policies and Procedures:

a. All users must have their own unique user ID and must never use or allow use of a user ID that is not assigned to them. (See User Agreement.)

b. Temporary, first time only, passwords will be communicated via email to the owner of the User ID.

c. User specified passwords must never be shared and should never be communicated in any format.

d. New User IDs must require password change on first use. Passwords must contain of at least 8 characters and must contain a combination of letters and numbers. The password must contain at least two numbers or symbols (required by software). (Refer to the HUD Data and Technical Standards Final Notice (July 2004) for additional guidance.)

Agencies participating in the CONTRA COSTA HMIS shall commit to abide by the governing principles of the CONTRA COSTA HMIS Project and shall adhere to the terms and conditions of this partnership as detailed in the Memorandum of Understanding attached.
Agencies participating in the CONTRA COSTA HMIS shall commit to abide by the governing principles in the CoC-HMIS Governance Charter, Policies & Procedures.

Prior to allowing access to the HMIS, the Partner Agency Technical Administrator will agree to review and assess the security measures in place to protect client data. A Homeless Program staff member will meet Agency Executive Director (or designee), Program Manager / Administrator and Agency Technology Administrator to access agency information security protocols. This review shall in no way reduce the responsibility for agency information security, which is the full and complete responsibility of the agency, its Executive Director, and Technical Administrator.

**Security Training**

The HMIS Lead will ensure that all users receive security training prior to being given access to the HMIS, and that the training curriculum reflects the CoC-HMIS Governance Charter, Policies & Procedures and HUD requirements. HMIS security training will be offered at least annually.

**Application Security**

Agencies must ensure that all computers connecting to HMIS run a current version of anti-virus software. This is enforced through an Active Directory network policy, and applies to both devices directly attached to an area-wide network as well as those at service provider locations that connect through the public Internet via a Secure Socket Layer (SSL) Virtual Private Network (VPN) tunnel connection. Individual computers are scanned and only allowed to connect to the network when the presence of updated anti/virus software from an approved list has been verified. This appliance also provides protection against phishing, malware; bot attacks and provides access control to limit users to appropriate resources.

HMIS Participating Agencies must maintain anti-virus software on all devices on their network. Devices that access the Internet must be configured to automatically download updated virus definitions. Steps should also be taken to prevent the intrusion of “adware” and “spyware” programs.

The Agency Technical Administrator maintains hardware, software and PPI in a secure environment, protected by a Firewall. Users must take appropriate steps to ensure that networks used outside of the agency are secured in compliance with this section.

**Physical Control over Devices With Access to HMIS Data**

HMIS Participating Agencies must staff devices at all times that are stationed in public areas and used to collect HMIS data. Every device that is used to access the HMIS must have a password-protected screen saver that automatically turns on when the device is temporarily not in use. If an HMIS user will be away from the device for an extended period of time, he or she is required to log off from HMIS before leaving the work area in which the device is located.
Disaster Protection and Recovery

HMIS is contained on SQL 2005 databases which are run on a Windows Server clustered environment so that there will be failover protection if the primary server becomes unavailable. The physical data storage is on multiple disc drives in a RAID array for redundancy so that no data will be lost or downtime incurred if a physical disk drive becomes inoperable. Additional hardware redundancy exists in the form of dual power supplies, disc controllers and network interface cards. The HMIS Lead maintains service coverage through original and extended warranties from the original equipment manufacturer and assures that the systems are kept up to date in terms of patches and updates issued by both the software and hardware vendors. The SQL databases are automatically backed up nightly and stored on another secure server.

Bowman Systems is responsible for the disaster protection and recovery of the central server, as well as data disposal.

System Monitoring

HMIS produces reports based on log files that are reviewed and inactive user accounts are consequently disabled (e.g., in the event of a user leaving an agency, a job position change, etc.). In addition to the HMIS database itself, access to HMIS is also controlled, monitored and logged by Agency Technical Administrator.

Hard Copy Security

The guidelines regarding the security of paper or other hard copy containing PPI that is either generated by or for the HMIS, including, but not limited to reports, data entry forms, and signed consent forms are:

1. HMIS Participating Agency staff must supervise at all times any paper or other hard copy generated by or for the HMIS that contains PPI when the hard copy is in a public area.
2. When HMIS Participating Agency staff is not present, the information must be secured in areas that are not publically accessible.
3. Written information specifically pertaining to user access (e.g., User ID and password) must not be stored or displayed in any publicly accessible location.
Overview

HUD regulations require Continuums of Care to establish HMIS Data Quality Plans. This Data Quality Plan is based upon the HMIS Requirements Proposed Rule released in December 2011, and may be edited upon the release of further guidance by HUD.

Timeliness

An HMIS should have the most current client information available for every person being actively served by service providers. All HMIS participants should strive to minimize the gap between when information is collected and when it is entered into HMIS, with the goal of real-time data entry whenever feasible. To that end, relevant client information should always be entered into HMIS within the following initial guidelines, based on project type:

- Emergency Shelter, Transitional Housing, Permanent Housing, Rapid Rehousing, and Prevention projects: All Universal and Program-Specific Data Elements entered within two (2) business days of intake.
- Outreach projects and Non-residential Support Service Only projects (SSO): Limited data elements entered within five (5) business days of the first outreach encounter. Upon engagement for services, all remaining Universal and Program-Specific Data Elements entered within two (2) business days.

Agencies with projects providing services should strive to meet these timeliness goals:
- All users must have their own unique user ID and must never use or allow use of a user ID that is not assigned to them. [See User Agreement.] User specified passwords must never be shared and should never be communicated in any format. Client identification and supplemental assessments should be entered within two (2) business days.
- Updates and interim reviews should be entered within two (2) business days of discovery of the event change.
- All service data should be entered within five (5) business days of service provision.

As data entry policies and procedures are developed and refined within each participating agency, the CoC shall review these timeliness guidelines and modify them accordingly. It is the goal of Contra Costa continuum of care to enter data into HMIS in the most timely manner feasible.

Completeness

Complete HMIS data is necessary to fully understand the demographic characteristics and service use of persons in the system. Complete data facilitates confident reporting and analysis on the nature and extent of homelessness, such as:
• Unduplicated counts of clients served at the local level;
• Patterns of use of people entering and exiting the homeless assistance system; and
• Evaluation of the effectiveness of homeless systems.

In effect, complete data tells the full “story” of homelessness to the agencies, the Continuum, and the general public. To that end, all data entered into the HMIS shall be complete.

In addition, at the client level, more complete HMIS data improves quality of services and ability of provider staff to meet client needs, efficiently and effectively.

The Continuum’s goal is to collect 100% of all data elements. However, the Continuum recognizes that this may not be possible in all cases. Therefore, the Continuum has established a data quality benchmark upper limit of 1% as an acceptable percent of null/missing and unknown/don’t know/refused responses for all UDEs and program specific data elements excluding Domestic Violence and Social Security Number.

For exit dates, SSOs will close out these dates if no contact has been made within 6 months.

Data completeness will be evaluated using an automated report generated by the HMIS that calculates the percent completes of required data elements. This figure will be considered when generating an overall data quality score, reflecting compliance with the Data Quality Plan.

Accuracy & Consistency

Accuracy of data in an HMIS can be difficult to assess because it depends on both the client’s ability to provide the correct data and the intake worker’s ability to document and enter the data accurately. Consistency directly affects the accuracy of data; if an end user collects all of the data, but they do not collect it in a consistent manner, then the data may not be accurate.

The purpose of accuracy is to ensure that the data in the CoC’s HMIS is the best possible representation of reality as it relates to homeless people and the programs that serve them. To that end, all data entered into the CoC’s HMIS shall be a reflection of information provided by the client, as documented by the intake worker or otherwise updated by the client and documented for reference. Recording inaccurate information is strictly prohibited.

All data in HMIS shall be collected and entered in a common and consistent manner across all programs. To that end, the CoC will undertake system-wide accuracy checks, require end user training, and maintain a consistent intake form.

• **Systemwide Checks**: HMIS Lead Agency staff will conduct periodic accuracy and consistency checks, including de-duplication efforts every 6 months, and will run automated searches for information that is likely inconsistent. Any data inconsistency issues identified by agency-level staff will be reported to the HMIS Administrator.
• **Data Accuracy Report**: Like the Data Completeness report, this report will be filed monthly. This report measures specific incongruency errors including but not limited to:
  o Client age/date of birth errors, multiple active incomes, and incongruences between housing status and living situation, chronic homelessness status and disability status, and income and employment status.

• **Client Enrollment Reports**: Like the Data Completeness and Data Accuracy reports, this report will be filed monthly. This report displays a list of new client intakes, exits, and active clients during the month. This report should be verified for accuracy prior to submission.

• **Training**: All intake and data entry workers will complete an initial training before accessing the live HMIS system, using the established train the trainer structure. Optional trainings will be offered annually to HMIS users wishing to recertify their knowledge of consistency practices.

• **Intake Form**: A basic intake form that collects data in a consistent manner will be available to all programs, which they can alter to meet their additional needs, provided the base document does not change. A document that outlines the basic data elements collected on the intake form, their response categories, rationale, and definitions will be made available in paper and via the HMIS website as a quick reference to ensure consistent data collection. New agencies that join the CoC are required to review this document as part of the HMIS Agency Agreement execution process.

**Monitoring & Enforcement**

The CoC recognizes that the data produced from the HMIS is critical to meet the reporting and compliance requirements of individual agencies and the CoC as a whole. As such, all HMIS agencies are expected to meet the data quality benchmarks described in this document. To achieve this, the HMIS data will be monitored periodically to quickly identify and resolve issues that affect the timeliness, completeness, and accuracy of the data. All monitoring will be done in accordance with the Data Quality Plan, with full support of the CoC membership. The timeframe to correct errors will be within 10 days following the end of the month unless the 10th of the month falls on a weekend, then which it will be the following Monday.

• **Data Completeness and Data Accuracy Reports** show a letter grade on the front page, corresponding to each agency’s data completeness and data accuracy rate. These reports must be run on a monthly basis and submitted to the HMIS Lead Agency by the 10th of the following month. Once submitted, the HMIS System Administrator will evaluate and ensure that these reports meet the minimum-level required for compliance. All agencies are required to take the steps necessary to mitigate any errors and performance gaps prior to submission and must receive an “A” grade in both categories, reflecting compliance with this Data Quality Plan’s benchmarks.
The purpose of monitoring is to ensure that the agreed-upon data quality benchmarks are met to the greatest possible extent and that data quality issues are quickly identified and resolved. Monitoring will be considered in the annual CoC Program review & rank process. Participating agencies that are identified as needing assistance in addressing performance gaps will be offered refresher HMIS training courses and corrective plan technical assistance as needed.
HMIS CLIENT DATA & PRIVACY PLAN

Overview

HUD regulations require that Continuums of Care establish HMIS Data Privacy Plans after the HMIS Privacy and Security Notice is released. This Client Data & Privacy Plan is based upon the HMIS Requirements Proposed Rule released in December 2011, and may be edited upon the release of further guidance by HUD.

HMIS Data Sharing

Client-specific data from CONTRA COSTA HMIS may be shared with partner agencies only when the sharing agency has secured a valid Release of Information from that client authorizing such sharing, and only during such time that Release of Information is valid (before its expiration). Other non-HMIS inter-agency agreements do not cover the sharing of HMIS data. HUD’s HMIS Privacy and Security Notice may provide additional guidance on whether the Release of Information must have an expiration date.

Client Notification Policies and Procedures

HMIS Participating Agencies must let clients know that personal identifying information is being collected, and the reasons for collecting this information. To meet this requirement, HMIS Participating Agencies must (1) publicly post a Privacy Notice and (2) collect a Client Informed Consent & Release of Information (ROI) Authorization form.

- HMIS Participating Agencies must submit a copy of their Privacy Notice for the HMIS Administrator to keep on file. The Privacy Notice must, at a minimum, state that a copy of this Client Data & Privacy Plan is available upon request.
- CONTRA COSTA HMIS has prepared a standard document Client Informed Consent & Release of Information Authorization form. All written consent forms must be stored in a client’s case management file for record-keeping and auditing purposes.

The Participating Agency shall uphold Federal and State Confidentiality regulations to protect client records and privacy. If an agency is covered by the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA regulations prevail. The Agency shall not require or imply that services must be contingent upon a Client’s participation in HMIS. Services should be provided to a client regardless of HMIS participation, provided the client would otherwise be eligible for services.

Data Purpose & Use Limitations

Each agency will use or disclose personal information for activities described in this part of the notice. The agency assumes that clients consent to the use or disclosure of personal
information for the purposes described here and for other uses and disclosures that are determined to be compatible with these uses or disclosures:

a. To provide or coordinate services to individuals (shelter, housing, case management, etc.)
b. For functions related to payment or reimbursement for services
c. To carry out administrative functions such as personnel oversight, management functions, and auditing purposes
d. When required by law
e. To avert serious threat to health or safety if
   i. The agency believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
   ii. The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat
f. To report victims of abuse when authorized by law
g. For research purposes unless restricted by other federal and state laws.

Each agency shall only solicit or input into HMIS client information that is essential to providing services to the client. Each agency shall not knowingly enter false or misleading data under any circumstance, nor use HMIS with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

Access and Correction

Each agency must allow individuals to inspect and have a copy of their personal information that is maintained in HMIS. Each agency must offer to explain any information that is not understood. Individuals must submit a request to inspect their HMIS data in writing to their social worker/case manager. Each agency must consider a written request for correction of inaccurate or incomplete, personal information. If the agency agrees that the information is inaccurate or incomplete, the agency may delete it may choose to mark it as inaccurate or incomplete and to supplement it with additional information.

Each agency may deny the individual’s request for inspection or copying of personal information if:

a. Information was compiled in reasonable anticipation of litigation or comparable proceedings
b. Information is about another client/consumer
c. Information was obtained under a promise of confidentiality and the disclosure would reveal the source of the information, or
d. Disclosure of information would be reasonably likely to endanger the life or physical safety of any individual.

If the agency denies a request for access or correction, it must explain the reason for the denial and include documentation of the request and the reason for the denial. Each agency may
Each agency must maintain any/all personal information as required by federal, state, or local laws. Each agency shall ensure that all staff, volunteers and other persons who use HMIS are issued an individual User ID and password. Each agency shall ensure that all staff, volunteers and other persons issued a User ID and password for HMIS receive confidentiality training, HMIS training, and comply with CONTRA COSTA HMIS Policies and Procedures.

