

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 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with 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 so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant 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 Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: CA-604 - Bakersfield/Kern County CoC

1A-2. Collaborative Applicant Name: United Way of Kern County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Kern County Mental Health

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
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	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	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
Mainstream Benefit Organizations	Yes	Yes	Yes
Disability Services	Yes	Yes	Yes
Veterans Services	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area 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. (limit 1000 characters)

The CoC participates in sub-population focused coalitions, works closely with local and state government, and is available to the public via:

- Website comment email link and meeting calendar;
- Meetings (all open to the public) with opportunities for opinions and agency presentations;
- Governance Charter states “ensure representation from diverse public and private agencies.”

Hospitals at the Homeless Prevention and Discharge Planning Committee helped to evolve a Quick Referral Tool to refine referring and referred agencies and access to services; dialogue solved a dilemma of re-occurring unsafe discharges.

Women’s Center-High Desert in extreme rural northeast Kern, after community requests for service, stepped up to provide domestic violence services opening an office southeast Mojave.

The Collaborative Applicant hosts community conversations encouraging shared aspirations from individuals and organizations.

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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Kern High School District	No	Yes	Yes
Community Action Partnership of Kern	No	Yes	Yes
Kern County Superintendent of Schools	No	Yes	Yes
Kern County Department of Human Services	No	Yes	Yes
Housing Authority of the County of Kern	No	Yes	Yes
Bethany Services Bakersfield Homeless Center	No	Yes	Yes
Kern County Mental Health	No	Yes	Yes
Alliance Against Family Violence and Sexual Assault	No	Yes	Yes
Flood Bakersfield Ministries	No	Yes	Yes
California Veterans Assistance Foundation	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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Alliance Against Family Violence and Sexual Assault	Yes	Yes
Women's Center-High Desert	Yes	Yes
Greater Bakersfield Legal Assistance	Yes	Yes
Clinica Sierra Vista	Yes	Yes
California Veterans Assistance Foundation	Yes	Yes
Kern County Mental Health	Yes	Yes
Stewards Inc	Yes	Yes
Alpha House	Yes	Yes
Bakersfield Police Department	Yes	No
Kern County Department of Human Resources	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
 (limit 1000 characters)**

Since the 2008 inception of the CoC's Ten Year Plan to End Chronic Homelessness, leaders have gained significant experience towards ending homelessness. Community collaboration is key to identifying partners complimentary to meeting the goals of Opening Doors (OD). The Full Membership selects a Governing Board, its leadership effectively utilizing Opening Door strategies. The Board involves all levels of government and agencies, from faith-based to large corporations. They tactically select committee leaders to guide the work of members and community partners, based on specialized areas of service, strengthening prioritization policies. Committees maximize resources and recruit partners crucial to outcomes of the CoC and ESG. Education and training reiterates strategies to members, partners, local leaders and the public. Through coordinated entry and assessment, prioritizing and case conferencing, OD strategies are implemented towards ending homelessness for all sub-populations.

1B-4. 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 any new projects in 2015. (limit 1000 characters)

The CoC Board and Committees work yearlong to purposefully invite potential private or public stakeholders to be part of CoC processes, including funding. An annual call for LOIs, soliciting any potential proposals, is placed in Bakersfield Californian, the county's largest newspaper, and on the CoC website; giving instructions for new and renewing applicants. The Housing Committee provides technical assistance to any new or existing projects needing assistance. All LOI submissions are screened for eligibility and compliance and agencies notified by the Collaborative Applicant. A compliant project list is submitted to the CoC Planning and Performance Committee, approved by the Governing Board and a non-conflicting Ranking Panel is convened. A new project that may fill a gap, if CoC funds are not available, would prompt CoC collaboration and consideration of non-HUD fund resources to bring the project alongside the work of ending homelessness.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Semi-Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other 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)	Not Applicable
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs 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 that the CoC 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)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for 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	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	3	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	66.67%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	3	100.00%
How many of the Con Plan jurisdictions are also ESG recipients?	3	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	3	100.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2	66.67%
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1C-2a. Based on the responses selected 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, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The CoC Planning and Performance Committee, the Collaborative Applicant (CA), and the Housing Authority of the County of Kern regularly meet with Con Plan jurisdictions within the CoC geographical area and provide input on the Con Plan and annual Action Plans of the jurisdictions. The CoC and its members work closely with the jurisdictions to plan the use of HOME and ESG funds and have partnered with the jurisdictions to develop PSH and TH for the homeless. An 8-page document recaps the annual PIT and is provided to all communities. The CA worked with the County of Kern and the City of Bakersfield (and their consultants) through phone calls, emails and meetings. Approximately 60 hours of time was invested by the CA for these efforts in 2014. An invitation has been submitted to the City of Delano for increased collaboration in CoC and ESG efforts.

