

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

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

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

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

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: CA-513 - Visalia/Kings, Tulare Counties CoC

1A-2. Collaborative Applicant Name: Kings/Tulare Continuum of Care on Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Kings United Way

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

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

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

K/T Homeless Alliance (KTA) has an OPEN INVITATION PROCESS in which stakeholders and formerly homeless are solicited to participate in meetings/join subcommittees. At monthly meetings, a public comment period is held. KTA sends out invitations through the listserv, conducts outreach through service clubs, Project Homeless Connect (PHC), and attends local forums. 2a. EXAMPLE 1: Victim Service Providers such as Family Services, who also serve survivors of human trafficking, serve on the KTA Board and provide training to membership on DV. EXAMPLE 2: KTA has mental health representatives as members of the PHC committee. They help design PHC layout to attract attendees with mental disabilities to one-stop van. 2b. Subcommittees include HMIS, 10-year plan, and PHC. Mental health providers coordinate one-stop van at PHC and DV providers work on HMIS issues like data privacy and train the CoC. Nominating Committee has previous Board members and conducts outreach to expand expertise of CoC.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Family Services	No	Yes	Yes
Turning Point	No	Yes	No
EMQ Families First	No	Yes	No
Aspiranet	No	Yes	No
Kings Community Action Organization (KCAO)	No	Yes	No
Community Services Employment Training (CSET)	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 between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Family Services	Yes	Yes
Central CA Family Crisis Center	Yes	Yes
Kings Community Action Organization	Yes	No

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

KTA solicited apps from entities that have not previously received funds through
 1. PROCESS:
 *Sent announce. via listserv, member agencies newsletters & posts on Facebook, Twitter, Website;
 *Outreach in advance of NOFA incl. training where NON-GRANTEES ATTENDED & asked questions;
 *Provided direct TA to interested orgs;
 *Presented info on HUD funding to community groups serving the homeless & post info in public locations such as the United Way bulletin board;
 *Outreach to neighboring CoCs to solicit agencies interested in expansion to K/T w/a focus on engaging providers serving high risk populations.
 2. KTA ANNOUNCED the process was OPEN to new proposals.
 3. KTA followed the adopted Rating & Ranking tool administered by independent committee; NEW PROJECTS were considered based on their contribution to system performance, applicant experience & housing first, low-barrier design. One new grantee funded in 2015 and to renew for first time in 2016.

1B-3. How often does the CoC invite new Monthly

**members to join the CoC through a publicly
available invitation?**

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	5
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	5
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	5
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

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

1.KTA participates with Con Plan prep/CAPER reporting FOR ALL 5 jurisdictions including the State. 2. KTA had a rep. participate in at least one meeting/year and KTA staff also participated via phone(10) and e-mails and provided PIT level data. 2. On ave, KTA dedicated eight hours/jurisdiction annually for Con Plan prep and feedback. KTA also identifies impediments that may exist with addressing homelessness, and recommends solutions to end homelessness. For example, in the 2015 Con Plan for Visalia, KTA recommended that HOME funds be utilized for TBRA. KTA coordinated with the City to draft the program guidelines, which include utilization of the coordinated entry assessment tool the VI-SPDAT. 4. KTA provided comments to the State via phone & meetings on the ESG allocation plan, WHICH RESULTED IN A DIRECT LOCAL ALLOCATION OF ESG FOR THE COC TO ADMINISTER, which is the first allocation of non-competitive ESG funds in Kings/Tulare counties in history.

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

The K/T Homeless Alliance (KTA) worked with the only ESG recipient in the geographic area—State of California. KTA participated in a stakeholder group to redesign the ESG process including how to determine funding allocations and performance plans. KTA worked with the State to develop a two-tier process to allocate non-competitive local funds and competitive State funds. Then KTA developed rating and ranking guidelines for local ESG funds and established system level performance standards. KTA provided Con Plan jurisdiction level PIT data to all 5 jurisdictions including the State for ESG, HMIS data, and previous ESG sub recipient information for the development of performance standards as applicable. KTA will review ESG performance quarterly to identify areas of concern and develop corrective actions. Data will be reviewed by the KTA Board and then with the exec. comm. of each org. ESG funded programs are integrated with the coordinated entry system.

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

The K/T 10-year plan acknowledges that the needs of a household who is

fleeing domestic violence (DV), dating violence, or sexual assault may be different than the needs of non-victims. Providers are trained on sensitivity in regards to victims' assistance. Data on DV victims is treated with the highest level of confidentiality with all data being collected into the COMPARABLE DATABASE. DV client ID and VI-SPDAT score are merged with the Housing Priority List without any personally identifiable information (PII) disclosed. Assessing DV is integrated with the CE system and services are client-driven, trauma informed and culturally relevant. Persons fleeing DV are connected with CoC/ESG/DOJ/CalOES/HHS funded programs. DV victims are given CHOICES with program/housing location. The KTA has a Board member from a local nonprofit provider of DV shelter/services. They ensure the KTA is aware of DV needs, continues to protect PII, and provides various options for housing/services.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Kings County	0.00%	Yes-HCV
Housing Authority of Tulare County	3.00%	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)

The K/T Homeless Alliance (KTA) seeks other opportunities to secure affordable housing for individuals/families that are currently homeless or have previously experienced homelessness. One example of this is with a member agency, Self-Help Enterprises (SHE). SHE develops traditional affordable rental housing through the HOME and low-income housing tax credit (LIHTC) programs. KTA has partnered with SHE to seek additional opportunities to offer affordable rental units to PSH participants and program graduates. SHE developed the Strawberry Street apartments (5 units) and provides preference

for formerly homeless households. SHE also established a preference for homeless households at Highland Gardens for the 30% AMI units (36 units) funded with LIHTC/HOME. KTA works with K/T counties to leverage Mental Health Services Act funding to generate new PSH units and RRH in conjunction with CalWorks HSP. The K/T also works with VASH/SSVF to end veteran homelessness.

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
Develop alternate programs to balance enforcement: The KTA worked with the City of Visalia to develop a storage program to offset the shopping cart ban. The program was put in place prior to the ban on storing belongings in carts and the new policy was implemented in phases to allow time for homeless individuals to learn about the program and/or make alternate arrangements. The implementation was a great example of a public/private partnership to find solutions for community challenges surrounding homelessness.	<input checked="" 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

Foster Care:	<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) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

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

Not applicable; the Kings/Tulare Homeless Alliance coordinates with each of the institutions listed in 1D-2 on either the local, regional or State level to ensure persons discharged are not discharged directly to the streets, emergency shelters, or other McKinney-Vento Homeless Assistance programs.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

Every Door Open(EDO) is the COC-WIDE coordinated entry (CE) system. EDO is accessible through 2-1-1 in conjunction w/outreach teams deployed to locations w/concentrations of homeless. LANGUAGE SERVICES are available. EDO serves all regardless of race, etc. and includes standardized assessment process. KTA worked w/Kings UW to fund a Housing Navigator (HN)who works to ensure CE engages/assists individuals in accessing housing QUICKLY and targets homeless persons w/highest barriers in conformance w/CPD Notice 14-012. The HN conducts street outreach TO REACH THOSE LIKELY NOT TO HAVE ACCESS and has regular visits to the largest shelter providers TO MAKE ACCESS EASY FOR HOMELESS. Entry is available through providers also. Referrals are made to a housing provider or the HN for enrollment from law enforcement, mental health and school liaisons. Info regarding EDO is ADVERTISED on the website, bulletin boards at locations with high traffic and at ministries throughout the community.

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

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
Veterans Affairs	<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"/>
Kings & Tulare United Ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At least one box must be checked for each row.

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

Instructions

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

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

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	18
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	9
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	9
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

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

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>

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

Need for specialized population services:

Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

The Kings/Tulare Homeless Alliance (KTA) includes a section called "client needs" in the Rating & Ranking process. In this section, up to 10 points are awarded for projects that address the severity of needs and vulnerabilities of clients which include, but are not limited to: low or no income, current or past substance abuse, criminal record, etc. KTA evaluates the type of clients being served in addition to the project type, and weighs those program elements against the national priorities, local funding priorities and annual point-in-time data. Projects serving people with the following vulnerabilities are prioritized: current or prior DV history, low/no income, substance abuse, criminal record, individuals with significant health/behavioral health challenges, and high users of emergency services. Projects serving CHRONICALLY HOMELESS are prioritized.

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

Prior to the NOFA the KTA convened a series of meetings (6/1/16, 6/7/16) to discuss funding priorities, local competition review, ranking & selection criteria (R&R), and system wide performance measurements. The NOFA was announced at the 7/28/16 membership meeting which included R&R and the comment period. KTA hosted a TA workshop including a review of R&R. The R&R was posted on the KTA website, Facebook/Twitter, and distributed through e-mail to the listserv with hundreds of subscribers and followers on 7/27/16. The R&R was posted for at least 10 business days to allow public comment prior to final publication. The opportunity to comment on the R&R was posted on the K/T United Way bulletin boards.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/12/2016

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

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/25/2016

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

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

Instructions

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

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

KTA MONITORS all HMIS partic. agencies including all CoC/ESG programs:
MONTHLY: Data quality/performance monitored in SNAPSHOT reports that measure utilization, housing stability, eligibility, length of homelessness, destination@exit, increasing income/connection to main. benefits. Reports are reviewed for areas of concern then provided to each org. and the KTA Board.
SEMI-ANNUALLY: Issue PERFORMANCE MEASUREMENT REPORT w/ project and system-level results then compared to like-kind projects and posted on KTA website. KTA monitors poor performers/develops action plan to resolve inadequate performance outcomes.
ANNUALLY: 1) SITE VISITS to ensure compliance w/ HUD regs and HMIS data standards/local HMIS policies. 2) All CoC funded program have to submit proof of timely APR submissions and timely draws from eLOCCS by providing APR submitted through eSNAPS and print outs from eLOCCS. This info. is reviewed through the Rating & Ranking during annual CoC funding competition.

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. Pages 57-60 of CoC Policies & Procedures

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

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

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

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

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

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

Instructions

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

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$157,533
ESG	\$1,460
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$158,993

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	\$1,879
Other Federal	\$0
Other Federal - Total Amount	\$1,879

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$56,847
State	\$0
State and Local - Total Amount	\$56,847

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$3,960
Other - Total Amount	\$3,960

2B-2.6 Total Budget for Operating Year	\$221,679
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

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

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

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	237	57	146	81.11%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	248	53	177	90.77%
Rapid Re-Housing (RRH) beds	180	0	180	100.00%
Permanent Supportive Housing (PSH) beds	217	0	217	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

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

The only area where the coverage is below 85% are the ES beds (81.11%) and these are below that level because of one program that is a faith-based project. STEPS: During the upcoming year, the HMIS team will conduct outreach to the sole non-participating faith-based project. The HMIS team will demonstrate the benefits of HMIS participation and work with the project in an attempt to resolve resistance to participation. We will offer incentives such as free user licenses, ongoing training and support for their staff, and customized reporting for their specific agency needs.

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

indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<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? Monthly

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

Instructions:

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

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

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	3%
3.3 Date of birth	0%	0%
3.4 Race	0%	1%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	1%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	1%	4%
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	0%	0%

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

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
PIT, HIC, System Performance Measures, CoC Application/R&R/Local Performance Measures	<input checked="" type="checkbox"/>

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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

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 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)

There are no VA GPD or RHY programs in our CoC.

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

Instructions:

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

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

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 05/02/2016
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?** Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)** 05/02/2016

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

Instructions:

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

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

Complete Census Count:	<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 checked="" 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)

The CoC used a complete census count coupled with HMIS plus extrapolation protocol for projects that were missing 20% or more subpopulation data in any one domain. This methodology was selected because it provides a complete

count of all sheltered persons in the bi-county region while accounting for subpopulation data that may have a higher than normal missing value rate.

Data are collected at both the individual and household level by utilizing two methods: the questionnaire and the HMIS database. For participating agencies, the database administrator extracted the necessary data fields from the system to provide reliable, comparable data for the PIT. Non-participating programs were mailed information packets and questionnaires two weeks prior to the survey date to capture PIT information on their clients. Follow up calls and visits were made to programs to collect surveys, verify data and discuss variances.

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

N/A; there was no change in the methodology from our sheltered PIT count in 2015 to 2016 given that we used a reliable, nationally recognized best practice.

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

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

There were several changes in provider coverage in the 2016 sheltered count do to the closing and opening of projects.

Projects that were excluded from the 2016 count were Heritage Homes (31 beds) and Andy's House (20 beds), which were removed because they closed. The EHAP project was removed because it changed its target population from homeless to at-risk of homelessness.

