

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.

- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.

- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: CA-602 - Santa Ana, Anaheim/Orange County
CoC

1A-2. Collaborative Applicant Name: Orange County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: People for Irvine Community Health dba 211OC

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Businesses	Yes	Yes	Yes
Faith Based Organizations	Yes	Yes	No
Veteran Service Providers	Yes	Yes	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

The CoC collaborates w/ a variety of stakeholders to provide strategic leadership to prevent and end homelessness. A broad range of committees meet regularly to address specific goals and issues and implement best practices. Membership is open to individuals and agencies interested in the development and coordination of homeless assistance programs. Veteran service providers participate on several committees providing knowledge and expertise on ending veteran homelessness including ensuring that housing needs and necessary supportive services are met for veterans and family members who are ineligible for VA services; identifying inefficiencies to simplify processes; and using Interagency Service Planning/Navigators to address individual veterans' needs. A street outreach collaborative meets weekly to coordinate services, streamline referrals and uses a "take down list" to prioritize housing placement for the chronically homeless ensuring that appropriate housing and services are available.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Casa Youth Shelter	Yes	Yes	No
Community Services Program-Huntington Beach	No	No	No
Laurel House	No	No	No
Stand Up for Kids	No	Yes	No
Build Futures	No	Yes	No
OC Workforce Investment Board Youth Program	No	No	No
Orangewood	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Human Options	Yes	No
Interval House	Yes	No
Laura's House	Yes	No
The Eli Home, Inc.	Yes	No
Womens Transitional Living Centers	Yes	No
Community Services Program-DV Assistance Program	Yes	No

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

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

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

All CoC members are encouraged to be part of one or more committees that address the goals of Opening Doors. Committees have open membership and recruit appropriate members. Specific committees and collaboratives address ending homelessness among veterans, youth and families, and chronically homeless persons. Veteran service providers including those who are instrumental in implementing HUD VASH and SSVF and outreach and engagement workers who focus on the chronically homeless and such veterans were recruited to be part of one of the CoC Committees that focuses on ending homelessness among veterans. Youth and family service providers participate in CoC Committees that focus on ending youth and family homelessness. The Coordinated Assessment Subcommittee was tasked with ending homelessness among chronically homeless persons. Outreach and engagement teams and permanent supportive housing providers were specifically recruited for this committee.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

Announcements regarding the release of a Letter of Intent process for renewal application and and RFP for new applications (if any) are made at CoC, Homeless Provider Forum, and Commission to End Homelessness(CoC Board) meetings. In addition an email blast is sent to individuals, agencies, and other stakeholders via a comprehensive list serv for anyone interested in homeless issues. 211OC, the CoC lead HMIS agency and CoC partner also post information on their website on a page specifically dedicated to the CoC and Commission to End Homelessness.

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

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	21	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	21	100.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	12	57.14%
How many of the Con Plan jurisdictions are also ESG recipients?	5	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	5	100.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	5	100.00 %
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The cities and CoC work collaboratively on regional efforts to identify needs/gaps in housing/ services for the homeless. Cities provide critical information regarding funding needs and service gaps, participate in CoC meetings, and hold a seat on the Commission to End Homelessness. Cities use funding to support the regional CoC efforts to prevent and end homelessness and assist those at risk of homelessness. Grant applications are screened to award funding requests that align with the goals of the TYP and prioritize identified service needs/gaps for populations such as the chronically homeless and families w/children. Cities also provide Certificates of Consistency for projects in their jurisdiction in support of annual CoC application. The Association of California Cities-OC established a policy task force that brings together elected/appointed officials from all 34 cities, the County, non-profit and faith-based organizations and other interested parties to address homelessness.

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

The CoC has developed a collaborative of ESG recipient jurisdictions in the geographic area. In order to inform funding decisions, ESG recipients participate in CoC meetings, committees, and have representation on the CoC Board. The CoC and ESG recipients review and analyze their grants collectively to determine if the CoC has the right mix of housing and services and works together to ensure full participation of funded programs in HMIS. The CoC provides ESG recipients with PIT data for their Con Plans. The CoC and ESG recipients help develop strategic partnerships with mainstream agencies and works together on the implementation of a coordinated entry system by ensuring participation of funded programs, and assists in establishing a Housing First approach by making sure funded programs are implementing low barrier programs. ESG funds also help to fund low barrier housing(emergency shelter,transitional housing and RRH).

