

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Substance Abuse Advocates	Yes <input type="button" value="v"/>	Yes <input type="button" value="v"/>
Other: <b>(limit 50 characters)</b>		
Veteran organizations	Yes <input type="button" value="v"/>	Yes <input type="button" value="v"/>
Faith-based organizations	Yes <input type="button" value="v"/>	Yes <input type="button" value="v"/>
Businesses	Yes <input type="button" value="v"/>	Yes <input type="button" value="v"/>

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)**

**2018:**

CoC solicits and considers opinions/input/knowledge on homelessness from 100+ broad organizations and individuals that work to prevent/end homelessness, including: ESG and CoC recipients, VA, PHA, Behavioral Health, School Districts, cities, food pantries, law enforcement, faith-based, healthcare, housing; and regional task forces, coalitions and community meetings. CoC and CA communicates to public via Brown Act meetings used to solicit public information; CoC Board/committees meet 6+ times per year & are open to the public to give input on written standards, HUD Application review/evaluation process, SPM report, etc. CoC regularly surveys CoC on new strategies, funding, needs/gaps, CES, etc; CA staff attend meetings and solicit for new CoC members and participation. CoC held “Community Conversations on Youth Homelessness” with 50+ youth agencies; CA and CoC Board participation in the County of Riverside Executive Committee on Homelessness provides direct recommendations to the County Supervisors on policy & strategic alignment of resources. County in partnership with CoC Board developed strategic plan to end homelessness and created a new countywide Homeless “Czar” position.

**1B-2. Open Invitation for New Members. Applicants must describe:**

- (1) the invitation process;**
- (2) how the CoC communicates the invitation process to solicit new members;**
- (3) how often the CoC solicits new members; and**
- (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC. (limit 2,000 characters)**

CoC openly accepts membership applications year-round at meetings and on website, email, etc. Applications go to CA who is tasked to inform new members of scheduled upcoming CoC meetings and solicit in CoC committees to broaden representation. CA communicates invitation process via email, websites, announcements at regional/county/community task forces, coalitions, etc; New and prospective members are included in all CoC e-mail communications. Special outreach is extended annually to recruit homeless/formerly homeless to participate in CoC & PIT Count. In 2017, CoC conducted a separate youth count that included homeless/formerly homeless youth volunteers that assisted during the count, but also participated and gave valuable insight during planning sessions. CoC will continue inviting homeless/formerly homeless individuals, including youth, to join CoC & serve on standing committees. CoC also invites homeless PIT participants to join the CoC. CoC membership has significantly increased, including: cities, nonprofit org serving parolees, healthcare district, managed care, a mentor orgs serving former foster and homeless youth, statewide economic justice group, Habitat for Humanity, affordable housing developers.

- (2) how the CoC communicates the invitation process to solicit new members;**
- (3) how often the CoC solicits new members; and**
- (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**

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

CoC notifies public it is accepting new proposals and solicits agencies not currently funded by: email to CoC membership, county public purchasing for new vendors, posting on CoC website, public posting at county clerk recorder; social media. Process CoC uses to determine if a project application will be included: On July 13, 2018, the CA began notifying the public by releasing a local Request for Proposal (RFP) through county public purchasing for DV bonus and bonus projects to be in the 2018 HUD-CoC Program Competition (no reallocation this year for the first time since 2013), which was also posted on county/CoC website. The RFP was sent to 100+ CoC members that includes homeless service providers, non-profit and faith-based organizations, youth providers (including LGBT), vet service agencies, education sector, code/law enforcement, EFSP organizations, ESG/CDBG grantees and subgrantees, etc. Agencies that have not applied for HUD funding were encouraged to apply. CoC CA determines applicants pass threshold; CoC board makes final decisions on which

applications are included; public comment and feedback process is allowed as part of Brown Act. Announcements and decisions about the 2018 HUD application have been publicly announced/posted in CoC board agendas/minutes and at meetings (all Brown Act compliant). Starting in January, announcements on the upcoming HUD funding were made in every CoC and committee meetings, EFSP, community conversations with youth, city and regional homeless task force meetings and CES weekly meetings. To assist new agencies, a technical assistance workshop was conducted on July 10 to provide an overview of HUD program funding and requirements of the RFP. Five new agencies that have not received HUD funding attended the workshop.

**1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:**

**(1) consulted with ESG Program recipients in planning and allocating ESG funds; and**

**(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.**

**(limit 2,000 characters)**

The CoC consults with County and city ESG-recipients at least quarterly to solicit feedback for ESG priorities, planning and allocating ESG funding. The CoC Standards and Evaluation Committee coordinates with DPSS (State ESG), County ESG (Economic Development Agency) and entitlement cities (Riverside and Moreno Valley) to administer ESG funds and also to establish and/or update CoC written standards and performance criteria based on local needs/HUD requirements. CoC Standards and Evaluation Committee and HUD CoC Program Application Independent Review Panel evaluate the performance of ESG program recipients. CoC members are also solicited to participate in evaluating ESG funded projects (State ESG and County ESG). ESG recipients also input data in HMIS and serve on the HMIS Administrators' Council and provide input and recommendations for System Performance Measures in order to evaluate ESG project outcomes. ESG-recipient cities and county ESG (EDA and DPSS) also participate in the annual PIT count and use the PIT data to develop/update Consolidated Plans. The CoC Collaborative Applicant (CA) provides data and input to the ESG cities' Con Plans. ESG funders annually solicit recommendations from the CoC as part of their prioritization to make a greater impact and avoid duplication of services with CoC program funds.