**Confidentiality**

A Participating Agency may disclose PPI about an individual whom it reasonably believes to be a victim of violence, dating violence, sexual assault, or stalking only to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence where:

- Disclosure is required by law, and the disclosure complies with and is limited to the requirements of the law
- The individual agrees to the disclosure, or
- To the extent that the disclosure is expressly authorized by statute or regulation; and the Agency believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PPI for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

A Participating Agency that makes a permitted disclosure about an individual must promptly inform the individual that a disclosure has been or will be made, except if 1) the Agency, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or 2) the Agency would be informing a personal representative (such as a family member or friend), and the Agency reasonably believes the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as determined by the Agency in the exercise of professional judgment.
ATTACHMENT 13: HDX-2018 COMPETITION REPORT

RELATED APPLICATION QUESTIONS: 3A-6

<table>
<thead>
<tr>
<th>Document Satisfying Requirement</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA-505 2018 HDX Competition Report</td>
<td>1-16</td>
</tr>
</tbody>
</table>
2018 HDX Competition Report
PIT Count Data for CA-505 - Richmond/Contra Costa County CoC

### Total Population PIT Count Data

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count</td>
<td>1730</td>
<td>1607</td>
<td>2234</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>454</td>
<td>502</td>
<td>552</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>166</td>
<td>194</td>
<td>145</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>620</td>
<td>696</td>
<td>697</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>1110</td>
<td>911</td>
<td>1537</td>
</tr>
</tbody>
</table>

### Chronically Homeless PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of Chronically Homeless Persons</td>
<td>384</td>
<td>331</td>
<td>555</td>
</tr>
<tr>
<td>Sheltered Count of Chronically Homeless Persons</td>
<td>164</td>
<td>130</td>
<td>186</td>
</tr>
<tr>
<td>Unsheltered Count of Chronically Homeless Persons</td>
<td>220</td>
<td>201</td>
<td>369</td>
</tr>
</tbody>
</table>
# 2018 HDX Competition Report

PIT Count Data for CA-505 - Richmond/Contra Costa County CoC

## Homeless Households with Children PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children</td>
<td>111</td>
<td>84</td>
<td>89</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Households with Children</td>
<td>73</td>
<td>62</td>
<td>55</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Households with Children</td>
<td>38</td>
<td>22</td>
<td>34</td>
</tr>
</tbody>
</table>

## Homeless Veteran PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Veterans</td>
<td>77</td>
<td>136</td>
<td>99</td>
<td>102</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Veterans</td>
<td>69</td>
<td>51</td>
<td>50</td>
<td>56</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Veterans</td>
<td>8</td>
<td>85</td>
<td>49</td>
<td>46</td>
</tr>
</tbody>
</table>
### HMIS Bed Coverage Rate

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2018 HIC</th>
<th>Total Beds in 2018 HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) Beds</td>
<td>474</td>
<td>24</td>
<td>304</td>
<td><strong>67.56%</strong></td>
</tr>
<tr>
<td>Safe Haven (SH) Beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Transitional Housing (TH) Beds</td>
<td>158</td>
<td>22</td>
<td>38</td>
<td><strong>27.94%</strong></td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) Beds</td>
<td>231</td>
<td>0</td>
<td>227</td>
<td><strong>98.27%</strong></td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) Beds</td>
<td>1092</td>
<td>0</td>
<td>964</td>
<td><strong>88.28%</strong></td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) Beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Total Beds</strong></td>
<td><strong>1,955</strong></td>
<td><strong>46</strong></td>
<td><strong>1533</strong></td>
<td><strong>80.30%</strong></td>
</tr>
</tbody>
</table>
## PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

<table>
<thead>
<tr>
<th>Chronically Homeless Bed Counts</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC</td>
<td>210</td>
<td>653</td>
<td>427</td>
</tr>
</tbody>
</table>

## Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

<table>
<thead>
<tr>
<th>Households with Children</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH units available to serve families on the HIC</td>
<td>62</td>
<td>48</td>
<td>68</td>
</tr>
</tbody>
</table>

## Rapid Rehousing Beds Dedicated to All Persons

<table>
<thead>
<tr>
<th>All Household Types</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH beds available to serve all populations on the HIC</td>
<td>248</td>
<td>183</td>
<td>231</td>
</tr>
</tbody>
</table>
Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October 1, 2012.

**Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.**
**Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.**

This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY 2016</td>
<td>FY 2017</td>
<td>FY 2016</td>
</tr>
<tr>
<td>1.1 Persons in ES and SH</td>
<td>1455</td>
<td>1563</td>
<td>112</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, and TH</td>
<td>1624</td>
<td>1671</td>
<td>154</td>
</tr>
</tbody>
</table>

This measure is based on data element 3.17.

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

The construction of this measure changed, per HUD’s specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.
### 2018 HDX Competition Report

**FY2017 - Performance Measurement Module (Sys PM)**

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submitted FY 2016</td>
<td>FY 2017</td>
<td>Submitted FY 2016</td>
</tr>
<tr>
<td><strong>1.1 Persons in ES, SH, and PH (prior to &quot;housing move in&quot;)</strong></td>
<td>1459</td>
<td>1746</td>
<td>277</td>
</tr>
<tr>
<td></td>
<td>FY 2016</td>
<td>FY 2017</td>
<td>FY 2017</td>
</tr>
<tr>
<td></td>
<td>404</td>
<td>127</td>
<td>130</td>
</tr>
<tr>
<td></td>
<td>127</td>
<td>217</td>
<td>87</td>
</tr>
<tr>
<td><strong>1.2 Persons in ES, SH, TH, and PH (prior to &quot;housing move in&quot;)</strong></td>
<td>1631</td>
<td>1875</td>
<td>326</td>
</tr>
<tr>
<td></td>
<td>FY 2016</td>
<td>FY 2017</td>
<td>FY 2017</td>
</tr>
<tr>
<td></td>
<td>420</td>
<td>94</td>
<td>173</td>
</tr>
<tr>
<td></td>
<td>94</td>
<td>240</td>
<td>67</td>
</tr>
</tbody>
</table>
2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

<table>
<thead>
<tr>
<th>Exit</th>
<th>Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)</th>
<th>Returns to Homelessness in Less than 6 Months</th>
<th>Returns to Homelessness from 6 to 12 Months</th>
<th>Returns to Homelessness from 13 to 24 Months</th>
<th>Number of Returns in 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY 2017</td>
<td>% of Returns</td>
<td>FY 2017</td>
<td>% of Returns</td>
<td>FY 2017</td>
</tr>
<tr>
<td>Exit was from SO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exit was from ES</td>
<td>8</td>
<td>0%</td>
<td>1</td>
<td>13%</td>
<td>2</td>
</tr>
<tr>
<td>Exit was from TH</td>
<td>377</td>
<td>13%</td>
<td>19</td>
<td>5%</td>
<td>30</td>
</tr>
<tr>
<td>Exit was from SH</td>
<td>162</td>
<td>8%</td>
<td>9</td>
<td>6%</td>
<td>12</td>
</tr>
<tr>
<td>Exit was from PH</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL Returns to Homelessness</td>
<td>573</td>
<td>3%</td>
<td>8</td>
<td>1%</td>
<td>19</td>
</tr>
</tbody>
</table>

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts
### 2018 HDX Competition Report

**FY2017 - Performance Measurement Module (Sys PM)**

This measures the change in PIT counts of sheltered and unsheltered homeless persons as reported on the PIT (not from HMIS).

<table>
<thead>
<tr>
<th></th>
<th>January 2016 PIT Count</th>
<th>January 2017 PIT Count</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>1730</td>
<td>1607</td>
<td>-123</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>454</td>
<td>502</td>
<td>48</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>166</td>
<td>194</td>
<td>28</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>620</td>
<td>694</td>
<td>76</td>
</tr>
<tr>
<td>Unsheltered Count</td>
<td>1110</td>
<td>911</td>
<td>-199</td>
</tr>
</tbody>
</table>

**Metric 3.2 – Change in Annual Counts**

This measures the change in annual counts of sheltered homeless persons in HMIS.

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>1720</td>
<td>1695</td>
<td>-25</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>1526</td>
<td>1586</td>
<td>60</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>271</td>
<td>164</td>
<td>-107</td>
</tr>
</tbody>
</table>
Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

**Metric 4.1 – Change in earned income for adult system stayers during the reporting period**

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults</td>
<td>494</td>
<td>520</td>
<td>26</td>
</tr>
<tr>
<td>(system stayers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased earned income</td>
<td>13</td>
<td>48</td>
<td>35</td>
</tr>
<tr>
<td>Percentage of adults who</td>
<td>3%</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>increased earned income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period**

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults</td>
<td>494</td>
<td>520</td>
<td>26</td>
</tr>
<tr>
<td>(system stayers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased non-employment cash income</td>
<td>57</td>
<td>244</td>
<td>187</td>
</tr>
<tr>
<td>Percentage of adults who</td>
<td>12%</td>
<td>47%</td>
<td>35%</td>
</tr>
<tr>
<td>increased non-employment cash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Metric 4.3 – Change in total income for adult system stayers during the reporting period**

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults</td>
<td>494</td>
<td>520</td>
<td>26</td>
</tr>
<tr>
<td>(system stayers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased total income</td>
<td>68</td>
<td>281</td>
<td>213</td>
</tr>
<tr>
<td>Percentage of adults who</td>
<td>14%</td>
<td>54%</td>
<td>40%</td>
</tr>
<tr>
<td>increased total income</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Metric 4.4 – Change in earned income for adult system leavers

<table>
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<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>326</td>
<td>129</td>
<td>-197</td>
</tr>
<tr>
<td>Number of adults who exited with increased earned income</td>
<td>55</td>
<td>23</td>
<td>-32</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>17%</td>
<td>18%</td>
<td>1%</td>
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</table>

Metric 4.5 – Change in non-employment cash income for adult system leavers

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<th>Difference</th>
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<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
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<td>129</td>
<td>-197</td>
</tr>
<tr>
<td>Number of adults who exited with increased non-employment cash income</td>
<td>58</td>
<td>37</td>
<td>-21</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>18%</td>
<td>29%</td>
<td>11%</td>
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</table>

Metric 4.6 – Change in total income for adult system leavers

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<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
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<td>129</td>
<td>-197</td>
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<tr>
<td>Number of adults who exited with increased total income</td>
<td>101</td>
<td>54</td>
<td>-47</td>
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<tr>
<td>Percentage of adults who increased total income</td>
<td>31%</td>
<td>42%</td>
<td>11%</td>
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</table>
### Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH or TH during the reporting period.</td>
<td>1379</td>
<td>1417</td>
<td>38</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>378</td>
<td>417</td>
<td>39</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)</td>
<td>1001</td>
<td>1000</td>
<td>-1</td>
</tr>
</tbody>
</table>

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH, TH or PH during the reporting period.</td>
<td>2382</td>
<td>2280</td>
<td>-102</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>545</td>
<td>573</td>
<td>28</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)</td>
<td>1837</td>
<td>1707</td>
<td>-130</td>
</tr>
</tbody>
</table>
Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons who exit Street Outreach</td>
<td>602</td>
<td>1392</td>
<td>790</td>
</tr>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td>264</td>
<td>445</td>
<td>181</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>2</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>44%</td>
<td>32%</td>
<td>-12%</td>
</tr>
</tbody>
</table>

Metric 7b.1 – Change in exits to permanent housing destinations
## 2018 HDX Competition Report

**FY2017 - Performance Measurement Module (Sys PM)**

<table>
<thead>
<tr>
<th>Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing</th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2092</td>
<td>1810</td>
<td>-282</td>
</tr>
</tbody>
</table>

| Of the persons above, those who exited to permanent housing destinations | 1215 | 1043 | -172 |

| % Successful exits | 58% | 58% | 0% |

### Metric 7b.2 – Change in exit to or retention of permanent housing

<table>
<thead>
<tr>
<th>Universe: Persons in all PH projects except PH-RRH</th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>949</td>
<td>952</td>
<td>3</td>
</tr>
</tbody>
</table>

| Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations | 910 | 921 | 11 |

| % Successful exits/retention | 96% | 97% | 1% |
This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.
# 2018 HDX Competition Report

## FY2017 - SysPM Data Quality

<table>
<thead>
<tr>
<th>1. Number of non-DV Beds on HIC</th>
<th>All ES, SH</th>
<th></th>
<th></th>
<th></th>
<th>All TH</th>
<th></th>
<th></th>
<th></th>
<th>All PSH, OPH</th>
<th></th>
<th></th>
<th></th>
<th>All RRH</th>
<th></th>
<th></th>
<th></th>
<th>All Street Outreach</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>364</td>
<td>503</td>
<td>394</td>
<td>435</td>
<td>253</td>
<td>328</td>
<td>147</td>
<td>199</td>
<td>962</td>
<td>870</td>
<td>867</td>
<td>1183</td>
<td>96</td>
<td>140</td>
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<td>183</td>
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<table>
<thead>
<tr>
<th>2. Number of HMIS Beds</th>
<th>All ES, SH</th>
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<th></th>
<th></th>
<th>All TH</th>
<th></th>
<th></th>
<th></th>
<th>All PSH, OPH</th>
<th></th>
<th></th>
<th></th>
<th>All RRH</th>
<th></th>
<th></th>
<th></th>
<th>All Street Outreach</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>301</td>
<td>253</td>
<td>344</td>
<td>325</td>
<td>249</td>
<td>220</td>
<td>147</td>
<td>56</td>
<td>791</td>
<td>870</td>
<td>867</td>
<td>921</td>
<td>96</td>
<td>138</td>
<td>248</td>
<td>183</td>
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<table>
<thead>
<tr>
<th>3. HMIS Participation Rate from HIC (%)</th>
<th>All ES, SH</th>
<th></th>
<th></th>
<th></th>
<th>All TH</th>
<th></th>
<th></th>
<th></th>
<th>All PSH, OPH</th>
<th></th>
<th></th>
<th></th>
<th>All RRH</th>
<th></th>
<th></th>
<th></th>
<th>All Street Outreach</th>
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<tbody>
<tr>
<td></td>
<td>82.69</td>
<td>50.30</td>
<td>87.31</td>
<td>74.71</td>
<td>98.42</td>
<td>67.07</td>
<td>100.00</td>
<td>28.14</td>
<td>82.22</td>
<td>100.00</td>
<td>100.00</td>
<td>77.85</td>
<td>100.00</td>
<td>98.57</td>
<td>100.00</td>
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<th>4. Unduplicated Persons Served (HMIS)</th>
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<th></th>
<th></th>
<th>All PSH, OPH</th>
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<th>All RRH</th>
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<th></th>
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<th>All Street Outreach</th>
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<td>1404</td>
<td>1505</td>
<td>1458</td>
<td>1586</td>
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<td>1262</td>
<td>162</td>
<td>318</td>
<td>196</td>
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<table>
<thead>
<tr>
<th>5. Total Leavers (HMIS)</th>
<th>All ES, SH</th>
<th></th>
<th></th>
<th></th>
<th>All TH</th>
<th></th>
<th></th>
<th></th>
<th>All PSH, OPH</th>
<th></th>
<th></th>
<th></th>
<th>All RRH</th>
<th></th>
<th></th>
<th></th>
<th>All Street Outreach</th>
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<td>1126</td>
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<td>241</td>
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<td>400</td>
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<td>102</td>
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<td>724</td>
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<td>819</td>
<td>70</td>
<td>295</td>
<td>115</td>
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<th>6. Destination of Don't Know, Refused, or Missing (HMIS)</th>
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<th></th>
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<th></th>
<th>All TH</th>
<th></th>
<th></th>
<th></th>
<th>All PSH, OPH</th>
<th></th>
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<th></th>
<th>All RRH</th>
<th></th>
<th></th>
<th></th>
<th>All Street Outreach</th>
<th></th>
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<td>2</td>
<td>7</td>
<td>35</td>
<td>94</td>
<td>958</td>
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<tr>
<th>7. Destination Error Rate (%)</th>
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<th>All TH</th>
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<th></th>
<th>All PSH, OPH</th>
<th></th>
<th></th>
<th></th>
<th>All RRH</th>
<th></th>
<th></th>
<th></th>
<th>All Street Outreach</th>
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<tbody>
<tr>
<td></td>
<td>18.11</td>
<td>22.45</td>
<td>17.50</td>
<td>21.14</td>
<td>2.07</td>
<td>17.30</td>
<td>3.72</td>
<td>3.54</td>
<td>1.25</td>
<td>1.85</td>
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<td>10.00</td>
<td>11.86</td>
<td>81.74</td>
<td>67.94</td>
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### 2018 HDX Competition Report

**Submission and Count Dates for CA-505 - Richmond/Contra Costa County CoC**

#### Date of PIT Count

<table>
<thead>
<tr>
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<th>1/23/2018</th>
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#### Report Submission Date in HDX

<table>
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<th>Met Deadline</th>
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<tbody>
<tr>
<td>2018 PIT Count Submittal Date</td>
<td>Yes</td>
</tr>
<tr>
<td>2018 HIC Count Submittal Date</td>
<td>Yes</td>
</tr>
<tr>
<td>2017 System PM Submittal Date</td>
<td>Yes</td>
</tr>
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</table>
## ATTACHMENT 14: ORDER OF PRIORITY

### WRITTEN STANDARDS

**RELATED APPLICATION QUESTION: 3B-2**

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<td>40-43</td>
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<td>2. 05.03.18 Meeting Minutes where Policies and Procedures/Order of Priority were adopted</td>
<td>45-54</td>
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<tr>
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1. PURPOSE AND BACKGROUND

In early 2017, the Contra Costa Continuum of Care launched a Coordinated Entry system to centralize and coordinate the homeless services provided by the County and community-based organizations. The Contra Costa Continuum of Care, which includes all of the housing and homeless service providers in Contra Costa County, uses the Coordinated Entry System to engage individuals and families in housing and services. Coordinated Entry is a centralized and coordinated process designed to streamline participant intake, assessment, and provision of referrals. A Coordinated Entry system covers a specific geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

The purpose of a Coordinated Entry System is to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. It uses standardized tools and practices, incorporates a system-wide Housing First (no barriers to entry) approach, and, in an environment of scarce resources, coordinates housing support so that those with the most severe service needs are prioritized.

