#	Questions	Answer	Notes
1A	Identification		
1A-1	CoC Name and Number:	CA-505 - Richmond/Contra Costa County CoC	
1A-2	Collaborative Applicant Name:	Contra Costa Health Services	
1A-3	CoC Designation:	CA	
1B	Operations		
1B-1	How often does the CoC conduct meetings of the full CoC membership?	Quarterly	
1B-2	How often does the CoC invite new members to join the CoC through a publicly available invitation?	At least Annually	
1B-3	Does the CoC include membership of a homeless or formerly homeless person?	Yes	
1B-4	For members who are homeless or formerly homeless, what role do they play in the CoC membership? Select all that apply. [DROP DOWN]	Community Advocate Volunteer Organizational Employee Outreach Advisor	
1B-5	Does the CoC's governance charter incorporate written policies and procedures for each of the following:	See table below	*We will be including the Coordinated Assessment Plan Proposal and HPRP/RRH standards as stand-ins until they can be finalized by CCICH

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes*
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes*

1C	Committees			
1C-1	1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.	See table below		

	Name of Group	Role of Group (Limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented

#	Questions	Answer		Notes
1C-1.1	Contra Costa Inter-jurisdictional Council on Homelessness (CCICH) Executive Committee (Regional Planning & Coordination; Strategic Plan Implementation; System Needs/Gaps; Allocation of Resources; Disaster Planning; Fair Housing; Equal Access-regardless of national origin, religion, sex, age, familial status, disability, sexual orientation, gender identity, or lawful sources of income)	The Executive Cmte is the CoC Board & serves as a forum for regional planning. It identifies system needs/gaps, obtains community input, monitors & coordinates 10-Year Plan progress, monitors system outcomes, reviews & ranks CoC and ESG applications, oversees & approves the CoC application, & handles disaster planning, fair housing & equality of access issues. 2013 was focused on HEARTH implementation, ESG coordination, Housing Authority coordination, behavioral health integration, homeless encampment-related planning, expanding CoC participation, monitoring CoC Programs' performance, analyzing PIT Count trends, increasing our permanent housing inventory, & preparing for the County's 2014 Strategic Plan to Prevent & End Homelessness.	Monthly	Consumers, Consumer Advocates, Homeless Services Providers, Faith Community Members, Health Care Providers, Law Enforcement, County Government. ESG Recipient Agency, CDBG Recipient Agency
1C-1.2	HUD Grantees/NOFA (Performance Outcomes, Compliance, Program Monitoring and Redesign)	This Planning Committee of CoC & ESG grantees oversees compliance with HUD policies & HEARTH regulations; develops plans to improve program-level & County-wide performance; ensures consistency of CoC activities with the federal & County plans to prevent and end homelessness; & maximizes resources to support homeless programs. In the months before the CoC Application is due, it meets as the NOFA Committee to develop project review procedures, scoring factors, & performance requirements. 2013 focused on providing input to the Performance Measures workgroup, providing input on coordinated assessment to the HEARTH Implementation process, prioritizing permanent housing, leveraging mainstream resources, & preparing for the 2014 Strategic Plan.	Quarterly	Homeless Service Providers receiving HUD (CoC Program and ESG) funding, including Victim Service Providers.
1C-1.3	HEARTH Implementation (Coordinated/Centralized Intake & Assessment, Governance, Strategic	This planning group conducts local HEARTH implementation. It is working on consensus-based development of a vision for coordinated intake & assessment, determining the system structure, reviewing options for the needs assessment &	Quarterly	Formerly Homeless People, Homeless Services Providers, Victim Service Providers, Faith Community

#	Questions	Answer		Notes
	Planning)	screening tools (e.g., Vulnerability Index, Service Prioritization Decision Assistance Tool (SPDAT)), & developing a pilot program targeting CH households. The group also conducted an environmental scan of the County's system needs (using HIC/PIT, HMIS, survey of local safety net provider agencies, school district data, and criminal justice data), & is identifying ways to improve CoC governance, including updating & finalizing the Governance Charter in conjunction with the 2014 Strategic Planning process.		Members, County Government, ESG Recipient Agency, Homeless Outreach Providers, 211 Emergency Response Agency, Public Housing Agencies, School Districts, Social Service Providers, Mental Health Agencies, Affordable Housing Developers, organizations that serve homeless and formerly homeless veterans.
1C-1.4	Outcomes and Evaluation (Performance Measures, HMIS, Respite/Discharge)	This planning group develops our systems for measuring & evaluating progress towards the CoC's goals and HEARTH priorities (including preventing & reducing incidences of homelessness, shortening the length of homelessness, increasing HMIS participation among non-CoC agencies, & ensuring persons in institutions are not discharged into homelessness). 2013 was focused on developing standardized performance measures for CoC and ESG-funded programs, improving HMIS data quality, data security & privacy, information sharing, and compliance with data & technical standards, & coordinating the use of HMIS for population enumeration, program performance review (at agency & CoC level), client case management, & CoC planning & program management.	Quarterly	Homeless Services Providers, County Government, ESG Recipient Agency, Homeless Outreach Providers, Health Care Providers, Behavioral Health Providers, HMIS Lead Agency.
1C-1.5	Community Engagement (PIT Count, Outreach, Employment)	This planning group coordinates and plans CCICH's efforts to engage the community, including through the annual PIT Count, outreach efforts to stakeholders that are underrepresented on CCICH, & relationship building with local employers & mainstream employment programs. 2013 was focused on refining the use of HMIS reporting tools for the 2013 PIT Count, improving the count of homeless encampments, improving the count of homeless youth,	Quarterly	Homeless Services Providers, County Government, ESG Recipient Agency, Homeless Outreach Providers, Behavioral Health Providers, HMIS Lead Agency, Formerly Homeless People, Faith

#	Questions	Answer	Notes
		ongoing outreach to homeless service providers not participating in HMIS, outreach to underrepresented groups on CCICH like the libraries and Flood Control, and planning for the 2014 PIT Count.	Community Members, Victim Service Providers, Businesses, Public Housing Agencies, Social Service Providers, Mental Health Agencies, Universities, Affordable Housing Developers, organizations that serve homeless and formerly homeless veterans.
1C-2	Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (Limit 750 characters)	All CCICH & Exec Cmte meetings are open to the public and anyone can be a member of any CCICH cmte. CCICH has quarterly meetings of the full membership & monthly meetings of the Executive Cmte, & both are publicized widely through: CoC listservs (reaching over 200 individuals and agencies), CoC website, in County buildings & announcements at meetings. The Outreach Cmte solicits involvement from underrepresented areas, representatives of underserved groups, & related disciplines; in 2013, we strengthened partnerships with the Housing Authority, public libraries & Flood Control (which has jurisdiction over waterways by which most homeless encampments are found) by inviting them to participate and present on relevant issues at CCICH meetings.	
1D	Project Review, Ranking, and Selection		
1D-1	Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available. (Limit 750 characters)	1) Scoring criteria developed by the NOFA Cmte, incorporating 10-Yr Strategic Plan objectives & cmty needs, including performance, audits, monitoring findings, client feedback, project readiness, spend-down, budget & cost effectiveness, HMIS	

#	Questions	Answer	Notes
	[ATTACHMENT]	quality, agency capacity, leverage & shift from TH/SSO to PH model; 2) Criteria approved by CoC Board, minutes publicly posted; 3) Solicited new applicants via CCICH listserv & website; 4) TA Workshop to inform all potential applicants; 5) Non-conflicted CoC Board members trained to be R&R Panel; 6) R&R Panel score & rank projects using approved criteria; 7) Rankings distributed & posted on website; 8) Projects at risk of losing funding may appeal; 9) CoC Board reviews & approves list.	
1D-2	Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis. (Limit 1000 characters)	In addition to semiannual monitoring of system & program-level performance, CCICH developed a custom database to generate standardized evaluations of each program annually. The evaluations summarized data drawn from HMIS (based on program operating year) & the project applications, including outcomes, cost effectiveness, agency capacity, leverage, etc. Effectiveness was judged based on HMIS data elements including: Recidivism (% who remain housed); Reducing Homelessness (% who moved to PH) & Increasing Income (employment rate, % with mainstream benefits). The scoring criteria also took into account the proportion of a project's clients with special needs (APR Q18a1, 19, 21), as well as the applicant's narrative description of their clients' barriers.	
1D-3	Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (Limit 750 characters)	CCICH actively solicits proposals from agencies that have not previously received CoC grants, & mentors them through feedback and guidance throughout the application process. We directly solicit proposals by announcing the NOFA via CoC listserv (over 200 agencies & individuals), the CoC website, bulletin boards, announcements at meetings, & direct	