Projects that were added in the 2016 count include East Tulare Avenue Cottages, Every Door Open, Kings County RRH, Life Transformation Program, and Women's Transitional Program. All of these were added because they began operations during the applicable time-frame.

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

Instructions:

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

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

Training:	<input checked="" type="checkbox"/>
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 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

To help improve data quality, the HMIS Lead Agency provided customized trainings to data collection teams. Trainings were designed to cover the specific aspects of volunteer duties such as Intake Volunteers, Team Leads, Canvassers. HMIS staff visited non-HMIS participating agencies to manually collect the information. Additionally, data quality team leads were added to review forms for completeness and obvious discrepancies.

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

Instructions:

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

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

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

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 05/02/2016

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

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

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

Instructions:

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

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

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" 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 this unsheltered PIT count methodology. (limit 1000 characters)

For the 2016 PIT, the CoC utilized a complete census count which included canvassing known locations where individuals and families experiencing homelessness tend to be and canvass teams included formerly homeless individuals. The census approach also included PIT data collection at high frequency service locations that serve individuals experiencing homelessness. All volunteers conducting the unsheltered street canvassing are trained and the CoC utilizes non-duplication techniques to ensure the quality of the data. This methodology was chosen because it maximized coverage, eliminated duplication and successfully captured data as in previous years.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015)

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

N/A. There were no changes to the way the CoC implemented its sheltered PIT count from 2015 to 2016.

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

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

N/A

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

Instructions:

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

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

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input 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 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

To help improve data quality, the HMIS Lead Agency provided customized trainings to data collection teams. Trainings were designed to cover the specific aspects of volunteer duties such as Intake Volunteers, Team Leads, Canvassers. Additionally, data quality team leads were added to review forms for completeness and obvious discrepancies.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

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

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	862	792	-70
Emergency Shelter Total	161	155	-6
Safe Haven Total	0	0	0
Transitional Housing Total	256	171	-85
Total Sheltered Count	417	326	-91
Total Unsheltered Count	445	466	21

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,159
Emergency Shelter Total	789
Safe Haven Total	0
Transitional Housing Total	421

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

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

(limit 1000 characters)

1. KTA IDENTIFIES RISK FACTORS @ monthly membership and case mgmt. mtgs. KTA works w/education liaisons and code enforcement to look for risk factors, such as overcrowding or staying w/family and coordinates w/HHSA HSP to determine trends on why HHs need assistance. 2. STRATEGIES TO REDUCE 1ST TIME HOMELESSNESS: *Outreach to landlords on how to connect HHs at-risk of eviction to prevention services. PHAs train staff on identifying risk factors such as multiple episodes of late rental payments or loss of emp. *Mainstream service providers work w/KTA to identify conditions that lead to FTH; solutions for prevention, mainly through referrals, are implemented to reduce first time homelessness. *Other prevention measures inc. foreclosure counseling, utility/emergency rent assistance, credit counseling/financial fitness, and job training/emp. services. 3. KTA PARTNERS with 211, education liaisons, PHAs, and HHSA to promote prevention services. In 15/16, the # of FTH for ES/SH/TH REDUCED 6%.

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)

1. Since implementation of strategies to reduce length of time (LOT) homeless the avg. has been REDUCED by 5% (39.47 in 14/15 to 37.5 in 15/16). 2. KTA hosts montly case mgmt. roundtables where Navigators, outreach teams, CMs, PATH, mental health, and PHAs review barriers, leveraging resources, and landlord engagement to reduce the LOT people remain homeless. Navigators are accountable for the time it takes to get a client document-ready and providers are held accountable for LOT from referral to enrollment. 3. KTA will continue to use VI-SPDAT and HOUSING PRIORITY LIST to prioritize clients based on highest needs/LOT homelessness. The CoC adopted written standards to govern prioritization including adoption of HUD's CPD 14-012. The HMIS team tracks LOT from VI-SPDAT to referral to program enrollment. 4. KTA funds projects focused on HOUSING FIRST & LOW BARRIER to entry. 5. Data is used to identify clients exceeding 100 days and focus outreach to push housing longest homeless.

*** 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:

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

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	62
Of the persons in the Universe above, how many of those exited to permanent destinations?	40
% Successful Exits	64.52%

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

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	195
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?	185
% Successful Retentions/Exits	94.87%

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

1. For the 15/16 year, KTA saw a 39% REDUCTION in RTH and a 64% REDUCTION in PH RTH over the 14/15 year. 2. One strategy for reducing RTH is educating providers on effective case mgmt. KTA hosts case mgmt trainings to improve the delivery of supportive services including connecting with benefits/income supports and financial planning/budgeting. KTA hosts ongoing Case Mgmt Roundtables where potential discharges are discussed. The CM team DEVELOPS A CUSTOMIZED PLAN TO AVOID EXITS to homelessness. 3. KTA identifies HHs RTH by using open HMIS is allow providers to see RTH in client history and including that question in CE. 4. KTA uses HMIS to MONITOR RTH by program participants who exit rapid rehousing, TH, and PSH, and monitors data quarterly to identify RTH and areas of concern. KTA then conducts focused TA to address the program or area of concern to identify opportunities to improve programs. The local 10-Year Plan goal to end homelessness includes strategies to reduce RTH.

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

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

1. STRATEGIES to increase CASH INCOME include regular meetings w/local workforce development programs, such as Employment Connection/CSET, which provide job training/placement. KTA hosts regular trainings on non-traditional employment opportunities such as ABLE Ind. which employs persons with special needs. PHC engages a variety of employment programs (EDD, AmVets, CSET Job Corps, etc.) to participate at PHC. 2. STRATEGIES to increase non-cash income sources include the requirement that agencies participate w/SOAR training/enroll clients in SOAR. Tulare County HHS operates a SOAR Advocacy unit that expedites SOAR applications/provides TA. K/T HHSAs offer uniform applications for multiple mainstream benefits. 3. KTA coordinated the application for initial SOAR TA to establish that training and the KTA is the liaison w/employment agencies and CoC-funded programs. 4. For the period 10/1/15 thru 9/10/16, 56% INCREASED their cash income from employment and non-employment non-cash sources.

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)

PRIMARY AGENCIES: KTA partners w/Workforce Investment Board (WIB) & CSET who provide job training/placement to individuals in TH/PH. ABLE Industries employs persons w/disabilities 2. ROLES: WIB provides oversight to the County's network of One-Stop Centers that offer employment/training services to job seekers. CSET Operates Employment Connection Centers in Visalia/Tulare/Porterville to assist local job seekers. These centers offer job training/job leads/online classes/workshops to help individuals find a job or improve job skills. Program managers refer PH clients for these services & provide transportation to services. Providers also partner with ABLE Industries to provide employment for people w/disabilities. New RRH programs will utilize CSET & WIB services to assist their clients in increasing earned income. 3. The CoC program funds 17 PH projects & all 17 projects (100%) have a relationship w/mainstream employ. orgs & regularly connect participants w/employment services.

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

All areas were engaged to participate in the PIT count. KTA is implementing Every Door Open (EDO), the regions CE program. 1. The United Way employs a Housing Navigator to conduct STREET OUTREACH/PROVIDER ENGAGEMENT daily. Service/housing providers administer the EDO survey to ensure direct entry into CE. 2. TO TRACK UNSHELTERED, KTA has relationships with law/code enforcement and conducts outreach to homeless encampments in advance of law enforcement. KTA utilizes the knowledge of

service/faith based groups providing meals and formerly homeless individuals in understanding where homeless individuals sleep, seek services, and can be located. The Navigator attends EH and meal distributions to track street homeless. 3. TO MOVE UNSHELTERED TO HOUSING Street outreach is used to connect with CH to enroll in EDO and quickly connect them with Housing First through participating providers. KTA works with landlords concurrently to ensure units are available as PSH slots open for placement.

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

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

Not applicable--all areas were engaged to participate in the PIT count.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 08/02/2016

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

Not applicable.

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	343	251	-92
Sheltered Count of chronically homeless persons	17	20	3
Unsheltered Count of chronically homeless persons	326	231	-95

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

NOT APPLICABLE. The TOTAL number of chronically homeless DECREASED in 2016 compared to 2015 by 95 persons (29%)! There was a slight increase (3 persons) in the sheltered count of chronically homeless because a new emergency shelter for homeless men opened in Hanford, Kings County. There were NO CHANGES in PIT methodology in 2016 from the 2015 PIT count. Overall, due to the successful implementation of the coordinated entry and assessment (EDO) the Kings/Tulare Homeless Alliance is making progress towards meeting the goal of ending chronic homelessness.

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

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	60	72	12

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

The total number of PSH beds INCREASED due to our commitment to INCREASING PSH in Kings and Tulare counties and incentivizing PSH in the local CoC competition. There were two new PSH programs launched in 2016. The two new programs were Casa De Robles III and Kings PSH. These two new programs add to the existing pipeline of PSH and account for the increase of 12 PSH beds. KTA has TWO NEW PSH programs being recommended for funding in 2016 and hope to continue adding PSH for CH so our community can end homelessness among chronically homeless individuals and families.

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

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Pages 32 & 33

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

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

This question will not be scored.

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

The CoC is making substantial progress towards ending chronic homelessness and had a reduction of 95 persons from 2015 to 2016. However, Kings/Tulare will not hit the goal by 2017. The CoC/Homeless Alliance is applying for funding in 2016 for coordinated entry to better facilitate Every Door Open (EDO), the local CE program. EDO provides better prioritization to ensure CH individuals are being served. The CoC needs additional HUD funds to develop new PSH units. The CoC will continue to leverage non-HUD resources, such as the State’s Mental Health Services Act funding through State initiative No Place Like Home. The Alliance will also continue to advocate for additional HCV through the PHAs to promote move-up strategies and free PSH beds for CH. Overall, the Alliance is committed to ending chronic homelessness as soon as possible.

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

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

Instructions:

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

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

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

Vulnerability to victimization:	<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"/>
Family Instability	<input checked="" type="checkbox"/>
Substance Abuse History	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

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

1.KTA works w/partners such as code enforcement, soup kitchens, school liaisons and the Housing Navigator to IDENTIFY and house homeless families more quickly than the current time frame of 61days. 2. TO MEET THE OBJECTIVE OF HOUSING FAMILIES IN 30 DAYS during FY2016, KTA will prioritize the use of CoC, ESG and HSP RRH in combination w/employment services/mainstream bens. KTA will hire another HN to assist with landlord engagement and placement. 3. TO MAXIMIZE CoC and ESG FUNDING, three new ESG RRH programs will begin in FY16 and anticipate serving 72 HH. Through CE, KTA has an adopted goal to assess every household within 72 hours. Prevention and RRH is a goal of the 10-year plan and includes actions to leverage other resources. For example, both counties have secured State funding through HSA HSP for RRH programs for families.

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

	2015	2016	Difference
RRH units available to serve families in the HIC:	7	30	23

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

CoC policies and procedures prohibit involuntary family separation:	<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"/>
MOU with K/T Homeless Alliance preventing separation of family members	<input checked="" 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
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Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	47	45	-2
Sheltered Count of homeless households with children:	46	39	-7
Unsheltered Count of homeless households with children:	1	6	5

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

NOT APPLICABLE. Overall, there was a REDUCTION of 2 homeless households with children as reported in the 2016 PIT count compared to the 2015 PIT count. There was a slight increase of unsheltered households with children (5 households) which is due to the implementation of the coordinated entry and improved street outreach of the Housing Navigator. Many families are afraid to seek services because they do not want to lose their children, and the Housing Navigator can ease those fears and connect them with services. The overall DECREASE is due to additional RRH resources, including ESG and HSP for TANF eligible families. KTA WAS A GOAL TO END HOMELESSNESS FOR FAMILIES WITH CHILDREN and has advocated to the State to use ESG more effectively. KTA has also leveraged other RRH such as the State RRH in conjunction with CalWorks. Overall, KTA has made progress in reducing the number of homeless households with children.

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

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

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>

Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
Task Force with DV Providers, Victims Advocates and Law Enforcement	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

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

Vulnerability to victimization:	<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"/>
Mental/Physical Disabilities	<input checked="" type="checkbox"/>
History of Substance Abuse	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

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

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	5	25	20

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing

program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

Not applicable, the total number of youth served by the Kings/Tulare Homeless Alliance INCREASED as our community is committed to serving the hardest to reach and most vulnerable youth, including those living in unsheltered conditions. KTA implemented a special youth engagement initiative in 2015, including focus groups on how to reach and count youth through PIT and special social media outreach, and that resulted improved services to homeless youth.