Implementing Coordinated Entry is a federal requirement for several federal programs under the Department of Housing and Urban Development (HUD). In Contra Costa, it has been used as an opportunity to initiate changes in the homeless response system, shifting from an ad hoc access and assessment process, to a standardized process for all clients with coordinated referrals to prevention, housing, and supportive services.

A glossary of key terms used throughout these Policies & Procedures is available as an appendix.

2. KEY PRINCIPLES

Coordinated Entry is a strategy identified in the Contra Costa Continuum of Care’s 2014 strategic plan update, “Forging Ahead Towards Preventing and Ending Homelessness: An Update to Contra Costa’s 2004 Strategic Plan” (available at http://cchealth.org/h3/pdf/2014-strategic-plan-update-Final-Draft.pdf). The strategy states that the CoC will “Implement a coordinated [entry] system to streamline access to housing and services while addressing barriers, getting the right resources to the right people at the right time.” This strategy complements a Housing First approach, as well as the Guiding Principle articulated in the plan:
“Homelessness is first a housing issue, and necessary supports and services are critical to help people remain housed. Our system must be nimble and flexible enough to respond through the shared responsibility, accountability, and transparency of the community.”

In addition, Contra Costa has identified the following key principles for its Coordinated Entry system:

- **Quality Assurance**: the Coordinated Entry system must have a mechanism for ongoing, regular quality assurance to ensure rigor and consistency in tools, standards, and staff trainings.
- **Access**: should be easy, fast, and offer immediate engagement (i.e., assessment and connection to needed services).
- **Interdependency**: the coordinated assessment system will promote interdependency
  - **Between programs**, by promoting trust about assessments, referrals, and warm handoffs, and
  - **Between programs and clients**, as clients are connected to the right intervention with consideration for their preferences.
- **Streamlined Process**: for clients and front line staff by reducing the number of times clients are asked redundant questions throughout the system of care, improving efficiency.
- **Address Barriers**: promote Housing First approach, ensuring that clients with the highest level of acuity are provided the most intensive housing and service interventions available.

### 3. SYSTEM OVERVIEW AND WORKFLOW

The Contra Costa Coordinated Entry system is a collaboration of multiple community, government, and faith-based agencies that, collectively, provide services that range from prevention of homelessness to permanent housing placements. Consumers are linked to supports related to obtaining and sustaining housing.

#### A. Eligibility

The Coordinated Entry system is designed to serve anyone in Contra Costa County who is experiencing a housing crisis. This includes those who are:

- **Unsheltered** (e.g., living outside, in a car, on the streets, or in an encampment),
- **Sheltered** (e.g., in emergency shelter or transitional housing), or
- **At imminent risk of homelessness** (e.g., being evicted, unable to pay rent, doubled up, or in an unsafe living situation).
B. Access

Consumers connect to services through one of three portals:

- **CALL**: The 2-1-1 information line, operated by the Contra Costa Crisis Center, provides a phone portal for individuals and families needing to connect to homeless services.
- **CARE Centers**: Coordinated Assessment and Resource (CARE) Centers provide a walk-in option for individuals and families who need to connect to homeless services. Services offered include help with basic needs, light case management, housing navigation services and substance use disorder treatment and support.
- **CORE Outreach**: Coordinated Outreach Referral and Engagement (CORE) outreach teams engage homeless individuals living outside, help facilitate and/or deliver health and basic needs services, and connect clients to CARE Centers and other homeless services.

C. Assess

Severity and type of needs are assessed through a variety of tools:

- **Prevention/Diversion Pre-Screen**: these forthcoming services will identify need for financial assistance and/or case management services to prevent a person at risk of homelessness from becoming homeless, or to divert a person experiencing homelessness from entering the crisis response system (including emergency shelter and transitional housing).
- **Homeless Management Information System (HMIS) Intake**: collects basic information about a client, including information to determine eligibility and prioritization for emergency shelter.
- **Emergency Shelter Prioritization Tool**: in combination with the HMIS Intake, prioritizes individuals and families for available emergency shelter beds.
- **VI-SPDAT**: the Vulnerability Index – Service Prioritization Decision Assistance Tool, an evidence-based tool that prioritizes individuals, transition-age youth, and families for available permanent housing based on acuity and chronicity.

These tools were selected by Contra Costa County based on their reputation as valid, tested, and reliable assessment tools, as well as their consistency with a Housing First assessment process focused on rapidly housing clients without preconditions. The tools gather only enough client information to determine the severity of need and eligibility for housing and related services. In addition, the community believes that these tools are appropriately adjusted according to specific subpopulations (i.e., youth, individuals, families, and chronically
homeless), and based on responses to specific questions. The tools incorporate a person-centered approach, in that they are at least partly based on clients’ strengths, goals, risks, and protective factors, they are easily understood by clients, and they are sensitive to clients’ lived experience. Finally, these tools use locally specific assessment approaches that reflect the characteristics and attributes of the CoC and CoC participants.

All areas where in-person assessments are conducted will be made as safe and confidential as possible, within reason, so that people will feel comfortable identifying sensitive information and/or safety issues.

No client will be screened out of the Coordinated Entry process due to perceived barriers to housing or services. Examples include, but are not limited to, too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, or a criminal record.

All participants in the Coordinated Entry process will be free to decide what information they provide during the assessment process and to refuse to answer assessment questions. Although participants may become ineligible for some programs based on a lack of information, a participant’s refusal to answer questions will not be used as a reason to terminate the participant’s assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible.

While some assessment questions may provide the opportunity for the client to disclose a disability or health diagnosis, no diagnosis details are required to participate in the Coordinated Entry system. Any diagnostic information that is disclosed will only be used for the purpose of determining specific program eligibility to make appropriate referrals, or to provide a reasonable accommodation for the client being served.

Assessment tools might not produce the entire body of information necessary to determine a household’s prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions. Therefore, case workers and others who work with households may provide additional information, through case conferencing or other communications, that appears relevant to the CoC’s written prioritization policies.

D. Assign

Clients are matched with available resources based on need and vulnerability. The most vulnerable clients are prioritized for available housing navigation and location services. The full continuum of homeless housing and services are available through the Contra Costa Coordinated Entry system, including:

- **Prevention/Diversion**: financial assistance or case management to stay housed
- **Basic Needs and Services**: showers, food, laundry, benefits enrollment, referrals, etc.
- **Emergency Shelter**: short-term, temporary place to stay
- **Housing Navigation Services**: assistance with locating and obtaining housing
- **Rapid Re-housing**: time-limited rental assistance with case management
- **Permanent Supportive Housing**: long-term housing assistance with services

All programs receiving referrals through the Coordinated Entry system, including CoC/ESG funded programs, must use the Coordinated Entry system established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services. Provider agencies not participating in the Coordinated Entry system will nonetheless be required to use the Coordinated Entry system to link their clients to the housing and services programs that are participating in Coordinated Entry. The CoC will maintain and annually update a list of all resources that may be accessed through referrals from the Coordinated Entry system.

In accordance with the Housing First approach, potential tenants will be assessed based only on the housing program’s eligibility criteria, using a standardized assessment process. No other screening factors will be used to prevent entry to housing opportunities.

Each CoC project must establish specific eligibility criteria that the project will use to make enrollment determinations, and these criteria must be made available to the public. Determining eligibility is a different process than determining prioritization:

- **Eligibility** refers to limitations on who can be accepted into a program based on the program’s funding sources, authorizing regulations, real estate covenants or rental agreements, and capacity to provide necessary services.
- **Prioritization** refers to the order in which eligible persons will be referred to a project based on factors such as need and vulnerability.

4. **ROLES & RESPONSIBILITIES**

A. **Contra Costa Council on Homelessness**

The Contra Costa Council on Homelessness is the governing body of the Contra Costa Continuum of Care, and members are appointed by the Contra Costa County Board of Supervisors. The Council on Homelessness provides advice and input on the operations of
homeless services, program operations, and program development efforts in Contra Costa County, including the Contra Costa Coordinated Entry system.

B. **Oversight Committee**

The Coordinated Entry Oversight Committee is a subcommittee of the Council on Homelessness, and includes between 15 and 25 participants representing a wide array of community stakeholders and interest areas, including:

- 2-1-1
- Affordable Housing Developers
- Consumers/Consumer Advocates
- Contra Costa Council on Homelessness
- Participating Provider Agencies in Coordinated Entry
- County and City Government/Funders
- Data Evaluations/HMIS
- Domestic Violence Service Providers
- Faith Communities
- Veterans Services
- Youth Services/Education

The Oversight Committee serves as the connection between the various Coordinated Entry committees and workgroups, and provides recommendations to the Council on Homelessness based on feedback from committees and workgroups. In addition, the Oversight Committee reviews funding and grievances related to the Coordinated Entry system.

The Oversight Committee is responsible for providing oversight and making recommendations in the following areas:

1. **Coordinated Entry Committees & Workgroups**: The Oversight Committee serves as the liaison between the Council on Homelessness and the various committees and workgroups that carry out planning, implementation, and evaluation efforts to support the Coordinated Entry system. Ongoing committees include Communications, Data/Evaluation, and Policies & Procedures. Other workgroups may be formed on an as-needed basis. The Oversight Committee receives regular reports on committee and workgroup activities, actions, and recommendations from the Coordinated Entry System Manager, and will provide guidance on needed next steps.

2. **Housing First & Prioritization**: The Oversight Committee promotes the Housing First approach by reviewing ongoing efforts to reduce barriers to program entry. The Coordinated Entry System Manager presents plans to reduce or eliminate program eligibility criteria that are not required by a funder. The Oversight Committee considers requests by new projects wishing to institute exclusionary eligibility criteria or alternate
sources of client referrals.

3. **System Evaluation:** The Data/Evaluation Committee reviews and approves the Evaluation Plan to evaluate the intake, assessment, and referral processes associated with the Coordinated Entry system. This includes reviewing feedback that addresses the quality and effectiveness of the entire Coordinated Entry experience for both participating projects and for households. The Coordinated Entry System Manager collects feedback and data into an Evaluation Report at least annually, which is first shared with the Data/Evaluation Committee for review and analysis. Once finalized, the Coordinated Entry System Manager presents the final evaluation with recommendations to the Oversight Committee, which then considers what changes are necessary to the Coordinated Entry System’s processes, policies, and procedures in light of feedback received.

4. **Client Grievances:** At the H3 Director’s discretion, an ad hoc group of non-conflicted Oversight Committee members may be formed to provide additional support in resolving a grievance. The Coordinated Entry System Manager reports the resolution of any grievances and discrimination investigation findings to the Oversight Committee as relevant to inform ongoing system design and quality improvement. See Section 12 for the detailed grievance policy.

5. **Continuous Quality Improvement:** The Coordinated Entry System Manager shares regular updates with the Oversight Committee regarding Plan-Do-Study-Act (PDSA) Cycle quality improvement processes undertaken with Coordinated Entry Provider Agencies based on feedback and complaints received. Taking into consideration all of the information provided to it through the areas of responsibility outlined above, the Oversight Committee considers needed changes to the Coordinated Entry system and make recommendations to the Council on Homelessness.

Other areas of responsibility may be identified by the Contra Costa Council on Homelessness, or recommended by the Oversight Committee or the Coordinated Entry System Manager.

C. **Contra Costa Health, Housing, and Homeless Services Division**

The Contra Costa Coordinated Entry system is supported by the infrastructure of the County Health, Housing, and Homeless Services Division (H3) in both staffing and data systems. The Coordinated Entry System Manager is responsible for the implementation and on-going
administration, development, and continuous improvement of Contra Costa’s Coordinated Entry system, and will:

- Provide staff support to the Oversight Committee.
- Conduct Coordinated Entry system analysis, evaluation, monitoring, and review.
- Maintain Coordinated Entry system documentation, tools and resources necessary to manage access points, ensure consistent assessment, prioritize most vulnerable persons and families for assistance, and ensure timely linkage of persons to available housing and services.
- Provide guidance, training, capacity building support, communication updates, and other project support as needed to ensure all participating provider agencies and referral sources have information and resources as necessary to operate and participate in the Coordinated Entry system successfully.
- Create and widely disseminate outreach materials to ensure that information about the services available through the Coordinated Entry system and how to conduct an assessment for those services is readily available and easily accessible to the public.
- Design and deliver training for access points and participating homeless assistance providers throughout Contra Costa County.
- Regularly review and analyze HMIS data, including reports on system-wide performance measures that will help gauge the success of the Coordinated Entry system (e.g., clients receiving diversion assistance, vacancy reporting, completion of assessments).
- Participate in Oversight Committee meetings as appropriate.
- Review and resolve complaints and grievances with the support of the Oversight Committee and Council on Homelessness when needed.

The Contra Costa Homeless Management Information System (HMIS) is administered by H3 and provides database management, system level data analysis, and quality control. The HMIS Administrator and the H3 Evaluator/Planner will:

- Maintain HMIS database as defined by the Contra Costa HMIS Policies & Procedures.
- Generate standard Coordinated Entry system reports on an ongoing basis as defined by the Oversight Committee, and generate ad hoc Coordinated Entry system reports and analysis as determined by the Oversight Committee and H3 staff.
- Ensure the HMIS can collect the needed data for monitoring and tracking the process of referrals.
- Participate in Oversight Committee meetings as appropriate.

D. Participating Provider Agencies

The Department of Housing and Urban Development (HUD) requires provider agencies (both community-based organizations and government entities) receiving Continuum of Care
Program or Emergency Solutions Grant funding to participate in their jurisdiction’s Coordinated Entry system. In addition, many more social service provider agencies are participating in the Coordinated Entry system, as referral sources, entry points, and providers of housing and services. Provider agencies participating in the Contra Costa Coordinated Entry system will:

- **Adopt and follow the Contra Costa Coordinated Entry System Policies & Procedures**, as identified in this document and approved by the Council on Homelessness, regarding access points, assessment procedures, client prioritization, and referral and placement in available services and housing. Other entry points into services and housing not identified in these Policies & Procedures will not be used.