1C-2b. Based on the responses selected 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)

Kern County and the City of Bakersfield's ESG funded projects are incorporated within the CoC's HMIS (including non-CoC funded members receiving ESG funding). Project monitoring, as with CoC processes, is available from the CoC Planning and Performance Committee (CPPC) to ESG jurisdictions. Through the CoC, the City of Bakersfield submits annual housing needs/priority surveys, and are distributed to the full CoC. The surveys provide feedback to make recommendations for ESG outcome goals. Through public relations and social media efforts together with the CoC the City reports the priorities to the Governing Board; distributes the ESG Notice of Funding; and solicits an Action Plan review from the Governing Board. Proposed applicants are submitted to the CPPC for review (to consider and evaluate CoC need) and applicant outcomes are measured along with goals set. The CoC is welcome to participate in the public comment process of the annual CAPER.

1C-3. Describe the 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)

CoC members such as the Alliance Against Family Violence and Sexual Assault (Metro Bakersfield), Women's Center-High Desert (East Kern including Ridgecrest and Mojave), and (non-CoC funded) Alpha House (West Kern), work together to span metro Bakersfield and Kern's rural areas, no small task for a 8,161 sq. mi territory. Together these agencies work with the county's Department of Human Services, PHA, homeless service providers including non-CoC community partners. These three facilities work under a Trauma Informed / Voluntary Participation model (providing client choice) and provide 24 hour secured emergency shelters and TH in undisclosed locations for client and staff safety. Unidentifiable data and exempt agency status mean referrals are confidential and staff work to maintain secure, protected information while still partnering with other agencies i.e. probation, law enforcement, the courts to provide restraining orders, and legal 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 October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the County of Kern	28.00%	Yes-HCV
Wasco Housing Authority	0.00%	No

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)

CoC members have developed over 680 subsidized beds that target persons experiencing homelessness. The beds are funded by state and local resources and include:

- Haven Cottages, a 24-unit PSH project for mentally ill homeless individuals;
- The Residences at West Columbus, a 20-unit PSH project for mentally ill homeless transition age youth;
- Building Blocks, a 12-unit TH project for homeless emancipated youth;
- Park 20th, a 42-unit PSH project for homeless veterans and other homeless persons;
- Corporation for Better Housing, 150 affordable units located throughout the County for homeless persons and families;
- TH, 8-affordable units for homeless families provided by the PHA;
- 107 RRH beds for homeless TANF families – funded through the local TANF agency;
- Green Gardens, a 104-unit PSH project for mentally ill and other people who are homeless with a disability;
- 112 beds funded through the VA for homeless veterans;
- 98 TH beds for homeless men and women, funded by The Mission at Kern County; and
- 4 PH units for homeless families created through NSP funding.

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. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Crisis Intervention Team International: The CoC participates in the Crisis Intervention Team (CIT) process. The Collaborative Applicant chairs the CIT Homelessness Subcommittee. The CIT model is directed locally by CoC HMIS Lead Kern County Mental Health. "CIT International is a non-profit membership organization whose primary purpose is to facilitate understanding, development and implementation of CIT programs worldwide to promote and support collaborative efforts to create and sustain more effective interactions among law enforcement, mental health care providers, individuals with mental illness, their families and communities and to reduce the stigma of mental illness. CIT works to raise public and stakeholder awareness through education and outreach, establish and disseminate recommended standards for developing, implementing and sustaining crisis intervention programs, providing assistance to communities."	<input checked="" type="checkbox"/>

<p>A Coordinated Entry and Assessment (CEA) Plan incorporates a Quick Referral Tool (QRT) to empower community partners with access to CoC's members and services. The CEA Committee determined the QRT should include training for community partners including parole, probation, family unification programs, health plans and hospitals. The Collaborative Applicant presents countywide on the myths of homelessness and the United Nations finding relating to criminalizing homelessness; resulting in increased empathy, encourages redirecting individuals, and discourages criminalizing homelessness. The CoC's Governance Charter specifies that all members serve those who are homeless or at risk, regardless of race, color, national origin, religion, sex, age, familial status, or disability.</p>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; margin: auto;">X</div>
<p>The County of Kern is the third largest county in California covering an expanse of 1,861 sq. miles of agricultural land, desert, mountains, waterways, and oilfields. All efforts - in outreach, service, and PIT counts - are exhausted to reach every rural unincorporated and incorporated areas. In the county seat of Bakersfield the city's Police Department developed a specialized foot beat officer force that works with service providers. The effort has directly assisted with housing those most chronically homeless by avoiding arrest for these individuals who are connected to services. 20% of the 573 unsheltered individuals contacted through ESG funded street outreach have been housed.</p>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; margin: auto;">X</div>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems 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:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that 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:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

N/A

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**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)**

People who are homeless are identified and informed about housing and services through 2-1-1, the CoC website, social media, PR campaigns, service provider outreach (held at the same locations monthly), street outreach, PIT, and agency referrals.

