Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:
 - Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
 - Using the CoC Application Detailed Instructions while completing the application in e-snaps.
 - Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

 - This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
 - For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
 - Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

  For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: CA-512 - Daly City/San Mateo County CoC

1A-2. Collaborative Applicant Name: San Mateo County Human Services Agency

1A-3. CoC Designation: CA

1A-4. HMIS Lead: San Mateo County Human Services Agency

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings.
Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board.
Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	No	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Street Outreach Team(s)	Yes	Yes	
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC considers a full range of opinions by involving diverse stakeholders with knowledge and interest in homelessness in our governance and planning processes. The Governance Charter specifies that the CoC Steering Committee is composed of members with different expertise, including homeless service providers, mainstream services, businesses, funders, entitlement cities, homeless or formerly homeless people, and others. Examples: (1) CoC Funded Victim Service Provider: CORA participates in the Steering Committee and has shared their expertise in utilizing trauma-informed, low barrier shelter policies with other homeless providers to help our CoC establish housing first policies. (2) Street Outreach team reps participate in the HOPE IAC Subcommittee which is working on an initiative to identify and implement best practices to address encampments. The street outreach providers bring crucial expertise in engagement of chronically homeless people that is helping to shape this work.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
StarVista	Yes	Yes	Yes
Mental Health Association	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
CORA	Yes	Yes

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The CoC actively encourages new organizations to apply for CoC funds and in no way prohibits or restricts previously unfunded organizations from applying. Each year when the CoC NOFA is released, the CoC Lead Agency broadly announces the availability of funding by publishing a funding announcement on the agency website and a broadly distributed email blast. The factors that the CoC considers in determining whether to include a new project on the listing are based upon the approved Project Review and Ranking Criteria which are is published on the Lead Agency website. New projects are scored by an objective Review Panel based on a range of factors (e.g. project quality, target population). Existing grantees do not receive preferential scoring. In 2016, the CoC received 4 new project applications, two of which were from organizations that had never received CoC funding. One of these was selected to be included in the Project Priority list, but later withdrew their application.

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

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	5
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	5
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	5
How many of the Con Plan jurisdictions are also ESG recipients?	2
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The CoC collaborated with all five Consolidated Plan jurisdictions. Each jurisdiction has a representative on the CoC Steering Committee and attends the quarterly CoC meetings. Some Consolidated Plan jurisdiction representatives also serve on the CoC Project Performance subcommittee, which meets bi-annually. Staff from the Consolidated Plan jurisdictions (particularly law enforcement) participate in monthly HOT case management meetings to problem solve how to best assist unsheltered homeless individuals in their jurisdiction to secure housing and meet service needs. The cities are very involved in planning and volunteer recruitment for the PIT count and the CoC Lead agency provides each city with HMIS data and final PIT count data for their Consolidated Plan, as well as written narrative about the CoC's approach to addressing homelessness. On average, CoC Lead Agency staff meet with Consolidated Plan jurisdiction staff for 1 hour per month.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

The San Mateo County Department of Housing (DOH) is the only entity in the County that receives an ESG allocation directly from HUD. In FY 15-16, the State of California changed its method for administration of ESG funds, and DOH is now the administrative entity for state ESG funds as well. The CoC Steering Committee and CoC Lead Agency (Human Service Agency, or HSA) provide input on drafting the ESG sections of the Con. Plan for the County, including the plan for ESG funding allocation and criteria for assessing performance of ESG projects. ESG award decisions are made by the Housing and Community Development Committee (HCDC) which also oversees CDBG awards Funding criteria for ESG projects include performance measures which are developed by DOH and HSA based on analysis of HMIS data. HSA also evaluates the performance of ESG projects works with grantees to improve performance as needed. HSA provides HMIS data to the DOH for ESG planning and reporting purposes.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The CoC is committed to ensuring the safety of people fleeing DV and