#	Questions	Answer	Notes
		outreach to agencies that serve CCICH's target subpopulations. We host a TA workshop for all potential applicants, explaining available funds, eligible uses, scoring criteria, requirements, application processes, and local FAQs. We provide on-call TA to all potential applicants, accessed most frequently by new applicants. We provide each applicant with feedback to improve the application.	
1D-4	On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. [ATTACHMENT]	01/17/2014	
1D-5	If there were changes made to the ranking after the date above, what date was the final ranking posted?	Not applicable.	
1D-6	Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?	No.	
1D-6.1	If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (Limit 1000 characters)	(1) The following project was removed from the GIW because the grant agreement was not executed by December 31, 2013. Applicant Name: Housing Authority of Contra Costa County Project Name: Rental Assistance Program Grant Number: CA1176L9T051200 (2) The following project's budget line items were revised slightly to accurately reflect changes made during the technical submission phase (but the renewal request amount, total ARA, and tiering calculations were unchanged). Applicant Name: Shelter, Inc. of Contra Costa County	

#	Questions	Answer	Notes
		Project Name: Permanent Step Project Grant Number: CA0957B9T051000	
1D-7	Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?	No	
1D-7.1	If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (Limit 750 characters)	Not applicable.	
1E	Housing Inventory		
1E-1	Did the CoC submit the 2013 HIC data in the HDX by April 30, 2013?	Yes	
2A	Implementation		
2A-1	Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (Limit 1000 characters)	Our CoC has designed an HMIS system that covers our entire geographic area. We have designated our Collaborative Applicant as our HMIS Lead. See 2A-3 and 2A-2 for a description of our draft HMIS Governance Charter and Policies & Procedures, awaiting CCICH approval, which includes the privacy, security, and data quality plans. We ensure consistent participation in HMIS by offering trainings twice a year and as new agencies come on board (including privacy and security training). We monitor monthly for data completeness, integrity and accuracy through reports. Our HMIS Policy group meets 6 times per year to discuss trainings, monitoring, and new HUD Notices. Agency administrators maintain security and privacy at the program level.	
2A-2	Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.	Yes; we are attaching copies of our current HMIS Governance Charter, and the draft HMIS Governance Charter awaiting CCICH approval.	
2A-3	For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy	The CCICH HMIS Policies & Procedures document includes the privacy, security, & data quality plans for HMIS. It was last	

#	Questions	Answer	Notes
	Plan, Security Plan, and Data Quality Plan. (Limit 1000 characters)	updated on 6/4/2009. A draft of our revised P&P, awaiting CCICH approval, is attached for reference. PRIVACY: Confidentiality is a governing principle of the P&P. Release & disclosure of client data P&Ps specifically require informed consent, & includes data collection limitations, purpose & use limitations, allowable uses & disclosures, access & correction standards, & protections for DV victims. SECURITY: Data integrity is a governing principle of the P&P. User authorization & password P&Ps are included, along with workstation security, to ensure the confidentiality, integrity, & availability of all HMIS data. The Partner Agency User Agreement ensures end user compliance. DATA QUALITY: Data collection & entry P&Ps ensure completeness, accuracy, and consistency of the data in the HMIS. Data quality is regularly monitored at multiple levels: program, agency, & system.	
2A-4	What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).	ServicePoint	
2A-5	What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).	Bowman Internet Systems LLC	
2A-6	Does the CoC plan to change the HMIS software within the next 18 months?	No	
2B	Funding Sources		
2B-1	Select the HMIS implementation coverage area:	Single CoC	
2B-2	Select the CoC(s) covered by the HMIS: (select all that apply)	CA-505 – Richmond/Contra Costa County CoC	
2B-3	In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.	See table below	
2B-3.1	Funding Type: Federal - HUD	See table below	

Funding Source	Funding

#	Questions	Answer	Notes
	CoC		$175,596
	ESG		$0
	CDBG		$0
	HOME		$0
	HOPWA		$0
	Federal - HUD - Total Amount		$175,596
2B-3.2	Funding Type: Other Federal	See table below	
	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		
2B-3.3	Funding Type: State and Local	See table below	
	Funding Source		Funding
	City		$0
	County		$44,000
	State		$0
	State and Local - Total Amount		$44,000
2B-3.4	Funding Type: Private	See table below	
	Funding Source		Funding
	Individual		$0
	Organization		$57,597
	Private - Total Amount		$0
2B-3.5	Funding Type: Other	See table below	
	Funding Source		Funding
	Participation Fees		$13,166
	Other - Total Amount		$13,166
2B-4	How was the HMIS Lead selected by the CoC?	Other	
2B-4.1	If other, provide a description as to how the CoC selected the HMIS Lead. (Limit 750 characters)	Agency was appointed by CCICH.	
2C	Bed Coverage		
2C-1	Indicate the HMIS bed coverage rate (%) for each	See table below	See spreadsheet for calculations.

#	Questions	Answer	Notes
	housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:		ES: 80% TH: 100% RRH: 100% PSH: 83%

* Emergency shelter	76-85%
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	76-85%

2C-2	How often does the CoC review or assess its HMIS bed coverage?	Semi-Annually	
2C-3	If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (Limit 1000 characters)	Not applicable.	
2C-4	If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (Limit 750 characters)	Not applicable.	
2D	Data Quality		
2D-1	For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".	See table below	

Type of Housing	**Average Length of Time in Housing**
Emergency Shelter	82.22
Transitional Housing	5.46
Safe Haven	0
Permanent Supportive Housing	10.95
Rapid Re-housing	3.17

2D-2	Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.	See table below	From report generated by Kim.

Universal Data Element	**Percentage**

#	Questions	Answer	Notes

Name	0.02
Social security number	0.1
Date of birth	1.25
Ethnicity	1.25
Race	1.25
Gender	1.21
Veteran status	0.1
Disabling condition	0
Residence prior to program entry	0.43
Zip Code of last permanent address	1.32
Housing status	2.51
Head of household	1.93

2D-3	Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (Limit 1000 characters)	The HMIS is used to run all HUD-required reports at the program level, and the data is reliable and used by the community to complete the reports. It is also used to run all continuum-level reports such as the AHAR, Point-In-Time Counts, PULSE, and other local and nationwide initiatives including the CAPER.	
2D-4	How frequently does the CoC review the data quality in the HMIS of program level data?	Monthly	
2D-5	Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges. (Limit 1000 characters)	CCICH staff oversee the HMIS Lead to ensure improved data quality & implementation of all HMIS requirements. The HMIS Lead collaborates with CCICH to deliver semi-annual performance reports, which include data quality metrics. At the end of every month, each Agency Administrator is required to submit a set of quality assurance reports to the HMIS System Administrator. These reports include: a client enrollment report which shows individual/family intake & exit data & potential duplicates, a null report, an active caseload report, & a service transaction report. Every 6 months the System Administrator sends out several other	

#	Questions	Answer	Notes
		reports that show discrepancies, some of which include incongruent income data, housing data, disability status, missing program descriptors, & client duplicates. Agency-specific reports are created upon request. All agencies receive training and individualized technical assistance on how to create reports and how to address specific data quality issues.	
2D-6	How frequently does the CoC review the data quality in the HMIS of client-level data?	Monthly	
2E	Data Usage and Coordination		
2E-1	Indicate the frequency in which the CoC uses HMIS data for each of the following activities:	See table below	

*** Measuring the performance of participating housing and service providers**	Semi-annually (I believe we calculated these numbers twice this year; confirm with Kim?)
*** Using data for program management**	Monthly
*** Integration of HMIS data with data from mainstream resources**	Monthly
*** Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)**	Monthly (?) – For example SSVF is HMIS participant

2F	Polices and Procedures		
2F-1	Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached.	Yes	
2F-1.1	What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (Limit 250 characters)	Policies & procedures regarding collection & entry of client data are in section 5.3 of the HMIS P&P, p. 12, as well as the Partner Agency MOUs. See also p. 8 a draft of our revised Governance Charter, Policies & Procedures, awaiting CCICH approval.	
2F-2	Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?	Yes	
2G	Sheltered PIT Count		
2G-1	Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):	01/30/2013	

#	Questions	Answer	Notes
2G-2	If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?	Not applicable	
2G-3	Enter the date the CoC submitted the sheltered point-in-time count data in HDX:	04/30/2013	
2G-4	Indicate the percentage of homeless service providers supplying sheltered point-in-time data:	See table below	I think "Provider Shelter" is a typo and they mean "Provider Survey." See spreadsheet for calculations. ES: 7 providers, 5 in HMIS TH: 6 providers, 5 in HMIS SH: none

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		29%		71%
Transitional Housing		17%		83%
Safe Havens				

2G-5	Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)	2012: 896. 2013: 671. This year, our sheltered numbers decreased by 225 persons, due to removing several transitional housing programs from our sheltered HIC because they are run by agencies that do not comply with HUD's homeless definition eligibility verification requirements: Bay Area Rescue Mission's transitional housing programs (-126), and Shepherd's Gate (-22). In addition, Bay Area Rescue Mission's shelter programs decreased from 132 persons to 65 (-57), due to shifting more beds to transitional housing, suffering financial hardship, and closing some units for repairs.	
2H	Sheltered PIT: Methods		
2H-1	Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count Survey providers: HMIS: Extrapolation: Other: At least one box must be checked	Survey providers HMIS	
2H-2	If other, provide a detailed description. (Limit 750	Not applicable.	