Through Coordinated Entry and Assessment (CEA) providers use a Quick Referral Tool (QRT). Agencies to which homeless are referred confirm receipt of the referral (enhancing collaboration) contact the individual(s) within 48 hours (sooner if a crisis) and redirect referrals if necessary. Individuals are identified through HMIS to avoid service duplication. Changing providers is acceptable; the CoC honors participant choice.

Often people from the CH prioritized registry are relocated (i.e. through a hospital) – having lost touch since they are transient and phones are not charged or are stolen.

CEA has expanded case conferencing and the QRT connects people with the multiple, wraparound service provides they need. It takes a village.

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 the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, 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	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Youth, Foster Care Emancipation, Training, Residential Agencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Veteran Agencies and Coalitions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Unification Agencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 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 2015 CoC Program Competition?	20
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	4
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 2015 CoC Program Competition?	16
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Need for specialized population services	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

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 CoC Planning and Performance Committee (CPPC) considered severity of need via PIT, HIC, member discussion (including homelessness representation), HUD and CoC prioritization guidelines; and infused them within the CoC Ranking Panel Syllabus, Ranking Guides, Data Spreadsheet, Conflict of Interest Form and a Performance Standard Matrix. (Minutes attached.) Six overarching policy priorities were reiterated through the process: resource allocation; ending chronic, family, youth and veteran homelessness; a Housing First approach; length of stay, performance and outcome data. Ranking applicant interviews included 15 points for serving vulnerable populations. The sub-populations identified have long been prioritized with the CoC: CH, family, youth, domestic violence, and veterans. Through each step the severity of needs and vulnerabilities of participants were considered and the CoC's Prioritization Policy (within Governance Charter) remained at the forefront of decision making.

**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. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

The competition review, ranking and selection process were publicized through the CoC's website (updating at each step), the full membership listserve, and social media; compliant with HUD timelines. The Governing Board and the CoC Planning and Performance Committee reviewed the process and monitored status. All meetings provided updates to attendees and the NOFA Timeline was continually updated and shared. LOI Posted 9/26, 10/14; Applications due 10/20; Ranking presentations 10/27 and 29; Ranking projects announced 10/30; Appeals due 11/2; Ranking approved by CoC Committee and Governing Board 11/4. The full application was publicly posted 11/18, and distributed to the full membership. (Timeline, attachment 3, page 19).

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 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.)

11/17/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 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 their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 10/30/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

The CoC Planning and Performance Committee's (CPPC) charter requires the overseers to "monitor outcomes of projects funded under both ESG and CoC programs as required by The HEARTH Act". Each quarter each agency's HMIS staff submit a quarterly APR (10/1 through 9/30) through the HMIS Committee. A 'System Measures' spreadsheet report including all projects is produced by the HMIS Lead; reviewed by the CPPC and presented to the Governing Board quarterly. Agencies who perform below HUD goals receive a corrective action letter. Project applicants are required to submit their plan to improve performance.

In the event an agency does not respond in a manner consistent with HUD guidelines or repeatedly performs below standards, the CPCC assigns a peer mentor agency to provide guidance and support. Agencies under performing may voluntarily request this hands on assistance.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, 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 the attached MOU. Governance Charter Page 9

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 Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? ClientTrack 2015
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? ClientTrack, Inc.
Applicant will enter the name of the vendor (e.g., ABC Systems).

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

*** 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	\$153,509
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$153,509

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	\$38,377
State	\$0
State and Local - Total Amount	\$38,377

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	\$191,886
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/14/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	458	60	397	99.75%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	230	34	190	96.94%
Rapid Re-Housing (RRH) beds	92	0	92	100.00%
Permanent Supportive Housing (PSH) beds	1,574	0	1,521	96.63%
Other Permanent Housing (OPH) beds	15	0	15	100.00%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Not applicable - bed coverage rate for all housing types exceeds 85%.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

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

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	0%
3.3 Date of birth	0%	0%
3.4 Race	2%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	1%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	2%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	5%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	1%	0%

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

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

Client Service/Program Reports	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