supporting their housing choices. There is no wrong door for entry into DV services/housing referrals. Most households directly contact the local victim services provider, CORA, which has a trauma-informed 24-hour hotline that provides access to DV housing options. Other households enter through the Core Service Agencies, which are entry points for homeless assistance. The Cores have staff trained in DV who determine whether the household should be referred to CORA or other housing provider based on danger and other factors. CORA and the Cores can make referrals to DV-specific housing programs in the community, including programs receiving ESG, CoC, DOJ/OVW and local general fund dollars. For those entering DV-specific services at CORA, data is entered into an HMIS comparable database. DV households in homeless programs are asked to provide HMIS data but have the option to refuse and still receive assistance.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the County of San Mateo	25.85%	Yes-HCV

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

Since 2014, the County of San Mateo has dedicated a portion of county sales tax for the creation of affordable housing. These funds have been allocated in the Department of Housing's (DOH) Affordable Housing Fund (AHF) NOFAs, which prioritize capital funding for developments that set-aside units for homeless households. In the most recent AHF, DOH awarded funds to two supportive housing projects. One will provide housing with on-site services for 15 homeless individuals with mental illnesses, and the other for 66 homeless disabled veterans. DOH also requires a minimum of 5% of all units in all AHF-

funded projects be set aside for homeless households.

DOH has also invested over $6 million in State Mental Health Services Act funding to create dedicated permanent supportive housing units targeting homeless people with serious mental illness. To date, DOH has worked with two nonprofit developers, Mid-Pen Housing and Mental Health Association, to create 60 MHSA-funded units.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented	
Other:(limit 1000 characters)	
Outreach program collaborates with local law enfocement to identify unsheltered homeless people and develop an individualized housing plan	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	
Health Care:	
Mental Health Care:	
Correctional Facilities:	
None:	X

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

Not Applicable.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

A Coordinated Entry System (CES) is a key element of the County's new strategic plan to end homelessness. In August 2016, H.S.A. issued an RFP to identify a provider to implement a county-wide CES that:

• Covers the entire CoC geography;
• Establishes access points into homeless assistance that are well advertised and understood, easily accessible for all, and integrated with the community's existing homeless outreach (HOT) and safety net providers (8 Core Service Agencies spread across the community);
• Uses standardized processes and tools to identify and prioritize those with the highest needs, and ensure all homeless people are quickly matched to the most appropriate intervention.

The CoC Lead Agency (H.S.A.) already requires CoC, ESG, and County funded providers to remove entry barrier as a condition of receiving funding. Accepting referrals from CES will be a further requirement once the system is in place.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization

or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Does not Participate	Does not Exist
Local Government Staff/Officials	X	X	X	X	X		
CDBG/HOME/Entitlement Jurisdiction	X	X	X	X	X		
Law Enforcement	X	X			X		
Local Jail(s)	X	X			X		
Hospital(s)	X	X			X		
EMT/Crisis Response Team(s)	X	X			X		
Mental Health Service Organizations	X	X	X		X		
Substance Abuse Service Organizations	X	X	X		X		
Affordable Housing Developer(s)	X	X	X		X		
Public Housing Authorities	X	X	X		X		
Non-CoC Funded Youth Homeless Organizations	X	X	X		X		
School Administrators/Homeless Liaisons	X	X	X		X		
Non-CoC Funded Victim Service Organizations							X
Street Outreach Team(s)	X	X	X	X	X		
Homeless or Formerly Homeless Persons	X	X					

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	19

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	17

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria:	
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services:	

Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None:	

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.
(limit 1000 characters)

The scoring system for renewal projects included a scoring factor in which up to 5 points (out of a total of 100) were awarded for prioritizing high need households. To assess this factor, the CoC analyzed HMIS data on percentage of people entering each project who were literally homeless, had zero income and had disabling conditions. Renewal applicants were also asked to submit a narrative describing how the project prioritizes high need clients. In addition, renewal projects received up to 6 points if they prioritized a population needing additional support (chronically homeless, veterans, families, youth or domestic violence survivors) and could receive up to 12 points for having low barriers to entry. For new projects, the scoring system included up to 20 points for low entry barriers and up to 10 points for targeting and outreach. Higher scores were awarded to new projects that could demonstrate how they would target literally homeless and chronically homeless people.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached.
(limit 750 characters)