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

DV services are provided upon client choice, utilizing trauma informed care and voluntary service approaches. Victim service providers are directly linked by CES to survivors in need who are immediately and confidentially provided with housing including TH/RRH/ES and supportive services funded by local County and State resources. Information and service records are kept confidential and safely stored in a database comparable to HMIS and are only accessed by authorized personnel. Files are shredded after retention requirements expire. Shelter staff agree in writing to maintain confidentiality of clients' identities and shelter locations. Clients are not to disclose their location to anyone and agree in writing not to have contact with their abusers with exception for court-mandated visitation of children at a predetermined police station. Shelter visits are restricted to Child Protective Services and Social Services Case Workers. Shelters are monitored by security and staffed 24 hrs/day.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Orange County Housing Authority	18.00%	Yes-Both
City of Anaheim Housing Authority	2.80%	Yes-HCV
Housing Authority of the City of Santa Ana	2.00%	Yes-HCV
Housing Authority of the City of Garden Grove	6.00%	Yes-HCV

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

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

A broad range of affordable housing sources are available for people experiencing homelessness including projects funded by: Mental Health Services Act (MHSA) Housing Program; HUD-Veterans Affairs Supportive Housing (VASH); Community Development Block Grant (CDBG) Program; HOME Investment Partnership Program; Runaway and Homeless Youth (RHY) programs; and Family Violence Prevention & Services programs. There are 1097 PSH beds used to house people experiencing homelessness and affordable housing units that are not CoC funded. The Orange County Housing Authority has been allocated and administers 624 HUD-VASH vouchers for eligible homeless veterans who are single or eligible homeless veterans with families. The number of new affordable MHSA housing units used to house people experiencing homelessness will be approximately 11 during the next 12 months. All 11 units will be permanent supportive housing.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Not applicable

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

Coordinated Entry (CE) is linked to street outreach throughout the CoC. People sleeping on the streets are prioritized for assistance the same way as other homeless persons. 8 Street Outreach Teams are deployed to administer the VI-SPDAT (on the streets, in encampments, areas out of public sight) to assess the vulnerability of homeless individuals and determine appropriate support and housing interventions (permanent supportive housing with a Housing First approach and rapid re-housing). CE is advertised several ways to reach those least likely to access the process by leaving: business cards of outreach workers; flyers w/contact information describing the process; information at service sites, public locations, and events that attract homeless persons (i.e. homeless connect, veteran stand down, seasonal shelter programs, and large inside and outside meal programs at community centers and parks). Also, educating service providers; the use of 211 help line and Re-Entry Portal.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

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

Veteran Service Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Faith Based Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

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

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	43
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	4
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	39
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

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

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

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Need for specialized population services	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The CoC considers the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications as outlined in its written standards. Projects serving those with the highest needs barriers to obtaining and maintaining housing were factored into the CoC's review, ranking, and selection process. For example, projects serving and new projects proposing to serve the chronically homeless with the longest history of homelessness and the most severe service needs were given weighted performance consideration. In addition, the CoC prioritizes PSH projects that serve clients with the most severe needs and vulnerabilities including those with significant challenges requiring a higher level of support to maintain permanent housing. Projects serving, or proposing to serve, higher percentages of persons coming from the streets were also considered. Clients are identified, screened and referred to the most appropriate housing through CES.

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

Each agency requesting renewal funding completed a "Letter of Intent to Renew" that provided information based on HUD performance criteria identified in the 2014 and 2015 NOFAs for review by the Commission to End Homelessness Ad Hoc Committee. The information was used to develop and submit recommendations to the Commission to End Homelessness for approval of the draft ranking and scoring criteria used to reallocate and select and rank renewal and new projects in Tier 1 and 2. The ranking and scoring criteria was sent to all CoC members on October 14 and made available to the public at the Executive Committee meeting on October 16. The final ranking and scoring criteria was posted on the CoC's web site on October 26.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/18/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 10/29/2015