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

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

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

- (1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and**
  - (2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality. (note: some new sections)**
- (limit 2,000 characters)**

CoC board has approved DV Emergency Transfer Plan in written standard that prioritizes safety and incorporates trauma-informed, victim-centered services to prioritize safety for DV victims; CoC DV providers actively participate in CoC and offer victim-centered services that focus on maintaining safety, security/linkages to housing that prioritizes safety and unique circumstances, including: confidential emergency shelter via 24-hour hotline; referrals to housing (ES, TH and RRH); and help with safety plans, TROs, mainstream benefits to increase income, substance abuse, medical/mental health services, legal assistance, law enforcement referrals, therapeutic/peer based support and life skills. Services are in English and Spanish and support client choice and voluntary participation. CES Policies and Procedures ensure survivors of DV/sexual assault (DV/SA) have access to all CES processes and resources. CES Staff receives ongoing best-practice training on safety protocols, identifying participants fleeing or attempting to flee DV/SA and respecting client choice (location, housing type and services). CoC's Emergency Transfer Plan requires all housing providers to inform DV survivors of occupancy rights, including a request for emergency transfer as approved in CoC written standards. CES policies and procedures requires all housing providers (emergency, temporary and permanent) to screen and assess safety risk while factoring client choice in a confidential manner. Training by CES Lead (also County Behavioral Health) in trauma-informed approach for DV victims is provided on-going and used by outreach workers and navigators to ensure all needs are met, safety is secured and interventions are done in a manner that is respectful and victim-centered to help restore survivor's feelings of safety and security.

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

CoC provides training in DV best practices to housing providers, including outreach workers/navigators, by CES Lead in partnership with DV agencies at weekly CES Navigators' meetings and at an annual training on safety planning and trauma-informed care by CES Lead (also county behavioral health dept). On-going training at CES meetings includes: addressing physical and emotional safety, privacy/confidentiality, legal protection, cycle of violence, culturally-relevant services, emergency needs of participants and trauma-informed practices. CES policies/procedures mandates CES lead provide updated information on programs best equipped to serve households experiencing DV based on location, program model & linkages to other supportive services and that survivors are safely referred through "warm hand-off" via phone call, transportation, or other transition to victim service provider. CoC uses available data about DV, comparable databases, such as sheriff's and District Attorney Victim Witness, to assess the scope of community needs related to domestic violence and homelessness. Shelter From the Storm, one of two county DV agencies, used CoC funds to create a standalone HMIS to collect and analyze data that is used to assess needs related to DV and includes CES VI-SPDAT assessments and intakes using HMIS Universal data questions that are input in the HMIS standalone database. CoC safety/planning protocols are included in the CES policies/procedures to address the needs of DV survivors who are seeking shelter/services from non-victim specific providers; CES assessment includes asking about safety first; CES Lead and CES Oversight Comm is working with DV providers to improve safety/planning protocols for DV victims in CES, including: develop procedures to follow-up with DV victims that do not have access to email or phones; and training outreach/navigators to assist DV victims in developing safety plans to attach with lease agreements and kept in a confidential location.

**1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)**

In 2018, the CoC Collaborative Applicant (DPSS) used the following data to assess the specialized needs of DV, dating violence and sexual assault/stalking victims: 1) Data from the Riverside County Sheriff's Dept on human trafficking, including DV and sexual assault, collected as part of a grant received by the U.S. Dept. of Justice to address human trafficking in Riverside County; 2) Data from Shelter From the Storm, a DV provider agency located in east county (but serves the entire county) collected from a standalone HMIS database funded through CoC funds and supported by county's HMIS vendor, Eccovia; 3) and data from the Riverside County District Attorney Victim Witness that is used to assess DV victims' needs countywide. Shelter From the Storm conducts a VI-SPDAT assessment and intake using HMIS Universal data questions on each DV client and inputs the data into their standalone HMIS that maintains confidentiality of each person. Our CoC is in the early stages of evaluating this data but plans to continue

to use law enforcement data and HMIS de-identified data to assess the specialized needs of victims of DV, dating violence, sexual assault and stalking. Quantitative data can be converted in a comparable database to further be included in the HMIS system.

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

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

- SSO Coordinated Entry
- RRH
- Joint TH/RRH

**\* 1C-4b. Applicants must describe:**

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
- (2) the data source the CoC used for the calculations; and
- (3) how the CoC collected the data.

**(limit 2,000 characters)**

*HMIS data and data from DV agencies being collected to provide response*

**\* 1C-4c. Applicants must describe:**

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;
- (2) data source the CoC used for the calculations; and
- (3) how the CoC collected the data.