- **Maintain low barrier to enrollment in services and housing.** No client may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project’s primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy.

- **Maintain Fair and Equal Access** to Coordinated Entry system programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, or sexual orientation.
  - If a program participant’s self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual’s needs.
  - Participating provider agencies will offer universal program access to all subpopulations as appropriate, including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, and transgender persons.
  - Population-specific projects and those projects maintaining affinity focus (e.g. women only, tribal nation members only, chronic inebriates, etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals. Any new project wishing to institute exclusionary eligibility criteria will be considered by the Oversight Committee and recommended for action by the Council.

- **Provide appropriate safety planning.** Participating provider agencies will provide necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations.
Minimum safety planning must include a threshold assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.

- **Create and share written eligibility standards.** Participating provider agencies will provide detailed written guidance for client eligibility and enrollment determinations. Eligibility criteria should be limited to that required by the funder and any requirements beyond those required by the funder will be reviewed and a plan to reduce or eliminate them will be explored with the Oversight Committee and recommended to the Council for action. This may include funder-specific requirements for eligibility and program-defined requirements such as client characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program. These standards will be shared with the Coordinated Entry System Manager as well as the Oversight Committee.

- **Communicate vacancies.** Participating provider agencies will communicate project vacancies, either bed, unit, or voucher, to the Coordinated Entry System Manager in a manner determined by the Oversight Committee and outlined in this document.

- **Limit enrollment to participants referred through the defined access point(s).** All projects with HUD CoC-funded beds, units, or vouchers required to serve an individual or family experiencing homelessness are required to receive referrals through Coordinated Entry. The Coordinated Entry System Manager will identify exceptions to the rule to fill homeless mandated units through alternative referral sources of funding. The Oversight Committee will review these exceptions. A finite number of specialized programs serving distinct populations (e.g., domestic violence, youth, reentry, veterans) may receive a waiver for this clause but will need to provide the Oversight Committee with detailed engagement and eligibility plans. Access points will need to be informed of every opening and how and when they were filled.

- **Participate in planning.** CoC/ESG funded provider agencies, and others mandated by funding streams, shall participate in Contra Costa CoC’s planning and management activities as defined and established by the Oversight Committee, including participation in committees and workgroups.

- **Contribute data to HMIS if mandated per federal, state, county, or other funder requirements.** Each participating provider with homeless dedicated units will be required to participate in HMIS to some extent. H3 will work with these providers to determine what forms they will need to complete in HMIS.

- **Ensure staff who interact with the Coordinated Entry system receive regular training and supervision.** Each participating provider must notify the Coordinated Entry System Manager of changes in staffing, in order to ensure employees have access to the required introductory and ongoing training and information related to the Coordinated Entry system.

- **Ensure client rights are protected and clients are informed of their rights and responsibilities.** Clients will have rights explained to them verbally and in writing when completing an initial intake. Posters listing these rights will be posted in areas visible to
clients at CARE Centers, CARE Capable Centers, and Evening CARE Centers. At a minimum, client rights will include:

- The right to be treated with dignity and respect;
- The right to appeal Coordinated Entry system decisions;
- The right to be treated with cultural sensitivity;
- The right to an appeals process if denied services;
- The right to have an advocate present during the appeals process;
- The right to request a reasonable accommodation in accordance with the project’s tenant/client selection process;
- The right to choose among available housing/services;
- The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

E. **Clients**

Clients will be expected to participate in assessments in order to be connected to the available services that best meet their needs.

While clients have the right to refuse to participate in HMIS, participation will assist providers in coordinating referrals. Clients are asked to cooperate with staff to provide documentation to meet program eligibility criteria (e.g., homeless status).

Clients are expected to partner with provider agencies in resolving their housing crisis by participating in finding and obtaining housing and services.

If a client exercises their right to refuse a housing or service placement, they will be placed back into the community queue. However, three rejections of housing will lead to a standardized evaluation by the Coordinated Entry System Manager to reassess their participation.

Clients are expected to attend scheduled appointments. Transportation to and from appointments may be available at entry points.

5. **ACCESS POINTS**

One of the primary goals of Contra Costa’s Coordinated Entry system is to ensure that client access be easy, prompt, and offers immediate engagement. Therefore, the Coordinated Entry system offers multiple points of access for people experiencing or at imminent risk of homelessness. The assessment process will be consistent across all access points, so that participants receive the same care regardless of where or how they enter the system.

A. **Crisis Center / 2-1-1**
The Contra Costa Crisis Center is Contra Costa County’s sole provider of 2-1-1 information and referral services and, as the phone-based access point to the Coordinated Entry system, provides full geographic coverage of the Contra Costa Continuum of Care.

**Hours:** 2-1-1 call specialists are available 24 hours per day. During business hours, coverage is available in English and Spanish. For languages other than English and Spanish, and for Spanish after 6 pm, a language interpreter hotline is used.

**Prevention & Diversion Pre-Screen:** When a caller is seeking information on housing, rental assistance, utility assistance, or shelter, the call specialist works to prevent homelessness and divert clients in crisis from the homeless system of care through referrals to appropriate resources, which may include counseling and limited financial supports.

**Emergency Shelter Placement:** When a caller is seeking access to an emergency shelter, the call specialist will utilize the Emergency Shelter Prioritization Tool and complete an HMIS Intake. Contra Costa Crisis Center will maintain an Emergency Shelter Prioritization List, and will be responsible for placing clients into all available emergency shelter beds.

**Referrals for Services:** Based on the needs of the caller, or person on whose behalf the call is made, the call specialist may make referrals to one of the CARE Centers and/or to safety net and other social services as available. CORE Teams may be dispatched as needed for unsheltered clients unable to physically access a CARE Center.

**B. CARE Centers / CARE Capable Centers / Evening CARE Centers**

**1. CARE Centers**

Coordinated Assessment and Referral (CARE) Centers will be the main physical entry point for the coordination entry system, where clients can access an array of co-located services, assessments, and referrals. Locations and hours are available online.

**Eligibility:** CARE Centers serve those clients who are experiencing homelessness, or who are at imminent risk of becoming homeless.

**Services Offered:** CARE Centers services include:

- Basic needs: shower facilities, food, laundry
- Case management
- Benefits enrollment
- Health Care, Mental Health, and Substance Use Disorder services
- Housing search assistance
• Screening and referrals for housing and utility assistance

**HMIS Intake:** The initial face-to-face assessment will combine an HMIS intake with the Prevention & Diversion Pre-screen and Emergency Shelter Prioritization Tool to assess the client’s needs and make any needed referrals for which they are eligible.

**Housing Assessment:** The VI-SPDAT is an additional assessment tool that will be used by the Coordinated Entry system to prioritize participants based on vulnerability factors in order to determine which housing intervention best fits the participant’s needs. CARE Center staff will complete the VI-SPDAT with clients as follows:

- For adult-only households, the VI-SPDAT will be completed as a part of the client’s treatment plan when the household has been homeless for 15 days or more;
- For families with children and transition-age youth, at the point of literal homelessness.

VI-SPDAT assessments should be updated when the risks and circumstances of the client’s life have changed, or every 90 days, whichever comes first.

2. **CARE Capable Centers**

CARE Capable Centers expand the geographic coverage of the Coordinated Entry system by co-locating services at existing sites where persons experiencing homelessness access some services. CARE Capable Centers differ from full-service CARE Centers in that they are located at sites that do not exclusively serve individuals and families experiencing homelessness, and may offer a more limited range of homeless services. CARE Capable Centers offer prevention and diversion screening, HMIS intake for crisis services, VI-SPDAT for housing placement, and flexible space for other co-located services. Locations and hours are available online.

3. **Evening CARE Centers**

Evening CARE Centers offer much needed support in a safe environment overnight. An Evening CARE Center may be an expansion of the hours of an existing CARE Center, or may be a separate location that can offer a place to sit and receive limited services. CORE teams, and law enforcement working in coordination with CORE teams, are able to make Evening CARE Center Placements. Locations and hours are available online.

C. **CORE Teams**

CORE Teams are responsible for engagement and rapport building with individuals and families who are homeless and are not being served, adverse to services, and/or are underserved by existing community service delivery systems. As a primary access point into the Coordinated
Entry system, CORE Teams are responsible for locating, evaluating, engaging, counseling, transporting and referring clients to appropriate services. CORE Teams will provide basic survival supplies, transportation to appointments if needed, and connections to physical health, mental health and alcohol and other drug services and programs.

**Geography & Hours:** The CORE Teams will make regular visits to encampments across the County, and will track their geographic locations to identify patterns and trends. Geographic coverage and hours of the teams are available online.

**Dispatch:** The CORE Teams will respond to referrals from hospitals, clinics, law enforcement, and service providers who call 2-1-1. Clients may also call 2-1-1 for access to services.

**Field Assessments:** The CORE Teams will conduct the HMIS intake short form with a client in order to assess the client’s needs and make any needed referrals for which they are eligible. Following the HMIS intake, the CORE Team may complete the VI-SPDAT, an additional assessment tool that will be used by the Coordinated Entry system to prioritize clients based on vulnerability factors and determine what housing intervention best fits the client’s needs. CORE Team staff will complete the VI-SPDAT with clients as follows:

- For adult-only households, the VI-SPDAT will be completed as a part of the client’s treatment plan when the household has been homeless for 15 days or more;
- For families with children and transition-age youth, at the point of literal homelessness.

VI-SPDAT assessments should be updated when the risks and circumstances of the client’s life have changed, or every 90 days, whichever comes first.

**Referrals:** The CORE Teams may refer clients to the CARE Centers, CARE Capable Centers, Evening CARE Centers, emergency shelter, and physical/behavioral health services (including mental health).

### 6. PRIORITIZATION AND MATCHING

#### A. Prevention/Diversion

Prevention and diversion services are forthcoming. Prevention services are intended for clients who are currently housed but at imminent risk of homelessness. Imminent risk is defined as being at risk of becoming homeless within the next two weeks due to rental or utility arrears, eviction, etc. Diversion services are for clients who are homeless who might be able to resolve their housing crisis without accessing crisis services like shelter. Both prevention and diversion
services may include financial and other services to remain housed or connect clients to alternate housing arrangements, bypassing entry into the homeless system of care.

**Pre-Screen Tool (Pending):** Currently, all clients who enter through the CARE Centers or call 2-1-1 receive referrals to prevention and diversion services during the initial intake and assessment process. A Prevention/Diversion Pre-Screen tool, including a decision tree of available prevention and diversion resources in Contra Costa, is currently under development, and will be rolled out during Phase 2 of Coordinated Entry implementation.

### B. Emergency Shelter

Emergency shelter includes any facility run by a provider agency participating in coordinated entry with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for persons experiencing homelessness.

**Prioritization (Pending):** Currently, clients who qualify for and require emergency shelter may receive emergency shelter placement through a variety of referral processes, which may include referrals from CORE Teams. An Emergency Shelter Prioritization Tool is currently under development, and will be rolled out during Phase 3 of Coordinated Entry implementation, at which time relevant criteria will be enumerated in this section.

### C. Rapid Re-housing

Rapid re-housing is a resource that rapidly connects homeless individuals and families to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid re-housing is informed by a Housing First approach, reducing the amount of time a client experiences homelessness.

**HMIS Community Queue:** Clients who score in the Rapid Re-housing range of the VI-SPDAT will be placed in the Rapid Re-housing Community Queue in HMIS. The list dynamically changes as new client scores are added to the HMIS.

**Reporting Availability:** Rapid Re-housing providers participating in the Coordinated Entry system are required to regularly update the Coordinated Entry System Manager of resource availability. Tracking of availability of resources may be handled through HMIS.

**Referrals:** The Coordinated Entry System Manager will run an updated list from HMIS weekly and distribute it to Rapid Re-housing provider agencies participating in the Coordinated Entry System, who will conduct an eligibility determination and facilitate placement into the program.
HMIS may assist in determining program eligibility, but participating Rapid Re-housing providers will vet housing placement decisions.

D. **Permanent Supportive Housing**

Permanent Supportive Housing is a type of housing program that offers both affordable housing and wraparound supportive services for individuals and families experiencing homelessness, especially those experiencing chronic homelessness. Permanent Supportive Housing in Contra Costa is available as project-based and tenant-based rental assistance with supports.

**HMIS Community Queue:** Clients who score in the Permanent Supportive Housing range of the VI-SPDAT will be placed in the Permanent Supportive Housing Community Queue in HMIS. The list dynamically changes as new client scores are added to the HMIS.

**Reporting Vacancies/Availability/Turnover:** Permanent Supportive Housing providers participating in the Coordinated Entry system are required to alert the Coordinated Entry System Manager of any new or pending vacancies (e.g., due to turnover or a new program coming online) as soon as possible, but no later than seven days following a vacancy. Tracking of vacancies may be handled through HMIS.

**Housing Placement Committees:** The Coordinated Entry System Manager will run updated Community Queue lists from HMIS monthly for two populations: individuals and families. Clients at the top of each list will be selected for a case conference among all provider agencies participating in HMIS who have served that client. The Housing Placement Committee will meet at least monthly to recommend housing placements from among the vacant units that have been reported to the Coordinated Entry System Manager that month. HMIS may assist in determining program eligibility, but the Housing Placement Committee will vet all housing placement decisions. Prioritization decisions will be made in accordance with HUD Prioritization Notice: CPD-16-11; see appendix on Order of Priority for Permanent Supportive Housing Beds for details. The Coordinated Entry System Manager will ensure that all Permanent Supportive Housing provider agencies are made aware of a placement, and will follow up as needed to confirm that the placement referral has occurred.

**Bridge Housing:** Bridge housing helps clients to move immediately out of homelessness and into a temporary setting until permanent housing is available. Bridge housing may be appropriate to address barriers such as limited finances, unavailability of appropriate housing programs, and lack of vacant housing stock. When a household is recommended for Permanent Supportive Housing but no beds are currently available, the household may be referred to “bridge housing” in other program types, and/or for any other available CoC.
resource that would be of use to the household. In referring households to bridge housing, the Housing Placement Committee should attempt to balance the need to provide immediate care for the community’s most vulnerable households against the need to match tenants with safe, adequately supported housing situations that will promote the community’s long-term ability to increase its supply of available and affordable housing. Transfers between Rapid Rehousing and Permanent Supportive Housing are allowable by HUD so long as the individual or family meets the eligibility criteria under the specific program and the requirements for the receiving project under the Notice of Funding Availability (NOFA) for the year the project was awarded.

E. Other Permanent Affordable Housing

Moving On Program: The Moving On Program is a partnership between the Housing Authority of the County of Contra Costa (HACCC) and the Contra Costa Continuum of Care (CoC). The Moving On Program implements a preference in the HACCC’s Housing Choice Voucher program for formerly homeless individuals and families who need minimal or no ongoing services and are able to live independently with a voucher in the private rental market. The Moving On Program has been established in conjunction with the Coordinated Entry system, whereby potential program participants will be identified using the VI-SPDAT and reviewed for eligibility and referral through the Housing Placement Committee. For full details of the Moving On Program, see the Contra Costa Moving On Program Memorandum of Understanding.