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

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$595,562.00	\$657,920.00	\$62,358.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$595,562.00	\$657,920.00	\$62,358.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	15
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	83
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	26

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

1. KTA COLLABORATES TO IDENTIFY HOMELESS through mbr agency partnerships. KCAO met w/Kings Office of Ed, McKinney Vento staff to discuss changes to services, update on homeless programs, and discuss HOW TO IDENTIFY HOMELESS and the referral process. KCAO meets w/County Health and Human Services Cal Learn to discuss pregnant/parenting teens including current living status of youth, school status, referral process, and any updates to the program on either side. 2. One example of collaboration to ASSURE PROVISION OF SERVICES is HUD grantees attendance at County Child Protection Planning Committee to discuss Child Welfare including members of

TCOE, CWS, AOD, DA's Office, Probation, FRC's, etc. FSTC attends monthly meetings of the Child Abuse Planning Commission which includes educational representatives. CCFCC attends Quarterly SafeCare Managers, Monthly CWS Differential Response, Bi Monthly CPPC, Child Protection Planning Committee, Healthy Start Provider and Monthly Family Resource mtgs.

**3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)**

1. KTA is writing an app. for CE to fund staff time to go out into the community to cross-train on the VI-SPDAT and coordinated assessment system (e.g. McKinney Vento Liaisons; code enforcement; police) w/the goal of INFORMING homeless families of eligibility. This will ensure the homeless liaisons are aware of the coordinated entry program, work w/the Housing Navigator, and can either make a referral or conduct the VI-SPDAT onsite. KTA ensures homeless participants are informed of their eligibility for and access to educational services by partnership w/school social workers. Attendance at County Child Protection Planning Committee meetings helps ensure contact and referral information is provided at schools through partner education providers and families are connected through the coordinated entry. This proactive partnership assists with identifying participants who are assistance eligible, ensuring appropriate program participant referrals. **POLICIES:** KTA has a policy that requires each HUD/ESG agency to sign an MOU requiring that children are connected to the appropriate School Homeless Liaison. This requirement ensures that housing providers connect with and work with the schools, along with informing homeless parents and children of their right to obtain services through the school homeless liaisons.

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

Various HUD-funded organizations have written agreements with programs that provide services to infants, toddlers, and youth children. CSET receives MHSA funding to provide evidence based services to families via home-visits. The In-Home Parent programs are Safe Care and Parenting Wisely. CSET is funded by the County of Tulare HHS to provide Substance Use Prevention Education to community residents, including youth children, at schools and in their homes. CCFCC has an MOU with First Baptist Church for any parents to receive scholarships to their preschool to ensure homeless youth are connected with preschool. CCFCC also works with Prospect Education Center, which serves high school for pregnant teens. CCFCC provides parenting and teen dating violence education at the school. FSTC contracts with the County for supervised visits and the State other counseling services for youth who are

victims of crime/abuse.

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	51	37	-14
Sheltered count of homeless veterans:	11	4	-7
Unsheltered count of homeless veterans:	40	33	-7

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

Not applicable. There was a REDUCTION in the number of homeless Veterans due to local efforts to prioritize ending homelessness among Veterans. KTA partnered with local Veterans agencies to ensure homeless Veterans are located and enrolled through coordinated entry. KTA also worked with VASH and SSVF to maximize those resources and connect eligible Veterans.

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

Through CE, Every Door Open, KTA established a goal of enrollment of every Veteran. 1. OUTREACH: KTA conducts outreach to Veterans through the Housing Navigator (incl. street outreach), PATH program and annual Project Homeless Connect (PHC) events to connect with non-VA funded providers. PHC is annual in 4 cities and is the venue for PIT. 2. ASSESS: EDO uses a common assessment tool (VI-SPDAT) which requests veteran status and works with VA VASH/SSVF. 3. PROCESS: Once a Veteran is identified through outreach, a VI-SPDAT is conducted and they are referred to the VA/VAMC team for an in-depth assessment. Based on the results of the assessment, the Veteran is offered housing such as a VASH voucher, SSVF rental assistance, or CoC/ESG program if they are not VA-eligible. ENGAGE VA: KTA facilitates a monthly case management roundtable that includes a BY NAME LIST and reviews the status of all Veterans and referral/placement status including VA and non-VA funded programs.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	58	37	-36.21%
Unsheltered Count of homeless veterans:	46	33	-28.26%

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

This question will not be scored.

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

The Kings/Tulare Homeless Alliance is unable to end Veteran homelessness because of an issue with the State of California's balance of state ESG allocation. The State will not allow the Alliance to prioritize Veterans for RRH programs. If Kings/Tulare was a direct entitlement community we could prioritize Veterans. Since there are only 6-10 homeless Veterans on any given night who cannot be served through VASH or SSVF, this is a direct barrier to achieving this goal.

4A. Accessing Mainstream Benefits

Instructions:

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

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

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

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	17
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	17
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

1. THREE agencies KTA partners with for health insurance enrollment include Family Services (FSTC), Family Health Care Network (FHCN) and Parenting Network. 2. FSTC has several staff who are certified to work with clients on applying for Affordable Care Act (ACA)/Medicaid. Case Managers assist w/the application process/refer as needed. FSTC has a computer work station for clients to use for enrollment. Agencies make referrals to FHCN, County Mental Health/AOD, and the Parenting Network. FHCN is a Federally Qualified Health Center and they have 15 clinics that serve low-income/underinsured individuals.

Enrollment in ACA and Medicaid is one main service FHCN offers. Case Managers work with enrollment staff to ensure that participants achieve the outcome of obtaining medical coverage. Enrollment is one of the KTA's strategies for preventing frequent users of the ER. Since 2014, KTA members have connected 257 people who are homeless to health insurance.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Project Homeless Connect--ensure health providers and enrollment officers have a booth at PHC and actively engage and enroll homeless attendees	<input checked="" type="checkbox"/>
Mobile Clinics--visit emergency shelter and known street locations to enroll street/unsheltered homeless	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

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

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

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	17
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	17
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

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

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	17
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	17
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

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

Direct outreach and marketing:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
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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"/>
Use of Housing Navigators, PATH case mgrs, VA outreach workers who visit known encampments, hot spots, etc. to personally engage & build rapport with potential clients	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	41	89	48

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; there are not any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new 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", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not applicable; the CoC is not 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.

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

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

Not applicable; none of the projects have been affected by a major disaster.

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

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>

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

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

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
No assistance received		

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Evidence of Commu...	09/09/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	Consolidated Appl...	09/13/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Rating & Revi...	09/09/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC Rating & Revi...	09/09/2016
05. CoCs Process for Reallocating	Yes	CoC Process for R...	09/01/2016
06. CoC's Governance Charter	Yes	CoC Governance Ch...	09/13/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies, Pr...	09/01/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No	(Not Applicable) ...	09/14/2016
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Homeless Pref...	09/09/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	(Not applicable) ...	09/14/2016
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	09/13/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No	(Not Applicable) ...	09/14/2016
13. HDX-system Performance Measures	Yes	System Performanc...	09/01/2016
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Evidence of Communication to Rejected Participants

Attachment Details

Document Description: Consolidated Application Public Posting Evidence

Attachment Details

Document Description: CoC Rating & Review Procedure

Attachment Details

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

Attachment Details

Document Description: CoC Process for Reallocating

Attachment Details

Document Description: CoC Governance Charter (Includes HMIS Governance Charter)

Attachment Details

Document Description: HMIS Policies, Procedures & Data Quality Plan

Attachment Details

Document Description: (Not Applicable) Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: (Not applicable) CoC-HMIS MOU

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description: (Not Applicable) Project List to Serve Persons Defined as Homeless under Other Federal Statutes

Attachment Details

Document Description: System Performance Measurement Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/15/2016
1B. CoC Engagement	Please Complete
1C. Coordination	09/14/2016
FY2016 CoC Application	Page 62
	09/14/2016

1D. CoC Discharge Planning	08/15/2016
1E. Coordinated Assessment	09/14/2016
1F. Project Review	09/14/2016
1G. Addressing Project Capacity	09/14/2016
2A. HMIS Implementation	08/17/2016
2B. HMIS Funding Sources	09/01/2016
2C. HMIS Beds	09/13/2016
2D. HMIS Data Quality	09/07/2016
2E. Sheltered PIT	09/13/2016
2F. Sheltered Data - Methods	09/07/2016
2G. Sheltered Data - Quality	09/14/2016
2H. Unsheltered PIT	09/13/2016
2I. Unsheltered Data - Methods	09/14/2016
2J. Unsheltered Data - Quality	09/14/2016
3A. System Performance	09/14/2016
3B. Objective 1	09/11/2016
3B. Objective 2	09/14/2016
3B. Objective 3	09/14/2016
4A. Benefits	09/11/2016
4B. Additional Policies	09/14/2016
4C. Attachments	09/14/2016
Submission Summary	No Input Required

ATTACHMENT 1. 2016 COC CONSOLIDATED APPLICATION: EVIDENCE OF THE COC'S COMMUNICATION TO REJECTED PROJECTS, 1F-5A

Table of Contents

1. Community Notification of Rating & Ranking Decision	2
a. Actual Rating & Ranking scoring summary showing projects ranked with Tier 1, Tier 2 and those projects not recommended for funding.	
b. Membership meeting minutes showing that the Rating & Ranking scoring summary was presented to the entire membership on August 25, 2016. The membership reviewed and voted to approve the Rating & Ranking Committee's recommendations.	
2. Website Posting of Rating & Ranking Results	5
a. Proof of posting Rating & Ranking results/recommendations on the www.kingstularecoc.org website. The announcement was posted on August 29, 2016.	
3. Listserv Message of Rating & Ranking Results	6
a. Proof of sending Rating & Ranking results/recommendations to the CoC listserv on August 25, 2016. The listserv contains 273 partners and stakeholders.	
4. Direct Notification to Reallocated & Rejected Applicants	7
a. Emails sent to both Road to Independence and Streets2Home indicating that the projects were not selected for funding and the reasons why.	



2016 Rating & Ranking Scoring Summary

	Rating & Ranking Placement	Applicant	Project	Application Type	Funding Request	Funding Recommendation
Tier 1	1	KUW	HMIS	HMIS	\$ 103,861	\$ 103,861
	2	KUW	HMIS Supplemental	HMIS	\$ 53,672	\$ 53,672
	3	KT Alliance	Coordinated Entry	CES (Reallocation)	\$ 79,200	\$ 79,200
	4	TPOCC	Anchors II	PSH	\$ 78,121	\$ 78,121
	5	TPOCC	Anchors IV	PSH	\$ 76,729	\$ 76,729
	6	TPOCC	Casa de Robles 2	PSH	\$ 74,900	\$ 74,900
	7	TPOCC	Casa de Robles 3	PSH	\$ 153,132	\$ 153,132
	8	TPOCC	Kings Permanent Supportive Housing	PSH	\$ 176,164	\$ 176,164
	9	CSET	PSH Visalia	PSH	\$ 51,263	\$ 51,263
	10	FSTC	Tulare Housing First II Bonus	PSH	\$ 37,493	\$ 37,493
	11	FSTC	Tulare Housing First II	PSH	\$ 121,415	\$ 121,415
	12	FSTC	Tulare Housing First	PSH	\$ 53,272	\$ 53,272
	13	FSTC	Tulare County PSH II	PSH	\$ 58,117	\$ 58,117
	14	FSTC	PSH United Way	PSH	\$ 94,530	\$ 94,530
	15	CCFCC	Ridge Connections II	PSH	\$ 146,175	\$ 146,175
	16	KCAO	Kings County EDO	RRH	\$ 126,807	\$ 126,807
	17	CSET	Tulare County EDO	RRH	\$ 131,588	\$ 131,588

Funding for Tier 1: \$ 1,616,439

Tier 2	18	CSET	Tulare County PSH	PSH	\$ 313,831	\$ 313,831
	19	CCFCC	Ridge Connections I	RRH	\$ 96,194	\$ 96,194
	20	KCAO	Hope Survives	PSH (Bonus)	\$ 101,323	\$ 101,323

Funding for Tier 2: \$ 511,348

Total Funding Request: \$ 2,127,787

No Funding	CSET	Streets2Home	PSH (Bonus)	\$ 98,843	\$ 98,843
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Kings Tulare Homeless Alliance
GENERAL MEETING Minutes
August 25, 2016

Location: KTHA Office
525 W. Center St. Ste A, Visalia, CA

1. Meeting called to Order at 9:00am by Linda Craig

2. Welcome and Introductions

3. Stakeholder Comments

- None

4. Consent Agenda

- Financial Statements
- Minutes

✓ Motion made by Harshel and second by Suzy Ward. Motion carries, filed for audit.