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

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

Instructions

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

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

During the NOFA process the CoC determines rankings based on each project's performance in a number of categories including length of stay, exits to permanent housing, housing stability(for PSH projects), increased income or mainstream and non-cash benefits, and entries from homelessness. Timely submissions of APRs are also reviewed. This criteria and process allows agencies an opportunity to examine project performance and operations and make changes as appropriate. In addition, 211OC conducts performance reports by project which includes analysis on unit utilization, length of stay, exits to permanent housing, entries from homelessness and returns to homelessness. These reports will be posted publicly on the 211OC website every six months allowing all agencies participating in HMIS and other stakeholders to see how projects are performing in comparison to other projects in HMIS. This process also assists agencies to make informed decisions about the project and agency policies.

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

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. GC, 6; ALT(HMIS P&P), 7, 49

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

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

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

Enginuity

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

Adsystem, Inc.

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

Instructions

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

2B-1. Select the HMIS implementation coverage area: Multiple CoCs

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$499,646
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$499,646

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$15,200
County	\$124,912
State	\$0
State and Local - Total Amount	\$140,112

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$184,070
Private - Total Amount	\$184,070

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$19,200
Other - Total Amount	\$19,200

2B-2.6 Total Budget for Operating Year	\$843,028
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/11/2015

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

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	459	179	144	51.43%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	1,578	239	1,065	79.54%
Rapid Re-Housing (RRH) beds	1,048	30	1,013	99.51%
Permanent Supportive Housing (PSH) beds	2,300	0	2,300	100.00%
Other Permanent Housing (OPH) beds	118	0	29	24.58%

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

The CoC is working with a faith based group that is part of the Street Outreach Teams for CE. Their addition to the system of care facilitates increased participation by faith based organizations in HMIS and CE. Reduction of HMIS fees for these organizations and the development of a plan to assist in data entry will also further the goal of increased of more non-CoC emergency shelter and transitional housing beds into HMIS including the participation of the Rescue Mission and Salvation Army programs (currently participating in HIC and PIT for all programs, and the AHAR for one program). Many agencies have expressed interest in participating in Coordinated Entry which will also translate into an increase of agencies participating in HMIS and increase bed coverage for emergency shelter, transitional housing, and other permanent housing.

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

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

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

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

Instructions:

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

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	11%	12%
3.3 Date of birth	9%	1%
3.4 Race	1%	3%
3.5 Ethnicity	1%	1%
3.6 Gender	0%	0%
3.7 Veteran status	1%	1%
3.8 Disabling condition	1%	1%
3.9 Residence prior to project entry	1%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	8%	1%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	36%	1%

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

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

	<input type="checkbox"/>
None	<input type="checkbox"/>

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

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

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

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

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

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

One agency in Orange County received GPD funding. This project participated in HMIS until December 2014 when the funding ended and therefore is no longer represented in HMIS.

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

Instructions:

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

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

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/23/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/11/2015

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

Instructions:

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

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

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

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

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

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

For all projects participating in HMIS, the sheltered PIT count was conducted by pulling a PIT report from HMIS. Any projects that did not participate in HMIS completed PIT surveys. Many of these providers were able to pull the PIT data from their databases; however some relied on observation or case manager records to collect this data. The CoC used this methodology to get a complete census count of all sheltered clients in Orange County. HMIS was used to generate an accurate and unduplicated count of the clients served. Projects that were not participating in HMIS completed provider surveys on the same night in order to get an unduplicated count of clients.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

Not applicable. There were not any changes in the sheltered PIT count methodology from 2014 to 2015.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes

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

Reasons for changes include the following: Some projects that participated in the 2014 HIC but not in 2015. One reason is the closing of the project as a result of lost funding. Others were removed from the 2015 HIC because homelessness was not required for program entry. 3 privately funded projects participated in 2014 refused participation in 2015. Many projects not included in the 2014 HIC received new funding after the 2014 HIC was completed and were included as new projects in 2015. Multiple RRH projects included on the 2015 HIC but not included in 2014 because no clients were housed in the project on the night of the HIC/PIT. Finally, 3 privately funded projects refused to participate in the 2014 but agreed to participate in the 2015.

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

Instructions:

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

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

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

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Not applicable. There were not any changes in the sheltered PIT count methodology from 2014 to 2015.