The CoC Lead Agency (San Mateo County H.S.A.) developed funding announcements for new and renewal projects that described the local funding process including rating and ranking criteria and policy. The announcement was emailed to all eligible renewal applicants and potential new applicants on July 12, 2016 and was publicly posted to the H.S.A. website on July 13, 2016. The CoC Steering Committee approved a written Project Review and Ranking Process document, with detailed project scoring systems at its regularly scheduled meeting on July 8, 2016. This document was publicly posted on the H.S.A. website on July 13, 2016 and also distributed at a public meeting for new and renewal applicants.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).

09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

08/26/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?

Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

The CoC Lead Agency (H.S.A) provides local funding (general fund dollars) to all the CoC-funded projects in San Mateo County. Regular monitoring of all H.S.A and CoC-funded programs is conducted as part of H.S.A's contract management responsibilities, including site visits and review of quarterly reports submitted by contractors. H.S.A has developed a CoC compliance & monitoring tool that assesses project performance (utilization rate, length of time homeless, destination upon exit, housing stability, returns to homelessness, increasing income, connection to mainstream benefits) as well as compliance with CoC regulations and requirements (serving eligible participants, allowable uses of funds, draw down rates, timely APR submission, etc.) Additionally, as part of the annual review and ranking of CoC funded projects, the CoC scores all renewal applications on both performance and compliance factors. Results are shared with providers and improvement plans developed if needed.

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.

Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.

Governance Charter pages 1, 2, 3, 6, 7, 8, & 9 GC.

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.

Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?

Yes

2A-4. What is the name of the HMIS software

Clarity

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bitfocus

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$80,110
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$80,110

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding

City	$0
County	$30,683
State	$0
State and Local - Total Amount	$30,683

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	$110,793

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy):   05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	256	28	228	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	396	25	361	97.30%
Rapid Re-Housing (RRH) beds	127	12	74	64.35%
Permanent Supportive Housing (PSH) beds	917	23	742	83.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months.
(limit 1000 characters)

Our goal as a CoC is to get a close as possible to 100% participation for each project type. Our RRH project type has a low coverage rate due to one of our SSVF providers, Veterans Resource Center of America (VRC). VRC operates in numerous counties and has been given permission by the VA to enter their data into a regional HMIS system. The regional HMIS system is not in our CoC and therefore reduces our RRH bed coverage significantly. Despite this, we have worked with VRC to obtain their HMIS data via an MOU for our Vets@Home Initiative. Our PSH project type is just below 85% percent due to programs that are not funded through CoC or ESG. The CoC plans to continue to engage these programs to communicate the need and benefit of getting their data in our local HMIS system. The CoC will also communicate with other funders of these programs regarding the benefits of having all beds in HMIS.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	☐
VASH:	☐
Faith-Based projects/Rescue mission:	☐
Youth focused projects:	☐
Voucher beds (non-permanent housing):	☐
HOPWA projects:	☐
Not Applicable:	X

2C-4. How often does the CoC review or assess its HMIS bed coverage?   Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	3%	5%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	1%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	7%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	5%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X
System Performance Measures Report	X

None	☐

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 11

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

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	X
VA Grant and Per Diem (GPD):	☐
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	☐
Other (Housing Choice Voucher/Housing Readiness - homeless set-aside)	X
None:	☐

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date.
(limit 750 characters)

PATH is operated by San Mateo County Behavioral Health and Recovery Services (BHRS). The CoC has been working with BHRS and they intend to begin entering data into HMIS by October 1, 2016. For SSVF, our CoC has two

SSVF programs and one provider already enters into our HMIS but our other provider, Veterans Resource Center of America, has been given permission from the VA to enter their data into a regional HMIS system which is not in our CoC. Despite this barrier, we have worked with VRC to obtain their HMIS data via an MOU for our Vets@Home Initiative. San Mateo County does not have any VA GPD programs.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congressand the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?   Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)   01/26/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?   Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)   05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