5. Discussion/Action Items

a. Veteran Homelessness

- Amanda Quiroz of Westcare provided update. They no longer have a waiting list. They currently received 31 referrals from the Housing Navigator. VASH project has 6 approved vouchers.

b. Coordinated Entry

- Veronica White provided update, have surpassed one thousand mark. Updates have been made to assessment, release of information has been added and scoring breakdown has changed to 4-9 for rapid re-housing and 10+ for permanent supportive housing.

c. 2016 CoC Combined HUD Application: Rating & Ranking Recommendations

- Machael Smith provided HUD application overview, received 21 applications for \$2.2 million. Miguel Perez reviewed procedure for rating & ranking applications. Entire membership discussed rating & ranking funding recommendations. Collaborative application is due September 14th. Motion made by Scott Harvey, second by Becky Huber to approve rating & ranking recommendations as presented. Motion carries.

6. Presentation/Discussion:

a. Discussion, Homeless Funding Formula

- Machael Smith presented HUD funding formula. HUD currently has a 60 day open comment period on how HUD allocates money to regions. Machael Smith is requesting submittal of comments. She will be emailing out the PowerPoint and link to send comments.

Funding recommendations publicly announced during August 25, 2016 membership meeting. After the membership approved the recommendations, they were sent out via list serv and posted on the website (see following pages)

7. Announcements
 - a. Visalia Roundtable Meeting Immediately Following
 - b. Safe Families for Children, currently hosting children when families are in crisis, 100% volunteer based.
 - c. CCFCC currently has openings for 5 clients
 - d. Love Inc. announced Career Network
 - e. NAMI Walk September 24th, reminder
 - f. Wings in Tulare County currently working with social services providers and seeking training
 - g. Kings United Way announced charity event partnership with new Pieology restaurant on September 10th.

8. Meeting adjourn at 9:56am

The Kings/Tulare Homeless Alliance, which serves as the local Continuum of Care published the **Funding Recommendations** on its website (www.kingstularecoc.org) and via its listserv through MailChimp on August 25, 2016 and August 29, 2016 respectively. Additionally, the Alliance sent out direct notification to the two projects that were not recommended for funding: Road to Independence (reallocation) and Streets2Home (rejection)

Proof of posting Rating & Ranking Process on CoC website on August 29, 2016 at 1:41 pm.

Kings / Tulare
Continuum of Care on Homelessness

Welcome Membership Connecting The Dots HMIS Point In Time Project Homeless Connect About Us

Alliance Releases FY2016 CoC Program Funding Recommendations

August 29, 2016 @ 1:41 pm
nimdaxizer

The FY 2016 HUD CoC Program funding recommendations were reviewed and approved by Alliance Membership on August 25, 2016. A total of \$2.127 million, representing 20 programs, will be forwarded to the national competition. We anticipate results of the competition to be announced by HUD in early 2017.

For the complete list of programs recommended for funding, along with the meeting minutes, click [here](#).

Comments are closed.

Sign up for our mailing list.

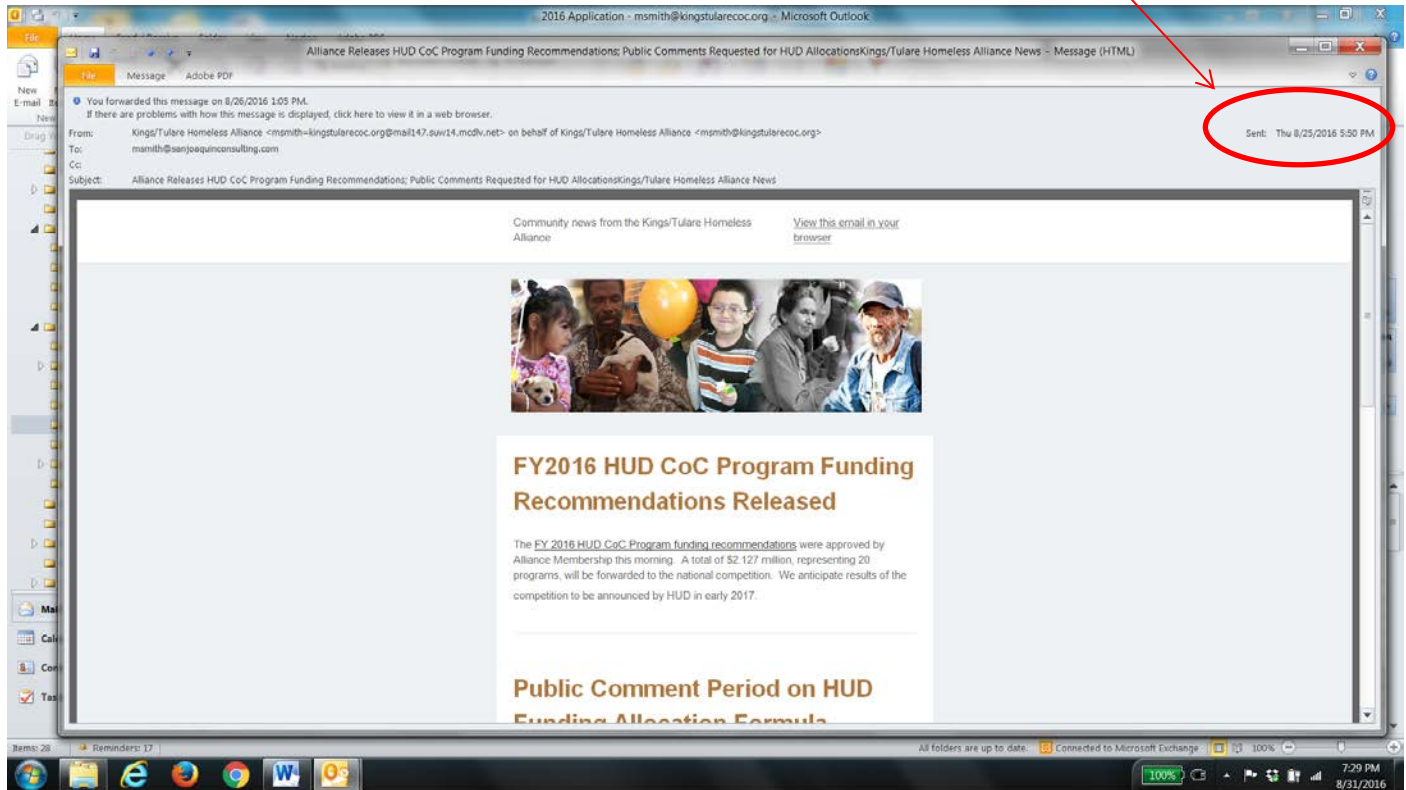
Email Address :

Join now!

Resources

Agendas & Minutes

Proof of emailing out Rating & Ranking Process via listserv on August 25, 2016 at 5:50 pm.



You forwarded this message on 8/30/2016 9:47 PM.

Sent: Tue 8/30/2016 9:46 PM

From: Michael Smith
To: "caity.meader@fstc.net" (caity.meader@fstc.net); "linda.craig@fstc.net" (linda.craig@fstc.net)
Cc: Betsy MCGOVERN (betsymcgo5@msn.com)
Subject: Notification of Funding Recommendations - FY2016 HUD CoC Program Competition

August 30, 2016

Ms. Caity Meader
Family Services of Tulare County
VIA EMAIL

Dear Ms. Meader,

The Kings/Tulare Homeless Alliance is providing you official notification that the following project will not be included in the FY2016 HUD CoC Program competition:

Agency	Project	Amount
Family Services	Road to Independence	\$79,200

After careful consideration, the Alliance opted to reallocate this project in order to improve overall system performance within the bi-county region. We appreciate the tireless efforts your agency spends on addressing homelessness in the bi-county region and hope to work with you on new projects in the future.

Sincerely,



Michael Smith
Executive Director
(a) 559.738.8733
(c) 559.331.5237
msmith@kingstularecoc.org
www.kingstularecoc.org

From: Macheal Smith
 To: Carla Calhoun (carla.calhoun@cset.org); Raquel Gomez (raquel.gomez@cset.org); "maria.villa@cset.org" (maria.villa@cset.org); Terry Schmal (terry.schmal@cset.org)
 Cc: Betsy MCGOVERN (betsymcgo5@msn.com)
 Subject: Notification of Funding Recommendations - FY2016 HUD CoC Program Competition

August 26, 2016

Ms. Carla Calhoun
 Community Services and Employment Training
VIA EMAIL

Dear Ms. Calhoun,

The Kings/Tulare Homeless Alliance is pleased to inform you that the following project(s) from your agency have been selected for inclusion in the FY2016 HUD CoC Program competition:

Tier	Agency	Project	Amount
1	CSET	PSH Visalia	\$51,263
1	CSET	Tulare County Every Door Open	\$131,588
2	CSET	Tulare County PSH*	\$313,831

*This project straddles Tier 1 and Tier 2. \$45,658 of the project falls into Tier 2.

Unfortunately, the Streets2Home project was not recommended for inclusion in the FY2016 HUD CoC Program competition. Attached is a letter that provides more details about the determining factors regarding scoring this particular project. We appreciate the tireless efforts your agency spends on addressing homelessness in the bi-county region and we look forward to our continued partnership.

Sincerely,



Macheal Smith
 Executive Director
 (o) 559.738.8733
 (c) 559.331.5237
 msmith@kingstularecoc.org
 www.kingstularecoc.org



August 26, 2016

Community Services and Employment Training

Attn: Carla Calhoun

Via email

Re: **FY 2016 HUD CoC Program Competition Funding Request
Streets2Home**

Dear Ms. Calhoun,

Thank you for submitting your grant application for the FY 2016 HUD CoC Program Competition. There were numerous requests received during the current grant cycle and the Rating and Ranking Committee spent a considerable amount of time and diligence reviewing each application to determine the best use of the scarce resources available to our community for this year's funding opportunity.

Unfortunately, the CSET application for the Streets2Home project was not selected for funding during this year's competition. As a part of the application review and ranking process, the Rating and Ranking Committee reviewed CSET's performance on its other HUD CoC Program projects. The Rating and Ranking Committee identified concerns with the design and implementation of the Tulare County PSH project, specifically in the areas of applicant experience with serving the homeless and contribution to system performance.

We know that CSET is working diligently to address the performance issues in the Tulare County PSH project and we look forward to new HUD CoC Program applications from CSET in future competitions.

The Alliance is available to provide technical assistance on program design, implementation and compliance for current or future homeless programs. Please don't hesitate to contact us if you would like to arrange for these technical assistance services.

Sincerely,

A handwritten signature in black ink, appearing to read "Carla Calhoun".