7. PERMANENT HOUSING MATCH AND REFERRAL

A. Client Location and Choice

When a client is referred for housing, CORE Team and CARE Center staff will attempt to locate that client and encourage the client to enter an available housing opportunity. However, some homeless households may require significant engagement and contacts prior to entering housing. Accordingly, programs are not required to allow units to remain vacant indefinitely while waiting for an identified homeless person to accept an offer of housing. Instead, if a referral remains unfilled after two weeks of attempting to engage the intended tenant(s), the Coordinated Entry System Manager will determine whether the housing placement should be considered open again, and returned to the Coordinated Entry system for additional referral attempts with new client(s).

If the Coordinated Entry System Manager is notified that a client no longer resides in the CoC’s geographic area, and the CoC has no effective means of contacting that client, then the Coordinated Entry System Manager may remove that client from the Community Queue.
The Housing Placement Committee will take clients’ known preferences into account when generating referrals. Should a prospective tenant choose to reject a particular housing placement, case managers will attempt to determine the reason for the clients’ refusal to accept the offered housing and to communicate this reason to the Coordinated Entry System Manager. Grievances and complaints will be handled according to the policy outlined in Section 12.

B. Reasons for Denial by Programs

It is expected that participating provider agencies will only rarely reject a referral from the Coordinated Entry system. The two reasons why a provider agency operating a CoC- or ESG-funded permanent housing program may reject a client referred by the Coordinated Entry system are if:

1. That client is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources, or
2. The program lacks the capacity to safely accommodate that client.

All CoC- and ESG-funded provider agencies are expected to adopt a Housing First approach that continually lowers the barriers to entry for prospective clients, and that avoids screening out clients based on real or perceived barriers to success. A participating provider agency that repeatedly rejects referrals of high-needs clients based on an inability to safely accommodate those clients must attempt to improve its capacity to serve high-needs clients. The CoC will provide training and technical assistance on this topic as needed.

In the event that a program rejects a client referral for permanent housing from the Housing Placement Committee (for permanent supportive housing) or Coordinated Entry System Manager (for rapid re-housing), the program must document the time of the rejection and the reason for the rejection, and develop a Corrective Action Plan shared with both the client and the Coordinated Entry System Manager. When the Coordinated Entry System Manager becomes aware that a client has been rejected from a program, they will investigate the reasons provided (if any), attempt to determine whether the client can be safely and lawfully placed in that program, and, if not, attempt to locate alternative housing for the client. A household will not lose its priority or be returned to a general waiting list simply because it was rejected by a participating provider agency.

C. Housing Navigators

Housing Navigators provide housing assistance services for clients who are experiencing homelessness in Contra Costa County and seeking housing within or outside of the County.
Housing navigation services include securing housing eligibility documents, completing affordable housing applications, representing housing navigation clients in Housing Placement Committee meetings, housing education, and budgeting support.

**Referrals:** To receive a referral for a housing navigator, a client must have a current VI-SPDAT score (completed or updated within the past 90 days) on file in the Permanent Supportive Housing or Rapid Re-housing range. CARE Center staff may refer clients by submitting a referral form, along with the VI-SPDAT assessment, to the Housing Navigator co-located on site at a CARE Center, or by fax.

D. **Housing Location Services**

Housing Location services coordinate with property owners and property managers for the homeless system of care, including conducting landlord outreach and identifying of vacant housing units at a community level. These services are not yet operational, but will be rolled out in the upcoming phases of Coordinate Entry implementation.

E. **Housing Security Fund**

The Housing Security Fund is a Contra Costa county-wide community fund that covers resources for renters and landlords. Resources for renters may include credit checks, application fees, utility deposits, utility arrears, short-term rental assistance, security deposits. Resources for landlords may include repairing damage to units, paying past-due rent (eviction prevention), and/or increased security deposits.

**Distribution of Funds:** The fund is not yet operational, pending securing a minimum funding threshold and the development of policies and procedures to guide the disbursement of funding to renters and landlords.

8. **DATA QUALITY AND PRIVACY**

A. **HMIS Standards**

Except as otherwise specified, data associated with the Coordinated Entry system should be stored in the CoC’s Homeless Management Information System (HMIS). All data entered into or accessed or retrieved from the HMIS must be protected and kept private in accordance with the HMIS Data and Technical Standards as announced by the CoC Interim Rule at 24 CFR 578.7(a)(8).

Before collecting any information as part of the Coordinated Entry system, all staff and volunteers must first either (1) obtain the participant’s informed consent to share and store
participant information for the purposes of assessing and referring participants through the Coordinated Entry process, or (2) confirm that such consent has already been obtained and is still active. Whenever possible, the participant’s consent should be in written form.

The CoC will not deny services to any participant based on that participant’s refusal to allow their data to be stored or shared unless a Federal statute requires collection, use, storage, and reporting of a participant’s personally identifiable information as a condition of program participation. Where appropriate, non-personally-identifiable information about participants who refuse consent to share personally identifiable data should be logged in an electronic case file that uses pseudonyms, e.g., “Jane Doe,” to preserve as much non-personally-identifiable information as possible for statistical purposes.

The completeness and accuracy of data entered into HMIS for the Coordinated Entry system should be checked at least once per month as part of the community’s overall efforts to continuously improve data quality. The CoC will provide training and technical assistance on request to anyone using the Coordinated Entry system who faces obstacles to inputting complete and accurate data, and may recommend and/or require technical assistance for participating providers who receive a low score on automated data quality reports.

B. **What Data Will Be Collected**

Data that is required to assess, prioritize, match, and refer a household for housing, homeless services, and/or mainstream resources will be collected by the Coordinated Entry system.

Data needed to assess and evaluate the Coordinated Entry system itself, such as system performance metrics, recidivism data, and client and provider satisfaction surveys, should also be collected by the Coordinated Entry system.

Whenever possible, the Coordinated Entry system should avoid collecting personal data that is not needed for the above purposes.

C. **Who May Access Coordinated Entry Data**

Only individuals who have completed a full set of HMIS training and signed a Contra Costa HMIS end-user agreement may directly access Coordinated Entry system data. All such persons must be informed of and understand the privacy rules associated with collection, management, and reporting of client data.

D. **When Personally Identifiable Data Can Be Shared**

It is often useful to share data collected during the Coordinated Entry process:
Among different homeless service providers;
- Between a homeless service provider and a mainstream resource provider such as Medicaid;
- Between multiple data systems to reduce duplicative efforts and increase case coordination across providers and funding streams; or,
- With the general community for purposes of education and advocacy.

However, in doing so, great care must be taken not to share personally identifiable data outside the context of the systems and purpose(s) covered by the client’s affirmative consent. Therefore, all entities that routinely share data with or receive data from the Coordinated Entry system must sign data-sharing agreements that obligate the entities to follow comparable privacy standards and that restrict the use of the data being shared to uses that are compatible with clients’ consent.

Personally identifiable data must always be used for the benefit of the client to which the data pertains, and not for the general convenience of other government entities. Requests for data made by Child Protective Services, Adult Protective Services, legal counsel, detectives, immigration officials, or by law enforcement who are not actively cooperating with the CoC through a CORE Team should be refused unless the requesting party displays a valid warrant specifically ordering the release of the data, or with the client’s affirmative written consent.

E. **When Anonymous Data Can Be Shared**

Data that is truly anonymous can be shared for any legitimate purpose of the CoC, but care must be taken to ensure that data has been reliably stripped of all characteristics that could conceivably be used to re-associate the data with a particular individual or household. Some characteristics that appear to be anonymous could be personally identifiable within the context of a relatively small community. For example, there may be only one formerly homeless person in the CoC who has a particular birthdate.

Similarly, a piece of data that is not personally identifiable in isolation may become personally identifiable when combined with other (supposedly) anonymous data. For instance, “chronically homeless” is not a personally identifiable characteristic, but if there are only three chronically homeless Hispanic veterans in the CoC, then informed observers may be able to match a case note made about a “chronically homeless Hispanic veteran” with a particular individual, thereby violating that individual’s privacy.

F. **Additional Safeguards for Survivors of Domestic Violence**
In addition to the safeguards described above, additional safeguards must be taken with any data associated with anyone who is known to be fleeing from or experiencing any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or services from non-victim-specific providers.

Any data collected from this population must not be entered into HMIS. Instead, the data can be entered into a parallel database that is only accessible to users who are trained in responding to domestic violence and who have passed a higher level of background checks and/or investigation. If no such database exists, then the data should be recorded and protected on-site by individual victim service providers, using all appropriate safeguards, including, where necessary to keep clients safe, the total anonymization of all incoming data on potential victims of domestic violence.

If necessary to ensure the safety of potential survivors of domestic violence, victim service providers are allowed to establish an alternative Coordinated Entry process for victims of domestic violence, dating violence, sexual assault, and/or stalking. If such an alternative process is established, it must still meet HUD’s minimum Coordinated Entry requirements, i.e., non-discrimination, full coverage, easy accessibility, adequate advertisement, standardized assessment based on written procedures, comprehensive assessment based on client need and vulnerability, and a unified effort to refer clients to housing and services across the entire geographic region according to the priority assigned by the Coordinated Entry system.

9. EVALUATION AND MONITORING

At least once per year, the Coordinated Entry System Manager, in coordination with the H3 Evaluator/Planner, will consult with each participating project, and with project participants, to evaluate the intake, assessment, and referral processes associated with Coordinated Entry. They will solicit feedback addressing the quality and effectiveness of the entire Coordinated Entry experience for both participating projects and for households. All feedback collected will be private and must be protected as confidential information.

The evaluation will employ one or more feedback methodologies each year to ensure that participating projects and households have frequent and meaningful opportunities for feedback. Each year, the evaluation will use one or more of the following methods:

- Surveys designed to reach at least a representative sample of participating providers and households;
Focus groups of five or more participants that approximate the diversity of the participating providers and households;

• Individual interviews with enough participating providers and households to approximate the diversity of participating households.

As part of the evaluation process, the CoC will examine how the Coordinated Entry system is affecting the CoC’s HUD System Performance Measures, and vice versa. To that end, the evaluation will also include project- and system-level HMIS data. The Data/Evaluation Committee will develop an Evaluation Plan to support this process.

The Coordinated Entry System Manager will collect feedback and data comprising the evaluation to present to the Data/Evaluation Committee for review and analysis. The Coordinated Entry System Manager will then present the final evaluation with recommendations to the Oversight Committee, which will meet to consider what changes are necessary to the Coordinated Entry system’s processes, policies, and procedures in light of the feedback received and make recommendations to the Council as appropriate.

10. FAIR HOUSING AND MARKETING/ADVERTISING

A. Non-Discrimination Policy

The Contra Costa Continuum of Care does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, ancestry, national origin, sex, age, familial status, disability (mental or physical), sexual orientation, gender identity or gender expression, marital status, genetic information, or source of income) during any phase of the Coordinated Entry process.

Some programs may need to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a HOPWA-funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

All aspects of the Contra Costa Coordinated Entry system will comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be “steered” toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children. For example, if there is a PSH program that operates by communicating in American Sign Language (ASL), clients who are deaf and communicate using ASL should be informed of all housing program options, including but not limited to the ASL program.
All locations where persons are likely to access or attempt to access the Coordinated Entry system will include signs or brochures displayed in prominent locations informing participants of their right to file a discrimination complaint and containing the contact information needed to file a discrimination complaint. The requirements associated with filing a discrimination complaint, if any, will be included on the signs or brochures.

Discrimination complaints will be addressed as outlined in the grievance policy in Section 12.

B. Cultural and Linguistic Competence

All staff administering assessments must use culturally and linguistically competent practices, including the following:

- CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating projects and staff members
- Assessments use culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations.
- Access points will take reasonable steps to offer coordinated entry process materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency. Coordinated entry process materials will be offered in English and Spanish, and translation services will include the use of bilingual staff, the County translation line, and/or other provider resources.
- Appropriate auxiliary aids and services necessary to ensure effective communication will be available for individuals with disabilities. This may include use of large type (and ability to enlarge text), assistive learning devices, Braille, audio, or sign language interpreters.

All assessment staff must be trained on how to conduct a trauma-informed assessment of participants. Special consideration and application of trauma-informed assessment techniques are afforded victims of domestic violence or sexual assault to help reduce the chance of re-traumatization.

C. Marketing and Advertising

The CoC will affirmatively market Coordinated Entry as the access point for available housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach, as determined through a regular review of the housing market area and the populations currently being served to identify underserved populations. This may include an
evaluation of HMIS service data, the Point-in-Time Count, and County demographics and census data.

For identified populations, marketing will be conducted at least annually, and may use the following media:

- Brochures / Flyers
- Announcements at Community Events
- Newspapers / Magazines
- Radio
- Television
- Social Media / Websites

The marketing campaign will be designed to ensure that the Coordinated Entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Similarly, the marketing campaign will be designed to ensure that people in different populations and subpopulations in the CoC’s geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the Coordinated Entry system.

All physical access points in the Coordinated Entry system must be accessible to individuals with disabilities, including individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. Marketing materials will clearly convey that the access points are accessible to all sub-populations.

11. TRAINING

The CoC will provide training opportunities at least once annually to organizations and/or staff people at organizations that serve as access points or administer assessments. The purpose of the training is to provide all staff who administer assessments with access to materials that clearly describe the methods by which assessments are to be conducted, with fidelity to the CoC’s Coordinated Entry written policies and procedures.

New staff and new volunteers who begin to participate in the Coordinated Entry process for the first time must complete a training curriculum that will cover each of the following topics:
• Review of the CoC’s written Coordinated Entry system policies and procedures, including any adopted variations for specific subpopulations;
• Requirements for use of assessment information to determine prioritization;
• Non-discrimination policy as applied to the Coordinated Entry system, and
• Criteria for uniform decision-making and referrals.

All assessment staff must be trained at least once on how to conduct a trauma-informed assessment of participants, with the goal of offering special consideration to victims of domestic violence and/or sexual assault to help reduce the risk of re-traumatization.

All assessment staff must be trained at least once on safety planning and other next-step procedures to be followed in the event that safety issues are identified in the process of conducting an assessment.

All staff and volunteers who enter data into HMIS or access data from HMIS must be trained in current HMIS policy and procedures.

12. GRIEVANCE AND COMPLAINT POLICY

The Contra Costa Coordinated Entry system has in place a process for handling both grievances and complaints made by clients, participating provider agencies, or other parties expressing dissatisfaction with the Coordinated Entry system. A grievance is any formally expressed dissatisfaction, legal violation, or instance of gross misconduct or negligence within the Coordinated Entry system, which includes the agencies participating in the system such as service providers, and/or the potential violation of the written Coordinated Entry Policies and Procedures. A general complaint differs from a grievance in that a general complaint does not claim a violation of the Policies and Procedures nor does it reflect gross misconduct or describe a legal violation. Grievances and general complaints will be handled as outlined below.

A. Grievances

Filing Grievances: Client grievances, including those regarding discrimination, the match and referral process, or misconduct in the system will be addressed by the Coordinated Entry System Manager and the H3 Director. The grievance may be anonymous but must be received in writing. It may be written by the client or by someone on the client’s behalf. The Coordinated Entry System Manager or their designee will file an internal incident report form to begin the investigation.
Investigating Grievances: The Coordinated Entry System Manager or their designee will complete an investigation of the complaint within 60 days by attempting to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by attempting to collect any documents that are likely to be relevant to the investigation. Within 30 days after completing the investigation, the Coordinated Entry System Manager will write a report of the investigation’s findings, including the investigator’s opinion about whether inappropriate discrimination or misconduct occurred and the action(s) recommended by the investigator to prevent violations or discrimination from occurring in the future. The findings of the investigation will be shared with the Coordinated Entry Oversight Committee.