**(limit 2,000 characters)**

*HMIS data and data from DV agencies being collected to provide response*

**\* 1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:**

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
- (2) quantify the unmet need for housing and services for DV survivors;
- (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
- (4) describe how the CoC determined the unmet need for housing and services

for DV survivors.  
**(limit 3,000 characters)**

*Need to complete using DV bonus and DV data*

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

*Need to complete using DV bonus applications*

**\* 1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:  
 (1) rate of housing placement of DV survivors;  
 (2) rate of housing retention of DV survivors;  
 (3) improvements in safety of DV survivors; and  
 (4) how the project applicant addresses multiple barriers faced by DV survivors.  
 (limit 4,000 characters)**

*Need to complete using DV bonus application*

**1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC’s geographic areas:  
 (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;  
 (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and  
 (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Housing Authority of Riverside	32.00%	Yes-Both	Yes

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
		▼	▼
		▼	▼

**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.**

**(note: We have the attachment from Housing Authority)**

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

**\* Move On strategy description.**  
(limit 2,000 characters)

The Housing Authority of Riverside County has established a Move-on Strategy for households who have utilized a special rental assistance program for six months that is administered by the Housing Authority and no longer requires supportive services. This strategy includes partnerships with all affordable housing providers in the county, including: multifamily assistance housing owners, PHAs, Low Income Tax Credit Developments and local low-income housing programs.

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

**(limit 2,000 characters)**

LGBT service/advocacy groups included in the CoC have recently completed a study on health/wellness of county's LGBT community that revealed significant health disparities: Gay/lesbian teens smoke at a rate 2 X that of heterosexuals; Bisexual woman report intimate partner violence at a rate 3 X hetero females; 9% of girls/11% of boys grade 7<sup>th</sup>-10<sup>th</sup> reported being bullied for being gay; Adult lesbians, gay men and bisexuals are more likely to have reported 2 or more sexual partners over 12 months than heteros; Gay/lesbians report the highest lifetime diagnoses of any type of cancer; Riv Co has 5<sup>th</sup> highest HIV/6<sup>th</sup> highest AIDS cases of any county in CA and 85% of RC residents who have HIV/AIDS are gay/bisexual. Actions taken by CoC to address needs of LGBT include: new/existing CoC members that provide services and advocacy: Desert AIDS, Foothill AIDS Project, RUHS TAY LGBTQ Center; Operation SafeHouse and DPSS

Children’s Services serving foster youth and TAY; CoC Youth Action Board (YAB) is made up of TAY representing LGBTQ, substance use, violent victimization and high-risk behaviors; Co Behavioral Health MHSA funded new innovation project serves ages 16-25 with regional TAY Resource/Support Centers that are safe/inclusive space for LGBTQ youth and offer behavioral health peer support, health professionals, therapists, LVN, psychiatrist, family advocates, etc.

CoC YAB represents county’s homeless youth, including LGBTQ, is primary voice in CoC planning process. CoC implemented in 2017 an anti-discrimination policy that ensures all CoC/ESG-funded housing programs/benefits/services are open to all eligible homeless ind/families regardless of sexual orientation, gender identity, and marital status. CoC adopted HUD Equal Access Rule (EAR) and conducts training on how to implement and publicly posts on website/public spaces to ensure clients are aware of equal access to housing rights; EAR recordkeeping is maintained by providers. CoC providers also receive training by Fair Housing Council.

**\* 1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.**

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

2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?

3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?

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

Engaged/educated local policymakers:

Engaged/educated law enforcement:

Engaged/educated local business leaders:

Implemented communitywide plans:

No strategies have been implemented:

Other: **(limit 50 characters)**

Engaged/educated local policymakers:

Anti-discrimination strategy in CoC	<input checked="" type="checkbox"/>
Homeless encampment coordinate	<input checked="" type="checkbox"/>
Created countywide Homeless Co	<input checked="" type="checkbox"/>

**New in 2018:**

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

- (1) demonstrate the coordinated entry system covers the entire CoC geographic area;**
  - (2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;**
  - (3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and**
  - (4) attach CoC’s standard assessment tool.**
- (limit 2,000 characters)**

The BoG approved the CES policies/procedures in Jan. 2018; as per the policies/procedures, the CES guiding principles ensure 100% coverage of the CoC geography through coordination among all outreach and navigation teams by CES Lead (Dept. of Behavioral Health). The CES Lead partners with the CoC CES Oversight Committee and the Riverside County Executive Oversight Committee on Homelessness and cities (Coachella Valley Association of Governments and Western Riverside Association of Governments) to ensure those living in encampments and are highly resistant to services receive on-going outreach and support in partnership with law enforcement, code enforcement and specialized outreach teams (veterans, behavioral health, substance use, etc). Currently, there are about 43 full-time outreach workers in Riverside County representing multiple county and non-profit agencies. Based on the 2018 unsheltered PIT count of 1,685, there is one FTE outreach worker for every 39 unsheltered homeless person. The CES Lead (behavioral health) conducts intensive and on-going outreach on a daily basis using multiple teams that serve a specific region and/or are countywide and coordinates all county and non-profit outreach teams. CES policies and procedures ensures that the assessment process gives priority to those experiencing a housing crisis the longest and are most vulnerable (based on VI-SPDAT score) have priority access to limited permanent supportive housing resources and are stably housed in the most rapid manner possible; and that the CES system provides real-time knowledge about program housing inventories and capacity.