#	Questions	Answer	Notes
	characters)		
2H-3	For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (Limit 750 characters)	HMIS: For agencies participating in HMIS, the CoC used the HMIS bed roster to generate reports. All but 2 of the County's ES & TH providers enter data into HMIS. Our data quality processes ensured correct data. SURVEY PROVIDERS: We maintain an accurate list of all homeless providers in the cty. The 2 providers who do not participate in HMIS (BARM & STAND! (DV)), completed a PIT survey form with the number of people in their facility & subpopulation data. Their staff were trained on how to use the forms. ALL: In early February, CCICH staff followed up with each provider to confirm that the numbers provided in the survey or HMIS were accurate. This method produced a reliable, unduplicated count consistent with HUD's guidance.	
2I	Sheltered PIT: Data Collection		
2I-1	Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons: HMIS: HMIS plus extrapolation: Sample of PIT interviews plus extrapolation: Sample strategy: if Sample of PIT interviews plus extrapolation is selected) Provider expertise: Interviews: Non-HMIS client level information: Other: At least one selection must be completed	HMIS Provider expertise Interviews Non-HMIS client level information	
2I-2	If other, provide a detailed description.(Limit 750 characters)	Not applicable.	
2I-3	For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (Limit 750 characters)	The CoC Coordinator/HMIS Lead used the HUD sheltered count guide to inform our methodology & planning. HMIS: The CoC ran an HMIS report for each ES & TH program participating in HMIS for	

#	Questions	Answer	Notes
		the night of the PIT Count, including all subpopulation data required by HUD. Our data quality processes ensured correct data. PROVIDER EXPERTISE/INTERVIEWS/NON-HMIS: The 2 ES/TH providers that do not participate in HMIS completed sheltered count surveys (with subpopulation questions) & training on how to complete the surveys using both interviews & confidential case management file reviews. ALL: Once all the HMIS reports and surveys were tabulated, CCICH staff followed up with each provider via email &/or telephone to confirm the accuracy of their data.	
2J	Sheltered PIT: Data Quality		
2J-2	Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count: Training: Follow-up: HMIS: Non-HMIS de-duplication : Other: At least one selection must be completed	Training Follow-up HMIS Non-HMIS de-duplication	
	If other, provide a detailed description. (Limit 750 characters)	Not applicable	
2J-3	For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (Limit 750 characters)	TRAINING: The CoC Coordinator/HMIS Lead used the HUD sheltered count guide to inform the methodology & planning. All participating agencies were provided written instructions before PIT count. Provider staff trainings were offered. HMIS/NON-HMIS DE-DUPLICATION: Subpopulation data was gathered on all shelter clients through HMIS reports & provider surveys. Our HMIS doesn't allow client duplication. CCICH staff compared collected data to the 2012 PIT & 2013 HIC for each program. De-duplication of non-HMIS data occurred by comparing PII & unique	

#	Questions	Answer	Notes
		client identifiers. FOLLOW-UP: Each survey was reviewed to assure data quality, & CCICH staff followed up with each provider via email &/or telephone to confirm the accuracy of their data.	
2K	Unsheltered PIT Count		
2K-1	Indicate the date of the most recent unsheltered point-in-time count:	01/30/2013	
2K-2	If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?	Not applicable	
2K-3	Enter the date the CoC submitted the unsheltered point-in-time count data in HDX:	04/30/2013	
2K-4	Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (Limit 750 characters)	2011: 1490. 2013: 1329. This year, we saw a decrease of 161 unsheltered persons as compared to our 2011 unsheltered count. This is due largely to the decrease in unsheltered persons living in encampments in our community. Based on the experiences of our providers, we believe that the County is experiencing an increase in the incidence of recently homeless individuals and families, which is not accurately reflected in the PIT Count because those individuals are less likely to be identified and counted, and/or do not qualify under HUD's homeless definition.	
2L	Unsheltered PIT: Methods		
2L-1	Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count: Public places count: Public places count with interviews on the night of the count: Public places count with interviews at a later date: Service-based count: HMIS: Other: At least one selection must be completed	Public places count with interviews on the night of the count Service-based count HMIS	
2L-2	If other, provide a detailed description. (Limit 750	Not applicable.	

#	Questions	Answer	Notes
	characters)		
2L-3	For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (Limit 750 characters)	PUBLIC PLACES: The CoC Coordinator/HMIS Lead recruited, vetted, & trained over 50 PIT count volunteers on how to appropriately identify and record information concerning unsheltered homeless populations based on HUD's unsheltered count guide. The count was only 2 hours long to reduce double-counting. Outreach Teams also received training on subpopulation surveys, & coordinated outreach efforts to all known encampments. Homeless & formerly homeless volunteers were recruited for the outreach teams, as they possess a greater knowledge about how to identify homeless people & where homeless people are likely to be found, producing a more complete and accurate count. Focus groups were conducted at two homeless youth service agencies to identify where homeless youth were most likely to congregate, as well as tips on how to identify and talk to homeless youth; current and formerly homeless youth were specifically recruited for the outreach teams. SERVICE-BASED/HMIS: Provider surveys at MSCs AND HMIS supplemented the count.	
2M	Unsheltered PIT: Level of Coverage		
2M-1	Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count:	A Combination of Locations	
2M-2	If other, provide a detailed description. (Limit 750 characters)	Not applicable.	
2N	Unsheltered PIT: Data Quality		
2N-1	Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count: Training: "Blitz" count:	Training “Blitz” count Survey question	

#	Questions	Answer	Notes
	Unique identifier: Survey question: Enumerator observation: Other: At least one selection must be completed		
2N-2	If other, provide a detailed description. (Limit 750 characters)	Not applicable.	
2N-3	For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here. (Limit 750 characters)	TRAINING: The CoC Coordinator/HMIS Lead recruited, vetted, & trained over 50 PIT count volunteers on how to appropriately identify and record information concerning unsheltered homeless populations based on HUD's unsheltered count guide. BLITZ: Volunteers covered all areas with high-density unsheltered homeless populations & several low-density areas, to obtain a statistically valid result. Teams were given clearly marked maps & instructed to cover their assigned section between 6:30 & 8:30am to avoid double-counting. The CoC Lead compiled tally sheets & checked for completeness. SURVEY: The Outreach Teams obtained subpopulation counts through a standardized survey that included identifying information to avoid duplication.	
3A-1	Increase Progress Towards Ending Chronic Homelessness		
3A-1.1	Objective 1: Increase Progress Towards Ending Chronic Homelessness	See table below	

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement	Comments
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically		499	499	499	

#	Questions	Answer				Notes
	homeless that are available for occupancy.					
	3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	505	394	436	450	**2013**: sum of CH beds on 2013 HIC **2014**: add 42 for RAP (9), CC PRA (7), CC TRA (23), GRIP Reallocation PSH (3) **2015:** add DH (12), plus a couple more
	3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		57	57	57	2013: All clients served by nonchronic programs: Permanent Connections = 13 Garden Park = 98 Lakeside RCD = 39 Giant Road = 29 West Richmond = 5 Guesstimate how many ppl were served by the chronic beds: Access = 14 Idaho = 22 Trans. Housing Partnership = 35 S+C Consolidated = 282 Perm Step = 19

#	Questions	Answer				Notes
						Therefore, 556-499 = 57
	3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		100%	100%	100%	
	3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		33	0	0	**2013**: CC PRA (**7**), CC TRA (**23**), GRIP Reallocation PSH (3)
3A-1.2	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. (Limit 1000 characters)	CCICH is committed to increasing PSH for CH persons through all available funding sources. In 2014-15, CCICH will: 1) reallocate all CoC Program-funded SSO and TH projects to either PSH or RRH models; 2) bring online the Rental Assistance Program & Destination Home, which will add 21 CH beds in FY2013-14, and if funded by HUD, bring online the new PRA, TRA and GRIP PSH project applications, which were developed by reallocating funding from SSO projects, and will add 33 new PSH beds for CH; 3) track HUD-VASH & SSVF progress in connecting CH veterans to PH; 4) Develop a new 2014 Strategic Plan which prioritizes the creation of new PSH beds for CH; 5) Partner with the Housing Authority to graduate stable PSH clients to Sec. 8 Housing, opening rental assistance units to more CH persons; and 6)			

#	Questions	Answer	Notes
		work with: a) local agencies to emphasize housing CH persons in the Con Plan, b) the Concord Naval Weapons Station Collaborative (with a dedicated CCICH seat), to set aside new PSH units for CH; & c) nonprofit housing developers to increase the supply of affordable housing & earmarking for the CH. Note: The decrease in CH beds from 2012 to 2013 was due to changes in HUD HIC guidance regarding homeless definitions.	
3A-1.3	Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (Limit 1000 characters)	CCICH assigns the CoC Coordinator and the HUD Grantees Committee to ensure that new PH beds for CH persons are created each year; if the plan meets any barriers, the CoC Coordinator steps in to work with a CoC provider to create new units. The HUD Grantees Committee is responsible for tracking & supporting the opening of new housing projects dedicated for CH people, and for working with the HUD-VASH and SSVF programs to ensure CH veterans are prioritized for PH (Strategies 1 & 2); the CoC Coordinator will work with the CCICH Executive Committee.	
3A-2	Housing Stability		
3A-2.1	Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013?	No.	
3A-2.2	Objective 2: Increase Housing Stability	See table below	