Executive Director

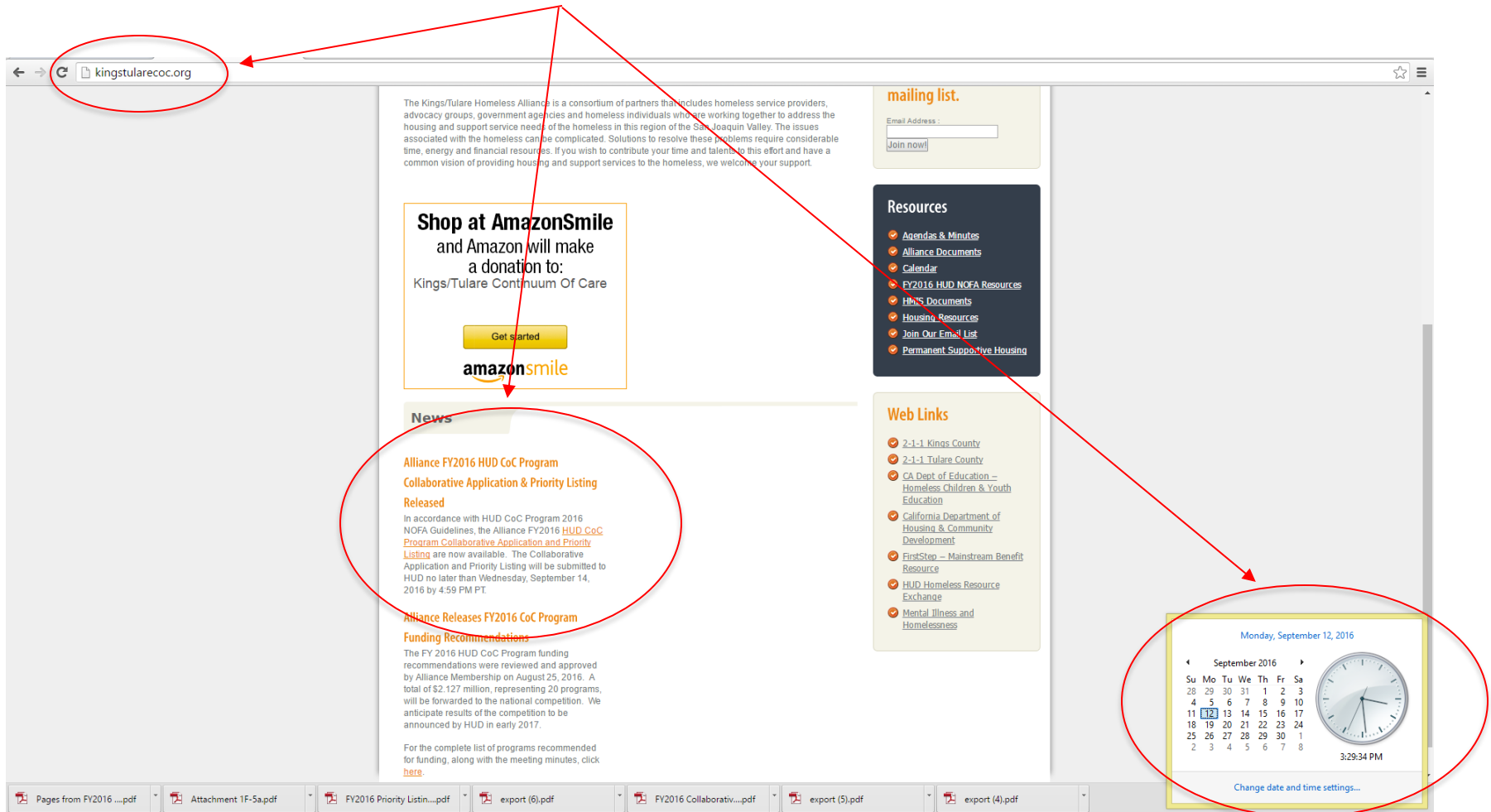
2016 COC NOFA

ATTACHMENT 2. 2016 COC CONSOLIDATED APPLICATION: PUBLIC POSTING EVIDENCE, 1F-4

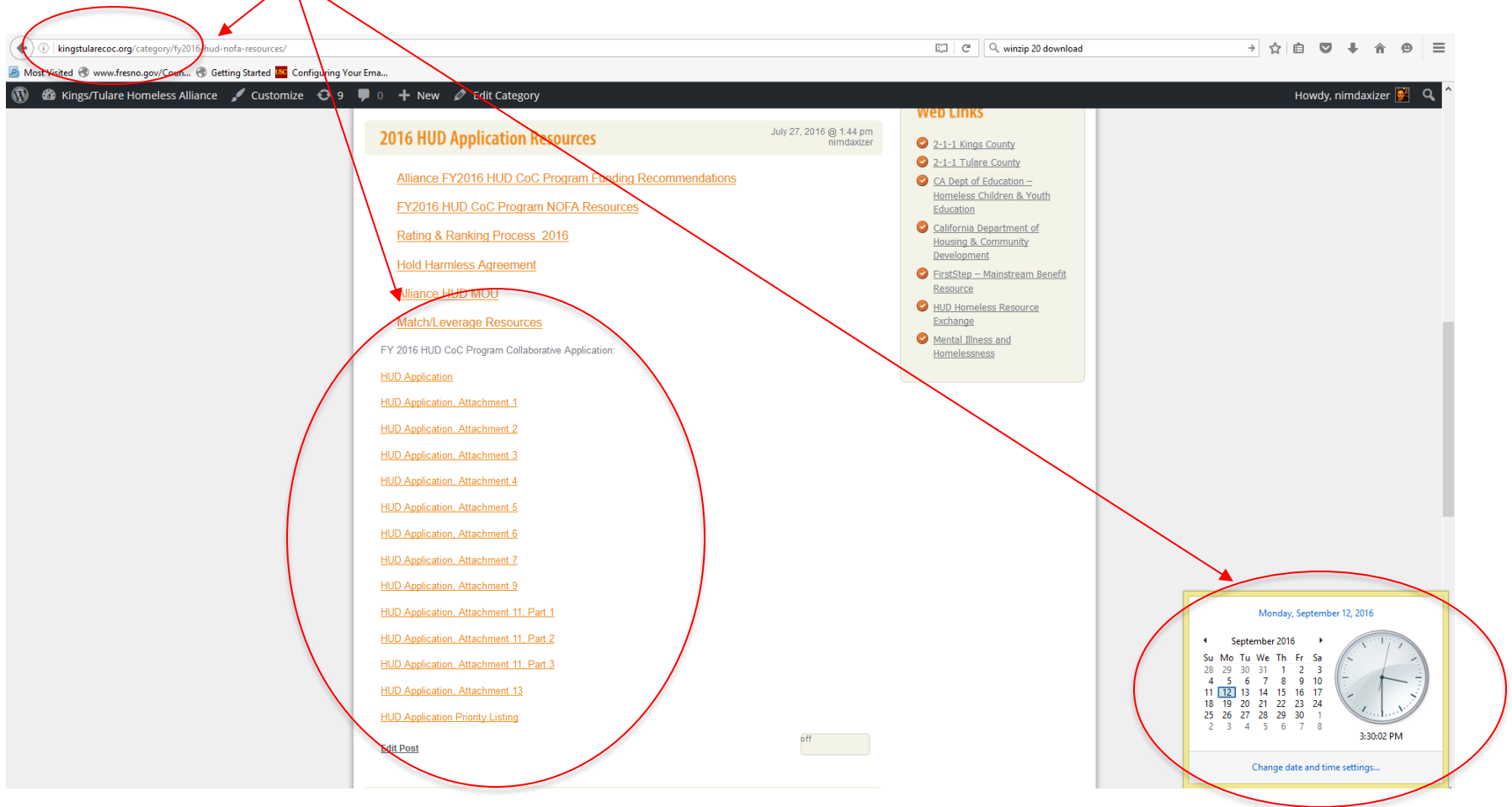
Table of Contents

1. Proof of Posting on Website	1
a. Screen shot of front page posting on www.kingstularecoc.org website as well as screen shot of 2016 HUD CoC Program NOFA Resource page showing complete consolidated application, including priority listing. The consolidated application had to be separated into several parts because of file size restrictions. The posting was done on September 12, 2016.	
2. Proof of Posting via List Serv	3
a. Proof of sending complete consolidated application and priority listing to the CoC listserv on September 12, 2016. The listserv contains 273 partners and stakeholders.	
3. Proof of Posting via Social Media	5
a. Proof of posting consolidated application and priority listing on the CoC Facebook and Twitter pages on September 12, 2016.	

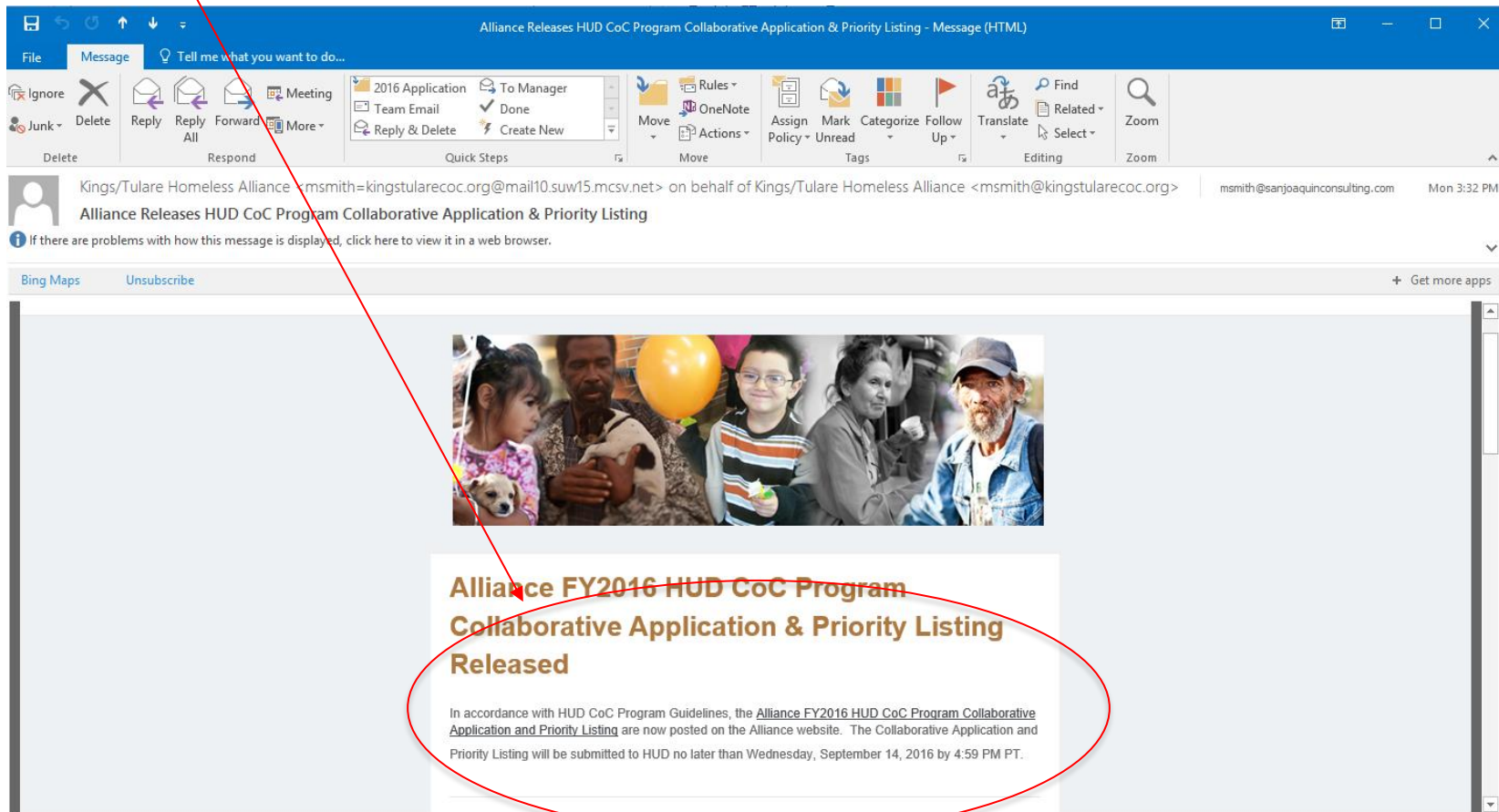
Proof of posting FY2016 Consolidated Application on www.kingstularecoc.org website on September 12, 2016.



Actual webpage page with **all parts** of the FY2016 Consolidated Application on the www.kingstularecoc.org website posted on September 12, 2016.



Actual listserv email stating that the FY2016 Consolidated Application is now posted on the www.kingstularecoc.org website. Listserv message was sent out on September 12, 2016.



Documentation of listserv message showing date, time (September 12, 2016 at 3:31 PT) email stating that the FY2016 Consolidated Application is now posted on the www.kingstularecoc.org website. Listserv message was sent to 278 stakeholders and members.

The screenshot displays the MailChimp dashboard for a user named Machael at Kings/Tulare Homeless Alliance. The main section is titled "Recently sent campaigns" and features a dropdown menu for the selected campaign: "Alliance Releases HUD CoC Program Collaborative Application & Priority Listing". Below this, the following details are shown:

- Sent to 278 subscribers** (circled in red)
- List:** Kings/Tulare Homeless Alliance Distribution List
- Subject:** Alliance Releases HUD CoC Program Collaborative Application & Priority Listing
- Delivered:** 9/12/16 3:31PM

Performance metrics are displayed with progress bars:

62 Opens	22.5%	16 Clicks	5.8%
List average	30.9%	List average	7.3%
Industry average (Non-Profit)	22.3%	Industry average (Non-Profit)	2.3%

A "View Report" button is located below the metrics. The "List growth" section is partially visible at the bottom, showing a bar chart for "Subscribes" (checked), "Imports" (unchecked), and "Existing" (unchecked). The Windows taskbar at the bottom shows the date as 9/13/2016 and the time as 11:04 AM.

Actual Twitter posting stating that the FY2016 Consolidated Application is now posted on the www.kingstularecoc.org website. Tweet was posted on September 12, 2016.



Actual Facebook posting stating that the FY2016 Consolidated Application is now posted on the www.kingstularecoc.org website, posted on September 12, 2016.

The screenshot shows a Facebook page for 'Kings/Tulare Homeless Alliance'. The main post is titled 'Alliance Releases HUD CoC Program Collaborative Application & Priority Listing' and includes a graphic for 'Central Valley Women Veterans' Stand Up'. The post is dated '19 hrs ago'. A callout box points to the '19 hrs ago' text, stating: 'Post shows "19 hrs ago" which is 19 hours prior to 9/13/16 at 11:22 am. Post was made at 3:31 pm on 9/12/16.' Below the callout box is a calendar for September 2016 with a clock showing 11:22:16 AM on Tuesday, September 13, 2016.