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)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/22/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, 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): 05/14/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
Comparison of personally identifying info: Names	<input checked="" type="checkbox"/>

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

HMIS:	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Provider surveys	<input checked="" type="checkbox"/>

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)

The Census Count method was used for the annual sheltered PIT Count. A standardized survey tool was developed to include population and sub-population data consistent with HUD standards. Each adult was surveyed, dependent children were included on a head of household form, and the household forms were stapled together. Though labor intensive, it was the most accurate way to collect high quality data, including specific characteristics, for the total number of people surveyed and defined a true representation of the sheltered homeless population. Program staff and community volunteers attended a 2-hour training to ensure data collection quality and standardization. Each Emergency Shelter and TH programs used the tool to survey all persons residing within their programs on the night of the Count. On Census day, completed survey tools were submitted by surveyors, reviewed by zone team leaders, entered on a master spreadsheet, then submitted for database entry and analysis.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, 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 and change in partners participating in the PIT count). (limit 1000 characters)

There were no changes to the methodology used between the 2014 PIT Count to the 2015 PIT Count.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 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 method). (limit 1000 characters)

Two changes were implemented that improved data quality, including an increased focus on sheltered youth and new techniques for de-duplication.

1. The survey tool utilized in the 2015 sheltered count incorporated youth specific questions to focus on collecting data on this subpopulation. The Census Committee recruited youth volunteers to conduct one “still site” survey location, and attended the UC Berkeley We County training on best practices for surveying youth.
2. A new approach to avoiding duplication of data included, for the first time, surveyors being allowed to ask the individual for their name, to be included on the survey tool. This enabled the data entry team to verify that all sheltered individuals were surveyed and prevented duplication in data. We did not find that it hindered information sharing from those surveyed.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/23/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

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

Kern, the third largest county in California, covers 1,850 sq. miles of agricultural, desert, mountain, waterway, and oil land. All efforts in PIT counts are exhausted to reach every rural unincorporated and incorporated area. A thoroughfare between the Bay Area and Los Angeles, ANNUAL sheltered and unsheltered counts closely monitor homeless trends. Methods used for the unsheltered count were: night of the count-complete census and night of the count-known locations.

200 Volunteers, including formerly homeless people, had a 2-hour training, formed teams of three, and were assigned canvas areas and 'fixed sites' (where the homeless congregate e.g. food banks, meal sites, recycling centers, bus depots and parks).

Completed surveys were reviewed by team leaders, entered on a master spreadsheet, and submitted for database entry and analysis. The labor intensive methods selected allowed the CoC to conduct a most detailed and accurate collection of data for all who were surveyed.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, 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 and change in partners participating in the count). (limit 1000 characters)

There were no changes in the methodology used from the 2014 count to the 2015 count.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 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 to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Two changes implemented improved data quality: an increased focus on sheltered youth and new techniques for de-duplication. Since the 2013 HUD announcement that an unsheltered youth count would be required, the CoC began planning to collect quality youth homelessness data.

1. As is commonly known most unsheltered youth do not utilize the same service providers as adults. The Census Committee offered incentives at a known site location during the unsheltered count. In addition to 'youth specific' questions added to the survey tool, youth peer were trained and paid through a small grant to conduct the survey.

2. A new approach to avoiding duplication of data included, for the first time, surveyors being allowed to ask the individual for their name, to be included on the survey tool. This enabled the data entry team to verify that all sheltered individuals were surveyed and prevented duplication in data. We did not find that it hindered information sharing from those surveyed.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	992	954	-38
Emergency Shelter Total	382	361	-21
Safe Haven Total	0	0	0
Transitional Housing Total	195	184	-11
Total Sheltered Count	577	545	-32
Total Unsheltered Count	415	409	-6

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	1,481
Emergency Shelter Total	1,472
Safe Haven Total	0
Transitional Housing Total	309

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 for becoming homeless for the first time.
(limit 1000 characters)**

The CoC's 10-Year Plan to End Chronic Homelessness includes specific strategies to prevent homelessness, resolving and eliminating the risk whenever possible. This is successfully implemented by identifying those at risk due to:

- Eviction, providing them with education and legal assistance. If eviction can't be resolved, they are connected to homeless prevention services;
- Financially insecure households, assisting them with financial literacy, EITC, employment and training, and child care;
- Unstable discharges from hospitals, mental health facilities, incarceration and foster care; connecting them to housing resources through the Coordinated Entry and Assessment Quick Referral Tool. The CoC works closely with law and code enforcement, hospitals, social services, probation and parole to identify at-risk persons before they are discharged and connect them to an integrated support system.
- Mental health and/or substance abuse issues, and connects them to services.