## **1E. Continuum of Care (CoC) Project Review, Ranking, and Selection**

**\* 1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:**

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	<input type="text" value="Yes"/>
Included at least one factor related to achieving positive housing outcomes	<input type="text" value="Yes"/>
Included a specific method for evaluating projects submitted by victim service providers	<input type="text" value="No"/>

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

CoC board will begin to use HUD evaluation tool in 2020 that places greater emphasis on serving most vulnerable and high needs populations. The CoC Independent Review Panel and Board considers severity of needs specific to chronic homelessness, vulnerable populations (youth, DV victims, veterans), substance use, no income, criminal histories, severe mental health and chronic health problems (those identified as highest users of resources) when reviewing, ranking and rating projects as indicated on performance scorecard for each project. Chronic homelessness continues to be at about 20% of the PIT count homeless population and increased by 13% from 2017 to 2018, so priority is given to increasing PSH beds that serve CH. Evaluation of new/renewal projects includes Housing First: no preconditions, prioritizes rapid placement regardless of barriers; Severity of needs, including: history of abuse which includes DV victimization, sexual assault, and abuse as a result of LGBT and childhood abuse, etc.; and whether a project is conducting outreach from the streets rather than from emergency shelters, etc. Ranking involved giving more points in scorecard based on System Performance Measures: increasing income, access to mainstream benefits, PH destination at exit, compliance with Housing First, housing quality standards and data quality standards including accuracy, completeness, and timeliness. The CoC Board will begin using the HUD evaluation tool in 2020 that places greater weight on serving the most vulnerable and high needs populations based on HMIS data. Current and new housing providers will need to strengthen outreach and Housing First supports beginning in 2019 to ensure 75% of those being placed in PSH are coming from the streets and are those most vulnerable and with the highest severity of needs.

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

<b>Public Posting of Objective Ranking and Selection Process</b>		<b>Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings</b>	
CoC or other Website	<input checked="" type="checkbox"/>	CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>	Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

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

**\* Reallocation:**

Yes ▼

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

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.

Yes ▼

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.

(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.

(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?

## 2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

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

**\* 2A-1a. Applicants must:**

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

**\* 2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.**

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

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

**\* 2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:**  
**(1) total number of beds in 2018 HIC;**

**(2) total beds dedicated for DV in the 2018 HIC; and  
(3) total number of beds in HMIS.**

<b>Project Type</b>	<b>Total Beds in 2018 HIC</b>	<b>Total Beds in HIC Dedicated for DV</b>	<b>Total Beds in HMIS</b>	<b>HMIS Bed Coverage Rate</b>
Emergency Shelter (ESG) beds	602	80	504	96.55%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	180	0	180	100.00%
Rapid Re-Housing (RRH) beds	181	0	181	100.00%
Permanent Supportive Housing (PSH) beds	1,702	0	1,702	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.**  
**(limit 2,000 characters)**

*Not applicable.*

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

**\* 2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).**  
**(mm/dd/yyyy)**




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




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

04/30/2018



**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.  
(limit 2,000 characters)**

For the 2018 sheltered PIT count methodology, we provided detailed training material that included an overview of HIC/PIT updates, a list of critical data elements expected to be collected, and an explanation of the PIT data collection flow process. In addition, a comprehensive timeline was provided to all HMIS participating and non-HMIS participating agencies to develop a better understanding of each data element required to meet PIT data collection requirements and to minimize data quality issues. We also consistently and proactively communicated with each agency regarding PIT Data accuracy to ensure that HMIS data on the night of PIT count was accurately recorded in conjunction with the number of participants residing in projects on the night of the count. The constant communication resulted in a more accurate and quality sheltered PIT report. Lastly, further accuracy improvements were achieved from DV providers and non-HMIS participating agencies by PIT submission via an electronic survey, which was a change from the previous year's paper submission form.

**2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable.**

**\* 2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?**

Yes

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

Beds Added:	67
Beds Removed:	40
Total:	27

**\* 2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count?**

**\* 2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable.**

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

The CoC implemented a pilot test of a comprehensive mobile survey for the 2018 Point in Time street-based count. The purpose of piloting the PIT count using Esri's GIS Survey123 application was to evaluate the use of a mobile application as the primary data collection tool to be used countywide in 2019. Mobile technology provides many advantages over paper forms and clipboards. The pilot test showed that Survey123 has the potential to replace the traditional paper forms and provided an opportunity to validate the business value and technical performance of the Survey123 application and processes. Aside from the Esri GIS Mobile PIT Count Pilot, the 2018 PIT Count unsheltered methodology was similar to the 2017 PIT Count unsheltered methodology. The 2018 survey tools that were selected for implementation were a slightly improved version of the 2017 tools. The survey tools were revised based on the feedback from volunteers as well as data quality improvements.

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

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

**the 2018 PIT count.**  
**(limit 2,000 characters)**

CoC expanded efforts to count homeless youth by conducting a separate Youth PIT Count that included: 1) Inviting youth partner agencies, including LGBT, youth volunteers and youth stakeholders to provide guidance in the planning and implementation of the count; 2) Hosting two community conversation meetings on ending youth homelessness that included homeless youth and LGBT who shared their experiences and insights with youth stakeholders that increased knowledge and awareness among agencies working with youth; 3) Holding bi-monthly Youth PIT planning meetings which included input from homeless/formerly homeless youth to gain feedback on where homeless youth congregate; 4) Ideas for incentives and how to effectively engage homeless youth (and LGBT); and 5) Youth partner agencies collaborated with homeless youth, youth-friendly volunteers, staff, outreach teams, and law enforcement to identify homeless locations where youth usually were not identified on the night of the PIT count.