	2013 Actual Numeric Achievement and Baseline	**2014 Proposed Numeric Achievement**	**2015 Proposed Numeric Achievement**	**Comments**
3A-2.2a Enter the total number of participants served by all CoC- funded permanent supportive	874	898	928	**2014**: add 24; DH (12), RAP (9), CC PRA (7), CC TRA (23), GRIP Reallocation PSH (3) is 54, but subtract 30 because

#	Questions	Answer			Notes
	housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:				not all beds will necessarily be online in time **2015:** add 30, all beds online by then
	3A-2.2b Enter the total number of participants that remain in CoC- funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	835	859	889	**2014**: add 24; DH (12), RAP (9), CC PRA (7), CC TRA (23), GRIP Reallocation PSH (3) is 54, but subtract 30 because not all beds will necessarily be online in time **2015:** add 30, all beds online
	3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	96%	96%	96%	
3A-2.3	Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.	By emphasizing Housing First and intensive case management, CCICH has accomplished a 96% housing stability rate among our CoC-funded PSH projects. In 2014-2015, CCICH will work to maintain/improve housing stability by: 1) implementing CCICH's coordinated assessment system to identify the most vulnerable CH people, using an integrated assessment process, housing them as quickly as possible in the most appropriate setting with individualized, integrated service			

#	Questions	Answer	Notes
	(Limit to 1000 characters)	plans; 2) train providers on and implement best practices including Housing First best practices, eviction prevention strategies, & motivational interviewing, & for increasing income & improving access to mainstream benefits; & 3) Deliver integrated mental health, substance abuse, and homeless services & case mgmt to our PH clients, increasing stability & ability to remain housed	
3A-2.4	Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC- funded projects. (Limit 1000 characters)	The HEARTH implementation planning group, led by the CoC Coordinator CCHS, will be responsible for Strategies #1 and #3 (Coordinated Assessment and Integrated Services & Case Management), including incorporation of the housing stability policies into our 2014 Strategic Plan. CoC Coordinator CCHS (which is also the HMIS Lead) and the HUD Grantees Committee will be responsible for Strategy #2 (Best Practices Implementation). The HUD Grantees will regularly monitor the housing stability outcomes of PSH programs and provide additional TA as needed.	
3A-3	Income		
3A-3.1	Number of adults who were in CoC- funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	3765	
3A-3.2	Objective 3: Increase project participants income	See table below	

	2013 Actual Numeric Achievement and Baseline	**2014 Proposed Numeric Achievement**	**2015 Proposed Numeric Achievement**	**Comments**

#	Questions	Answer		Notes
	3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	6%	10%	17%	When you subtract the SSOs from the 2013 data, it's 17%. HUD is looking for 20%.
	3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	17%	20%	30%	When you subtract the SSOs from the 2013 data, it's 37%. HUD is looking for 54%.

3A-3.3	In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.	See table below	

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	581	15%	**%**
Unemployment Insurance	117	3%	**%**
SSI	1016	27%	**%**
SSDI	222	6%	**%**
Veteran's disability	17	0%	**%**
Private disability insurance	4	0%	**%**
Worker's compensation	5	0%	**%**
TANF or equivalent	316	8%	**%**
General Assistance	208	6%	**%**
Retirement (Social Security)	117	3%	**%**
Veteran's pension	31	1%	**%**
Pension from former job	16	0%	**%**
Child support	35	1%	**%**
Alimony (Spousal support)	5	0%	**%**

#	Questions	Answer	Notes

Other Source	58	2%	**%**
No sources	1192	32%	**%**

3A-3.4	Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (Limit to 1000 characters)	6% of clients in our CoC-funded programs increased their incomes from non-employment sources at exit. Our PSH clients tend to already be connected to income benefits before entry; therefore CCICH struggles with this income measure. In 2014-15 CCCIH will: 1) Use HMIS and APRs to systematically analyze and evaluate the percentage of clients accessing each benefit type to identify any that are underutilized; 2) Conduct meetings with program staff at least twice a year to identify specific challenges with increasing client income; 3) Provide trainings on income benefits or implement program redesign measures as needed; 4) Ensure that the coordinated assessment system includes an intake process that screens clients for eligibility for income benefits; and 5) revise HMIS data collection procedures to better capture the increases in income we are achieving.	
3A-3.5	Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.	Persistently high unemployment rates and the proliferation of low-wage service jobs have made it difficult to raise employment income among our clients. In 2014-15, CCICH will: 1) Improve availability of our employment services inventory by building closer relationships with the Workforce Investment Board, WIA One Stops, employment agencies, & financial/vocational education centers, 2) ensure vocational rehab counseling is available to all CoC projects; 3) ensure that each One Stop location has a homeless liaison; 4) ensure that up to 3 SSVF-funded case managers are housed at One Stops; 5) identify & document best practices for CoC-wide training curricula; and 6) review	

#	Questions	Answer	Notes
		how to improve data quality to better capture the increases in income we are achieving.	
3A-3.6	Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC- funded projects that increase income from entry date to program exit.	The HUD Grantees Committee will be responsible for implementing the non-employment income strategies. The Committee will work with CoC Coordinator CCHS (also the HMIS Lead) to identify underutilized benefits, and work with the HMIS Committee (part of the Outcomes & Evaluation planning group) to improve HMIS data collection procedures. The Employment Workgroup (part of the Community Engagement planning group) will be responsible for implementing the employment rate strategies. The workgroup will coordinate with the Contra Costa Employment and Human Services Department to ensure vocational rehab counseling availability, coordinate with employment services organizations like Saffron Strand to develop CoC-wide training curricula, and work with the HMIS Committee to improve data collection procedures.	
3A-4	Mainstream Benefits		
3A-4.1	Number of adults who were in CoC- funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.	3765	
3A-4.2	Objective 4: Increase the number of participants obtaining mainstream benefits	See table below	

	2013 Actual Numeric Achievement	**2014 Proposed Numeric**	**2015 Proposed Numeric**	**Comments**

#	Questions	Answer			Notes
	3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	22%	23%	24%	When you subtract the SSOs from the 2013 data, it's 18%. HUD is looking for 56%.
3A-4.3	In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.	See table below			

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	1047	27.81%
MEDICAID health insurance	594	15.78%
MEDICARE health insurance	66	1.75%
State children's health insurance	5	0.13%
WIC	57	1.51%
VA medical services	34	0.90%
TANF child care services	9	0.24%
TANF transportation services	2	0.05%
Other TANF-funded services	4	0.11%
Temporary rental assistance	0	0.00%
Section 8, public housing, rental assistance	9	0.24%
Other Source	14	0.37%
No sources	2125	56.44%

#	Questions	Answer	Notes
3A-4.4	Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (Limit to 1000 characters)	Accessing and documenting mainstream benefits has been a challenge for CCICH. In response, in 2014-15, CCICH will: 1) Improve HMIS data collection procedures for mainstream benefits, including the possible use of a benefits eligibility-specific module that checks for all possible federal, state and local benefits for which a client is eligible; 2) identify and implement best practices, such as the use of a single application for multiple benefits; 3) provide thorough outreach & enrollment assistance for local, state & federal healthcare options, such as those under the Affordable Care Act; 4) undertake ongoing training regarding most effective federal/state benefits programs, including SOAR trainings; and 4) conduct ongoing monitoring of CoC-funded programs' performance to identify system-wide trends or program-specific changes in performance.	
3A-4.5	Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (Limit to 1000 characters)	The HMIS Committee (part of the Outcomes & Evaluation planning group) will be responsible for Strategy #1 (Improved HMIS data collection procedures). The HEARTH Implementation planning group will include representative of both the HMIS Committee and HUD Grantees Committee to ensure that the coordinated assessment system supports our goals of increasing access to mainstream benefits.	
3A-5	RRH to Reduce Family Homelessness		
3A-5.1	Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.	See table below	

	2013 Actual Numeric Achievement and Baseline	**2014 Proposed Numeric Achievement**	**2015 Proposed Numeric Achievement**	**Comments**

#	Questions	Answer		Notes
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	12	**2013**: Shelter's RRH for Families is technically TH, and SSVF isn't CoC-funded. **2015**: assume at least some of Reach Plus Family RRH will be counted by then
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	30	32	34	**2013**: 30
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	14	14	14	On 2013 HIC, reported 14 for SSVF.