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

Instructions:

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

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

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/23/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/11/2015

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

Instructions:

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

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

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

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

Orange County's used a "known locations" combined with a "random sample of areas" count methodology - the same used in 2013. This methodology is one of only two appropriate for a jurisdiction the size and urbanization of Orange County and uses local experts to define areas where homeless are likely to sleep, enumerates visibly homeless people in those areas at the time of the count, and applies a statistical formula to account for the people who would be found in any geography unable to be visited during the count. Homeless clients, service agencies, and law enforcement were interviewed to identify areas of unsheltered homeless in the CoC's geography. Volunteer teams went to 132 locations in the fall of 2014 to create maps. Based on this input, 185 PIT maps were developed, including walking instructions for all hot and warm spots, and used as a dry run with staff, volunteers and homeless individuals. The maps were refined and given to trained volunteers on the night of the count.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

Not applicable. There were not any changes in the unsheltered PIT count methodology from 2013 to 2015.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? No

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

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

Instructions:

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

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

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

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Changes this year included: greater participation by local law enforcement Homeless Liaison Officers in both the mapping and the actual PIT; increased outreach to a diversity of stakeholders to solicit input and volunteer participation, including youth; an improved screening and training the trainers; a more comprehensive training for volunteers; deployment at 4:30am instead of 4:00am, in order to find more homeless who were awake at the time of the count (majority between 5am and 6am).

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	4,251	4,452	201
Emergency Shelter Total	1,145	925	-220
Safe Haven Total	0	0	0
Transitional Housing Total	1,428	1,326	-102
Total Sheltered Count	2,573	2,251	-322
Total Unsheltered Count	1,678	2,201	523

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	5,395
Emergency Shelter Total	3,541
Safe Haven Total	0
Transitional Housing Total	2,759

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

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

(limit 1000 characters)

A county-wide homeless prevention and diversion strategy including a creation of a tool for both has been implemented by the Prevention Committee to identify specific risk factors that include unemployment, underemployment, sudden death or illness, and temporary and permanent disability. A homeless RRH prevention strategy was implemented with CoC and ESG recipients for individuals and families that provides assistance to households with the highest likelihood of becoming homeless. Distinguishing criteria includes household income at or below 30% of AMI and whether there is a history of homelessness. For families who become homeless, the Family Redirection Program provides immediate short-term shelter at Armory Shelters and are immediately redirected into a temporary congregation/alternate family shelter site. During the first 14 days, each family receives a thorough assessment and continues to receive ongoing case management during their stay to set housing and financial goal.

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

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

(limit 1000 characters)

Performance analyses were reviewed for 2013-2015. The average LOS for ES and TH remained consistent. In 2014 and 2015, the average stay for TH decreased by about a month. Analyses was not completed for ES in 2015. Projects in HMIS track average LOS for sheltered clients by running performance reports every 6 months. These reports are posted on HMIS website allowing stakeholders to see the average LOS for each project and help agencies identify which projects have the highest LOS resulting in changes to project operations and improved performance. The VI-SPDAT has been implemented including questions regarding the length of time the client has been on the streets or in ES and tracks length of homelessness for unsheltered clients. Client’s length of homelessness, disability status, and chronicity determine the client’s ranking on the CE Prioritization list. CoC is increasing the supply of PSH as a strategy to reduce LOS. Clients with the longest length of time homeless are housed first.

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

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

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	996
Of the persons in the Universe above, how many of those exited to permanent destinations?	794
% Successful Exits	79.72%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	1,570
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	1,422
% Successful Retentions/Exits	90.57%

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

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Four implemented strategies include: 1) expanding the number of RRH programs through CoC funds, ESG funds, and state funds such as the CalWORKS Homeless Support Program; 2) providing wrap-around services with case management after households obtain PH in order to help maintain housing; 3) developing landlord liaison relationships as 1st point of contact for tenant issues and serve as mediator as needed; and 4) identifying individuals and families who return to homelessness through the CES which is imbedded into HMIS and creates a unique identifier upon entry. The HMIS Lead Agency runs performance reports for all project types on an annual basis, and one of the measurements of the report is tracking the percentage of households that return to homelessness after exiting to PH. These reports are posted on CoC website, so all members CoC can see the % of households that are returning to homelessness which helps agencies identify projects having most returns to homelessness.