Data was generated from the HMIS system for most of the programs. CoC Lead Agency staff reviewed the HMIS data and checked back with the HMIS staff if there appeared to be any inaccuracies. The HMIS Lead worked with

individual provider agencies as needed for data clean up. To collect data for non-HMIS participating programs, CoC Lead agency staff conducted a provider survey. Providers completed a form using either data from their existing database or by interviewing program residents. This methodology was selected because there are relatively few non-HMIS programs and we have found this method results in quick response and accurate data.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

Not applicable.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count?   Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

There were two changes to the provider coverage in the 2016 sheltered count. First, the VA-funded Mental Health Residential Rehabilitation Treatment Program – Domiciliary Care for Homeless Veterans (VADOM) was no longer counted in 2016 as per HUD notice CPD-15-010. Second, one program was no longer dedicated to serving homeless persons and therefore was removed for the 2016 sheltered count.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

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

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

Not Applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?   No

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):   01/22/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD?   Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):   05/14/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	X
Night of the count - known locations:	☐
Night of the count - random sample:	☐
Service-based count:	☐
HMIS:	☐
	☐

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

The San Mateo County CoC is committed to conducting the most accurate unsheltered count possible and for this reason has elected to use a complete census approach. The CoC Lead Agency (H.S.A.) and partners (including CoC member agencies) organized a one-night, public places count using a "complete coverage" methodology. Teams of enumerators were assigned to each census tract in the county. They counted visible homeless persons, including those in vehicles and camps. Teams included "homeless guides" with knowledge of the area being counted. Enumerators recorded numbers of people, household type (single adults and families with children) and gender. Following the count, the CoC Lead Agency organized a Homeless Survey, consisting of in-person interviews with a sample of unsheltered homeless people. Interviews were conducted by service provider staff and homeless individuals. The interviews included questions designed to gather required population and subpopulation data.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count).
(limit 1000 characters)

There was one change to the unsheltered count methodology. For the 2015 homeless survey, the survey was based on the suggested interview template provided by HUD in place of the interview tool that the CoC had used in 2013. The HUD tool uses a different approach to asking about disability. It appears the change in the survey tool resulted in a lower rate of positive responses to the disability question, and therefore a lower rate of chronic homelessness.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count?   Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.
(limit 1000 characters)

Not Applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	X
"Blitz" count:	X
Unique identifier:	X
Survey questions:	X
Enumerator observation:	X
None:	

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method).
(limit 1000 characters)**

In 2015 the methodology for counting vehicles with sleeping occupants was refined due to a suspected over count of homeless people in RVs in 2013. Volunteer enumerators were instructed to only count RVs if they were parked on public property and there was evidence they had people sleeping in them. Volunteers did not count RVs parked on private property (e.g. in driveways) even if they appeared to be occupied. This may have contributed to a lower overall count of unsheltered people in 2015.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons
Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2,007	1,361	-646
Emergency Shelter Total	289	166	-123
Safe Haven Total	0	0	0
Transitional Housing Total	419	420	1
Total Sheltered Count	708	586	-122
Total Unsheltered Count	1,299	775	-524

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	2,846
Emergency Shelter Total	1,781
Safe Haven Total	0
Transitional Housing Total	1,932

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

The CoC identifies risk factors for first time homelessness by analyzing data from Core Service Agencies (8 geographically distributed entry points into safety net services) and holding regular meetings with Core Service Agency staff to determine what factors seem to be predictive of shelter entry. H.S.A. also hired a consultant to conduct a data matching project to analyze data from mainstream systems (health, behavioral health, probation, etc.) and HMIS to determine where there is overlap, identify whether people are exiting institutions into homelessness, and inform prevention strategies. H.S.A. funds the Core Service Agencies to provide homeless prevention services and has also released an RFP for a lead agency to implement coordinated entry (CE) and shelter diversion. Diversion services will help reduce entries into homelessness. CE and diversion will be implemented through coordination with the Core Service Agencies who administer prevention services available in the community.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