3A-5.2	Describe the CoC's two year plan (2014-2015) to	CCICH is committed to increasing rapid re-	

#	Questions	Answer	Notes
	increase the number homeless households with children assisted through rapid re- housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g.., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (Limit 1000 characters)	housing through all available funding sources. In 2014-15, CCICH will: 1) reallocate all SSO and TH projects funded by CoC Program to either RRH or PSH model (For example, the new Reach Plus for Families RRH project was developed by reallocating funding from a TH project); 2) Convert the Contra Costa Rapid Re-housing project, a Rapid Re-housing Demonstration Project serving 12 families, into a RRH program based on forthcoming HUD guidance; 3) Increase non-CoC Program funding for RRH projects, such as the Contra Costa SSVF project, which served 14 veteran households last year, and is applying for additional funding this year; and 5) Coordinate with Contra Costa's ESG grantee to prioritize rapid re-housing projects.	
3A-5.3	Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (Limit 1000 characters)	The Executive Committee will continue to coordinate with the HUD Grantees/NOFA Committee to support TH projects in converting to RRH. The Cmte provides TA to providers seeking out new sources of funding for RRH, and coordinates with existing funding sources. The County ESG Grantee, Brenda Kain, holds a voting seat on the Executive Cmte, allowing her to coordinate closely with the Cmte to promote rapid re-housing in the CoC. SHELTER, Inc. is the provider who administers all rapid re-housing in the CoC, and therefore consults with the Executive Cmte and the ESG grantee on all RRH funding and policies.	
3A-5.4	Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (Limit 1000 characters)	PRIORITIZATION: Eligible clients must meet HUD definition of homelessness; priority will be given to unaccompanied youth and veterans, as well as families with young children, households a member with chronic health conditions, and pregnant women;	

#	Questions	Answer	Notes
		the applicants' ability to maintain housing when the subsidy ends is also considered, based on levels of need and case management. Chronically homeless persons receive highest priority. FINANCIAL ASSISTANCE: Eligible clients complete current & projected budgets with a case manager. The case manager will identify the deficit between the income and household expenses needed for obtaining and maintaining housing, & work with the household to develop an Independent Living Plan that outlines the steps necessary to reach a sustainable income or expense reduction to achieve stability in housing. The client will receive the minimum assistance required to obtain/maintain housing.	
3A-5.5	How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (Limit 1000 characters)	All RRH recipients are provided case management at least bimonthly depending on client need. Case management is tapered, with more contact at the beginning of the assistance. Phone contact is offered between in-person engagements. Case managers coordinate with county agencies to help families develop the capacity and tools to achieve and maintain self-sufficiency. Case management links participants to a range of vocational education, workshops and placement services, outpatient drug/alcohol treatment programs, educational services, health care, mental health counseling, budgeting and credit repair, benefits advocacy and housing assistance. Case managers work closely with participants to assist in developing Individual Service Plans. Specific measurable goals are developed collaboratively, with participants playing an active role in developing their plans.	

#	Questions	Answer	Notes
3A-5.6	Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (Limit 1000 characters)	All RRH are routinely provided with follow up to previously assisted households at six months and one year, to ensure that families do not experience additional returns to homelessness. Families are encouraged to contact the RRH provider if they are experiencing any difficulties outside of those follow-up engagements. If a family is identified as being at-risk for a return to homelessness, they are connected to needed services, including case management.	
3B-1	Discharge Planning: Foster Care		
3B-1.1	Is the discharge policy in place mandated by the State, the CoC, or other?	State Mandated Policy	
3B-1.1a	If other, please explain. (Limit 750 characters)	Not applicable.	
3B-1.2	Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (Limit 1000 characters)	CCICH's policy for youth emancipating out of foster care is to not discharge any youth to the streets, shelters, or CoC programs, per Cal. Welf & Inst. Code 391(3). It has 4 goals: 1) obtain safe, affordable housing; 2) secure a high school diploma, GED, or enrollment in college or trade school; 3) find and keep employment sufficient to pay rent & live independently; & 4) obtain all necessary documentation of adulthood (e.g., IDs). The policy directs youth to the Independent Living Skills Program (ILSP) when they age out of foster care. ILSP includes workshops that prepare youth for emancipation, employment, non-McKinney-Vento housing and retention services, and an individualized transition plan. Under the state AB12 program, all foster youth can elect to remain in foster care or return to care (under 21) to receive a 2-year housing subsidy, & are usually discharged to independent housing with access to rental assistance & services.	
3B-1.3	Identify the stakeholders and/or collaborating agencies	The Exec Committee developed a discharge	

#	Questions	Answer	Notes
	that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (Limit 1000 characters)	policy for foster youth in line with the strategic goal in our 10-Year Plan of preventing homelessness through interdisciplinary, client-focused discharge planning. The foster care discharge protocol has been agreed to by the CoC and the State and County Children & Family Services departments. CCICH member agencies participate in its implementation. Local provider agencies that provide services to foster youth to ensure that they are not routinely discharged into homelessness, and reconnect those that fall into homelessness to resources, include: ILSP, First Place for Youth, the RYSE Center, the County Homeless Programs RHY program, Lutheran Social Services, the Fred Finch Center, EMQ Families First, the Catholic Charities CARE Collaborative, & the Northern California Family Center.	
3B-2	Discharge Planning: Health Care		
3B-2.1	Is the discharge policy in place mandated by the State, the CoC, or other?	State Mandated Policy	
3B-2.1a	If other, please explain. (Limit 750 characters)	Not Applicable	
3B-2.2	Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (Limit 1000 characters)	CCICH's health care discharge policy is to prevent discharging any patients to the streets or McKinney-Vento funded programs. The Exec Cmte has a discharge policy, per CA Health & Safety Code 12625, which furthers the goal of preventing homelessness in our 10-Year Plan. Our hospital discharge protocol states: 1) Hospitals will not discharge people who are not ambulatory or capable of caring for themselves; 2) the hospital seeks a pre-discharge assessment from a Healthcare for the Homeless nurse; 3) the HCH nurse assesses the viability of a Respite placement; 4) pre-discharge, the hospital ensures that a	

#	Questions	Answer	Notes
		patient has an appt for follow-up medical care; 5) the hospital discharges with enough medications &/or supplies for at least 7 days; & 6) the hospital ensures that the patient leaves with all belongings & is appropriately clothed. At discharge, people are appropriately placed at the Respite Center, Skilled Nursing Facilites, or other independent, shared, or supported housing.	
3B-2.3	Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (Limit 1000 characters)	Our hospital discharge protocol has been adopted by the Hospital Discharge Planning Committee and by all hospitals in the County and was developed over several meetings between all hospitals in the County & the Regional Hospital Council. The Committee meets to review the Respite Center's discharge/referral criteria and improve Respite client care, to ensure that persons are not routinely discharged into homelessness through connections to Skilled Nursing Facilities or independent, shared, or supported (e.g., Board & Care) housing. This multidisciplinary group consists of members of the Respite Center, Homeless Shelter, Healthcare for the Homeless Program, the County Mental Health Transition Team, County Homeless Programs, and all of the County's hospital systems (e.g., Kaiser, John Muir, Contra Costa Regional Medical Center).	
3B-3	Mental Health		
3B-3.1	Is the discharge policy in place mandated by the State, the CoC, or other?	State Mandated Policy	
3B-3.1a	If other, please explain. (Limit 750 characters)	Not applicable	
3B-3.2	Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (Limit 1000 characters)	The Exec Cmte developed a discharge policy, per CA Health & Safety Code 12625, that furthers the strategic goal in our 10-Year Plan of preventing homelessness through interdisciplinary, client-focused discharge	

#	Questions	Answer	Notes
		planning. Those treated by the Cty Behavioral Health Division (BHD) are regularly reviewed for readiness & prepared for discharge into environments which provide stepped-down levels of care. State Hospitals discharge to Institutes for Mental Disease (IMD)/Skilled Nursing Facilities (SNF) & not HUD CoC-funded programs. Dischargees from IMDs/SNFs are placed in a Crisis Residential/Transitional Residential Svcs (CR/TRS), & those discharged from Acute Inpatient Facilities (AIFs) are released to appropriate settings, such as our Respite Center. Those exiting CR/TRS are discharged to independent, shared, or supported (e.g., Board & Care) housing. State Mental Health Services Act (MHSA) funds also pay for 79 housing units for homeless dischargees with severe mental illness.	
3B-3.3	Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (Limit 1000 characters)	A weekly Bed Committee prepares all discharge plans; responsibilities fall to the Clinic managers for those consumers currently receiving services & to the MH Transition Team (managers, psychiatrist, RNs, clinicians & peer providers) for those patients not otherwise connected. Service teams support each transition from one level of care to the next. The Cty continues to integrate its MH, SA, & Homeless Programs into a single Behavioral Health Division, engaging CoC providers Rubicon, SHELTER, Inc., Anka BH, Contra Costa Interfaith Housing, and CCICH reps to create an integrated, interdisciplinary mental health discharge planning policy to ensure that people leaving MH treatment have appropriate, permanent housing options. By identifying gaps and facilitating partnerships, CCICH reps and our CoC providers have	