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

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

Every homeless person entering into a residential component of the CoC is assessed for employment as part of a housing first approach. At least one case manager identifies and provides the services needed for employable residents that include pre-employment supports which likely involve life skills such as proper grooming and confidence-building. Other necessary services include job-readiness activities such as effective resumes and interview preparation, and job searching are obtained through referrals as noted in 3A-6a. Residents that are temporarily or not employable are helped with non-employment related income through the Orange County Social Services Agency which provides a wide-range of cash benefits including CalWorks, CalFresh, General Relief, and Medi-Cal. There are numerous office locations. Case managers help provide transportation when necessary, complete necessary paperwork, and assist residents with follow-up to ensure benefits are received.

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

Orange County, Anaheim, and Santa Ana Workforce Investment Boards provide a network of One-Stop Career Centers including comprehensive employment and training services including resume distribution; a career resource library, networking opportunities, job search workshops, on-site interviews with employers, job leads, and training programs. There are specialized programs for youth, older workers, people with disabilities, dislocated workers, and veterans. Various events such workshops, technical assistance and training activities are also provide. County Social Services Agency has a Welfare to Work Program for CalWorks recipients that provides basic job seeking and interviewing skills, understanding employer expectations, creating a résumé, job search assistance through employment counselor, and referrals to potential employers that match participant's skills. Working Wardrobes, a local nonprofit also provides workforce development and services to veterans.

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

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

(limit 1000 characters)

Coordination between outreach teams and housing and homeless assistance providers consists of targeted street outreach to all unsheltered individuals including those who are CH and hardest to reach. CES target outreach workers to engage unsheltered persons through information on known locations of homeless from the 2015 PIT and entering them into CES using the VI-SPDAT and identifying the best type of support and housing interventions that fit their needs. For families, placement in shelters as bridge housing only occurs when a family's homelessness cannot be immediately prevented. RRH assistance is provided as quickly as possible in order to limit their stay in temporary housing. For individuals, placement in shelters as bridge housing is needed when appropriate PH is not yet available. A housing first approach is used so such persons are able to maintain their temporary housing and in order to help assure that such persons maintain their housing once obtained.

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

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

(limit 1000 characters)

A CoC Ad Hoc Committee was convened to advise and provide direction on the 2015 PIT. Committee direction included the use of a public places count with sampling methodology (appropriate for OC's size and urbanization); integration of a survey with the count; and a statistical process to account for areas not visited. Count methodology combined known locations with "random sample of areas". Local experts (e.g. outreach teams, law enforcement agencies, etc.) identified areas where homeless are likely to sleep and designated as "cold", "warm", or "hot" based on the density of homeless people expected to be found in that location. From August to December 2014, extensive mapping occurred. Geography was divided into 185 non-overlapping areas. All "hot" areas were covered by a team of counters and surveyors. The remaining areas were designated "warm" and a randomly sampled portion of these were visited. "Cold" areas were excluded and not visited during the unsheltered PIT count

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	829	580	-249
Sheltered Count of chronically homeless persons	156	133	-23
Unsheltered Count of chronically homeless persons	673	447	-226

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

Reasons for the decrease include: 1) additional PSH beds as a result of reallocation; 2) additional HUD-VASH beds for chronically homeless veterans; 3) prioritizing CH persons within the CES; and 4) focusing outreach and engagement workers on CH persons that resulted in housing such persons quicker and more efficiently.

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

The CoC has begun to implement a two year plan that will increase the number of PSH beds for CH persons. The plan consists of increasing the number of PSH for CH persons by 1) encouraging PSH programs that do not serve 100% CH to serve 100% CH; 2) requiring PSH programs to fill vacant beds with CH; 3) maintain CoC funded TH beds for youth ages 18 – 24 and victims of DV and reallocating other CoC funded TH beds to PSH for CH; 4) reallocating CoC funded SSO projects to PSH for CH; 5) supporting the creation of PSH for CH persons through non-CoC sources of funding- including state, county, and city funding sources, including Mental Health Services Act funds. Support will include funding for the acq., rehab., and new construction of units/beds for CH persons; and 6) supporting private investments/financing and private foundation grants to support operations of a PSH for CH. The CoC has worked with PHA to change Admin Plan preferences to accommodate CH. CoC will offer training workshops to provide assistance to PSH staff/board. CoC will monitor the action steps noted above throughout the year and the CoC ranking and review process.