San Mateo County H.S.A. has reviewed HMIS data on lengths of stay by program type for ES, TH, and RRH and used this information to inform the new strategic plan, which includes strategies such as expanding rapid rehousing and housing locator capacity to help people exit shelter more rapidly and thereby reduce length of homelessness. Shelter stayers are also linked to housing-focused services, such as housing navigation. Furthermore, San Mateo County invests local funds in Homeless Outreach Teams (HOT) that develop housing plans for chronically homeless individuals, especially targeting those who have been homeless the longest to reduce the overall length of time people are homeless in our system. Committing to Housing First and removing barriers simplifies access and speeds movement from homelessness to housing. H.S.A. has set performance targets for length of stay for all ESG, CoC and locally funded programs. Programs that are not meeting targets receive TA to improve performance.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	1,303
Of the persons in the Universe above, how many of those exited to permanent destinations?	550
% Successful Exits	42.21%

3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	295
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	288
% Successful Retentions/Exits	97.63%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
(limit 1000 characters)

San Mateo County H.S.A. used HMIS data to assess the percentage of people who exited from programs into permanent housing and returned to homelessness over a two year period (2014-2015) for each program type (ES, TH, RRH and PSH). Rates varied by program type but there was an overall rate of 13.8% of return across the system. The CoC's Strategic Plan aims to reduce this rate by fully implementing Coordinated Entry which will have a standardized method for matching homeless people to the most appropriate intervention. H.S.A. also met with each agency individually to review their performance on this measure and identify strategies for improvement, such as improved connections to mainstream services, or by using progressive engagement in RRH to ensure each household receives sufficient assistance to remain housed at the end of the subsidy period. H.S.A. will continue using HMIS to track rate of return and use this information to inform strategies for project and system improvement.

3A-6. Performance Measure: Job and Income Growth.

Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)

The majority of the programs in our CoC have staff who work with program participants to secure employment. Employment services include: resume-writing, job-seeking skills, computer training, job search assistance, etc. LifeMoves, a large shelter provider, maintains relationships with several large regional employers and can rapidly connect clients to jobs. Agencies also connect participants to family resource centers, which host workshops and related services (e.g. child care). To assist program participants in accessing non-employment, non-cash income, H.S.A. funds the Core Service Agencies, which are the entry points into safety net services and shelter. The Cores' specialized staff assess eligibility and directly assist clients with accessing mainstream public benefits (TANF, SNAP, GA, Disability, etc.). Increasing income is also a scoring factor in the CoC's project rating and ranking process. In federal fiscal year 2014-15, 21% of adult leavers increased their total income.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

The CoC Lead Agency, the San Mateo County H.S.A., is also the home of the County's Employment Services Division. With the CoC and employment services integrated within one agency, the CoC is able to provide homeless people with seamless connections to mainstream employment services, including job readiness, job training, and vocational rehabilitation services. Once a client is connected to Employment Services, an assessment is conducted and opportunities are identified based on their needs and skills. County offices have One-Stop Job Information Centers, where homeless people can access technological resources, employer information sessions, and trainings for career development. Homeless families who receive TANF benefits and are designated as employable are enrolled in Welfare to Work, where an Employment Services Specialist provides one on one employment assistance. Of the CoC funded projects, 19 out of 19 are regularly connecting participants to employment services.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

The CoC conducted a complete coverage PIT count in 2015 and did not exclude any geographic areas. To ensure thoroughness of outreach to unsheltered people, H.S.A, the lead CoC agency, funds and oversees the County's Homeless Outreach Team (HOT). HOT staff build relationships with unsheltered homeless people, working with each individual to identify service needs and implement a housing plan, including obtaining documentation required for housing programs. To help remove barriers to housing, HOT clients are discussed at the monthly regional multi-disciplinary team meetings which

include clinicians from the County's Behavioral Health and Recovery Services, law enforcement, and other service providers. HOT staff enter each client into HMIS to track contacts and make referrals to the Housing Authority's coordinated entry process for permanent supportive housing. Clients referred by HOT for a PSH voucher also receive intensive support from housing locators funded by H.S.A.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)