#	Questions	Answer	Notes
		engaged a variety of MH stakeholders, including BHD staff and contractors, service providers, programs and agencies, advisory boards and commissions, consumers, and families.	
3B-4	Discharge Planning: Corrections		
3B-4.1	Is the discharge policy in place mandated by the State, the CoC, or other?	State Mandated Policy	
3B-4.1a	If other, please explain. (Limit 750 characters)	Not applicable	
3B-4.2	Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (Limit 1000 characters)	CCICH helped develop & implement 2 discharge plans for former inmates: the County Reentry Strategic Plan & the Public Safety Realignment Plan, per CA Assembly Bill 109. The Reentry Strategic Plan focuses on: 1) housing-focused discharge planning prior to release; 2) formalized pre-release planning that identifies service needs & connects prisoners with community based service providers; & 3) enrollment in public benefits at least 90 days prior to release. The Realignment Plan, under which low-level offenders in State prisons are transferred to County custody, provides for: 1) pre-release assessments, case mgmt & referrals to housing resources & 2) individualized treatment plans for MH/SA issues, linked with housing services. If appropriate PH isn't available, ex-offenders go to Cty Interim Housing facilities to find other TH facilities like Ohio Avenue Apts & Hope House; subsidized PH like Gateway Apts & La Almenara & Santa Fe Commons, or Housing Choice Vouchers via Housing Authority.	
3B-4.3	Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (Limit 1000 characters)	The County Reentry Strategic Plan and the Public Safety Realignment Plan were developed by the primary stakeholders: DA, Public Defender, Sheriff, local Police, Probation, the County Behavioral Health Division and CoC providers. Currently,	

#	Questions	Answer	Notes
		County Homeless Programs coordinates with the Parole and Community Team (PACT), consisting of service providers, local police, and the Regional Parole Board of the CA Department of Corrections, to link newly released ex-offenders with resources such as non-CoC housing, education, employment, job training, substance abuse treatment and childcare.	
3C	Coordination		
3C-1	Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness?	Yes	
3C-1.1	If yes, list the goals in the CoC strategic plan. (Limit 1000 characters)	2010-2015 CONSOLIDATED PLAN (CONTRA COSTA CONSORTIUM): Goal H-1: Assist the homeless and those at risk of becoming homeless by providing emergency, transitional, and permanent affordable housing with appropriate supportive services. Goal H-2: Reduce the incidence of homelessness and assist in alleviating the needs of the homeless. In addition to these objectives, the affordable housing and human services objectives of the Plan also address the needs of the homeless and the problem of homelessness.	
3C-2	Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (Limit 1000 characters)	ALLOCATION: Contra Costa ESG funds are granted to and administered by the County Dept of Conservation & Development (DCD). In 2013, DCD met with CCICH to plan how to use ESG funds; to assist DCD, CCICH staff analyzed current system gaps & identified ESG activities that will meet our critical needs & further our 10-Year Plan goals, prioritizing RRH activities. PERFORMANCE: The County ESG Grantee, which holds a voting seat on the Exec Committee, provides quarterly updates to	

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		CCICH and the Exec Cmte on the outcomes of the County's ESG projects. CCICH feedback is reported back and incorporated into the ESG Grantee's evaluation process. The ESG Grantee and CCICH are in the process of improving and formalizing the process by which CCICH evaluates the outcomes of ESG funded projects. Members of CCICH have been attending County planning meetings, focus groups, and community meetings for the Contra Costa Consortium's Consolidated Plan, Annual Action Plans, and its CDBG & ESG programs.	
3C-3	Describe the extent in which ESG funds are used to provide rapid re- housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (Limit 1000 characters)	This year, Contra Costa received $302,523 in ESG funding. The SHELTER, Inc. Prevention Program received $230,000, or 76%, of the funding, and provides homelessness prevention services to 1,366 individuals per year, including single adults, families with children, domestic violence victims, and those at-risk of homelessness. We did not receive any ESG funding for rapid re-housing this year. However, the local process scoring criteria approved by the CCICH Executive Committee awarded points for priority alignment to projects providing homelessness prevention and rapid re-housing.	
3C-4	Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (Limit 1000 characters)	Preventing homelessness is one of the Guiding Principles in CCICH's 10-Year Plan. Policies to prevent homelessness: 1) Require County mainstream service agencies to incorporate preventing homelessness in their agency level planning, policy & program development; 2) Ensure that all MSCs have access to legal assistance, housing counseling & other prevention services; 3) Enhance the County's discharge planning efforts so people leaving the	

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		County's institutions are not released into homelessness. Our Con Plan identifies the needs for housing crisis intervention, which these programs address: 1) Shelter, Inc.'s Homeless Prevention & SSVF Programs use financial support, case mgmt & individualized strategies; 2) Rubicon's money management programs help permanently housed households maintain their housing; 3) other agencies (e.g., Catholic Charities, St. Vincent de Paul, Bay Area Legal Aid) offer time-limited financial assistance for those at risk of homelessness.	
3C-5	Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (Limit 1000 characters)	All homelessness-related planning and operations in Contra Costa Cty is coordinated through the CCICH Executive Cmte. HOPWA: Contra Costa coordinates with the City of Oakland in Alameda Cty to provide housing and services for individuals and families living with HIV/AIDS. TANF: CalWORKS offices are located throughout the cty. Homeless providers connect clients to promote access to mainstream benefits. RHY: Providers from the Contra Costa Youth Continuum of Services regularly attend CCICH mtgs & participate in HMIS. Program staff advised the CoC on improving our 2013 PIT Count for homeless youth. HEAD START: The County Community Services Bureau coordinates enrollment through Family Advocates and a hotline. FOUNDATIONS: Members of philanthropic orgs regularly attend CCICH mtgs. The Y&H Soda Foundation is supporting coordinated assessment implementation. CDBG/HOME: CCICH members coordinate with the Contra Costa Consortium to direct	

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		funding toward PH projects for the homeless, per the Con Plan.	
3C-6	Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (Limit 1000 characters)	CCICH: The Housing Authority of Contra Costa County (HA) is a recipient of CoC funds, and coordinates actively with the Collaborative Applicant. The HA Executive Director is being considered for the CCICH Executive Cmte's vacant Housing Provider seat. VOUCHERS: To address the lack of sufficient affordable housing supply, CCICH is coordinating with the HA to prioritize more Housing Choice vouchers for the homeless. To avoid geographic concentration, CCICH is encouraging all PHAs within the County to promote wide acceptance of Housing Choice Vouchers. HUD-VASH: CCICH, the VA and the HA work closely to facilitate VASH placements in the community (and oversee the County's SSVF program administered by Shelter, Inc.). The HA ED and DVA staffers from the VA Northern CA Health Care System regularly attend CCICH meetings and engage both CCICH and the Executive Cmte on discussions about HUD-VASH placement and coordination.	
3C-7	Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (Limit 1000 characters)	The Coordinated/Centralized Intake & Assessment Workgroup conducted a survey of CoC & ESG providers to determine eligibility criteria used and identify barriers to entry. The most common screen-out factors used by projects are income, capacity for self-care, and no criminal history convictions. These barriers are being carefully considered in designing our coordinated assessment system. In addition, the CCICH Executive Cmte is encouraging all PSH projects to prioritize chronically	

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		homeless. Also, the Cmte has determined that TH projects have the most stringent eligibility requirements, and therefore is encouraging TH projects to voluntarily reallocate to PSH for chronically homeless and RRH for families, to reduce barriers for the hardest to serve.	
3C-8	Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (Limit 1000 characters)	Through our 10-Year Plan, CCICH has adopted a Housing First approach across our entire geographic area, working to immediately house a homeless individual or family rather than force them through a sequence of temporary shelter solutions. Our Plan further deemphasizes emergency shelters by supporting rapid re-housing, housing search assistance, and case management to help address immediate needs and identify longer-term issues to be addressed once placed in PH. 100% of our PSH projects follow a Housing First model, including all newly reallocated PSH for FY2013. Our coordinated assessment system is being designed using Housing First principles to further reduce barriers to entry.	
3C-9	Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (Limit 1000 characters)	Currently, the Cty operates a 211 resource line that coordinates linkages to service, a product of HPRP. The Centralized/Coordinated Intake & Assessment Workgroup is developing a centralized system for all homeless programs in the geographic region, including all ESG and CoC-funded programs, which will improve accessibility. The Workgroup is a cross-section of service providers and community partners. In the Planning & Preparation phase, we have been working on consensus-based development of a vision for coordinated assessment, determining the structure of the system, reviewing	

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		options for the preliminary needs assessment & screening tools (e.g., VI, SPDAT), & identifying target populations for pilots of the system. Next, we will update contract language to formalize partnerships, undergo pilot testing, evaluate and revise the system as needed, and identify staffing, resource, and HMIS/data needs. The CA system will be implemented and operated by the County Homeless Program.	
3C-10	Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (Limit 1000 characters)	In consultation with the County Consortium's Analysis of Impediments to Fair Housing, those most in need of outreach are youth, families, veterans, LGBTQ persons, persons with behavioral health disabilities, & persons with LEP. The Outreach Workgroup works to ensure all homeless persons regardless of race, color, national origin, religion, sex, age, familial status, disability, sexual orientation or gender identity know about & feel welcome accessing our services. Members of the HY-HOPE (youth) & HOPE Team (encampment), the Health, Housing & Integrated Services Network (HHISN), the VA Homeless Outreach Social Worker, Bay Area Rescue Mission Outreach & Central County Homeless Outreach participate in the Workgroup's effort to develop a welcoming, culturally competent outreach & intake policy. The Workgroup also gathers input on culturally competent approaches from consumers & advocacy groups. CoC providers have policies in place to ensure equal access, marketing, outreach & intake.	
3C-11	Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and	ESG and CoC-funded providers follow this Educational Policy: 1) children are not required to enroll in a new school in the attendance area, or change schools, as a	