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

Commencing in February 2014 began implementing all of the activities in the two year plan noted in 3B-1.2. All of these strategies and actions have been accomplished and continue to be promoted as on-going actions through the written standards, CES, and CoC-wide planning efforts. Encouraging PSH programs that do not serve 100% CH to serve 100% CH; requiring PSH programs to fill vacant beds with CH; maintain CoC funded TH beds for youth ages 18 – 24 and victims of DV and reallocating other CoC funded TH beds to PSH for CH; reallocating CoC funded SSO projects to PSH for CH all began in February, 2014; supporting the creation of PSH for CH persons through non-CoC sources of funding- including state, county, and city funding sources is ongoing. Supporting private investments/financing and private foundation grants to support operations of a PSH for CH began later in the year.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	353	223	-130

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

Some projects added chronically homeless beds since the last HIC. However, the agency that reported the largest number of chronically homeless beds in 2014 reported the number of chronically homeless clients in their beds, not the number of beds reserved for chronically homeless clients. In 2015, the agency correctly reported the number of their beds that are dedicated for chronically homeless clients. Although the actual number of beds dedicated for chronically homeless clients did not decrease, there was a large decrease in the reported number of chronically homeless beds on the HIC.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. 2-6

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

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	1,027
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	166
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	166
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

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

This question will not be scored.

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

In addition to the strategies and resources that are being implemented in 3B-1.2a, the CoC is 1) focusing more intensely on CH individuals and families through assertive street outreach and engagement into areas and encampments where CH persons are known to live; 2) engaging CH households through the coordinated entry system to help link them to the appropriate PSH provider and level of supportive services; 3) increasing resources to provide bridge housing for CH households who need a short-term stay while awaiting permanent housing availability that includes low barrier shelter and voucher stays in motels; 4) connecting CH households to mainstream resources including Medi-Cal and behavioral health services while awaiting PSH placement; 5) connecting CH households to community resources such as food, transportation, money management, housing counseling services, etc. to ensure they maintain their housing; and 6) emphasizing a consumer-driven mindset that is choice-based.

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

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

Instructions:

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

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

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

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

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

Coordinated Entry plays a critical role in providing the right intervention for each homeless family to effectively house them within 30 days. The CES is designed to help families avoid entering shelters by offering assistance to families to help them remain in their housing for a short period of time in order to gain time to move them into PH. If ES is needed for a family, supportive services are provided to help ensure a stay of no more than 30 days. Such services are provided within a housing first and low barrier environment. RRH assistance is provided to also ensure that a stay in ES is no more than 30 days and is flexible so families with lower barriers receive modest financial assistance and those with higher barriers receive moderate assistance. CoC has reallocated TH programs to RRH and has worked with ESG recipients to allocate more funding to RRH. PSH is targeted to CH in need ongoing subsidies and consistent support services.

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

	2014	2015	Difference
RRH units available to serve families in the HIC:	32	244	212

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

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	523	451	-72
Sheltered Count of homeless households with children:	522	449	-73
Unsheltered Count of homeless households with children:	1	2	1

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

Overall, the number of households with children on the 2015 PIT decreased due to a large reduction in the number of units available in Emergency Shelters and Transitional Housing for households with children from 2013 (the year of the last unsheltered count) to 2015. The decrease in units was mostly due to projects closing after a loss of funding. In addition, one project changed from voucher bed type to facility-based bed type, which resulted in a decrease in the number of households that could be served.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	No
Unaccompanied minors/youth below the age of 18?	Yes

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

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

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

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	55	72	17

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

Not applicable. Number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry was higher in FY 2104 than FY 2013.