Post shows "19 hrs ago" which is 19 hours prior to 9/13/16 at 11:22 am. Post was made at 3:31 pm on 9/12/16.

Tuesday, September 13, 2016

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

11:22:16 AM

Change date and time settings...

ATTACHMENT 3. COC RATING & REVIEW PROCEDURES, 1F-2

Table of Contents

1.	Project Selection & Ranking Process	2
	<p>The CoC used a very detailed, performance based approach to selecting both new and renewal projects. The scoring tools used an objective approach that considered contribution to overall system performance, grantee performance, and adherence to local priorities.</p> <p>The Project Selection & Ranking Process was revised shortly after being released because of two corrections marked in red on page 3. The changes were 1) To add SSO Projects as an eligible project type; and 2) To remove guidance on the APR review for first-time renewals that had not completed a full operating year. These changes were sent out to the community and are documented in Attachment 4 uploaded to the CoC Collaborative Application.</p>	
a.	Documentation of Performance Outcomes.....	9
	<p>1) Performance Outcomes used to score applicants included overall contribution to system performance and grantee performance.</p>	
b.	Documentation of Monitoring Criteria	10
	<p>1) Scores were based on: 1) Percentage of increased earned income; 2) Percentage of participants with earned income and those with income other than employment; 3) Exits to permanent housing; and 4) Monitoring criteria to ensure regular, timely draws and recapture rates.</p>	
c.	Documentation of Specialized Population	11
	<p>1) Page 11 shows that 5% of the scoring tool was based on the local funding priority. This was based on adherence to the CoC FY2016-2017 Funding Priorities, which are further explained on Page 24.</p>	



2016 HUD Continuum of Care (CoC) Program Project Selection and Ranking Process

I. Background

On June 28, 2016, the U.S. Department of Housing and Urban Development (HUD) released the Notice of Funding Availability (NOFA) for the Fiscal Year 2016 Continuum of Care Program Competition. The NOFA is available at <https://www.hudexchange.info/resource/4688/fy-2015-coc-program-nofa/>. Although the available amount of funding is expected to be sufficient to fund anticipated eligible renewal projects in the 2016 funding process, HUD continues to require Collaborative Applicants to rank all projects in two tiers.

The Kings/Tulare Homeless Alliance (Alliance), which serves as the local Continuum of Care and Collaborative Applicant, is eligible to apply for funding to support housing and services for homeless households. That funding breaks down as follows:

Tier 1:		
93% of Renewal Amount		\$1,884,612
Tier 2:		
7% of Renewal Amount		\$141,852
Permanent Housing Bonus Amount		\$101,323
CoC Planning Grant:		\$60,794

The Alliance will submit a collaborative application to HUD for competition funds by September 14, 2016. The application may include up to three types of project applications:

- A. Grantees with current projects that will expire in 2017 that are seeking **renewal** of those same projects.
- B. New projects by using amounts available by making funds available through reallocation. The following types of projects may only be created using funds that the Alliance has made available through reallocation. Through the reallocation process the following new projects may be created:
 1. New permanent supportive housing projects where all beds will be dedicated for use by chronically homeless individuals and families, as defined in 24 CFR 578.3.
 2. New rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.
 3. New Supportive Services Only project specifically for a centralized or coordinated assessment system.
 4. New dedicated Homeless Management Information System (HMIS) project for the costs at 24 CFR 578.37(a)(2) that can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in e-snaps.
- C. New projects through the permanent housing bonus up to 5 percent of the CoC's FPRN for the following types of new projects:
 1. New permanent supportive housing projects that will serve 100 percent chronically homeless individuals and families, and

2. New rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.

The Alliance will assign a unique rank to each project that it intends to submit to HUD for FY 2016 funding. Each project will be comprehensively reviewed, both new and renewal projects within the geographic area, using the scoring criteria and selection priorities below, to determine the extent to which each project is still necessary and contributes to improving system performance. Funds for projects that are determined to be underperforming, obsolete, or ineffective will be reallocated to new projects that meet a community priority and contribute to improving system performance.

II. Project Ranking Policy

The Alliance will use the below component prioritization after scoring all new and renewal projects within the CoC based on the Renewal Project, New Project, **SSO Project** and HMIS Scoring Criteria. ~~Renewal Projects that have not complete a full operating year or are not yet in contract with HUD will be scored based on an APR from a like-kind project operated by the Applicant. Renewal projects that are not yet in contract with HUD will be scored using the New Project ranking tool.~~

Within project component, rank will be made according to project score. Projects with equal scores and same project component type will be ranked according to cost efficiency. Projects that are deemed essential to the CoC but which would be at risk of loss of funding if placed in Tier 2, will be ranked at the bottom of Tier 1.

- A. Tier 1 projects will be ranked in the following order:
 1. HMIS
 2. Permanent Supportive Housing projects (renewing, first time renewal, new reallocations, new bonus)
 3. Rapid Re-housing projects (renewing, first time renewal, new reallocations, new bonus)
 4. Coordinated Entry projects (new reallocations)

- B. Tier 2 project components will be ranked in the following order:
 1. Renewal project applications ranked according to renewal project score
 2. Reallocation and bonus project applications ranked according to new project score
 3. Projects will be ranked until there are no funds remaining in Tier 2

As HMIS is a HUD mandated requirement in order to receive Continuum of Care Program and Emergency Solutions Grant funding, it is strongly recommended as one of the top priorities in Tier 1 in order to secure funding for this authorized activity. HMIS renewals will be assessed for performance and spending in alignment with HUD requirements.

In accordance with HUD guidelines, the planning project will not be ranked.

III. Project Scoring Policy

A. Threshold Review

A preliminary, quantitative review of each application submitted will be completed by the Alliance. This review will:

- Confirm that application was submitted on time
- Confirm that all required attachments were submitted

The changes were to correct oversights in the final document. The changes were 1) To add SSO Projects as an eligible project type; and 2) To remove guidance on the APR review for first-time renewals that had not completed a full operating year. These changes were sent out to the community and are documented in Attachment 4 uploaded to the CoC Collaborative Application.

- Confirm matching requirements are met

B. Contribution to System Performance

One of the most important factors in the local scoring process will be a review of a project's contribution to the improvement of overall system performance. Annual Performance Reports, HMIS data and other measurement tools will be reviewed carefully to ensure that all projects recommended for funding contribute to the improvement of system performance.

All complete, timely, and eligible applications will be scored by the Alliance Rating and Ranking Committee, using the scoring criteria located in the Appendix. Scores will determine each project's rank in the Alliance's application to HUD in accordance with Section II of this guidance. Scores may also be used to reject applications or to reduce budgets for low-scoring projects.

Total scores for each project are determined by adding up points in each section and then adding any bonus points, if applicable. All projects are judged together, both new and renewals. The scores from each Rating and Ranking committee member is computed and averaged for each project.

Once the committee completes the rating and ranking, the committee may consider the Alliance's priorities, whether the initial scoring is likely to result in any critical service gaps, whether grantees have a history of returning unspent funds to HUD and strategy related to Tier cut offs and HUD's selection process, and may make adjustments to budgets and produce the final ranking of projects to be included in the collaborative application. The recommendation of the Rating & Ranking Committee will go to the Alliance's Board of Directors and Membership for review and final approval.

Projects submitted to HUD in Tier 1 are expected to be funded, provided that the project meets HUD eligibility and threshold requirements. Tier 2 projects will be awarded funds by HUD based on a comparative score computed using: the CoC's FY2016 application competitive score, the rank the Alliance gives to the project, and the project component.

Applicants will be notified in writing no later than August 26, 2016 of whether they will be included in the application to HUD and the amount to be allocated for each project. This information will also be posted on the Alliance website at www.kingstularecoc.org no later than 5:00 pm on August 26, 2016.

IV. Rating and Ranking Members

The Alliance recruits Rating & Ranking Committee members who are knowledgeable about homelessness and housing in the area and who are broadly representative of the relevant sectors, subpopulations, and geographic areas. The Rating & Ranking Committee will be composed of representatives from a cross-section of groups which might include: Faith-based and non-profit providers of homeless services and housing; housing developers; city representatives; Kings and Tulare County employees; mental health; substance abuse; veteran's services; and consumers.

Complete guidelines regarding the policies and selection process of Rating and Ranking Members can be found in the Alliance's Policy and Procedure Manual located on the Alliance's website at www.kingstularecoc.org.

V. Reallocation Policy

The Alliance may use the reallocation process to shift funds in whole or part from existing renewal projects to new project applications without decreasing the Alliance's annual renewal demand. HUD strongly encourages CoCs to take advantage of this option. The funds may be reallocated to develop new permanent supportive housing

projects, new rapid re-housing projects, HMIS funds, or Support Services Only (SSO) for Coordinated Entry.

During comprehensive reviews of renewal projects, the Rating and Ranking Committee will use the Ranking Tool and selection priorities to determine the extent to which each project is still necessary and addresses policy priorities (e.g. ending chronic homelessness, etc.). The Committee will reallocate funds to new projects whenever such reallocation(s) would reduce homelessness or address an underserved homeless population. In the event the Committee identifies a renewal project(s) whose funding should not be renewed (or funding should be decreased), the Committee will then determine whether any new proposed projects should be awarded and will proceed with reallocation.

VI. Appeals Process

If an applicant organization feels it has been unfairly eliminated from either the local or the federal competition, that a decision made by the Rating and Raking Committee regarding the ranking, rejection, or funding of their project was prejudicial, unsubstantiated by project performance, or in violation of the 2016 Rating & Ranking Guidelines, the applying lead agency and sponsor if any may file an appeal according to the process outlined in the Alliance's Policy and Procedure Manual, which can be found on the Alliance's website at www.kingstularecoc.org.

VII. Assurances

Project applicants will be required to sign an agreement to the following:

- Applicant will complete the Project Application with the same information as contained in this application unless there were adjustments made during the rating/ranking process. Those adjustments will be included in your project ranking letter and supersede the original application submitted.
- Applicant agrees to participate fully in KTHMIS, the local Homeless Management Information System (HMIS)
- Applicant agrees to fully participate in the Every Door Open, Coordinated Assessment Strategy for Kings/Tulare Counties.
- Applicant understands that HUD funded homeless assistance projects are monitored by the Alliance and may include an annual site monitoring visit, as well as the submission of the program's most recent Annual Performance Report sent to HUD and their most recent audited financial statement and any management letters if applicable when submitting their application.
- Applicant understands that if funding is awarded they are responsible to inform the Alliance when:
 - Changes to an existing project or change in sub-population served that is significantly different than what the funds were originally approved for, including any budget amendments submitted to HUD
 - Increase/decrease of other funding to the project that could affect projected numbers of participants served, program staffing, performance, etc.
 - Delays in the start-up of a new project
 - Program is having difficulty in meeting projected numbers served or performance outcomes.
- Applicant agrees to execute the following documents and submit as a part of their application to the Rating & Ranking Committee:
 - Kings/Tulare Homeless Alliance Applicant "Hold Harmless" Agreement; and
 - Memorandum of Understanding for HUD Funded Programs.

VIII. Timeline

This list highlights the steps your agency will take to participate in the local NOFA competition. Please take special note of these dates.