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	connected to appropriate services within the community. (Limit 1000 characters)	condition of receiving services or a shelter bed; 2) allow parents or children to make decisions about school placement; & 3) ensure children will not be required to attend an afterschool program at the shelter that would prohibit them from staying enrolled in their original school, or replace the regular school day. Per CoC requirement, each agency: 1) posts notice of students' rights under the McKinney-Vento Act at each program site serving homeless children & families in the appropriate language(s); 2) designates staff person(s) to ensure children are enrolled in school & connected to appropriate services; 3) ensures that all children 5 & over are enrolled in school & connected to appropriate services; & 4) works with early children education providers like Head Start. The Outcomes & Evaluation Cmte ensures compliance.	
3C-12	Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (Limit 1000 characters)	CCICH works closely with local education agencies to identify homeless families & inform them of their right to educational services; & works with State Coordinators of Education for Homeless Children & Youth to provide early childcare & education services like Head Start. The CoC Educational Policy requires each provider to post notice of students' rights under the McKinney-Vento Act. At intake, all programs discuss the educational needs of children, explain the educational rights, & assist families and students in exercising those rights. School districts within the CoC have a homeless liaison who regularly visits ES & TH sites to provide information about education rights, distribute flyers, & determine families' needs & link them to services. CoC agency case managers work with the homeless	

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		liaisons to connect their clients to resources established for homeless students, including transportation, uniforms, school supplies, and Individual Educational Plans.	
3C-13	Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (Limit 1000 characters)	POLICY: CCICH policies related to interim housing require all agencies to admit & keep families together with all of their children under the age of 18. Families are not subject to inquiries about sexual orientation, gender identity & marital status, & these (whether perceived or actual) are not eligibility factors. The HUD Grantees Cmte promotes this policy & ensures compliance. PLACEMENT: A top CCICH priority in placing families in shelter, TH & PH is keeping the household intact. Therefore, the Coordinated/Centralized Intake & Assessment Workgroup will design a system that considers the full range of available family housing units to avoid separating households or denying admission. Our multifactor assessment tool will consider the availability of housing units suitable to the family's size and composition, ease of access to the children's school(s) of origin, and the parents' and children's preferences about school placement, in determining where to place the family.	
3C-14	What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re- housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (Limit 1000 characters)	The Performance Measures Workgroup has taken the following steps to track returns to homelessness in the CoC geography: (1) developed a working definition of recidivism (e.g., for clients discharged to PH, reappearance in HMIS homeless programs within 12 months); (2) devised a working measurement methodology; (3) determined the HMIS data elements to track; (3) ran test queries to test result validity & reliability; (4) identified issues & questions (e.g., when	

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		does a "spell" of homelessness begin/end?); (5) ran test queries to test result validity and reliability; (6) undertook measures listed above to improve overall data quality and coverage; and (7) initiated discussions with CoC providers and the HMIS Lead to determine the best way to "flag" current and former clients during intake. The HEARTH Implementation Cmte plans to develop written policies and procedures for rapid re-housing assistance in 2014, which includes follow-up to exiting families.	
3C-15	Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?	No.	
3C-15.1	If yes, 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 1000 characters)	Not applicable.	
3C-16	Has the project been impacted 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 2013 CoC Program Competition?	No.	
3C-16.1	If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (Limit 1500 characters)	Not applicable.	
3D	Coordination and Strategic Plan Goals		
3D-1	Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (Limit 1000 characters)	CCICH's 10-Year Plan aligns in most key aspects with Opening Doors, as seen in our commitment to: 1) Housing First & developing permanent housing, especially	

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		for chronically homeless individuals & families; 2) ending homelessness among veterans, families with children & unaccompanied youth; 3) leveraging the use of mainstream housing, services & funding for those who are homeless/at-risk; 4) using HMIS, PIT Count, HIC, and other data sources to set numerical targets and measure results and 5) collaborating with mainstream programs, (e.g., VA, Housing Authority). Our 2014 strategic planning update process will incorporate the goals of "Opening Doors" into our updated Plan: end chronic homelessness & homelessness among Veterans by 2015; preventing & ending homelessness for families, youth & children by 2020; & setting a path to ending all types of homelessness. We also plan to make use of USICH best practices and lessons learned to inform and enrich our planning process.	
3D-2	Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (Limit 750 characters)	Rapid re-housing is a key strategy for ending family homelessness in our CoC. Our reallocated Reach Plus for Families RRH project will expand SHELTER, Inc.'s successful outreach to this population. Our Homeless Hotline is a key resource to connect homeless families to housing and services. The Outreach Workgroup works to assist our CoC's providers develop outreach procedures to engage homeless households with dependent children. The Workgroup is developing a welcoming, culturally competent outreach & intake policy, especially with regard to families. In addition, the Coordinated/Centralized Intake & Assessment Workgroup is gathering best practices on intake strategies (e.g., the F-SPDAT) for families.	

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3D-3	Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (Limit 1000 characters)	In our 2013 Coordinated/Centralized Intake & Assessment Workgroup provider survey, 12% of providers identified survivors of domestic violence as one of their primary populations served. STAND! For Families Free of Violence is our dedicated DV provider, working to break the cycle of intergenerational homelessness by offering support, shelter and training to people who are abused, treatment programs to people who abuse, and preventive education programs to youth, children and adults who might experience abuse in the future. These services fall under three categories: Intervention, Treatment and Prevention. STAND! offers 35 beds in 7 TH units & 25 ES beds. STAND! regularly attends CCICH meetings, receives CoC funding (Moving Out of Violent Environments – RMC TH), and is participating in our coordinated assessment planning process. To safeguard the safety & privacy of DV survivors, STAND! does not participate in HMIS or disclose their location.	
3D-4	Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (Limit 1000 characters)	Preventing and ending homelessness among youth (16-24) has long been one of CCICH's key goals, reflected in: the 10-Year Plan, the County's foster youth discharge policies, its homeless education policies, & the TAY components of its Reentry Strategic Plan. In 2013, CCICH targeted youth in its PIT count. The Cty Youth Continuum of Services for Runaway & Homeless Youth offers TH youth beds (18-21) at Appian House & Bissell Cottages, youth shelter beds at Calli House (14-21), & youth PH beds under the Permanent Connections program (18-24). Lutheran Social Services & First Place for Youth provide TH for former foster youth (18-24). CC Crisis Center offers motel	

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		vouchers for homeless youth. Bay Area Crisis Nursery offers shortterm residential care for minors. Northern California Family Center provides shelter beds for runaway youth. These CoC member agencies provide supportive services & case mgmt for unaccompanied youth. The Cty HY-HOPE team provides mobile homeless outreach, healthcare & education for homeless youth.	
3D-5	Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (Limit 750 characters)	The Outreach Workgroup is developing a welcoming, culturally competent outreach & intake policy for persons routinely sleeping on the streets, especially for veterans, LGBTQ persons, persons with behavioral health disabilities, & persons with LEP. We are gathering input from our outreach groups: HOPE Team (encampments), the Health, Housing & Integrated Services Network (HHISN, chronically homeless), the Cty Behavioral Health Design Teams (behavioral health issues), Bay Area Rescue Mission Outreach (encampments in urban Richmond), Central County Homeless Outreach (encampments), & the local VA homeless outreach social worker. These outreach groups cover our entire geographic area: East, Central & West County.	
3D-6	Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD- VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (Limit 1000 characters)	STRATEGIC PLANNING: One of CCICH's 10-Yr Plan strategic goals is ending veteran homelessness, by placing them in appropriate housing & linking them to employment, behavioral health, healthcare, & other mainstream services through the VA & other providers. VA staffers from the Northern CA Medical Center, including the VA Homeless Outreach Social Worker, participate in CCICH meetings & several CCICH cmtes. PROVIDERS: The Housing Authority (CCICH	

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		member) administers 160 VASH vouchers, providing rental assistance & referrals, while Shelter, Inc. (CoC provider) administers the SSVF program, providing rental assistance & services (14 beds). Many CoC providers (Anka, Respite Ctr, Adult Interim Housing) provide TH beds for veterans. All case managers refer veterans to the VA for job training, vocation rehab & health benefits. The local VA (CCICH member) holds Stand-Down events, operates ambulatory drop-in centers, & provides cultural competency trainings.	
3E	Reallocation		
3E-1	Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?	Yes.	
3E-2	Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?	Yes.	
3E-2.1	If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons. (Limit 1000 characters)	As promised in our 2012 CoC application, CCICH analyzed whether SSO and TH projects could be reallocated to expand PH options. 3 of our reallocated projects are PSH for chronically homeless, which will help to further address CH. However, CCICH has also prioritized ending family homelessness. As many of our families are not chronically homeless, RRH is a better housing model to support these clients than PSH. SHELTER, Inc., is voluntarily reallocating a portion of its REACH Plus TH project to create a RRH project to meet the objectives of the CoC and HUD. RRH for families will contribute to a strategic, full continuum of housing options to address the diverse needs of our homeless population, as shown by our most recent PIT count.	