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

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$295,135.50	\$95,668.00	(\$199,467.50)
CoC Program funding for youth homelessness dedicated projects:	\$95,668.00	\$95,668.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$199,467.50	\$0.00	(\$199,467.50)

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	18
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	12
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	18

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

CoC and school district liaisons work together to develop safeguards to protect students from discrimination based on homelessness by having local education stakeholders on committees who are involved in strategic planning activities regarding homelessness and children. As a result, there is a joint process to identify families experiencing, or at risk of homelessness that often happens while complying with the immediate enrollment mandate because of the lack of, or inaccurate, paperwork. Efforts to confirm the student’s living situation are grounded in sensitivity and respect bearing in mind the best interest of the student. Thus, verifying the living status of students through landlords and law enforcement is not practiced. Relationships have been established with shelters and transitional housing programs to assist in identifying students in ways not to create barriers and not embarrass families by conducting minimal investigation to verify the living situation and conditions.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

CoC representatives meet regularly with local school district and statewide liaisons and mutually provide information and resources. Data and relevant information are also posted on the district websites and disseminated via list serv to the CoC. Together, they work with CoC and ESG funded programs to identify homeless children and youth. Once placed in a CoC or ESG funded program, designated program staff work with liaisons to ensure the identification of homeless youth and children. They also work together to inform homeless families of eligibility for McKinney-Vento education services which includes ensuring that families are aware of educational rights through regular school mailings and handouts at the beginning of the school year. Such materials are provided in English, Spanish, and Vietnamese and reviewed orally between families, children, youth, case managers, and liaisons. More specifically, they assure families receive a letter verifying eligibility for services, ensure transportation (bused to their school of origin if possible); formally reviews educational rights with parents; posts Educational Rights at program sites; provide mutual advocacy when educational rights are violated, have access to academic tutoring and counseling, and incorporate education in exit planning with clients. If possible, they help ensure every homeless child and youth remain enrolled in the school of their origin prior to becoming homeless. When necessary, they give families and youth access to shelters and transitional housing programs closest to the school where they are enrolled. Also, when necessary, they work together to help enroll children escaping Domestic Violence in a school of their choice within the district and establish procedures to protect their safety and rights. CoC and ESG funded programs inform liaisons when children have exited their programs to help ensure their education continues uninterrupted.

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	446	447	1
Sheltered count of homeless veterans:	177	91	-86
Unsheltered count of homeless veterans:	269	356	87

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

Overall, the total number of homeless veterans in Orange County increased by 1. Sheltered veterans decreased by 86 and unsheltered increased by nearly the same number which is 87. This can be attributed to concentrated street outreach and engagement efforts that moved veterans from the streets and into shelters and TH programs while awaiting the issuance of HUD VASH vouchers and the identification of permanent housing. While there was an absolute increase in the number of unsheltered veterans, it was proportional to the increase in the overall unsheltered population. The percent of veterans in each year was almost identical (16 vs. 16.2%). The count of sheltered homeless veterans decreased in part due to a decrease in the number of transitional housing veteran beds on the HIC by 31. Additionally, 292 new veteran PSH and RRH beds were added between 2014 and 2015, resulting in veterans entering into those project types rather than emergency shelter or transitional housing.

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

Several ways include: 1) having street outreach teams create a community-wide list of veterans that includes CH and hardest-to-reach; 2) implementing a CES in which street outreach workers and other homeless services staff enter veterans into the system, via the list, that helps match them to appropriate housing and services; 3) sharing the community-wide list of veterans across agencies that prioritize veterans eligible for VA housing programs; 4) coordinating an interagency group that meets weekly to implement action plans for veterans on the list who have been determined to be eligible for VA services; 5) assigning veterans to housing navigators that help identify housing, including bridge housing if needed, and help veterans obtain and maintain PH; 6) implementing a Housing First approach that moves veterans into PH as quickly as possible with right level of services; and 7) ensuring right level of services including connections to employment and legal services if needed.