<p>July 14, 2016 3:00 – 5:00 pm Alliance Office 525 W. Center, Suite A Visalia, CA</p>	<p>CoC APPLICANT WORKSHOP This workshop is designed to give participants a basic understanding of the CoC application process, grant funds available, requirements, and key strategies for a successful application in the Rating & Ranking and to HUD. <u>This is a mandatory workshop for all HUD applicants.</u></p>
<p>July 20, 2016</p>	<p>DRAFT 2016 COC PROJECT SELECTION & RANKING PROCESS Sent to the Alliance Membership listserv for comment.</p>
<p>July 28, 2016</p>	<p>2016 COC PROJECT SELECTION & RANKING PROCESS FINALIZED Comments incorporated into draft document and presented to Alliance Membership at July 28, 2016 membership meeting. Finalized document posted publicly.</p>
<p>August 4-10, 2016</p>	<p>APPLICANT PRE-SUBMITTAL MEETINGS Applicants will attend a mandatory meeting with the Alliance for an application review prior to submitting for rating & ranking. This process is intended to alleviate common mistakes and other findings discovered through rating & ranking.</p>
<p>August 11, 2016 3:00 pm Alliance Office 525 W. Center, Suite A Visalia, CA</p>	<p>DEADLINE FOR SUBMITTAL OF COMPLETE APPLICATION FOR RATING & RANKING Complete applications include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PDF of the application submitted through eSnaps. Send via email to msmith@kingstularcoc.org by the submittal deadline. Do not include any of the attachments below in the email. <input type="checkbox"/> Four (4) hardcopies of the following items delivered to the Alliance office by the submittal deadline: <ul style="list-style-type: none"> <input type="checkbox"/> Project Application as submitted through eSnaps; <input type="checkbox"/> Most recent APR¹ <input type="checkbox"/> LOCCS² report showing draws for most recent operating year – or – operating year to date if program is in first year <input type="checkbox"/> Most recent Audit <input type="checkbox"/> Match Letters <input type="checkbox"/> Renewal Housing Projects: <ul style="list-style-type: none"> • Narrative for Item #2 on Scoring Tool: Project Serves Eligible Households Only <input type="checkbox"/> HUD Forms 2880 and 50070 (dated between 5/1/16 and 9/14/16) <input type="checkbox"/> The following agency policies, if not on file with the Alliance: <ul style="list-style-type: none"> • Drug-Free Workplace; Affirmatively Furthering Fair Housing; Reasonable Accommodation and Accessibility for Persons with Disabilities; Nondiscrimination and Equal Employment; Code of Conduct <input type="checkbox"/> 501c3, if not on file with the Alliance <input type="checkbox"/> Project Related MOUs, if not on file with the Alliance: <ul style="list-style-type: none"> • Kings/Tulare Homeless Alliance Applicant “Hold Harmless” Agreement • Memorandum of Understanding for HUD Funded Programs <input type="checkbox"/> HUD Monitoring Letter and/or correspondence with HUD (if applicable)

¹ If project has not begun operations, is in its first year of operations or is a new project, submit performance data for another homeless housing project.

² If project has not begun operations or is a new project, submit the most recent LOCCS report for a like-kind project. If none are available, submit proof of consistent draws with other HUD/Public Contracts.

August 22 & 23, 2016	RATING & RANKING Applicants will meet with the Rating and Ranking Committee. Appointments will be issued the week of August 15, 2016.
August 26, 2016	NOTIFICATION OF FUNDING RECOMMENDATIONS POSTED ON WEBSITE AND SENT TO APPLICANTS IN WRITING
September 1, 2016 5:00 pm	DEADLINE FOR APPEALS
September 8, 2016 5:00 pm	DEADLINE FOR FINAL PROJECT APPLICATION Project applications must be uploaded to eSnaps and a PDF of the application must be e-mailed to msmith@kingstularecoc.org with confirmation that the application has been submitted in e-snaps.
September 14, 2016	ENTIRE CONSOLIDATED APPLICATION SUBMITTED TO HUD (BY ALLIANCE)

Appendix A: 2016 RENEWAL PROJECT Scoring Criteria



2016 CoC RENEWAL HOUSING PROJECT Scoring Criteria
Total Maximum Score = 200 points

Name of Program: _____

Name of Agency: _____

Weight	Criteria Category	Evaluation Criteria		Source of Criteria	Calculation	Full Points	50% of Points	0 Points	Max Points
40%	Contribution to System Performance ¹	1.	Occupancy/Average Daily Unit Utilization	APR, Q9	(Average number of households served at all four PIT dates)/ (number of units in project)	>=80%	79% – 70%	<70%	5
		2.	Project serves eligible households only.	APR, Q20a1, Q20a2, Q20a3 ²	N/A	100%	N/A	<100%	5
		3.	Percentage of participants who gained or increased earned income from entry to exit	APR, Q24b2 1 st Row	%	>=24%	23% – 18%	<18%	10
		4.	Percentage of participants who gained or increased other (non-employment) income from entry to exit	APR, Q24b2 3 rd Row	%	>=56%	55% – 42%	<42%	10
		5.	Percentage of all participants with earned income	APR, Q24b3 1 st Row	%	>=24%	23% – 18%	<18%	10
		6.	Percentage of all participants with cash income other than employment	APR, Q24b3 3 rd Row	%	>=56%	55% – 42%	<42%	10
		7.	PSH/RRH Programs: Connecting clients to mainstream resources	APR, Q7, Q26a2 & Q26b2	Total number of adults with at least one non-cash benefit for stayers & leavers)/(Total number of adults)	>=56%	55% – 42%	<42%	5

Performance Criteria for increased income criteria, see page 10 for housing stability criteria

¹ Renewal projects that are not yet under contract or haven't completed a full year of operations will be scored in this section by using an average of all like-kind renewal projects.

² Applicant must provide a narrative to explain how program eligibility is determined. Discuss where people came from and any data that might be confusing to the Rating and Ranking Committee.

Weight	Criteria Category	Evaluation Criteria	Source of Criteria	Calculation	Full Points	50% of Points	0 Points	Max Points	
40% (con't)	Contribution to System Performance (con't)	8a.	PSH Programs: Percentage of participants who remain in PSH or exited to permanent housing	APR, Q29a1	(Subtotal of Permanent Destinations)/ (Total Number of Leavers – Deceased)	>=80%	79% – 70%	<70%	10
		8b.	RRH Programs: Exit to permanent housing	APR, Q29a2	(Subtotal of Permanent Destinations)/ (Total Number of Leavers – Deceased)	>=80%	79% – 70%	<70%	
		9.	Leavers who exit to shelter, streets or unknown	APR, Q29	(Subtotal of Temporary Destinations)/ (Total Number of Leavers – Deceased)	<10%	11-15%	>15%	10
		10.	Timely submission of APR to HUD ³	APR	N/A	APR submitted on time to HUD ²	-	APR submitted late	5
		Subtotal							
20%	Financials	11.	Audit Review	Audit Submitted by Agency	N/A	Audit shows agency as a low risk auditee AND no audit findings	Audit shows agency as a low risk auditee OR agency has no audit findings	Audit shows agency as a high risk auditee AND audit findings	20
		12.	LOCCS	APR, Q31a4	Q31a4 Expended Subtotal / Q31a4 Applicable Total Expenses plus Admin	Less than 10% or \$10,000 (whichever is less)	Less than 15% or \$15,000 (whichever is less)	Greater than 15% or \$15,000	10
		13.	LOCCS	LOCCS Report/ Print Out	Regular and timely draws from LOCCS	Draws on a monthly or bi-monthly basis	Draws on a quarterly basis	Draws less than quarterly	10
		Subtotal							

Monitoring Criteria to ensure regular, timely draws and little to no recapture.

Performance Criteria for housing stability, see page 9 for increased income criteria

³ If project is a FY2014 grant that cannot be submitted to HUD because of the current esnaps issue, then the full APR template will be used in its place. The template can be found on the HUD website at <https://www.hudexchange.info/resource/1852/coc-apr-questions-template/>

Weight	Criteria Category	Evaluation Criteria		Source of Criteria	Calculation	Full Points	50% of Points	0 Points	Max Points
15%	Coordinated Entry System	14.	Referrals are kept up to date in HMIS	HMIS Referral Report ⁴	Accuracy of referral data in HMIS as reported in Monthly Referral Report	>=90%	89% - 75%	<75%	15
		15.	Participation in monthly Case Management Roundtable Meetings	Roundtable Sign-in Sheets	Number of times agency representative attended/ total number of meetings	>=90%	89% - 75%	<75%	15
		Subtotal							
10%	HMIS & Data Quality	16.	HMIS Data Quality Standards	HMIS Data Quality Report AHAR 11	Number of missing, don't know, & refused responses/ total number of applicable records	<5% missing, don't know, or refused	6%-10% missing, don't know, or refused	>10% missing, don't know, or refused	10
		17.	HMIS Compliance	Annual Site Visit Compliance Checklist	Number of Acceptable ("A") ratings/ total number of rated items	>=90%	90% - 80%	<80%	10
		Subtotal							
10%	Alliance Participation	18.	Participation in monthly Membership Meetings	Meeting sign-in sheets	Number of times agency representative attended/ total number of meetings	>=90%	89% - 75%	<75%	10
		19.	Representative serves on an Alliance Committee	Meeting sign-in sheets	N/A	Serves on two or more committees	Serves on one committee	Does not serve on an Alliance committee	10
		Subtotal							
5%	Local Funding Priority	20.	Project is in alignment with local FY2016-2017 funding priorities	Alliance HUD CoC Program Funding Priorities	N/A	High Priority	Medium Priority	Low Priority	10
		Subtotal							
Total									200

Bonus Points	Length of time from referral to enrollment	HMIS	Date of enrollment – Date of referral	<=90 days	91 – 120 days	>120 days	10
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Specialized Population - R&R policy included need for CH prioritization, see Funding Priorities on page 24

⁴ Report period of 1/1/16 – 6/30/16

Total Score: _____ / 200

Comments: _____

Name of Rating & Ranking
Committee Member: _____

Signature: _____

Date: _____

Appendix B: 2016 NEW PROJECT Scoring Criteria



2016 CoC NEW HOUSING PROJECT Scoring Criteria
Total Maximum Score = 200 points

Name of Program: _____

Name of Agency: _____

Weight	Scoring Factor	Scoring Criteria	Max	Actual
15%	Applicant Experience	1. Applicant and subrecipient’s prior experience in serving homeless people and in providing housing similar to that proposed in the application.	15	
		2. Satisfactory experience with prior HUD grants and other public contracts, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs on existing grants.	15	
		Subtotal	30	
30%	Contribution to System Performance	3. Extent to which the applicant: <ul style="list-style-type: none"> a. Demonstrates an understanding of the needs of the people to be served b. Proposes an appropriate mix of people to be served through the program c. Shows a clear relationship between the type of housing provided and needs of the population to be served d. Shows a clear relationship between the type of supportive services provided and the needs of the population to be served e. Supports Housing First where the client is housed regardless of their involvement in services they do not believe will help them achieve their stated goals f. Gains access to mainstream (non-CoC) resources g. Establishes performance measures for housing and income that are measurable, objective and meet or exceed HUD and CoC benchmarks h. Commitment to quickly place households in permanent housing 	35	
		4. Extent to which the applicant provides a sound plan to ensure that homeless people will be assisted to both OBTAIN and REMAIN in permanent housing and only terminate clients based on lease violations	15	
		5. Extent to which there is a sound plan to ensure that participants will be assisted to both increase their INCOMES and to maximize their ability to LIVE INDEPENDENTLY	15	
		6. Project is in alignment with local FY2016-2017 funding priorities	5	
		Subtotal	60	
20%	Project & Client Accessibility	7. Extent to which the applicant conducts outreach in all areas of the community such as emergency shelters, places not meant for human habitation, etc. to locate potentially eligible homeless people	15	
		8. Agreement to the Coordinated Entry System through an executed MOU with the Alliance. All referrals must come through Coordinated Entry.	10	
		9. Project does not present barriers to entry (e.g. sobriety, income, criminal background, number of children, LGBTQ status, etc.)	15	
		Subtotal	40	

Weight	Scoring Factor	Scoring Criteria	Max	Actual
20%	Project Feasibility	10. Applicant clearly describes a viable plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant within 6 months of the award. For full points, project must have: <ul style="list-style-type: none"> a. Solid plan for site control through existing relationships. b. Description of the steps it will take to complete the C1.9a (technical submission) in an expedited manner. 	25	
		11. Project is cost-effective and is similar in cost to like-kind projects.	10	
		12. Sufficient match documentation. Match is appropriate for project type and supports eligible activities.	5	
		Subtotal	40	
15%	Alliance Participation	13. Participation in monthly membership meetings <ul style="list-style-type: none"> 15 points: >=90% attendance 7 points: 89% – 75% attendance 0 points : < 75% attendance 	15	
		14. Representative serves on an Alliance Committee <ul style="list-style-type: none"> 15 points: Serves on two or more committees 7 points: Serves on one committee 0 points: Does not serve on a committee 	15	
Subtotal			30	
Total			200	

Comments: _____

Name of Rating & Ranking Committee Member: _____

Signature: _____

Date: _____

Appendix C: 2016 HMIS PROJECT Scoring Criteria



2016 CoC HMIS PROJECT Scoring Criteria
Total Maximum Score = 200 points

Name of Program: _____

Name of Agency: _____

Weight	Criteria Category	Evaluation Criteria		Source of Criteria	Calculation	Full Points	50% of Points	0 Points	Max Points
40%	Contribution to System Performance	1.	Bed Coverage: Emergency Shelters	APR, H10a	Average % of all bed types (without children, with children, and with only children)	>=86%	85% - 75%	<75%	15
		2.	Bed Coverage: Transitional Housing	APR, H10b	Average % of all bed types (without children, with children, and with only children)	>=86%	85% - 75%	<75%	15
		3.	Bed Coverage: Rapid Re-housing	APR, H10c	Average % of all bed types (without children, with children, and with only children)	>=86%	85% - 75%	<75%	15
		4.	Bed Coverage: Permanent Supportive Housing	APR, H10d	Average % of all bed types (without children, with children, and with only children)	>=86%	85% - 75%	<75%	15
		10.	Timely submission of APR to HUD ¹	APR	N/A	APR submitted on time to HUD ²	-	APR submitted late	20
								Subtotal	80