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3E-3	If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?	Yes.	
4A	Project Performance		
4A-1	How does the CoC monitor the performance of its recipients on HUD- established performance goals? (Limit 1000 characters)	CCICH monitors recipients as follows: 1) during the annual NOFA competition, the Exec Committee conducts program surveys & in-person staff interviews to encourage effective program performance, regulatory & contractual compliance & responsiveness to consumer needs; 2) Exec Committee conducts annual reviews of APRs, financial/HUD audits & drawdowns to ensure program effectiveness; 3) CCICH staff conduct monthly HMIS remote project reviews to determine progress toward performance goals & data quality; & 4) soliciting feedback from program consumers. In monitoring activities, CCICH focuses on supporting projects to comply with HUD/local regulatory & contract requirements & provide cost-effective services/housing that reduce homelessness & recidivism. As outlined in the HMIS MOU between the HMIS Lead and Partner Agency, the HMIS Lead also monitors each program's successes and failures to validate its effectiveness.	
4A-2	How does the CoC assist project recipients to reach HUD- established performance goals? (Limit 1000 characters)	As stated in 4A-1, CCICH staff conduct monthly reviews of HMIS data to determine progress toward reaching HUD-established performance goals. If difficulties are uncovered, CCICH staff meet with the project leadership and determine the best course of action (e.g., trainings, organizational capacity-building, peer support, peer mentoring, and referrals to third-party TA resources). During the annual NOFA competition, the Executive Committee	

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		conducts a comprehensive review of each provider agency's project outcomes to determine whether there are underlying organizational capacity issues that can be resolved through technical assistance. If so, TA is provided to assist the project in reaching HUD and CoC performance goals.	
4A-3	How does the CoC assist recipients that are underperforming to increase capacity? (Limit 1000 characters)	The CoC leverages County funding for capacity building technical assistance in order to improve the performance outcomes of all projects. When a poorly performing project is identified, the Exec Committee and/or CCICH staff meets with the project leadership to determine what kind of assistance would be most effective. The types of assistance offered include trainings, organizational capacity-building, peer support, peer mentoring, and referrals to third-party TA resources. CCICH staff and many CoC programs also participate in regional homelessness-related learning communities, such as the Regional Steering Committee on Housing & Homelessness and the Bay Area Counties Homeless Information Collaborative. During the local NOFA competition, the Review & Rank Panel provides feedback to all applicants on areas for improvement.	
4A-4	What steps has the CoC taken to reduce the length of time individuals and families remain homeless? (Limit 1000 characters)	Since February 2012, the Performance Measures Workgroup has taken the following steps to track the length of time our clients remain homeless: (1) developed a working definition of length of time homeless (e.g., for those entering PH, the number of days participated in SSO, ES, and TH programs); (2) devised a working measurement methodology; (3) determined the HMIS data elements necessary to track this measure; (4) identified issues and	

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		questions (e.g., how to reconcile data if client enrolled in multiple programs); (5) while such questions are being resolved, ran test queries to test result validity and reliability; and (6) attempted to improve overall data quality and coverage by conducting outreach to HMIS non-participants and improving data quality & intake methods for new participants (e.g., ESG). Our measures show that the average length of homelessness for our clients is: 15% less than 1 week, 10% 1 week to 1 month, 23% 1-3 months, 17% 3-12 months, and 23% more than a year.	
4A-5	What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography? (Limit 1000 characters)	The Performance Measures Workgroup has taken the following steps to track returns to homelessness in the CoC geography: (1) developed a working definition of recidivism (e.g., for clients discharged to PH, reappearance in HMIS homeless programs within 12 months); (2) devised a working measurement methodology; (3) determined the HMIS data elements we need to track; (3) ran test queries to test result validity and reliability; (4) identified issues and questions (e.g., when does a "spell" of homelessness begin and end?); (5) while such questions are being resolved, ran test queries to test result validity and reliability; (6) undertook measures listed above to improve overall data quality and coverage; and (7) initiated discussions with CoC providers and the HMIS Lead to determine the best way to "flag" current and former clients during intake. Our performance measures shows 19% returns to homelessness for clients who have exited to PH and then reappear in a shelter within 12 months.	
4A-6	What specific outreach procedures has the CoC	The Outreach Workgroup assists our CoC's	

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	developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (Limit 1000 characters)	providers develop outreach procedures to engage homeless individuals & families. We are developing a welcoming, culturally competent outreach & intake policy, especially for youth, families, veterans, LGBTQ persons, persons with behavioral health disabilities, & persons with LEP. We are gathering input from our outreach groups--HY-HOPE (youth), HOPE Team (encampments), the Health, Housing & Integrated Services Network (HHISN--chronically homeless), the County Behavioral Health Design Teams (BH issues), Bay Area Rescue Mission Outreach (encampments in urban Richmond), Central County Homeless Outreach (encampments), the local VA homeless outreach social worker, and the school district homeless liaisons. Annually, we host Project Homeless Connect (PHC), a one-day, one-stop event with over 250 providers, businesses, and volunteers offering immediate healthcare, social services & housing resources to persons experiencing homelessness in Contra Costa.	
4B	Section 3 Employment Policy		
4B-1	Are any new proposed project applications requesting $200,000 or more in funding?	Yes	Reach Plus Family RRH ($333,571) and CC TRA ($326,280).
4B-1.1	If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (Limit 1000 characters)	Our new REACH Plus Family Rapid Rehousing and Tenant-Based Rental Assistance projects will ensure that employment and other economic opportunities are directed to low and very low income persons. As with all projects by these sponsoring agencies (SHELTER, Inc. and Contra Costa Health Services), these projects will prioritize low and very low income persons by posting accessible job applications with targeted recruitment. One source of such persons is the Homies for the Homeless project of the	

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		CCICH Consumer Advisory Board, which offers mentoring and training services provided by formerly homeless persons. Providers also connect to mental health consumers through the Service Provider Individualized Recovery Intensive Training (SPIRIT) program, which provides training and education to become self-advocates and mental health service providers.	
4B-2	Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions?	No	
4B-2.1	If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:	Not applicable	
4C	Accessing Mainstream Resources		
4C-1	Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff?	Yes	Using last year's numbers (source: 2012 supplemental questionnaires).
4C-2	Indicate the percentage of homeless assistance providers that are implementing the following activities:	See table below	

*** Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.**	82%
*** Homeless assistance providers use a single application form for four or more mainstream programs.**	0%
*** Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.**	82%

4C-3	Does the CoC make SOAR training available for all recipients and subrecipients at least annually?	Yes	
4C-3.1	If yes, indicate the most recent training date:	March 14, 2013	
4C-4	Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will	Contra Costa's Health Care for the Homeless program actively participates in CCICH meetings, and coordinates with providers to connect clients to enrollment and outreach	

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	participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (Limit 1000 characters)	activities being offered. This fall, HCH distributed FAQ flyers in English, Spanish, Russian, Vietnamese, Arabic, Farsi, and Chinese, explaining the impact of health care reform, Medi-Cal expansion and enrollment, Covered California, the plans offered to Contra Costa residents, and important phone numbers and websites for health care reform information. ACA implementation is a significant factor in the County's Behavioral Health Division integration efforts, and will be discussed at a community-wide Integration Forum in March. The ACA has also been identified as a topic of interest for coverage in an upcoming CCICH quarterly meeting.	
4C-5	What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs? (Limit 1000 characters)	Following HUD's guidance about leveraging mainstream services funding, CCICH has reallocated all SSO projects this year to create new PSH and RRH projects. To accomplish this while continuing to connect clients to greatly needed supportive services, the Executive Cmte is working with providers to identify alternate funding streams such as foundations. The coordinated assessment system planning process includes system mapping of existing mainstream services provided in the geographic area; our goal is a system that better leverages these resources already in the community while reducing inefficiencies. The County's Behavioral Health integration process will further solidify the strong relationship that homeless programs have with County Mental Health and Alcohol and Other Drug Services. CCICH providers also participate in the Contra Costa Safety Net Innovation Network, which is developing foundational, upstream solutions to address health, safety, shelter, and food	

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		needs.	
Attachments			
Required?	**Document Type**	**Document Description**	**Date Attached**
Yes	Certification of Consistency with the Consolidated Plan	County Cert with list of projects; Richmond Cert with list of projects	Complete
No	CoC Governance Agreement	CCICH Bylaws	Complete
No	CoC-HMIS Governance Agreement	MOU; Sample signed MOU; Policies & Procedures; Partner Agency User Agreement; Agency Administrator Agreement	Draft P&Ps complete
No	CoC Rating and Review Document	Local Community Review Process; Late Applications Policy; Appeals Policy and Process; Scoring Documents	Add minutes from 12/30
No	CoCs Process for Making Cuts		Complete
No	FY2013 Chronic Homeless Project Prioritization List		To be completed
Yes	FY2013 HUD-approved Grant Inventory Worksheet		Complete
No	FY2013 Rank (from Project Listing)	Email from Lavonna; Screenshot of website; Priority Listings PDF from website	Complete
No	Other		n/a
No	Other		n/a
No	Other		n/a
No	Projects to Serve Persons Defined as Homeless under Category 3		n/a
No	Public Solicitation	Screenshot of website; 2013 NOFA Public Solicitation PDF from website	Complete