Resolving Grievances: Depending on the nature of grievance and investigation findings, the Coordinated Entry Systems Manager, in consultation with the H3 Director, will make a decision on how best to handle the grievance. Resolutions may include recommending that the complainant be re-assessed or re-prioritized for housing or services, censuring an agency, withdrawing funding, or contacting law enforcement. H3 will keep grievance reports on file internally for two years.

As outlined in Section 4, the H3 Director may use their discretion to form an ad hoc group of non-conflicted Oversight Committee members to provide additional support in resolving a grievance. In addition, The Coordinated Entry System Manager will report the resolution of grievances and discrimination investigation findings to the Oversight Committee as relevant to inform ongoing system design and quality improvement.

B. General Complaints

General complaints not related to discrimination, gross misconduct or negligence, a legal violation, or claiming to violate the Policies and Procedures will be addressed and reviewed by the Coordinated Entry System Manager and shared with the H3 Director and staff to improve the system’s overall operations. In addition to collecting feedback on an ongoing basis, the annual evaluation and monitoring process, outlined in Section 9, provides the basis for routinely compiling feedback and recommendations for improving the system.
APPENDICES

A. Glossary of Terms

2-1-1: An information line operated by the Contra Costa Crisis Center that provides a phone portal for individuals and families needing to connect to human services in Contra Costa.

CalWORKS: A California Department of Social Services program that offers rapid re-housing assistance to homeless families who are recipients of the CalWORKS (California Work Opportunity and Responsibility to Kids) public assistance program.

CARE Centers: Coordinated Assessment and Resource (CARE) Centers provide a walk-in option for individuals and families who need to connect to homeless services. Services offered include help with basic needs, light case management, housing navigation services and substance use disorder treatment and support.

Chronic Homeless: As stated in HUD’s Definition of Chronically Homeless Final Rule:

1. A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
   a. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
   b. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph 1 of this definition, before entering the facility;
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph 1 or 2 of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
**Community Queue**: The by-name list of all people experiencing homelessness, which is maintained in HMIS and changes dynamically as more people are assessed.

**Continuum of Care (CoC) Program**: A HUD program that provides competitive funding to provider agencies for permanent supportive housing, rapid re-housing, transitional housing, safe havens, supportive services, and HMIS.

**Contra Costa Continuum of Care (CoC)**: The public forum for all community members committed to preventing and ending homelessness in Contra Costa County.

**Contra Costa Coordinated Entry System**: The process to ensure that homeless individuals and families in Contra Costa County, and those at risk of homelessness, receive the best services to meet their housing needs.

**Contra Costa Council on Homelessness (CoH)**: The governing body of the Contra Costa Continuum of Care, serving as an Advisory Body to the Contra Costa County Board of Supervisors.

**CORE Teams**: Coordinated Outreach Referral and Engagement (CORE) outreach teams engage homeless individuals living outside, help facilitate and/or deliver health and basic needs services, and connect clients to CARE Centers and other homeless services.

**Diversion**: Financial assistance or supportive services that help someone who is newly homeless to identify alternate housing arrangements to avoid entering emergency shelter.

**Emergency Shelter**: A facility offering short-term, temporary housing and services for someone who is homeless, with no lease agreement; part of the crisis response system.

**Emergency Solutions Grants (ESG) Program**: A HUD formula grant program administered by the County that provides funding for street outreach, emergency shelter, homeless prevention, rapid re-housing, and HMIS.
**H3:** The Health, Housing, and Homeless Services Division, a division of Contra Costa Health Services, which integrates housing and homeless services across Contra Costa’s health system; coordinates health and homeless services across county government and in the community; and works with key partners such as the Employment and Human Services Department, the Housing Authority, school districts, housing providers, law enforcement and cities to develop innovative strategies to address the community’s health and social needs.

**HMIS:** The Homeless Management Information System, a web-based software application designed to record and store person-level information regarding the service needs and history of households experiencing homelessness throughout a Continuum of Care jurisdiction, as mandated by HUD.

**Homeless:** As stated in HUD’s Homeless Definition Final Rule:

1. **Category 1: Literally Homeless:** An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
   - i. Has a primary nighttime residence that is a public or private place not meant for human habitation;
   - ii. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
   - iii. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

2. **Category 2: Imminent Risk of Homelessness:** An individual or family who will imminently lose their primary nighttime residence, provided that:
   - i. Residence will be lost within 14 days of the date of application for homeless assistance;
   - ii. No subsequent residence has been identified; and
   - iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing

3. **Category 3: Homeless Under Other Federal Statutes:** Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
   - i. Are defined as homeless under the other listed federal statutes;
ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
iii. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers

4. **Category 4: Fleeing/Attempting to Flee Domestic Violence:** Any individual or family who:
   i. Is fleeing, or is attempting to flee, domestic violence;
   ii. Has no other residence; and
   iii. Lacks the resources or support networks to obtain other permanent housing

**Housing First:** A model of homeless housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold).

**Housing Navigator:** Staff who work with homeless clients to help prepare for a housing referral and provide assistance with locating and obtaining housing.

**HUD:** The United States Department of Housing and Urban Development, the federal agency that administers the CoC and ESG Programs.

**Participating Providers: Provider agencies who are participating in Contra Costa’s Coordinated Entry system.**

**Permanent Supportive Housing (PSH):** Long-term housing assistance with supportive services, designed for those experiencing homelessness with the highest levels of chronicity and acuity.

**Prevention:** Financial assistance or supportive services to remain housed that help someone who is at risk of homelessness due to housing instability.

**Rapid Rehousing (RRH):** Time-limited rental assistance for someone who is homeless, with time-limited case management services, used as a resource to achieve housing stability.

**SSVF:** Supportive Services for Veteran Families, a U.S. Department of Veterans Affairs program that provides supportive services grants to assist very low-income Veteran families residing in or transitioning to permanent housing, to promote housing stability.

**VI-SPDAT:** The Vulnerability Index – Service Prioritization Decision Assistance Tool, an assessment tool developed and owned by OrgCode that is utilized to recommend the level of
housing supports necessary to resolve the presenting crisis of homelessness. Versions are available for single adults, families, and transition age youth. Within those recommended permanent housing interventions, the VI-SPDAT allows for prioritization based on vulnerability of dying on the streets.

**Evening CARE Center**: A facility offering temporary, indoor overnight seating and basic needs services for someone who is homeless; part of the crisis response system.
B. **Record Keeping Requirements**

All Provider Agencies participating in the Contra Costa Coordinated Entry System will participate in any local and national evaluations of the Coordinated Entry System using data collection systems developed by the Contra Costa Health, Housing, and Homeless Services Division (H3) and HUD respectively and provided to the Provider Agency.

If Provider receives CoC Program funds as a recipient, subrecipient, or contractor, Provider shall comply with the record keeping requirements outlined at 24 CFR 578.103. A selection of relevant subparts are reproduced below.

**Section 578.103 Recordkeeping Requirements**

(a) In general.

(7) **Program participant records.** In addition to evidence of homeless status or — at risk of homelessness status, as applicable, the recipient or subrecipient must keep records for each program participant that document:

   (i) The services and assistance provided to that program participant, including evidence that the recipient or subrecipient has conducted an annual assessment of services for those program participants that remain in the program for more than a year and adjusted the service package accordingly, and including case management services as provided in § 578.37(a)(1)(ii)(F); and

   (ii) Where applicable, compliance with the termination of assistance requirement in § 578.91.

(8) **Housing standards.** The recipient or subrecipient must retain documentation of compliance with the housing standards in § 578.75(b), including inspection reports.

(9) **Services provided.** The recipient or subrecipient must document the types of supportive services provided under the recipient’s program and the amounts spent on those services. The recipient or subrecipient must keep record that these records were reviewed at least annually and that the service package offered to program participants was adjusted as necessary.

(b) **Confidentiality.** In addition to meeting the specific confidentiality and security requirements for HMIS data, the recipient and its subrecipients must develop and implement written procedures to ensure:
(1) All records containing protected identifying information of any individual or family who applies for and/or receives Continuum of Care assistance will be kept secure and confidential;

(2) The address or location of any family violence project assisted with Continuum of Care funds will not be made public, except with written authorization of the person responsible for the operation of the project; and

(3) The address or location of any housing of a program participant will not be made public, except as provided under a preexisting privacy policy of the recipient or subrecipient and consistent with State and local laws regarding privacy and obligations of confidentiality;

(c) Period of record retention. All records pertaining to Continuum of Care funds must be retained for the greater of 5 years or the period specified below. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records. Records required to be retained under this section include:

(1) Documentation of each program participant’s qualification as a family or individual at risk of homelessness, or as a homeless family or individual; and

(2) Documentation of other program participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served.
C. Client Flow Chart

Contra Costa County Coordinated Entry Process Flow

**Assessment**
- Housing Needs Assessment: VI-SPDAT

**Prioritization and Matching**
- Prioritization
  - Low barrier: Low VI Score, Income, Not chronic
  - Moderate-Low barrier: Moderate VI Score, Income, or no income, Chronic or not chronic
  - High barrier: High VI Score, Chronically or not, Income or not income

**Placement**
- Referral
- Program or Service
- Flow through COs to housing
- Access to other services

**Access**
- CARE Center
- 211
- CORE Center

**Level of Assistance Provided**
- Own home/rental/friends/family
- Self-resolve with or without case management
- Short-term financial assistance and transitional services
- Affordable housing units (Below Market Rental Assistance, Subsidized Housing)
- Permanent Supportive Housing

**Housing Destination**
- Access Point into CES
- Referral
- Flow through CES to housing

**Placement Criteria**
- Homelessness averted within 6 months or who re-enter the system complete new VI-SPDAT and case management as necessary.
D. List of Agencies/Programs Participating in Coordinated Entry System

The following list of providers are anticipated to sign a Memorandum of Understanding (MOU) agreeing to participate in the Contra Costa Coordinated Entry System in alignment with these Policies and Procedures. This list will be updated as MOUs are completed.

Coordinated Entry System Manager
- Contra Costa Health, Housing, and Homeless Services Division

Homeless Management Information System Administrator
- Contra Costa Health, Housing, and Homeless Services Division

Call (2-1-1 Information Line)
- Contra Costa Crisis Center

CARE (Coordinated Assessment and Resource) Centers
- Anka Behavioral Health
- GRIP
- Trinity Center

CARE Capable Centers
- Monument Crisis Center

Evening CARE Centers
- Anka Behavioral Health

CORE Teams
- Contra Costa Health, Housing, and Homeless Services Division

Housing Navigation
- Contra Costa Interfaith Housing

Emergency Shelter
- Anka Behavioral Health (Don Brown Shelter for persons with severe mental health disabilities)
- Contra Costa Health, Housing, and Homeless Services Division (Philip Dorn Respite Center, Calli House for Youth, Concord Adult Shelter, Brookside Adult Shelter)
- Greater Richmond Interfaith Housing (GRIP for families)
- Interfaith Council (Winter Nights for families)
- SHELTER, Inc. (Mountain View House for families)
- STAND! (Domestic Violence)
- Trinity Center (Winter Shelter)

Rapid Re-housing
- Berkeley Food and Housing Project (SSVF)
• East Bay Community Recovery Project (SSVF)
• SHELTER, Inc. (REACH Plus Family RRH, CalWORKS, ESG, SSVF)

Permanent Supportive Housing
• Anka Behavioral Health (Project Coming Home – Addressing Addictions to Alcohol)
• Contra Costa Health, Housing, and Homeless Services Division (Destination Home, Permanent Connections)
• Contra Costa Interfaith Housing (ACCESS, Families in Supportive Housing, Garden Park Apartments)
• Housing Authority of Contra Costa County (Shelter Plus Care, Project-Based Rental Assistance)
• Resources for Community Development (Idaho Apartments)
• Satellite Affordable Housing Associates (Tabora Gardens)
• SHELTER, Inc. (Permanent Step Project, Project Thrive)

Other Affordable Housing
• Housing Authority of Contra Costa County (Moving On Program, Bridge Housing)
E. **Order of Priority for Permanent Supportive Housing Beds**

On August 30, 2016, the Contra Costa Council on Homelessness approved and adopted the Orders of Priority listed in Notice CPD-16-11: *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*, and the Contra Costa CoC committed to incorporating the Orders of Priority into the written standards for Contra Costa’s Coordinated Entry System once drafted. The following is a reproduction of the CoC’s written standards for orders of priority.

**ISSUE OF HUD NOTICE CPD-16-11**

On July 25, 2016, HUD’s Office of Community Planning and Development issued notice CPD-16-11 (the “Notice”), to supersede prior notice CPD-14-012 regarding prioritization of chronically homeless persons in CoC-funded permanent supportive housing (PSH) beds. The Notice:

1) Establishes an updated order of priority for PSH that is dedicated or prioritized for people experiencing chronic homelessness; and

2) Establishes a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness to prioritize those persons with the longest histories of homelessness and most severe service needs, and therefore who are most at risk of becoming chronically homeless

**GENERAL**

- “CoCs are strongly encouraged to adopt and incorporate them into the CoC’s written standards and coordinated entry process.” (Section 1.B.)

- HUD clarified in the email releasing the new notice that adoption of either CPD-14-012 or CPD-16-11 satisfies the eligibility for points in the relevant 2016 NOFA application questions. The email states, "CoCs are encouraged to adopt these orders of priority and incorporate them into their written standards, however, CoCs will be eligible to receive points outlined in Section VII.A.6.(a) of the FY 2016 CoC Program NOFA for demonstrating adoption and incorporation of the orders of priority included in either Notice CPD-16-11 or Notice CPD-14-012."

- The purpose of the notice is to update the prioritization for CoC-funded PSH beds in order to “ensure that those individuals and families who have spent the longest time in places not meant for human habitation, in emergency shelters, or in safe havens and
who have the most severe service needs within a community are prioritized for PSH.”
(Section I.B.)

- “Severity of Service Needs” is defined slightly differently than in the prior notice, adding youth, victims of domestic violence, and others to the definition. (Section I.D.3.)

**PSH DEDICATED OR PRIORITIZED FOR PERSONS EXPERIENCING CHRONIC HOMELESSNESS**

Prioritization for CoC-funded PSH beds dedicated or prioritized for persons experiencing chronic homelessness is to be decided by the CoC and based on length of time homeless and severity of service needs.

- The Notice calls for “an order of priority, determined by the CoC, ...that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual’s or family’s service needs.” (Section III.A.1.; emphasis in original)

- Persons “having the most severe service needs” are defined as experiencing at least one of the following:
  
  o History of high utilization of crisis services, including emergency rooms, jails and psychiatric facilities; or
  
  o Significant health or behavioral health challenges, substance use disorders, or functional impairments requiring a significant level of support in order to maintain PSH; or
  
  o For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
  
  o CoCs and recipients may use alternate criteria used by Medicaid departments to identify high-need, high-cost beneficiaries, when applicable. (Section I.D.3.a)

- Severe service needs should be verified through data-driven methods such as administrative data match or standardized assessment tool and documented in the participant’s program case file. (Section I.D.3.b.)
  
  o The determination must not be based on a specific diagnosis or disability type but only on severity of the individual’s needs.
• If a project has a specific target population, it should choose from persons who fit within that target population following the order of priority called for in Section III.A.1. (Section III.A.3.)