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)**

This year the CoC, and most non-CoC funded PSH beds (funded through the PHA), implemented HUD's guidance [CPD-14-012] for prioritizing PSH beds. A primary factor in this prioritizing is length of homelessness. To identify individuals/families with the longest history of homelessness, service and street outreach providers determined the length of homelessness based on interviews, street outreach, shelter records and HMIS. This first contact information was updated (for the first time) in HMIS. Weekly calls were held with service and housing providers to quickly connect the homeless to available PSH beds, (which are prioritized for those with the longest history of homelessness and most severe service needs). In addition the CoC added several hundred RRH beds through ESG and DHS funding (not reflected in the HIC) over the past 18 months; through CoC reallocation and mainstream funding sources, significantly reducing the length of stay in shelters.

*** 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:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	809
Of the persons in the Universe above, how many of those exited to permanent destinations?	548
% Successful Exits	67.74%

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, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	881
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?	838
% Successful Retentions/Exits	95.12%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three 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)

To reduce returns to homelessness CoC members begin before a household exits a program – the greater personal success the less likely to exit housing. Aftercare and intensive case management implement such strategies as:

- Promoting Housing Choice, helping homeless persons choose best fit, affordable housing they like in the first place;
- Increasing household income for independence and self-sufficiency (through SOAR, training, work experience and optimally employment);
- Accessing medical and mental health and substance abuse services;
- Learning life skills and financial literacy, paying rent and complying with their lease; and
- Participating in community events and social interaction opportunities.

HMIS is used to monitor and record returns to homelessness and each agency monitors and tracks through internal processes as well, helping to ensure program performance. Agencies work together for housing and services and often work together to avoid returns to homelessness.

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

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

Providers determine if mainstream benefits are an eligible option to increase non-employment income (i.e. TANF, child support, pension, survivor benefits etc.) The CoC is fortunate to have many members and community partners whose agencies are the providers of mainstream benefits and close collaboration and case conference often takes place. Agencies seek to provide assistance to eliminate barriers. One example is the barrier to employment (and housing) consisting of outstanding fines, citations or warrants. Through Greater Bakersfield Legal Assistance support can be provided to eradicate those barriers. SOAR trained staff expedite access to SSDI for homeless with mental illness or co-occurring substance abuse.

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)

Agencies work with Job Centers of America and Bakersfield Adult School to link homeless people with job training and placement services. A unique strategy through Bethany Services and the City of Bakersfield is being expanded to other agencies: contract agreements with the City allow the hiring of homeless people through solid waste, roadside cleanup, and animal shelter support. This allows the obtainment of work experience, time management, hygiene, and conflict management, preparing them for hire and increased income elsewhere. Bethany Services and Bakersfield Adult School offer GED test preparation classes. Several providers have onsite computer labs with classes in basic to complex applications can provide a skill and experience needed to obtain gainful employment, including life skills and soft skills. Increased employment income is more readily achievable in metro Bakersfield yet extremely challenging to the vast rural areas of Kern where unemployment can be as high as 40%.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

CoC providers' outreach and mainstream benefit agencies and the Homeless Outreach Committee strategize through meetings and hold direct service outreach events, providing onsite services monthly, targeting areas unsheltered homeless persons frequent.

ESG funds support roving outreach staff rural areas and metro areas, partnering with business and law enforcement to identify locations of unsheltered homeless. Staff engage and assess folks, linking them to critical services using the VI-SPDAT assessment and a Quick Referral Tool to match the most appropriate housing intervention

The CoC's name list of unsheltered persons, maintained by Flood Bakersfield Ministries, is tracked through HMIS. Outreach efforts yielded contact with 573 homeless persons over the past year.

Community Caring Events are held at sites when social services or business experience an increase of homeless at specific non-traditional locations.

Outreach teams are sent to intervene and serve those who are homeless.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

**3A-7b. 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)**

N/A

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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	168	161	-7
Sheltered Count of chronically homeless persons	29	30	1
Unsheltered Count of chronically homeless persons	139	131	-8

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, 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 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

Kern has experienced a 43% reduction in chronic homelessness since 2013; and a 63% reduction in CH persons since 2011 (sheltered and unsheltered combined). A more modest decrease in CH occurred between 2014 (when inclement weather resulted in potentially inaccurate lower counts) and 2015 (when the weather was warmer). Factors contributing to the continuing decrease in the CH population are:

- A yearly increases in the number of PSH beds dedicated to chronically homeless;
- Street outreach efforts specifically targeting this population;
- Utilization of housing resources through Ten Year Plan efforts since 2008;
- Joining the 100,000 Homes campaign in 2012;
- Having access to a SAMHSA grant (for intensive substance abuse and mental illness services for CH and veteran populations since 2014; and
- Participation in Zero:2016.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The COC surpassed its goal of development of PSH beds for the Chronically Homeless by 55 beds in 2013 (total of 259). We plan to build on this success in 2014 & 2015 towards the ultimate goal of ending chronic homelessness by 2015. In 2012, 36 Housing Choice Vouchers (HCVs) per year were designated by our local PHA for the most vulnerable chronically homeless, resulting in 360 new CH beds over a 10-year period. CA-604 has a four-pronged strategic approach to increase PH beds for the CH to achieve the goal of ending CH by 2015 (two year plan):

- 1) Fully utilize the 36 annual HCVs provided by the PHA that will yield 72 CH beds between 2014 and 2015.
- 2) With the VA and PHA, allocate at least 65% of available HUD-VASH Vouchers for Bakersfield/Kern to be used for housing CH Veterans, which results in 68 total CH beds.
- 3) Implement two new CoC-funded programs (created through reallocation), Casa Bella and Homeless Most Vulnerable, that will fund housing and services for an additional 57 CH beds in 2014.
- 4) All PSH providers have committed to the prioritization of at least 30% of turnover beds for the chronically homeless.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

All strategies have been implemented:

- 36 Housing Choice Vouchers (HCVs) are provided annually by the Housing Authority of the County of Kern (PHA) resulting in CH persons being immediately matched to an HCV as soon as individuals are located and have required documentation
 - 60% of VASH vouchers utilized are occupied by CH individuals and families. The most recent VASH grants commit to 82% CH placements.
 - Casa Bella and Homeless Most Vulnerable, projects created through reallocation, are at capacity and first year APRs reflect over 90% of participants are achieving housing stability and over 80% have an increase in cash income;
 - PSH providers have surpassed the 30% goal and prioritization for CH persons (as detailed in CPD-04-012 notice of all CoC-funded PSH beds, implemented in March 2015).
- Kern is a Zero: 2016 community and is on track to end chronic homelessness in 2017.

3B-1.3. 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 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	337	525	188

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in 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 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

The increase in PSH is a direct result of beds being made available from the Housing Authority of the County of Kern (PHA). The CoC has far surpassed goals for creation of CH beds, resulting in 188 new beds in one year, as reflected on the HIC. By being extremely pro-active, the CoC's PHA accounts for the vast majority of Kern's PSH inventory. This achievement has resulted in an immediate match to housing for CH individuals and families as soon as they are located. Required documentation is obtained. Kern maintains a by-name list and participates in prioritizing CH individuals and families to ensure the beds are utilized. Street outreach, specifically for veterans, is also assisting in VASH, CH bed utilization increases.

3B-1.4. Did the CoC adopt the orders of priority in 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-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. 1-3

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	457
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	45
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	39
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	86.67%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The CoC is on track to end CH in 2017. CH bed creation, continued prioritizing, maintaining a by-name list and street outreach to CH persons are all strategies that have proven effective. Bed creation, through the reallocation and bonus projects, included as new projects in this application, will guarantee reaching the goal without hindering other high service need populations from being served through CoC-funded PSH. 160 CH are yet to be housed within the CoC. In January 2016, two dozen provider staff will be trained in SOAR (SSI/SSDI Outreach, Access and Recovery). A SOAR Committee meets bimonthly. SOAR is designed to expedite access to SSDI benefits for people who are homeless and have serious mental illness and/or co-occurring substance abuse disorders. With these benefits, CH persons have a reliable source of income making it easier to maintain PH.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

Member agencies screen homeless families for need and refer them to Bethany Services, the CoC's sole source RRH provider. RRH specialists determine the needed level of financial assistance based on income; survey the rental market to ensure affordable housing, work with area landlords to ensure timely placement at reliable rentals, assist in completing rental applications, and provide relocation/moving services (including household items from hygiene products to furniture) to minimize the time spent in homelessness.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	104	92	-12

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, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
The annual update of the Coordinated Entry and Assessment Plan in early 2016 will address family separation, admission, and grievances of this nature..	<input checked="" type="checkbox"/>
Each housing service provider funded by HUD CoC funding must comply with HUD guidelines.	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	81	68	-13
Sheltered Count of homeless households with children:	67	61	-6
Unsheltered Count of homeless households with children:	14	7	-7