**\* 2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:**

- (1) individuals and families experiencing chronic homelessness;**
- (2) families with children experiencing homelessness; and**
- (3) Veterans experiencing homelessness.**

**(limit 2,000 characters)**

CoC had several meetings prior to the count with agencies that serve CH persons, families with children, and veterans. Meetings involving vets involved coordination with local VA Medical Center, VA Veteran Resource and Referral Centers, HUD-VASH and SSVF providers, and other veteran service providers. Homeless coordinators and outreach workers pre-identified locations for counters and some of them were counters. Meetings also involved other outreach workers including law enforcement who are familiar with CH persons and where they live which includes encampments in less visible places like alleys, parks, freeway embankments, fields & river beds. Meetings also involved agencies that serve families with children including school districts, Dept. of Children Services, First 5, & DPSS. These stakeholders pre-identified areas in which vehicles were parked overnight and known to include families as vehicle dwellers. Counters (including homeless persons) went to all pre-identified locations.

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

Number of First Time Homeless as Reported in HDX.

**\* 3A-1a. Applicants must:**

- (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;**

- (2) describe the CoC’s strategy to address individuals and families at risk of becoming homeless; and**  
**(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time.**  
**(limit 2,000 characters)**

The CoC’s average reduction in first time homeless decreased by 306 from 2017 (4172 to 3866) for ES and TH; and decreased by 25 people (930 to 905 in ES, TH and PH. Overall, 1st time homeless decreased 8% from 3935 to 3604 (-331). Risk factors CoC uses to identify persons becoming homeless for the first time primarily include economic factors, such as poverty, being underemployed and having to pay 50%+ income on rent; and housing problems, including severe housing cost burden, and living doubled up with family/friends. Specific to Riv Co is a lack of affordable housing available. CoC is partnering with County Board to implement strategies to address ind/families at-risk of becoming homeless, such as: creating a robust Homeless Prevention System to identify persons most likely to become homeless and ensure they receive the necessary resources to prevent homelessness, including EFSP and State ESG funds to provide rental/mortgage assistance to prevent evictions; Create a Shelter Diversion System to divert households from entering ES through RRH; Enhance Community Partnerships to Increase Employment Opportunities in partnership with the Workforce Development Department (WDD) in collaboration with the CoC to establish a workforce team and service programming to prevent fragmented employment services; and Develop a Coordinated Discharge Planning System in partnership with Whole Person Care to develop and implement a countywide homeless prevention policy for persons leaving publicly funded institutions or systems of care that includes: Expanding data sharing agreements between city/county depts and non-profit providers serving common clients being discharged from institutional care, hospitals, and acute or long-term facilities; and evaluate/identify best practices, protocols, and staff training for housing-focused discharge planning, including direct linkage to the county’s CES and “zero-tolerance” discharge policies. Organization responsible is CES Lead agency, RUHS-BH.

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

Average reduction in length of time homeless (LOTH) for individuals and families remained at 72 days for ES and TH – the same as the previous year. The CoC strategy

to reduce LOTH for individuals/families aligns with the county’s strategies to end homelessness that include: Increase the Supply of Bridge Housing to provide temporary housing, such as TH or motel stays, for ind/families who accepted PH unit to be funded with new surge of state funding; Create a Housing Search and Capacity Building Team comprised of housing locators who, with support from a wide-range of community members, focus on identifying various affordable housing options for homeless individuals for all CoC navigators to use and to allow street outreach workers the ability to focus on developing relationships with homeless individuals, including the chronically homeless, and increase their motivation to pursue appropriate and affordable housing opportunities; Expand Street Outreach within the Housing Crisis Response System within the Housing Crisis Response Team in all areas of the County ensuring outreach workers effectively and efficiently engage persons living on the streets; and Expand Housing Navigation within the Housing Crisis Response System to ensure housing navigators can effectively engage with homeless individuals living on the streets. CoC CES policies and procedures requires prioritization be given to individuals and families with the longest lengths of homelessness. CoC Housing Committee works with CES Oversight Committee and CES Lead, RUHS-BH, in overseeing strategy.

**\* 3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:**

**(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and**

**(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.**

**Percentage**

Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.

44%

Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.

97%

**\* 3A-3a. Applicants must:**

**(1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and**

**(2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.**

**(limit 2,000 characters)**

Exits to PH from ES, TH, PH-RRH continue to increase (40% to 44% and an 8% increase since 2016; and exits/retention to PH-RRH increased by 1%. CoC strategy to increase rate of ind/fam that move into and retain PH aligns with county’s plan

recommendations: Create a fully functional CES that ensures countywide monitoring and access to housing/resource referrals and supports landlords; Increase supply of PSH countywide through an evidence-based intervention model which includes case management, employment services, and other key supports that households need to maintain and thrive in stable housing; Increase RRH assistance countywide to assist households experiencing transitional homelessness stabilize in PH as quickly as possible; strategy includes: Identifying current RRH service gaps in specific regions, coordinating with cities on creating local RRH programs and expanding PH placements made through CES; Implement a community-wide HF and Low Barrier approach to help homeless persons obtain/maintain permanent affordable housing regardless of their service needs or challenges by: Increasing home-based care managers to ensure previously homeless ind/families receive case management services while in PSH and/or after RRH assistance ends; Increase supportive services to implement a plan to coordinate and enhance community-based homeless case management services countywide; and improve access to healthcare and mainstream benefits by establishing a countywide team to support homeless case managers who will work with a benefits specialist lead at each homeless provider agency to educate recipients on how to maintain their benefits and what to do if benefits are lost or denied; and link eligible clients to new state funded Housing and Disability Advocacy Program (HDAP) to streamline access to SSI/SSDI benefits. Organization responsible for increasing rate of exits to PH is CES Lead (RUHS-BH); Organization responsible for strategy to retain PH is CA (DPSS).