Not Applicable.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 08/12/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

Not Applicable.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;   2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

		2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		943	238	-705
Sheltered Count of chronically homeless persons		86	5	-81
Unsheltered Count of chronically homeless persons		857	233	-624

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
(limit 1000 characters)

The CoC realized a decrease in chronically homeless persons due to implementing strategies to better serve this population. The CoC expanded the supply of PSH and has prioritized PSH for those with the longest periods of homelessness and highest needs. Adding the services of a specialized housing location provider also increased the ability of unsheltered homeless individuals to secure housing in this very competitive housing market. The Homeless Outreach Teams have also been successful in engaging with chronically homeless people and helping to connect them to shelter and permanent housing. There were also changes to the PIT count methodology that likely impacted the data on chronically homeless individuals. The 2015 unsheltered count used a new survey tool that asked about disability differently than in 2013 and yielded lower numbers of disabled people. For the sheltered count, in 2016 we used the new CH definition and also removed the VADOM program from the PIT per HUD's notice.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	270	304	34

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count.
(limit 1000 characters)

The increase in the total number of PSH beds dedicated for use by chronically homeless persons is due to the addition of a Bonus CoC funded PSH Project (SP16).

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?   Yes

3B-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly   15

shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If "No" was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017?
(limit 1000 characters)

The CoC has designated almost all of our CoC-funded PSH units for chronically homeless people. We added a new bonus PSH project in the 2015 CoC competition and have applied for additional bonus PSH in 2016. Maximizing the use of housing vouchers is challenging in our very competitive housing market. To increase utilization of vouchers, the CoC lead agency H.S.A. and the Housing Authority have funded a contract to provide housing locator services for homeless people who receive vouchers and have implemented incentives for landlords to rent to homeless voucher holders. H.S.A is also investing local funds in a $1.5 million contract to increase RRH capacity throughout the system and intends to use RRH to house chronically homeless people to the maximum extent practical. To make greater strides toward ending chronic homelessness, the CoC will continue to innovate to identify ways to speed up the process of securing a housing solution for all chronically homeless people in our community.

3B. Continuum of Care (CoC) Strategic Planning Objectives

3B. Continuum of Care (CoC) Strategic Planning Objectives

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	X
Bad credit or rental history (including not having been a leaseholder):	X
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless.
(limit 1000 characters)

The San Mateo County Board of Supervisors and the CoC have committed to the goal of reaching "functional zero" homeless children and families in the community by 2020. The CoC's Governance Charter further adopts the goal that all families are re-housed within 30 days. To accomplish this goal, the County has prioritized both local and state ESG funds for RRH, and reallocated CoC funds from a TH project to a RRH project in the 2016 competition. As part of the new strategic plan, the CoC Lead Agency (H.S.A.) will invest local tax dollars into a new Coordinated Entry System designed to divert families with lower needs from entering shelter, while prioritizing those with higher needs for shelter and housing interventions such as permanent housing and rapid re-housing. H.S.A. has allocated $1.5 million in local Measure A funds to expand RRH capacity and add specialized housing locator services to help families with higher needs or barriers to exit homelessness as quickly as possible.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	12	22	10

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	X
CoC holds trainings on preventing involuntary family separation, at least once a year:	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		

	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	177	132	-45
Sheltered Count of homeless households with children:	112	97	-15
Unsheltered Count of homeless households with children:	65	35	-30

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Not applicable. There was a decrease in total number of homeless households with children in the CoC. The CoC will continue efforts including diversion, rapid rehousing for families, and housing locator support to continue to decrease the number of homeless households with children.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	X
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	X
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	X
Community awareness training concerning youth trafficking:	X