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

Homeless families decreased as a result of increased RRH rental assistance. CoC member Bethany Services Bakersfield Homeless Center received added funding for RRH services which targets homeless and at risk families, allowing for an additional 26 households to be served. Clients received case management to assist in finding affordable, habitable housing; rental and utility assistance; and six months of aftercare case management (after rental assistance ends) to ensure housing stability. CoC service provider ESG-funded prevention services also include rental assistance, utilities assistance and housing stability case management.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and 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:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>

Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
Educating community and providers is key to avoiding work / sex trafficking. A Trafficked Life film was made by staff of the Collaborative Applicant.	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	0	8	8

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 2014 is lower than FY 2013, explain why. (limit 1000 characters)

N/A

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$709,486.00	\$900,788.00	\$191,302.00
CoC Program funding for youth homelessness dedicated projects:	\$354,743.00	\$450,394.00	\$95,651.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$354,743.00	\$450,394.00	\$95,651.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	32
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	11
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	36

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

Kern County Superintendent of Schools' (KCSOS) is the McKinney Vento (MV) Rep. (a position formerly held by the Kern High School District) on the CoC Governing Board, ensuring compliance and care for homeless children countywide. Bethany Services and the Women's Center-High Desert meet weekly with MV liaisons to coordinate and maximize services in their after school and summer programs.

The MV rep works with youth coalitions, attend meetings, participates in youth focused drives (i.e. school supplies to ensure homeless children receive them), and participated in the youth PIT effort, and Homeless Youth Community Conversations facilitated by the Collaborative Applicant.

Kern has 48 school districts and 21 Family Resource Centers (accredited by the Kern County Network for Children, a division of the Kern County Superintendent of Schools office and lead agency for foster youth emancipation). Five CoC Members serve on the Kern County Network for Children Advisory Board.

3B-2.11. How does the CoC make sure that homeless participants 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. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

The Coordinated Entry and Assessment Plan's Quick Referral Tool identifies preschool and school aged children at the time of assessment and referral. CoC members are swift to contact MV representatives when children are identified and McKinney Vento (MV) liaisons are contacted. A VI-SPDAT is conducted and households are placed within the prioritization system for PSH.

At intake, service providers determine available MV services for any school age children. Providers coordinate a seamless continuum of care for children within the applicable school district (Kern has 48 school districts):

- School enrollment occurs within 72 hours of an incident of homelessness;
- Free transportation to and from school is provided;
- Parental involvement and support is encouraged to the greatest extent possible; and
- An individualized plan for addressing student behavior, academic performance, transportation and counseling needs is developed.

MV liaisons are advised at weekly and monthly meetings, with CoC service providers, if clients have exited a program. This is crucial to allow informed follow up, and to ensure education continues uninterrupted.

Emergency shelter clients receive intensive case management that includes coordination with the MV liaison who refers qualifying students to CoC funded agencies for services and housing, including basic needs e.g. clothing and/or school supplies. Service providers who work with families are well acquainted with MV staff at local school districts (of which there are 48 in our county).

Both Bethany Services Bakersfield Homeless Center, the largest and only family emergency shelter, and Women's Center-High Desert (DV center in East Kern) have child care facilities and after school programs.

At every level, emergency shelter, TH, SSO, PSH, follow up takes place relating to children before, during, and after housing.

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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. 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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	87	89	2
Sheltered count of homeless veterans:	66	58	-8
Unsheltered count of homeless veterans:	21	31	10

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The CoC reflected a slight 2% increase in veteran homelessness between 2014 and 2015. The increase relates to the 2013 Census, when the PIT Count showed a large number (30) of unsheltered homeless veterans in Eastern Kern County. Kern County is the third largest county (8,161 square miles) in the state, and due to weather conditions in 2014, the Census Committee was not able to send an outreach team to this remote area (nearly two hours outside of our county seat of Bakersfield.) In 2015, the Committee had the staff power to prioritize that area. Almost half (12 of 31) unsheltered homeless veterans were found within the rural communities outside of Bakersfield.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

The CoC participates in the Supportive Services for Veteran Families (SSVF) Community Plan responsible for planning and coordinating efforts to prevent and end homelessness among veterans. The SSVF group meets monthly through the CoC Housing Committee and reviews the veterans awarded vouchers by HUD-VASH, the number of open vouchers in the community, and the numbers of veterans served by SSVF. To ensure these two programs work cohesively, VASH and SSVF program staff participates in weekly conference calls to discuss co-enrolled veterans and those not yet in permanent housing. CoC member California Veterans Assistance Foundation (CVAF) is the primary homeless veterans' service provider. Through Coordinated Entry and Assessment, a Quick Referral Tool is submitted through CVAF to determine vulnerability and the housing model to best serve the veteran, utilizing the VI-SPDAT assessment tool. The CoC reviews a list of all homeless veterans (sheltered and unsheltered) each week.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