**\* 3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.**

	<b>Percentage</b>
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	5%

**\* 3A-4a. Applicants must:**

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
- (2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness.**

**(limit 2,000 characters)**

Total returns to homelessness (RTH) in 2 years is 21%. CoC identifies common factors of ind/families RTH by recent analysis of HMIS data (2015-2017) to determine reasons people RTH that showed: 43% who RTH within two years became homeless in first 6 mons of being housed; Profile of homeless person most likely to RTH is: CH (9% increase from 2015-17); single man, age 40+, has a disability (health or alcohol use) and is Hispanic/Latino. HMIS data analysis also showed RTH (recidivism (357 persons))

outpacing those placed in PH (353 persons). CoC strategy to reduce rate of RTH aligns with county plan, including: Homeless Prevention System to identify persons most likely to RTH after being in PH and ensure they receive necessary resources to remain housed (EFSP and State ESG funds for rental/mortgage assistance to prevent evictions); Increase employment opportunities via Workforce Dev Dept (WDD) in collaboration with CoC to establish a workforce team to prevent fragmented employment services; Develop a coordinated discharge planning system with Whole Person Care for persons leaving institutions (hospitals, jails, acute or long-term facilities, etc); Develop proactive strategies to end the cycle of homelessness including coordination with law enforcement, county agencies and cities to address underlying causes of homelessness, specifically criminalization policies and recidivism, including a countywide encampment response strategy; A shelter diversion system to divert HHs from entering ES with RRH; Fostering landlord engagement with new Housing Search Team operated by non-profit housing provider using State ESG funds to support housing locators that focus on identifying affordable housing and cultivating new/existing landlord relationships; and improve access to healthcare/mainstream benefits, including a new state funded Housing and Disability Advocacy Program (HDAP) for eligible CH individuals to obtain SSI/SSDI with housing assistance. Agency responsible is CA (DPSS).

**\* 3A-5. Job and Income Growth. Applicants must:**

**(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;**

**(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**

**(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.**

**(limit 2,000 characters)**

Stayers increased total income by 3%. Leavers had 3% decrease in total income. Strategy to increase access to employment/non-emp cash sources include: Increase emp opportunities with Emp Dev Dept (EDD), WDD, DPSS Subsidized Employment; Leverage funding through WIOA to connect homeless persons with workforce services, training and job supports (subsidized childcare, transportation and assistance with employment needs (uniforms, tools, etc). WDD will establish "Career Resource Areas" using surplus WDD computers at access centers serving homeless, provide computer, internet, and software access to facilitate résumé prep and job search; Establish WDD team to exclusively serve homeless jobseekers, including dedicated job developer; Provide homeless jobseekers soft skill development courses and career coaching; Provide employment retention services, such as access to career coaches and other supports; Enhance CalWORKs Subsidized Emp Program for Homeless Families to increase wrap-around services/employer recruitment to increase job rate of participants. Strategy to improve access to healthcare and mainstream benefits includes leveraging funds and resources through Whole Person Care, managed care agencies, such as Inland Empire Health Plan (IEHP), Board of State and Community Corrections (Prop 47

funds) and Housing and Disability Advocacy Program (HDAP) to link CH to disability benefits. Collaboration strategies to improve/increase access to mainstream benefits will include: establish countywide team to support homeless CMs to partner with benefits specialists at each CoC agency; Educate recipients on how to maintain benefits/what to do if benefits are lost/denied; train homeless CMs to complete benefit apps, appeal process for denied applications, tracking apps; and create CoC "Access to Health Care Advisory Comm" to train/educate providers on ACA and other benefits and annual SOAR training. Agency responsible is DPSS.

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

05/30/2018



**\* 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**

**(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**

**(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS

0

Total number of beds dedicated to individuals and families experiencing chronic homelessness

1,609

**Total**

1,609

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

Yes

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

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)

Number of previous homeless episodes

Unsheltered homelessness

Criminal History

- History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)
- Bad credit or rental history
- Head of Household with Mental/Physical Disability

**\* 3B-2.2. Applicants must:**

- (1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
  - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
  - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