	☐
N/A:	☐

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
	☐
	☐
N/A:	☐

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	27	42	15

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why.
(limit 1000 characters)

The number of youth entering programs who were unsheltered increased in FY 2015 compared to FY 2014 due to increased efforts by our CoC to identify and serve homeless youth through the Homeless Outreach Teams and increased participation of homeless youth providers in the CoC. We have also improved

our ability to collect data on homeless youth in FY 2015 by ensuring the homeless youth ES and TH programs are entering data into HMIS.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$2,265,146.00	$2,368,676.00	$103,530.00
CoC Program funding for youth homelessness dedicated projects:	$94,666.00	$94,666.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$2,170,480.00	$2,274,010.00	$103,530.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	5
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	14
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	7

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts.
(limit 1000 characters)

The CoC Lead Agency maintains a strong relationship with the San Mateo County Office of Education (SMCOE) and have collaborated on several initiatives. CoC staff and the SMCOE Homeless Liaison communicate regularly to discuss resources available and needed for homeless students, new legislation and its programmatic impacts, CalPADS data on homeless students, and how to ensure a coordinated system of care. CoC staff work with SMCOE colleagues on "The Big Lift," a community-wide campaign to ensure high quality early childhood education and with the STEM Center on initiatives to promote STEM learning and Teacher Innovation for students enrolled in low-performing schools. First Step for Families, the largest family shelter, has an on-site early childhood education center, and the County recently provided funding to enhance the quality of curriculum and staffing at the site to align with the Big Lift and best practices.

3B-2.11. How does the CoC make sure that homeless individuals and

families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)

The CoC Steering Committee and Lead Agency policy requires all CoC and ESG funded homeless assistance providers to ensure that homeless youth are informed of their rights and eligibility to receive educational services. These policies are defined in the CoC Governance Charter. When a family enters a shelter or other homeless program, case managers work with school district liaisons to ensure children are enrolled in the district of their choice (either where the homeless facility is located or a district of previous residence), and connected to appropriate community services to address other needs that may affect access and utilization of educational services. Families with pre-school age children receive referrals to Head Start and other ECE programs and the County H.S.A. is participating in the "Big Lift" community campaign to develop high quality ECE for all County residents.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)

LifeMoves, the community's largest provider of family shelter and TH, has an on-site early childhood education (ECE) center at two of their largest programs which receive support from Head Start, First Step for Families and Haven Family House. LifeMoves also offers a Children's Program in all its programs that provides referrals for primary and behavioral health, coordination with schools, and enrichment activities, including referrals to Head Start programs located at fourteen centers across the county. Many of the homeless and safety net providers in the community participate in community initiatives for early childhood development, including the Big Lift, which aims to address opportunity gaps and enhance the availability of high-quality early childhood education. The County recently provided local tax funding to enhance the quality of curriculum and staffing at the LifeMoves First Step for Families ECE site to align with the Big Lift and best practices.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	224	136	-88
Sheltered count of homeless veterans:	93	46	-47
Unsheltered count of homeless veterans:	131	90	-41

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count.
(limit 1000 characters)

San Mateo County experienced a decrease in the total number of homeless Veterans. The reduction is due to increased county-wide efforts to identify homeless veterans and ensure they are connected to shelter, SSVF and VASH programs, the County Veterans Services Office, and VA funded services, as well as the use of Homeless Outreach Teams (HOT) to identify unsheltered veterans and help them secure the housing assistance for which they are eligible. The CoC is leading an initiative to end veteran homelessness, Vets@Home, which has engaged many community providers in the effort to end veteran homelessness and we have begun developing a by-name list of homeless veterans. In addition, one change to the PIT count methodology likely impacted the results; specifically for the sheltered count, the VADOM was no longer included as of the 2016 PIT per guidance from HUD.