• The Notice does not further specify how this prioritization should be broken down.

• If no chronically homeless persons exist within the CoC’s geographic area, the CoC should use the order of priority outlined in Section III.B. for such situations. (Section III.A.2.)

• Due diligence must be utilized in outreach to chronically homeless persons who are resistant to accept housing. (Section III.A.4.)

**PSH NOT DEDICATED OR PRIORITIZED FOR PERSONS EXPERIENCING CHRONIC HOMELESSNESS**

Prioritization for CoC-funded PSH beds that are *not* dedicated or prioritized for persons experiencing chronic homelessness should conform to the following order of priority. All areas of priority describe an individual or family that is eligible for CoC-funded PSH. (Section III.B.) Note that people in these priority groups do not necessarily fall under the definition of chronically homeless.

- **First Priority:** Individual or family with a disability who has experienced fewer than four occasions where they have been residing in a place not meant for human habitation, safe haven, or emergency shelter, but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

- **Second Priority:** Individual or family with a disability residing in a place not meant for human habitation, safe haven, or emergency shelter and has been identified as having severe service needs. Length of time homeless should be considered but no minimum length is required.

- **Third Priority:** Individual or family with a disability residing in a place not meant for human habitation, safe haven, or emergency shelter, without identified severe service needs. Length of time homeless should be considered but no minimum length is required.

- **Fourth Priority:** Individual or family with a disability residing in transitional housing and (a) has previously lived in a place not meant for human habitation, safe haven, or emergency shelter, or (b) was fleeing domestic violence or similar prior to entering transitional housing.
If a project has a specific target population, it should choose from persons who fit within that target population following the order of priority called for in this section. (Section III.B.2.)

SINGLE PRIORITIZED WAITLIST THROUGH COORDINATED ENTRY

The Notice encourages a single prioritized waitlist that is the only means of access to all CoC-funded PSH. This should be adopted into the coordinated entry policies and procedures.

- “CoCs are also encouraged to include in their policies and procedures governing their coordinated entry system a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized list that is created through the CoCs coordinated entry process, which should also be informed by the CoCs street outreach.” (Section IV.B.)
  - “Adopting this into the CoC’s policies and procedures for coordinated entry would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice.”
  - “The single prioritized list should be updated frequently to reflect the most up-to-date and real-time data as possible.”

RECORDKEEPING AND DOCUMENTATION

For CoCs that take the recommended step of adopting the order of priorities in the Notice, evidence of implementing the priorities should be maintained by both the CoC and the program recipients. Specific documentation methods that may be implemented are outlined in detail.

- These include demonstrating the severe service needs of participants, collecting documentation from program recipients of revised intake procedures, and documenting the determination that chronically homeless individuals do not exist in the geographic area or are unwilling to accept PSH placement. (Section V.)
F. **Assessment Tools/Forms**

The up-to-date versions of the following tools and forms will be available on the H3 provider portal as they are completed and finalized: [http://cchealth.org/h3/coc/partners.php](http://cchealth.org/h3/coc/partners.php).

- Prevention/Diversion Pre-Screen
- Homeless Management Information System (HMIS) Intake
- Emergency Shelter Prioritization Tool
- VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool)
- F-VI-SPDAT (Family Vulnerability Index – Service Prioritization Decision Assistance Tool)
- Housing Placement Committee Eligibility Screening Tool
- Standardized Evaluation for Client Refusal of Housing Match
- Client Corrective Action Plan (for Provider Rejection of PSH/RRH Referral)
CONTRA COSTA COUNCIL ON HOMELESSNESS MEETING MINUTES

The Contra Costa Council on Homelessness provides a forum for communication and coordination about the implementation of the County's Strategic Plan to prevent and end homelessness, and for orchestrating a vision on ending homelessness in the County, educating the community on homeless issues, and advocating on federal, state, and local policy issues affecting people who are homeless or at-risk of homelessness. The Council provides advice and input on the operations of homeless services, program operations, and program development efforts in Contra Costa County. Items may be taken out of order based on the business of the day and preference of the Council.

Date, Time: Thursday, May 3, 2018 1:00pm – 3:00pm

Location: Department of Probation, 2nd Floor, 50 Douglas Drive, Martinez, CA 94553

Council Member Attendance:

Present: Candace Collier, Cecelia McCloy, John Eckstrom, Gabriel Lemus, Dan Sawislak, Miguel Hidalgo-Barnes, Deanne Pearn, Bradley Lindblom, Teri House, Joseph Villarreal

Absent: Anne Struthers, Doug Leich, Patrice Guillory, Alejandra Chamberlain, Tracy Pullar, John Barclay, Manjit Sappal

Staff Attendance: Jaime Jenett, Lavonna Martin, Contra Costa Health Services (H3); Amanda Wehrman, Erica McWhorter, HomeBase

Public Attendance: Contessa Tate, Lourdes Martinez, John Warden, Diana MaKieue, Jamika Spruell, Felix Jackl, Shelby Ferguson, Stephanie Stovall, Brandon Bratcher, Nathalie Sterne, Jenny Quijada, Mayo Lunt, Malaine Venencian, Claude J. Battaglia, Jenny Robbins, Eric Griskatt, Phil Herndon, Matt Summers, T. Lenderman, Veronica Fleming, Gail Dacatun, Ricardo Rodriguez, Christa Allen

1. Welcome and Introductions
   • Call to order by Cecelia McCloy

2. Approve Minutes (Action Item)
   • Motion
   • State of Motion:
     o We move to adopt the minutes from the April 5, 2018 Council on Homelessness Meeting.
   • Discussion
     o The Council moved to approve.
   • Procedural Record:
COUNCIL ON HOMELESSNESS MEETING MINUTES

Motion made by: John Eckstrom
Seconded by: Bradley Lindblom
AYES: Candace Collier, Cecelia McCloy, John Eckstrom, Gabriel Lemus, Dan Sawislak, Miguel Hidalgo-Barnes, Deanne Pearn, Bradley Lindblom, Teri House
NOES: None.
ABSTAINS: None.
ABSENT: Anne Struthers, Doug Leich, Patrice Guillory, Joseph Villarreal (late), Alejandra Chamberlain, Tracy Pullar, John Barclay, Manjit Sappal.

3. Approve CES Policies and Procedures (Action Item)
   - Update to Policies and Procedures with updates pertaining to new phases of CES
   - Last fall the Policies and Procedures and Oversight Committees reviewed Procedures, made edits, and submit recommendation to Council
   - Updates to policies are as follows:
     - Clarified roles and responsibilities of CE Oversight Committee
     - Created grievance and complaint policy section
     - Updated language to reflect new phases of implementation (e.g., housing location)
   - Questions:
     - Ceil McCloy:
       - How often does Oversight Committee meet?
         a. Oversight Committee meets monthly
       - How does community give feedback to Oversight Committee?
         a. Annual evaluation with focus groups
         b. Many stakeholders participate in meetings
     - How often is it reviewed?
       a. At least annually
     - Gabriel Lemus:
       - Are there any changes to Oversight Committee members?
         a. Updates to some qualifications
         b. Ad Hoc Nominating Committee approved at last Council Meeting will recommend changes to membership for Council approval in June
   - Motion
   - State of Motion:
     - We move to adopt the updated Coordinated Entry Policies and Procedures, with the changes recommended by the CE Oversight Committee.
   - Discussion
The Council moved to approve.

**Procedural Record:**
- Motion made by: John Eckstrom
- Seconded by: Bradley Lindblom
- AYES: Candace Collier, Cecelia McCloy, John Eckstrom, Gabriel Lemus, Dan Sawislak, Miguel Hidalgo-Barnes, Deanne Pearn, Bradley Lindblom, Teri House
- NOES: None.
- ABSTAINS: None.

**ABSENT:** Anne Struthers, Doug Leich, Patrice Guillory, Joseph Villarreal (late), Alejandra Chamberlain, Tracy Pullar, John Barclay, Manjit Sappal.

4. **CORE Outreach Survey Results Presentation**

- Presentation by Shelby Ferguson, H3.
- Introduction by Jenny Robbins
  - UC Berkeley MBA Candidate in Programs Administration
  - She’s been interning with H3 doing great work supporting
  - Intern program is open and active!
- Created and implemented variety of surveys to evaluate programs qualitatively and quantitatively
- CORE Surveys
  - Police departments requested help gathering info around homelessness
  - Met with law enforcement monthly to figure out how to address unanswered questions
  - Received over 100 completed surveys
  - Used surveys to gather info and create reports
- Reports in progress and will be sent to law enforcement and presentation give to County Board of Supervisors
- Results
  - 93% already engaged with CORE
  - 66% have family or grew up in the city they slept in the night before
  - 54% grew up in County
  - 84% grew up in California
  - 86% felt safe sleeping in the city they usually slept
  - Responses about what led to Respondents’ homelessness:
    - 34% Substance abuse
    - 27% Rent too high
    - 25% lost a job
    - 24% illness/health
    - 15% divorce/separation
- 13% mental illness
- 13% domestic violence
- 10% low paying job

- Additional complexities of homelessness
  - 50% did not feel safe and loved by parents or caregivers growing up
  - 76% experienced verbal abuse at some point in their lives
  - 63% experienced physical abuse at some point in their lives
  - 34% experienced sexual abuse at some point in their lives
  - 30% reported parents or caregivers having a mental health condition while growing up
  - 39% reported their parents or caregivers abusing drugs or alcohol growing up

- Ended with person centered question about how people feel

- Q&A from Council and Audience:
  - Dan Sawislak: very interesting, would like to have presentation and see data
    - Results will be posted on H3/Council website
  - Ceil McCloy:
    - How did you survey people? Can you talk about the process?
      - CORE team conducted surveys
      - Everyone they encountered in the field offered opportunity to do survey but was voluntarily
      - Shelby researched questionnaire, supported rollout
  - Bradley Lindblom:
    - Where was this done?
      - All 6 CORE teams did surveys, so sampling done across the counties
      - For city specific CORE teams, there was more capacity to do surveys
  - John Eckstrom:
    - Can we incorporate this into HMIS? How do we see whether these answers (needs) look different from those who are part of system or engaged with CORE and those that have not yet been served?
      - Can be done as part of intake, which goes into HMIS
      - Can talk about this at CoC Provider Committee Meeting (with HMIS Committee)
      - Challenge with HMIS is to ensure consistency in data collection and will limit in obtaining open ended questions
  - Audience:
    - Will research be available on the website?
      - Yes, this presentation will be posted online
    - How much time was spent in Richmond and San Pablo?
      - One CORE team in West County
People were surveyed wherever the CORE team was working as part of their day to day work in the community
Where they surveyed was not necessarily where they were from
Can filter data by geographic region or city

Will this be done again?
Some of the questions of the survey will be incorporated into the intake form
Goal is to institutionalize this and do it annually or biannually

5. Quarterly CoC Meeting Report Out

- Presentation by Erica McWhorter, HomeBase
- April quarterly CoC meeting was focused on Best Practices in Employing People Experiencing Homelessness
  - Provided lots of information about the employment process
  - Illustrated the significant connection between housing and employment
  - Demonstrated need for expanded partnerships
- Panelists:
  - Antoine J. Wilson, Equal Employment Opportunity Officer, Risk Management, Contra Costa County
  - Barbara Vargen-Kotchevar, Personnel Services Supervisor, Human Resources Department, Contra Costa County
  - Lila Blanchard, Career Advisor, Rubicon Programs
  - Maureen Nelson, Administrator, America's Job Center of California of Contra Costa County, (formerly known as the One-Stop Career Centers)
  - Michelle Wade, Program Manager, Job Training and Placement Program, Opportunity Junction
- Ideas to coordinate and streamline access:
  - Processes for employment (from program entry to placement) builds individual capacity through supports and case management (workshops, training programs, orientations)
  - Some processes are lengthier than others
  - Some utilize peer supports
  - Working with people where they are to help them understand and follow through with the process
- Various population and issue focus points to reduce barriers to service participation:
  - Reentrants and criminal justice record expungement (County, Rubicon)
  - Prioritizing shelter if housing an issue (Rubicon)
  - Benefits support and direct linkages (America’s Job Center)
Motivational interviewing techniques to assist in identifying barriers and issues (Rubicon)

Specific assessments for barriers and workplans to address barriers (Opportunity Junction)

Leverage funding streams and partnerships to help overcome barriers, i.e., Food Bank and hot meal provision, Homeless Court, Clothing closets, child care, drop in services, self-service, online courses, etc.

Addressing housing as a barrier to employment:

- Try to manage by working with housing partners
- Complete homelessness may be significant barrier to program participation—work on housing then on employment
- Shepherd’s Gate TH for women (Opportunity Junction)
- Shelter Inc, BALA (America’s Job Center)
- STAND!, Monument IMPACT, Men and Women of Purpose and other CBOs (County EEO)
- Advocate on behalf of clients for extended stays, provide longterm supports (3 years) to break cycle of poverty; leverage funding and programs to support with down payments, move-in costs, etc. to support stable housing

Takeaways from the panel:

- Providers very interested in getting the word out about their programs and services
- Providers very interested in partnering and collaborating to link people with services and supports that match their needs (most providers seemed aware of some of the resources available through the CoC)
- Providers working with same clients CoC serves, means overlap in service provision, including housing placement and stability (child care, transportation, food, etc.)
- Experienced resource leveraging (rich source of resources and supports)
- Shift in America’s Job Center structure: career services contracted out this summer and led by Rubicon in partnership with consortium (including Opportunity Junction and others); locations will shift (closing 3 of 4 centers—Concord will stay open; additional sites open in July)

Council and Audience Discussion:

- Were there any providers willing to work on transitioning into employment? The support is here, but need to find a job.
  - Yes, the linkages are in place, but could be made stronger—looking to expand partnerships
  - The County has a program with a lot of advocacy and support to guide applicants through the process to get a County job
There were three primary pieces – job training, coaching, and connections to jobs – each of the panelist organizations did one or two, so collaboration is key.

Often work with families that have criminal backgrounds, which affects the ability to find employment—there’s a program to clear backgrounds, which is huge to address that barrier to employment.

How can we prioritize when a household is involved in one of these employment programs and is homeless, to help connect them with housing—thinking in particular of Opportunity Junction, who cannot help people with employment unless they are housed?

- Don’t have a specific priority around this currently, but can explore

The other barrier is families with children in need of child care—they mentioned CoCoKids.org, which is a great resource.