Strategy to rapidly rehouse every family in 30 days first includes local housing identification services, which involves assisting families with finding and securing suitable housing and contacting and recruiting landlords for an appropriate housing opportunity. At the same time, Housing Navigators work with families to develop a housing plan to identify family’s needs and preferences while implementing a housing first and low barrier approach to remove barriers to landlord participation. The plan also provides the basis for the initial level of financial assistance and/or supportive services needed. Next, Housing Navigators assist families with financial assistance that includes rent and utility assistance and move-in costs and deposits. A progressive engagement approach is used, wherein families are provided an initial level of assistance typically for six months. Ongoing monitoring and periodic reassessment determines if and when the basic level of assistance should be changed or increased. In order to ensure that families maintain their housing, case managers assist families with connecting them to mainstream and community resources that may include income assistance, employment services, health care, mental health services, and substance use treatment. Case managers do not simply provide referrals. They make sure that families participate in the process so that they will gain the knowledge and skills necessary to maintain the resources and connect and navigate the process for any future resources. Case managers generally work with families for up to six months after rapid rehousing assistance ends. The organization responsible for overseeing the CoC’s RRH strategy is CA (DPSS) and CES Lead (RUHS-BH), which operates within a no wrong-door approach. The CES, which is also linked to outreach teams and shelters, helps ensures appropriateness for every eligible family.

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

- CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.
- CoC conducts optional training for all CoC and ESG funded service providers on these topics.
- CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.
- CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.
- CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.

**\* 3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied homeless youth includes the following:**

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

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

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

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

Strategies to increase housing/services include new/enhanced partnerships with county/community agencies, including: DPSS Childrens' Services/Housing Authority to use Family Unification vouchers for youth; Dept. of BH's (new) funding to create 3 regional centers/services for TAY with mental health/substance use; Operation Safehouse receives RHY TH for youth. Strategies implemented by CoC: Created Youth Planning Comm with youth serving partners who were not part of CoC to coordinate/leverage existing youth services/funding; Youth Count in 2018 had new partners/strategies to identify youth that resulted in 181 unsheltered homeless youth counted. New strategies to end youth homelessness are: Identifying all unaccompanied youth via outreach/coordination with youth agencies with drop-in centers, hotlines and afterschool programs; Using CES to effectively use youth-adapted assessment tools to link youth to housing/service solutions including those fleeing violence/trafficking; and using HF approach that helps youth enter time limited housing (when needed) and permanent housing. CES Navigators do weekly case conferencing for youth to ensure they are in appropriate temporary/permanent housing as quickly as possible. HMIS/CES data is used to measure effectiveness and success of strategies and housing/service options and track total number of unsheltered youth to compare over time. Youth PIT data is used to show underlying issues that hinder permanent housing placement.

**\* 3B-2.6a. Applicants must:**

**(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**

**(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**

**(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**

**(limit 3,000 characters)**

Strategies to increase housing/services include new/enhanced partnerships with county/community agencies, including: DPSS Childrens' Services/Housing Authority to use Family Unification vouchers for youth; Dept. of BH's (new) funding to create 3 regional centers/services for TAY with mental health/substance use; Operation Safehouse receives RHY TH for youth. Strategies implemented by CoC: Created Youth Action Board (YAP)with youth-serving partners who were not part of CoC to coordinate/leverage existing youth services/funding; Youth Count in 2018 had new partners/strategies to identify youth that resulted in a 181 unsheltered youth in 2018 Youth PIT Count. New strategies to end youth homelessness are: Identifying all unaccompanied youth via outreach/coordination with youth agencies with drop-in centers, hotlines and afterschool programs; Using CES to effectively use youth-adapted assessment tools to link youth to housing/service solutions including those fleeing violence/trafficking; and using HF approach that helps youth enter time limited housing (when needed) and permanent housing. CES Navigators do weekly case conferencing for youth to ensure they are in appropriate temporary/permanent housing as quickly as possible. HMIS/CES data is used to measure effectiveness and success of strategies

and housing/service options and track total number of unsheltered youth to compare over time. Youth PIT data is used to show underlying issues that hinder permanent housing placement.

**\* 3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:**

- (1) youth education providers;**
- (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
- (3) school districts; and**
- (4) the formal partnerships with (1) through (3) above.**

**(limit 2,000 characters)**

CoC collaborates with 23 LEA homeless liaisons through County Office of Education to remove enrollment barriers, increase school attendance and improve academic success of homeless children/youth. County Education Homeless Coordinator represents 25,000+ homeless students and is a member of the CoC and is liaison with CoC Board, youth homeless providers and school district homeless coordinators.

Housing/Behavioral Health Directors meet with school districts to provide wraparound services for families and work with students to develop Individualized Education Plans. CoC partners work with County Office of Education and local school districts to ensure youth were counted during 2018 PIT count. LEAs collaborate with CPS and homeless liaisons to ensure homeless students and families are aware of eligibility of education services. A 5 City Homeless regional alliance of public and private agencies received funding to work with school districts to provide RRH and supportive services.