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

An action plan for veterans who are determined to be ineligible for VA services is initiated by the interagency group and assigned to housing navigators who implement a housing first approach. The primary housing resources include Shelter+Care program and PSH units. The total number of Shelter+Care certificates is 601 and the total number of PH units is 3,506. Approximately, 20% of the total number of PH units and units subsidized by S+C turnover annually. CoC Program-funded projects prioritize veterans and their families who cannot be effectively assisted with VA services. When it is determined a veteran cannot be effectively assisted with VA housing and services and has the same level of need as a non-veteran (as determined using a standardized assessment tool). In addition to the CoC Program-funded resources noted above, other such resources include Section 8 Housing Choice Voucher Program; HOPWA, and HOME Program tenant-based rental assistance.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	1,282	447	-65.13%
Unsheltered count of homeless veterans:	1,104	356	-67.75%

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

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

In addition, to the strategies and resources noted in 3B-3.2 and 3B-3.3, maximization includes 1) continuing to streamline issuance of VASH vouchers including preparation for PHA referral; 2) connecting veterans with mainstream resources outside of VA system for veterans ineligible for VA benefits and services and veterans who are but VA benefits can be supplemented; 3) communicating and integrating VA services with non-VA community-based organizations including CoC members in order to provide resources that VA services do not provide, or provide, but can supplement VA services, which include food, transportation, child care, housing counseling services, etc.; 4) increasing resources to provide bridge housing for veterans who need a short-term stay while awaiting PH availability that includes low barrier shelter, vouchered stays in motels, and low barrier TH programs; and 5) increasing resources to help veterans with furnishing PH that includes furniture and other household items.

4A. Accessing Mainstream Benefits

Instructions:

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

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

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	45
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	19
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	42%

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

CalOptima is the managed care program that administers MediCal in Orange County. The CoC collaborates with CalOptima and providers to disseminate information to improve access to health care by the homeless. A conceptual agreement has been reached by California (DHCS) and the federal government (CMS) for a Medicaid Section 115 Waiver for which the Orange County Health Care Agency(HCA) and CalOptima will collaboratively submit a proposal. In addition, the CalOptima Board dedicated \$1M in Intergovernmental Transfer (IGT) money to support recuperative care by allowing hospitals to discharge as well as sending homeless members from ER to the Illumination Foundation’s recuperative care program. Several providers such as SOS, Mercy House, Illumination Foundation, HCA/CHAT-H Public Health Nurses, the OC Rescue Mission/HURTT Clinic, and 211OC provide outreach, health care enrollment, and medical services in fixed and mobile clinics easily accessible to homeless individuals and families.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Co-location of services	<input checked="" type="checkbox"/>
Mobile Clinics	<input checked="" type="checkbox"/>
Outreach	<input checked="" type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

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

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	45
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	44
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	98%

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

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	45
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	39
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	87%

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

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2014	2015	Difference
RRH units available to serve any population in the HIC:	71	354	283

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

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

Not Applicable/No new rehab or construction

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

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not applicable

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

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

Not applicable

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

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

This response does not affect the scoring of this application.

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

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

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Vets@Home	10/19/2015	

Attachment Details

Document Description: 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects

Attachment Details

Document Description: 2015 CoC Consolidated Application: Public Posting Evidence

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: CoC Rating and Review Procedure: Public Posting Evidence

Attachment Details

Document Description: CoC's Process for Reallocating

Attachment Details

Document Description: CoC's Governance Charter

Attachment Details

Document Description: HMIS Policies and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description: CoC-HMIS MOU

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/16/2015
1B. CoC Engagement	11/19/2015
1C. Coordination	11/19/2015
1D. CoC Discharge Planning	11/12/2015
1E. Coordinated Assessment	11/17/2015
1F. Project Review	11/18/2015
1G. Addressing Project Capacity	11/13/2015
2A. HMIS Implementation	11/18/2015
2B. HMIS Funding Sources	11/12/2015
2C. HMIS Beds	11/19/2015
2D. HMIS Data Quality	11/12/2015
2E. Sheltered PIT	11/13/2015
2F. Sheltered Data - Methods	11/17/2015
2G. Sheltered Data - Quality	11/17/2015
2H. Unsheltered PIT	11/13/2015
2I. Unsheltered Data - Methods	11/17/2015
2J. Unsheltered Data - Quality	11/17/2015
3A. System Performance	11/18/2015
3B. Objective 1	11/19/2015
3B. Objective 2	11/17/2015
3B. Objective 3	11/19/2015
4A. Benefits	11/13/2015
4B. Additional Policies	11/16/2015
4C. Attachments	11/19/2015
Submission Summary	No Input Required