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

The Homeless Outreach Team (HOT), funded by the CoC Lead Agency (H.S.A.) with local tax funds, conducts street outreach with unsheltered homeless people throughout the County. HOT staff collect HMIS data and complete a VI-SPDAT for chronically homeless people, both of which include questions about veteran status. Based on the assessment data, HOT staff connect veterans directly to the most appropriate veteran-specific services and housing, including SSVF programs (there are two operating in our county), VASH, CoC-funded PSH, and the two VA's that serve the county. The CoC is also leading a local initiative to end Veteran homelessness and has begun creating a master by name list of all homeless veterans. By 2017 the CoC will have a system in place to track each homeless veteran to ensure that he/she is connected to services and working towards permanent housing.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	166	136	-18.07%
Unsheltered Count of homeless veterans:	96	90	-6.25%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.   No

This question will not be scored.

**3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?
(limit 1000 characters)**

The CoC lead agency is receiving Vets@Home Technical Assistance and continued TA will support continued movement toward ending Veteran homelessness. The CoC has added a staff member dedicated to the initiative to

end veteran homelessness. This initiative, Vets@Home, has involved meetings of stakeholders and providers and has increased coordination between the CoC, VA, homeless service providers, the County Veterans Service Office, and other community stakeholders. The CoC has also begun enhanced utilization of HMIS data to track veteran homelessness and is creating a master by name list, with guidance from the Vets@Home TA. The CoC is also working with the Housing Authority on landlord outreach to maximize the use of our existing supply of VASH and other permanent supportive housing vouchers, which can be difficult for homeless Veterans to use in this very expensive and competitive rental market.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?   Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	20
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	20
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits.
(limit 1000 characters)

California is a Medicaid expansion state, so almost all homeless people in San Mateo County are eligible and many have been enrolled since 2013. Key partners in this effort include:

• San Mateo County's Healthcare for the Homeless funds enrollment counselors to help homeless households enroll in Medi-Cal (Medicaid) and Covered California (the State Health Insurance exchange). In 2015, 30 homeless clients were enrolled. In 2016, projections are that 40 clients will be enrolled.

• Samaritan House, a CoC-funded shelter, enrolled 197 homeless individuals into health coverage in FY 15-16.
• San Mateo County H.S.A. serves as a single point of access for public assistance programs, including Medi-Cal, CalFresh (SNAP), CalWORKs (TANF), and General Assistance and enrolls many homeless households.
• Street Medicine provides street-based primary health care to unsheltered homeless people. As of 7/30/16, Street Medicine had served 117 individuals in the 2016 calendar year.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Scheduling of appointments and reminders of appointments	X
Referrals for primary, vision, dental, and mental health services	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	20
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	20
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	20
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	20
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X

Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	62	81	19

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)

Not Applicable.

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

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not Applicable.

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

Not Applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	X
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
Not applicable:	

4B-9b. Indicate the type(s) of Technical Aassistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Vets@Home technical assistance	11/05/2015	5

4C. 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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes		
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes		
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes		
14. Other	No		
15. Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/11/2016
1B. CoC Engagement	Please Complete
1C. Coordination	09/09/2016

1D. CoC Discharge Planning   09/07/2016

1E. Coordinated Assessment   09/09/2016

1F. Project Review   09/08/2016

1G. Addressing Project Capacity   09/07/2016

2A. HMIS Implementation   09/07/2016

2B. HMIS Funding Sources   09/07/2016

2C. HMIS Beds   09/09/2016

2D. HMIS Data Quality   09/06/2016

2E. Sheltered PIT   09/07/2016

2F. Sheltered Data - Methods   09/07/2016

2G. Sheltered Data - Quality   09/06/2016

2H. Unsheltered PIT   09/09/2016

2I. Unsheltered Data - Methods   09/06/2016

2J. Unsheltered Data - Quality   09/06/2016

3A. System Performance   09/09/2016

3B. Objective 1   09/08/2016

3B. Objective 2   09/08/2016

3B. Objective 3   09/08/2016

4A. Benefits   09/07/2016

4B. Additional Policies   09/07/2016

4C. Attachments   Please Complete

Submission Summary   No Input Required