**3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.**

**(limit 2,000 characters)**

*Still working on this section to incorporate new guidance.*

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

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes <input type="button" value="v"/>	No <input type="button" value="v"/>
Head Start	Yes <input type="button" value="v"/>	No <input type="button" value="v"/>
Early Head Start	Yes <input type="button" value="v"/>	No <input type="button" value="v"/>

	MOU/MOA	Other Formal Agreement
Child Care and Development Fund	Yes <input type="button" value="v"/>	No <input type="button" value="v"/>
Federal Home Visiting Program	No <input type="button" value="v"/>	Yes <input type="button" value="v"/>
Healthy Start	Yes <input type="button" value="v"/>	No <input type="button" value="v"/>
Public Pre-K	Yes <input type="button" value="v"/>	No <input type="button" value="v"/>
Birth to 3 years	Yes <input type="button" value="v"/>	No <input type="button" value="v"/>
Tribal Home Visiting Program	No <input type="button" value="v"/>	No <input type="button" value="v"/>
Other: <b>(limit 50 characters)</b>		
<input type="text"/>	<input type="button" value="v"/>	<input type="button" value="v"/>
<input type="text"/>	<input type="button" value="v"/>	<input type="button" value="v"/>

**\* 3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)**

As one of the first counties in the nation to end homelessness among veterans, the CoC continues to improve its existing CES to link veterans with appropriate housing. CES vet outreach teams continue to identify, assess and engage all unsheltered vets and work with VA to identify/verify veteran status in the field. Concurrently, vets are assessed for severe service needs/barriers with VISPDAT. Upon verification and assessment, the vet is placed on the CES BNL and prioritized per the Orders of Priority adopted by the CoC and referred to available VA housing, including HUD-VASH, SSVF, GPD, CoC and/or mainstream resources based on eligibility. Unsheltered vets are engaged in collaboration with VA and other service providers, countywide outreach, transportation, e-beds and resources that are mobilized and employed on the day of the PITC to offer housing. This effort is led by the Housing Authority, CES Lead (RUHS-BH) and Sheriff's Outreach team to identify and engage unsheltered vets for immediate housing on the day of the count.

**\* 3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?**

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

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

No

**\* 3B-5. Racial Disparity. Applicants must:**

**(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;**  
**(2) if the CoC conducted an assessment, attach a copy of the summary.**

Yes

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

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

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

- The CoC's board and decisionmaking bodies are representative of the population served in the CoC.
- The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.
- The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.
- The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups
- The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.
- The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.
- The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.
- The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.
- The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.
- The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.
- The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.
- Other:

**\* 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**  
**(1) assists persons experiencing homelessness with enrolling in health insurance;**

**and**  
**(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes ▼	Yes ▼
Private Insurers:	Yes ▼	Yes ▼
Non-Profit, Philanthropic:	Yes ▼	Yes ▼
Other: <b>(limit 50 characters)</b> <input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

**\* 4A-1a. Mainstream Benefits. Applicants must:**

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

CoC works with mainstream programs that assist with resources, including: Annual SOAR training to access SSI/SSDI; partnership with Workforce Development & business partners to increase employment; DPSS MediCal Outreach/Enrollment state grant (through ACA) training that helps enrollment specialists in CBOs countywide to increase access to healthcare; DPSS received state funding this year to implement Housing and Disability Advocacy Program (HDAP) that provides eligible chronic homeless individuals access to advocacy and support as they work through the SSI/SSDI application process, along with housing support; Regular CES Outreach/Navigator training emphasizes mainstream resource providers, prioritizing access to resources, & coordinating referrals. CoC also works with DPSS/TANF to provide short-term housing assistance & food stamps; The Inland Empire Health Plan (IEHP), a non-profit Medi-Cal/Medicare plan, has partnered with Riverside County to provide SS match funding for new PSH projects to serve CH with chronic health conditions; Community Action Agency provides utility assistance & child development programs; and First 5 (Head Start) provides early care and education for children ages 0-5. Organization responsible is DPSS.

**\* 4A-2.Housing First: Applicants must report:**

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-**

**coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.

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

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Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.

100%

**\* 4A-3. Street Outreach. Applicants must:**

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

**(limit 2,000 characters)**

CoC uses ESG to expand street outreach services to engage hardest to serve unsheltered persons with crisis stabilization housing, prevention services, diversion and RRH. Outreach/In-reach teams enable CoC to cover 100% of area. Teams provide outreach seven-days a week and target areas that have high concentrations of unsheltered homeless that include those with longest history of homelessness and most severe service needs. Teams engage and directly link unsheltered homeless to resources that assist with obtaining PH or mainstream benefits. CoC-sponsored training featured segments on assertive, active engagement and motivational interviewing to assist outreach teams increase positive outreach outcomes and participation in CES. CES has protocols in place to ensure persons have immediate access to assistance and resources that assist with obtaining PH once persons are entered on by-name list. Resources include housing navigation to help with housing search and overcome barriers to obtain housing.

**\* 4A-4. Affirmative Outreach. Applicants must describe:**

- (1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and**
- (2) how the CoC communicated effectively with persons with disabilities and**

**limited English proficiency fair housing strategy in (1) above.**  
**(limit 2,000 characters)**

The CoC mandates and monitors CoC projects to ensure they meet minimum standards in accordance with the Rehabilitation Act, Fair Housing Act and Title II of ADA. Projects market their programs to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap. Programs are marketed by: public posting/websites; CES; street outreach; community events and stakeholder meetings. Housing awareness activities include: posting fair housing counseling sites; continuing education and technical assistance for funded projects, CoC sponsored landlord education events with Fair Housing Council; advocacy and assistance filing housing discrimination complaints. Funded projects must meet regulatory requirements relating to access, transportation, disability accommodations and linguistic needs. All sub-recipients must provide program participants with information on rights and remedies available under federal, state and local fair housing and civil rights laws.

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

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	277	181	-96

**\* 4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?**

**\* 4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?**