Non-VA eligible veterans are helped via CoC veteran lead agency California Veterans Assistance Foundation (CVAF), who connects them with the Housing Choice Vouchers and 25-units in a new facility, both provided by the Housing Authority of the County of Kern. CVAF's SHP-funded PSH program (with 10-units) focuses on this non-VA eligible population. Financial assistance and TH are provided through CoC funded agencies: the Bakersfield Homeless Center and Clinica Sierra Vista. Veteran street outreach is conducted by Flood Bakersfield Ministries, and Greater Bakersfield Legal Assistance also serves veterans through the CoC funded Community Homeless Law Center Project. CoC partners participate in a Veterans Collaborative, a network of local veteran service groups, including the VA, the Bakersfield Vet Center, the County Veterans Service Department, the Veterans of Foreign Wars, the American Legion, and Wounded Heroes, that assists veterans with housing and other services.

3B-3.4. 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 2015 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)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	173	89	-48.55%
Unsheltered count of homeless veterans:	94	31	-67.02%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. 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 2015? (limit 1000 characters)

Strategies used to maximize current resources include:

- Implementing a Housing First Model;
- The signing of the Mayors Challenge to End Veteran Homelessness by Mayor Harvey H. Hall, City of Bakersfield;
- Developing a homeless veteran community list that identifies veterans by name;
- Setting a 90-day, short-term housing placement goal;
- Using CoC funded agencies for coordinated outreach and engagement;
- Developing a coordinated entry veteran project;
- Utilizing HUD-VASH and SSVF effectively;
- Considering reallocation of TH to PSH;
- Increasing connections to employment through Homeless Veterans Reintegration Program;
- Coordinating efforts for legal services;
- Connecting with community partners for non-VA eligible veterans with a 25-unit PHA project and a 10-unit PSH project for homeless veterans; and
- Participating in the Zero: 2016 Campaign.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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 mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which 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 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	24
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 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	18
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	75%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

Health care organizations working to facilitate healthcare enrollment are: Clinica Sierra Vista (CSV), longtime CoC member and the county's only respite facility - Griffin's Gate serves homeless people medically discharged who are ambulatory. CSV provides TH and PSH, also has Sebastian House for people with HIV/AIDS. CSV pioneered access to health care for people living in poverty long before ACA.

Garden Pathways, longtime Homeless Prevention and Discharge Planning (HDDP) committee member, enrolled nearly all 1,200 Lerdo County jail inmates in the ACA helping them avoid incarceration discharges to homelessness.

Kern Family Health Care is a large healthcare plan and community partner who participates regularly in the Homeless Outreach Committee opportunities and provides case management for patients enrolled through their plan with long term and emergent health issues.

Five hospitals on a Medical Work Team of the HDDP are newly case conferencing to end unsafe medical discharges.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Connectivity intervention with health plans as needed:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 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? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	23
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 2015 competition:	21
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	91%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	23
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	21
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	91%

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:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Working with community partners who may also serve people who are homeless i.e. adult education, aging and adult services, and others.	<input checked="" type="checkbox"/>
Presentations at family resource centers and civic organizations throughout the 1,850 sq. mi county	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	104	92	-12

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)**

N/A

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" in 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)

N/A

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 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)

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. No

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:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input checked="" type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

Attachment Details

Document Description: Evidence of Communication NO REJECTED PROJECTS

Attachment Details

Document Description:

Attachment Details

Document Description: Rating and Review Procedure

Attachment Details

Document Description: Rating and Review Public Posting Evidence

Attachment Details

Document Description: Process for Reallocating

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administrative Plan - Homeless Preferences

Attachment Details

Document Description: HMIS MOUs all Members see GOVERNANCE CHARTER

Attachment Details

Document Description: Prioritization Standards ie Governance Charter

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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1B. CoC Engagement	11/18/2015
1C. Coordination	11/18/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/18/2015
1F. Project Review	11/18/2015
1G. Addressing Project Capacity	11/16/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/13/2015
2D. HMIS Data Quality	11/13/2015
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2F. Sheltered Data - Methods	11/13/2015
2G. Sheltered Data - Quality	11/13/2015
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2I. Unsheltered Data - Methods	11/16/2015
2J. Unsheltered Data - Quality	11/18/2015
3A. System Performance	11/17/2015
3B. Objective 1	11/18/2015
3B. Objective 2	11/18/2015
3B. Objective 3	11/17/2015
4A. Benefits	11/17/2015
4B. Additional Policies	11/17/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required