6. CoC Funding Streams and Providers Update

- Presentation by Erica McWhorter, HomeBase
- Review slide deck for graphics showing funding streams
- CDBG map: Richmond is now a part of the County jurisdiction
- Not all HOME, CDBG, HOPWA funds are specific to homeless housing and services
  - CDBG: only 15% can go to public services, including homeless—currently, around $150k for the County
  - HOME: primarily for construction and rehabilitation of affordable housing, so some households who are placed could be homeless
  - HOPWA: can be homeless, but not all are
  - ESG: all going to homeless outreach, prevention, RRH, emergency shelter
- ESG 2018 allocations came out two days ago, the federal budget was passed, good news for HUD programs
  - Trending upward for most programs
- State ESG is very different
- Discussion: what other service provider information would the Council like to see?
  - Jaime is in the process of scheduling a series of tours of the sites of many of the service providers in the coordinated entry system
  - Would like to see a list of providers, services provided, and funding received—Teri can provide some of this information, and Jaime also has a list in development with checkboxes of different services
    - Also want capacity numbers, subpopulations – tie to the HIC?
7. Committee Updates

- **Coordinated Entry Committees/Workgroups Update**
  - Presentation by Jaime Jenett, H3
  - CARE Center Locations
    - West County: now GRIP at 165 22nd Street, Richmond; San Pablo site now just provides AODS
    - Central County: Trinity moved to 1271 S. California Blvd, Walnut Creek
  - Two new resources coming online in coordinated entry
    - Diversion (Hume Center)
      - Divert people from the homeless system of care through counseling and limited financial supports including:
        - (a) Homelessness diversion counseling
        - (b) Family mediation services
        - (c) Landlord/tenant conflict resolution
        - (d) Brief, goal-oriented case management
        - (e) Disbursement of housing security fund
    - Housing Location (Hamilton Families)
      - Marketing to identify landlords and build inventory
      - Community building through programs to promote housing opportunities to rental housing associations, elected officials, faith communities, and other stakeholders
      - Coordinating with housing navigation services to connect clients to housing
  - Housing Security Fund
    - Overview
    - (a) Can business community donate?
      - (a) Yes, donations capability online
    - Recommend presentation of HSF (by Jaime) to Council

- **Policy and Advocacy Committee**
  - Presentation by Jaime Jenett, H3
  - SB 918 established $60 million in grants for housing, services, and supports for youth experiencing homelessness and create the Office of Homeless Youth within the CA Department of Housing and Community Development to oversee them
  - Letter of Support to Senator Weiner
    - Other signatories: Alameda County, San Francisco
  - Good news: Contra Costa County Board of Supervisors signed on!

- **CoC Providers Committee**
  - Presentation by Amanda Wehrman, HomeBase
CoC and ESG funded providers committee meets to recommend changes to local scoring tools and process to be shared at June Council meeting.

Council Role and Timeline CoC Program Process: Local competition
- Process local community goes through to determine which projects gets funded.

NOFA Overview
- Common terms and process
- NOFA Release
- TA Workshop for applicants
- Review and Rank Panel
- Appeals
- Council Approval of Priority Listing
- Consolidated Application submitted to HUD

Youth Action Council Update
- Presentation by Christa Mays, YAC Member, and Felix Jackl, Coordinator CCYCS
- CA Coalition Youth Summit
  - Spoke with legislatures about SB918 and received their support
  - Workshops: self-care, advocacy, life skills
- Youth Summit for CA Community Colleges
  - Nationwide effort to address youth homelessness from the college standpoint
  - Interesting and doing amazing work
  - YAC Rep Christa facilitated a session with H3 about CE and CCYCS and shared story as TAY
- Improving ties with CCC, DVC, LMC
- Working with Y-Plan
  - Recommendations to end youth homelessness
  - Expand services and youth housing to East County
  - Improve all services
  - Add a mental health van (Mobile behavioral health services)
  - Planting gardens
- Working on future service leaning projects throughout the community (for youth)
  - Service learning project: youth go into community and do community service (as many youth as possible, done monthly as part of CCYCS, can be different projects every month)
    - GRIP has beautification projects!
    - Mentor program with younger homeless children (peer support) for ages 14-24
8. Community Announcements

- Reminders for Council:
  - Ethics training
  - Conflict of Interest forms
- Affordable Housing week coming up
- Ground breaking for St. Paul’s Commons in Walnut Creek (Trinity Center): 10am-Noon, May 16th, 2018
- North Richmond Heritage: interest list opening soon! Housing to be available likely by September
- Antioch SAHA Project: still slots open for seniors and persons with AIDS (contact Jaime or Chris Hess for more information)
ATTACHMENT 15: RACIAL DISPARITIES SUMMARY

RELATED APPLICATION QUESTION: 3B-5

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<td>2. Slides from 07.20.18 CoC Meeting where Racial Disparities in Contra Costa were discussed</td>
<td>7-10</td>
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<td>a. Slides from meeting pertaining to racial disparity data</td>
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Racial Disparity Assessment: July 2018 Quarterly Meeting on Racial Equity

On July 20, 2018, the Contra Costa Quarterly Continuum of Care (CoC) meeting focused on the issue of racial equity, looking at housing and homelessness specifically. This meeting included a presentation from Bay Area Regional Health Inequities Initiative (BARHII) on racial equity, a review of Contra Costa CoC’s homelessness data on race and ethnicity, and a community discussion around what is equity, what is currently known about the provision of service by race and ethnicity, and how the community can continue looking at, discussing, and promoting equity within the County’s homelessness system.

CONTRA COSTA’S ANALYSIS OF HOMELESS SERVICE DATA

Contra Costa Health, Housing, and Homeless (H3) is looking at a variety of data sources to better understand equity in its homelessness system, utilizing HMIS, PIT and survey data. H3 prepared a breakdown of the racial and ethnic identity of those entering the homelessness system in the County in 2017. Forty-six percent of those entering system identify as White; 37 percent identify as Black/African American, 9 percent identify as American Indian. Reviewing the data, H3 also found that 25 percent of those entering the system in 2017 identified as Hispanic/Latino.

In addition, H3 compared 2016 Census data for the County along race and ethnicity to the breakdown of the percent of those served in homeless programs and then the percent of those placed into permanent housing in the County by race and ethnicity. (See chart below.)
This analysis reveals that services and housing placement rates vary by race and ethnicity. In addition, a separate internal analysis found that once clients are housed there are low rates of returns to homelessness that do not vary much by race or ethnicity. This initial review of data provided a set of key observations as well as raised additional questions that the community will continue reviewing. The CoC will continue to investigate a set of questions that came out of this data review as to why there may be disparities in who is being served and why this might be. These questions include are people accessing different programming at different rates? Could there be a different safety net to prevent and end homelessness? Is there bias in assessments? And are there population-specific housing needs or desires?

**COMMUNITY CONVERSATION**

The BARHII presentation and review of CoC data provided the framework for an initial community dialogue. The Collaborative Applicant’s data analyst provided a detailed discussion of community-specific data related to racial demographics and inequities in the County and homeless system of care.

Community attendees were interested in better understanding the equity in other services, such as access to employment programs. Attendees were raising the importance of looking at the racial and ethnic breakdown of staff, particularly frontline staff interacting with clients. There was discussion of the importance of understanding cultural behaviors and practices when providing services. This conversation spurred the idea of regularly reviewing subpopulations to include persons by race and ethnicity in a CoC Board subcommittee.

Both the Quarterly Meeting minutes and the PowerPoint from that presentation, including the BARHII and CoC racial data are attached.
The CoC is moving forward with a more comprehensive analysis of its data to better understand the racial and ethnic breakdown of who is receiving what type of service and trends across a 5-year period. As part of this work, H3 and the CoC’s newly create Subpopulation Committee will review this data and work to more comprehensively understand who is accessing services and needed actions to increase equity across the system. Additionally, the CoC’s Executive Director’s Committee, made up of executive leaders from CoC-funded programs, has expressed interest in using an upcoming Committee meeting to evaluate racial equity data by program provider to determine where the inequities exist and how they may best be addressed at the program level. Planning is also underway to regularly incorporate racial and ethnic data into CoC-level evaluations, assessments, and data metrics. Earlier this year, the CoC conducted a One Year Coordinated Entry Evaluation, which included racial and ethnic data. That analysis is pending.
AGENDA

1. Welcome/Introductions
2. Racial Equity 101 Presentation and Discussion of County Homelessness Data on Race and Ethnicity
3. Community Discussion
4. Community Announcements
5. Pin it
2. RACIAL EQUITY 101 PRESENTATION AND DISCUSSION OF COUNTY HOMELESSNESS DATA ON RACE AND ETHNICITY

Will Dominie, Bay Area Regional Health Inequities Initiative (BARHII)
Dana Ewing, H3

Presentation on a framework for looking at equity issues, including understanding social determinants of health and the impact of housing insecurity and displacement in community inequities.

Race and ethnicity data from the County Homelessness Continuum of Care, including findings on inequities and disparities in system decision points, presented to give local context to racial equity concerns and principles.
What Drives Homelessness in Contra Costa County?
Contra Costa County List Rents
1994-2014

Source: MTC Vital Signs
Families with Children Under 5
Percent Cost Burdened (paying 30% or more of income)
Housing Affordability Impacts
Spending on Healthcare and Food

Low-Income Households that can comfortably afford housing are able to spend:

More on Childcare
1/3rd more on Healthy Food
5x as much on Healthcare

Source: See BARHII Displacement Brief
Image Credit: the Noun Project—Arthur Shlain, Adrien Coquet, UNiCORN, and Aneeque Ahmed
The Effect of Rising Rents on Homeless Populations

How many more people will experience homelessness if rents rise 1 to 10 percent? (Estimates are the expected increase in both the homeless counts and total populations.)

Source: Zillow Research: https://www.zillow.com/research/highlights-rent-homelessness-16131/
Evictions

In 2014-2016, there were approximately as many formal evictions fillings in Contra Costa County as there are seats in the Concord Pavilion. This is likely only a small part of total evictions that took place.

Eviction is a leading cause of homelessness.

Source: Tenants Together: https://actionnetwork.org/groups/tenants-together/files/23632/download

Image Credit: The Concord Pavilion
Evictions: Impacts on Families

2x more likely to be evicted

2x more likely to be in poor health

Source:
Image Credit: The Concord Pavilion
## Displacement in the Bay Area

### Table: Counties at Risk of Displacement

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>AT RISK</th>
<th>ONGOING or ADVANCED</th>
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<tbody>
<tr>
<td>Alameda</td>
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<td>Contra Costa</td>
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<td>24%</td>
</tr>
<tr>
<td>Yolo</td>
<td>27%</td>
<td>22%</td>
</tr>
<tr>
<td>Bay Area Total</td>
<td>29%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Source: Urban Displacement Project
Displacement in the Bay Area

Source: Urban Displacement Project
Displacement: Impacts on Families

Source: Image: SF Chronicle
Health and Housing Throughout the Life Course

**Pregnancy:** Experiences and stressors in utero shape birth outcomes and can elevate lifetime health risks for chronic conditions such as diabetes, hypertension and cardiovascular disease.

**Early Childhood:** Housing conditions during this period—in which 90% of brain development takes place—shape lifelong health. Housing instability during childhood can behavioral problems, educational delays, depression, low birth weights, and other health conditions such as asthma.

**Generational Impacts:** Neighborhood cost and discrimination determine access to education, stressors, and resources for healthy development. Lifelong experiences of parents are passed on to the next generation, and account for many of the disparities we see in birth outcomes.
Solutions That Prioritize Public Health First

“Preventing displacement and addressing the housing crisis may be the most important task in our collective efforts to maintain our unique character and create healthy communities for all.”

- Alameda County Health Officer Muntu Davis and Supervisor Keith Carson

Protection:
Goal: Protect more than 450,000 low-income renter households
How: $400 million/year and adoption of incentives and requirements.

Preservation:
Goal: Take 25,550 homes occupied by and affordable to low-income renters off the speculative market, and preserve and improve 11,110 expiring deed-restricted units.
How: $500 million/year for 10 years and adoption of incentives and requirements

Production:
Goal: Meet the region’s need for 13,000 new affordable homes/year
How: $1.4 billion/year and adoption of incentives and requirements

Source:
Preservation, Protection, Production

- High Protection, Production and Participation (PDAS)
- Moderate Protection and Preservation (Displacement Risk Outside of PDAS)
- Preservation and Wealth Building Strategies (Middle Class Neighborhoods)
Implementation actions: Stable access to housing and community wealth building are the central focus of BARHII's work in Solano and East Contra Costa. In collaboration with our Public Health Members, BARHII could support capacity building, policy and technical support and identify funding strategies. Strategies to be considered:

1. **Community land trust**: Allows the acquisition of land to maintain security of tenure and provides affordable homes in perpetuity. This is a collective ownership and financial strategy that relates to the other three strategies below.

2. **Affordable retrofit**: Combines housing and resilience funds to invest housing improvements that will bring buildings up to code and add additional features to endure seismic and flooding events. A dollar of resilience investment equals four dollars of disaster recovery.

3. **Small Site Acquisition**: Community Development Organizations can purchase existing affordable homes to retain existing tenants at risk of displacement and retain the affordability of those units for future generations.

4. **Accessory Dwelling Units**: Large parcels might accommodate an affordable accessory dwelling unit in the existing garage or new structure without land cost and minimizing building cost. This unit could also add to the property owner income. Prototypes to consider: East Palo Alto, Santa Rosa, Richmond.

5. **Retention of Mobile Homes**: This is one of the most affordable housing types that are at high risk of being purchase for new development.
Contra Costa COC Data

Disparities BEFORE entering homelessness

Disparities AFTER entering homelessness

Source:
Contra Costa COC Data

HMIS and survey data can help the COC capture data on:

- GENDER
- AGE
- RACE
- ETHNICITY
- LGBTQI
- MENTAL HEALTH
- EDUCATION LEVEL
- GEOGRAPHY

Source:
Contra Costa COC Data

Race and ethnicity in COC homeless services in 2017

Source:
Race and Ethnicity In Contra Costa County and in CoC

- % in 2016 County Census Estimate
- % of those served in homeless programs
- % of COC that was housed

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>% in County Census</th>
<th>% Served in Homeless Programs</th>
<th>% COC Housed</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>61%</td>
<td>46%</td>
<td>31%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>37%</td>
<td>9%</td>
<td>31%</td>
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<tr>
<td>American Indian or Alaskan Native</td>
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<td>37%</td>
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<tr>
<td>Asian</td>
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<td>3%</td>
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<tr>
<td>HI or Pacific Islander</td>
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<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Multiple</td>
<td>6%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>25%</td>
<td>16%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source:
Why the disparities?

- Access to different programming?
- Different safety net to prevent and end homelessness?
- Bias in assessments?
- Population-specific housing needs or desires?
Questions to Ask Yourself

**Goals, Strategy, Programs**
- Is racial equity part of your goals, strategies and programs?

**Getting to Outcomes**
- Do you collect data on health outcomes by race/ethnicity?
- How will you measure improvement by race?

**Participation and Power**
- Who is involved in shaping your work?
- How are you partnering with organizations building power in communities of color?
- How can you ensure accountability and communication to those directly impacted by your issue?

**Resources**
- Where do you spend/allocate resources (directly and indirectly)?
- Who does this benefit? Who does this burden?
3. COMMUNITY DISCUSSION

John Barclay, Council Member

Facilitated Q&A
COMMUNITY DISCUSSION

• What are your initial reactions to the County data? Did anything surprise you?
• What else would you like to know about the County data? Why?
• Dana Ewing described some of the data and hypothesized on some reasons behind the data. What are some examples of the system working well here, or things that you’d like to see to impact the data?
COMMUNITY DISCUSSION

• When describing the data there was discussion of both inequities and disparities. What is the difference?
• How can our coordinated entry system adjust to address both inequities and disparities?
• The presentation also discussed the need to have multiple solutions to address the full scope of the problem. What practices are working to advance racial equity in homeless housing and services?
COMMUNITY DISCUSSION

- What (else) would you like to see the County’s homeless system of care do to promote racial equity?
- In homeless services, there is often an emphasis on having persons with lived experience both contribute and lead community responses to homelessness. The same is true for issues of racial equity. What can we do to support the voices of consumers and consumer advocates of color in our community?
COMMUNITY DISCUSSION

• What is the role of the community in achieving racial equity? How will the community be engaged? Is there an opportunity to expand engagement?

• What are some ideas to move this discussion forward to action? What are some next steps the community can take towards racial equity and systems change?