¹ If project is a FY2014 grant that cannot be submitted to HUD because of the current esnaps issue, then the full APR template will be used in its place. The template can be found on the HUD website at <https://www.hudexchange.info/resource/1852/coc-apr-questions-template/>

Weight	Criteria Category	Evaluation Criteria		Source of Criteria	Calculation	Full Points	50% of Points	0 Points	Max Points
20%	Financials	11.	Audit Review	Audit Submitted by Agency	N/A	Audit shows agency as a low risk auditee AND no audit findings	Audit shows agency as a low risk auditee OR agency has no audit findings	Audit shows agency as a high risk auditee AND audit findings	20
		12.	LOCCS	APR, H12 & H13	H13 Total Expenditures / H12 CoC Program Grant	Less than 10% or \$10,000 (whichever is less)	Less than 15% or \$15,000 (whichever is less)	Greater than 15% or \$15,000	10
		13.	LOCCS	LOCCS Report/ Print Out	Regular and timely draws from LOCCS	Draws on a monthly or bi-monthly basis	Draws on a quarterly basis	Draws less than quarterly	10
		Subtotal							
15%	Coordinated Entry System	14.	Monthly referral reports are issued to CES participating agencies	HMIS Referral Report ²	Number of reports /number of months in reporting period	=100%	99% - 90%	<90%	15
		15.	Participation in monthly Case Management Roundtable Meetings	Roundtable Sign-in Sheets	Number of times agency representative attended/ total number of meetings	>=90%	89% - 75%	<75%	15
		Subtotal							
10%	HMIS & Data Quality	16.	HMIS Data Quality, Residential Projects	APR, 11a	Average of missing, don't know, refused values	<5% missing, don't know, or refused	6%-10% missing, don't know, or refused	>10% missing, don't know, or refused	10
		17.	HMIS Data Quality, Street Outreach/SSO Projects	APR, 11b	Average of missing, don't know, refused values	<5% missing, don't know, refused	6%-10% missing, don't know, refused	>10% missing, don't know, or refused	10
		Subtotal							

² Report period of 1/1/16 – 6/30/16

Weight	Criteria Category	Evaluation Criteria		Source of Criteria	Calculation	Full Points	50% of Points	0 Points	Max Points
10%	Alliance Participation	18.	Participation in monthly Membership Meetings	Meeting sign-in sheets	Number of times agency representative attended/ total number of meetings	>=90%	89% - 75%	<75%	10
		19.	Representative serves on an Alliance Committee	Meeting sign-in sheets	N/A	Serves on two or more committees	Serves on one committee	Does not serve on an Alliance committee	10
		Subtotal							
5%	Local Funding Priority	20.	Project is in alignment with local FY2016-2017 funding priorities	Alliance HUD CoC Program Funding Priorities	N/A	High Priority	Medium Priority	Low Priority	10
		Subtotal							
Total									200

Comments: _____

Name of Rating & Ranking Committee Member: _____

Signature: _____

Date: _____

Appendix D: 2016 NEW SSO PROJECT Scoring Criteria



2016 CoC NEW COORDINATED ENTRY (SSO) PROJECT Scoring Criteria
Total Maximum Score = 200 points

Name of Program: _____

Name of Agency: _____

Weight	Scoring Factor	Scoring Criteria	Max	Actual
15%	Applicant Experience	1. Applicant and subrecipient’s prior experience in serving homeless people and in providing services similar to that proposed in the application.	15	
		2. Satisfactory experience with prior HUD grants and other public contracts, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs on existing grants.	15	
		Subtotal	30	
50%	Project Quality & Client Accessibility	3. Extent to which the applicant: <ul style="list-style-type: none"> a. Demonstrates an understanding of the needs of the people to be served b. Proposes an appropriate mix of people to be served through the program c. Shows a clear relationship between the type of supportive services provided and the needs of the population to be served d. Ensures that project participants are directed to appropriate housing and services that fit their needs e. Establishes performance measures that are measurable, objective and meet or exceed HUD and CoC benchmarks f. Commitment to quickly place households in permanent housing 	40	
		4. Extent to which the applicant conducts outreach in all areas of the community such as emergency shelters, places not meant for human habitation, etc. to locate potentially eligible homeless people	20	
		5. Whether there is a strategy for advertising the project that is designed specifically to reach homeless with the highest barriers within Kings and Tulare Counties.	20	
		6. Project does not present barriers to entry (e.g. sobriety, income, criminal background, number of children, LGBTQ status, etc.)	15	
		7. Project is in alignment with local FY2016-2017 funding priorities	5	
		Subtotal	100	
20%	Project Feasibility	8. Applicant clearly describes a viable plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant within 6 months of the award. For full points, project must have: <ul style="list-style-type: none"> a. Solid plan for site control through existing relationships. b. Description of the steps it will take to complete the C1.9a (technical submission) in an expedited manner. 	25	
		9. Project is cost-effective and is similar in cost to like-kind projects.	10	
		10. Sufficient match documentation. Match is appropriate for project type and supports eligible activities.	5	
		Subtotal	40	

Weight	Scoring Factor	Scoring Criteria	Max	Actual
15%	Alliance Participation	11. Participation in monthly membership meetings 15 points: >=90% attendance 7 points: 89% – 75% attendance 0 points : < 75% attendance	15	
		12. Representative serves on an Alliance Committee 15 points: Serves on two or more committees 7 points: Serves on one committee 0 points: Does not serve on a committee	15	
Subtotal			30	
Total			200	

Comments: _____

Name of Rating & Ranking
Committee Member: _____

Signature: _____

Date: _____

Appendix E: Alliance HUD Program Competition Funding Priorities

**Kings and Tulare Counties
Continuum of Care (HUD) Program Competition
FUNDING PRIORITIES
FY2016-2017**

The Kings/Tulare Homeless Alliance has established the following local housing priorities for the FY2016 HUD Continuum of Care Program Competition¹. In addition to meeting one of the identified housing priorities in the table below, all projects² seeking funding must:

- 1) Maximize the use of mainstream benefits, including:
 - a. Coordinate with existing mainstream resources to enroll participants in eligible programs and connect them to community based services; and
 - b. Actively enroll participants in healthcare and/or assist participants in understanding and accessing expanded services available through the Affordable Care Act changes; and
 - c. Secure funding for services through mainstream resource programs and other partnerships.

- 2) Work to remove barriers to local resources by:
 - a. Prioritizing those most in need of services through the use of the VI-SPDAT and Housing Priority List;
 - b. Actively participating in Every Door Open, the Kings/Tulare coordinated entry & assessment process; and
 - c. Work to reduce the number of people exiting for unknown or negative reasons.

Priority	Focus Area	County
High	PSH for 100% chronically homeless households without children utilizing the Housing First model, including: <ol style="list-style-type: none"> a) Projects adding new Permanent Supportive Housing (PSH) beds dedicated to chronically homeless; b) Projects targeting existing PSH beds for chronically homeless; c) Projects dedicating 100% of existing PSH beds to the chronically homeless at bed turnover. 	Kings, Tulare
High	Renewal projects that 1) meet or exceed 75% of the CoC Performance Measurements, and 2) have no significant programmatic or audit findings.	Kings, Tulare

Specialized population (CH) prioritization, see also page 11 for incorporation into rating tool.

¹ In addition to meeting a local housing priority, all projects will go through the Alliance’s Rating & Ranking process.

² HMIS and CoC Planning grants excluded.

Priority	Focus Area	County
High	Homeless Management Information Systems (HMIS) Applications.	Kings, Tulare
High	Existing RRH, utilizing the Housing First model.	Kings, Tulare
Medium	PSH for 100% chronically homeless households with children utilizing the Housing First model including: <ul style="list-style-type: none"> a) Projects adding new PSH beds dedicated to chronically homeless; b) Projects targeting existing PSH beds for chronically homeless; c) Projects dedicating 100% of existing PSH beds to the chronically homeless at bed turnover. d) PSH for chronically homeless families (Kings County only). 	Kings, Tulare
Medium	New RRH, utilizing the Housing First model.	Kings, Tulare
Medium	Renewal projects that 1) meet 50% to 75% of the Alliance Performance Measurements, and/or 2) have minor programmatic or audit findings.	Kings, Tulare
Medium	Supportive Service Only (SSO) projects for coordinated entry and assessment.	Kings, Tulare
Low	All other projects.	Kings, Tulare

Appendix F: Alliance Standard Performance Measures

Goal	Purpose	Systems	Program Outcome Targets	Outcomes Calculation
Housing Stability	Indicates program/system level success in ending homelessness as measured by those who retain permanent housing or attain other permanent housing.	<ul style="list-style-type: none"> ▪ Permanent Supportive Housing ▪ Rapid Re-Housing 	80% of persons will remain in the permanent housing program as of the end of the operating year or exit to permanent housing (subsidized or unsubsidized).	The number of Stayers in the program PLUS the number of Leavers who exited to a permanent housing destination ÷ by the total number of Stayers and Leavers.
		<ul style="list-style-type: none"> ▪ Transitional Housing 	70% of persons will exit to permanent housing (subsidized or unsubsidized) during the operating year.	Permanent housing placement is calculated by determining the number of Leavers who exited to a permanent housing destination ÷ the total # of Leavers.
		<ul style="list-style-type: none"> ▪ Street Outreach 	30% of persons will exit to safe housing (subsidized or unsubsidized) during the operating year.	Safe housing placement is calculated by determining the number of Leavers who exited to a safe housing destination (as defined by HUD) ÷ the total # of Leavers.
Increased Income	Indicates that program is assisting households to obtain sufficient income to attain housing. A higher rate is considered positive.	<ul style="list-style-type: none"> ▪ Permanent Supportive Housing 	56% of persons age 18 and older will maintain or increase their total income (from all sources) as of the end of the operating year or program exit.	The # of adults whose amount of cash income from any source remained the same or increased based on the persons income at intake and then at exit, or if they remained housed, at their most recent assessment ÷ by the total # of adult Leavers PLUS adult Stayers.
		<ul style="list-style-type: none"> ▪ Rapid Re-housing ▪ Transitional Housing 	56% of persons age 18 and older will increase their total income (from all sources) as of the end of the operating year or program exit.	The # of adults whose amount of cash income from any source increased based on the persons income at intake and then at exit, or if they remained housed, at their most recent assessment ÷ by the total # of adult Leavers PLUS adult Stayers.

Goal	Purpose	Systems	Program Outcome Targets	Outcomes Calculation
Earned Income	Indicates that program is assisting households to stabilize housing by becoming employed or maintaining employment. A higher rate is considered positive.	<ul style="list-style-type: none"> ▪ Permanent Supportive Housing ▪ HPRP 	24% of persons age 18 through 61 will maintain or increase their earned income as of the end of the operating year or at program exit.	The number of persons (ages 18-61) whose amount of earned income remained the same or increased based on the persons earned income at intake and then at exit, or if they remained housed, at their most recent assessment ÷ by the total # of Leavers PLUS Stayers (ages 18-61).
		<ul style="list-style-type: none"> ▪ Rapid Re-housing ▪ Transitional Housing 	24% of persons age 18 through 61 will increase their earned income as of the end of the operating year or at program exit.	The number of persons (ages 18-61) whose amount of earned income increased based on the persons earned income at intake and then at exit, or if they remained housed, at their most recent assessment ÷ by the total # of Leavers PLUS Stayers (ages 18-61).
Bed Utilization	Indicates efficient use of community resources. High occupancy rate indicates system efficiency at turning over units and providing programs that are well-designed.	<ul style="list-style-type: none"> ▪ Emergency Shelter ▪ Transitional Housing ▪ Rapid Re-Housing/ ▪ Permanent Supportive Housing 	<ul style="list-style-type: none"> ▪ 60% min. bed utilization for ES ▪ 80% min. bed utilization for TH ▪ 80% min. bed utilization for RRH ▪ 80% min. bed utilization for PSH 	Total number of bed nights ÷ total number of nights in the month.
Average Length of Stay	A reasonably short length of stay indicates efficiency related to turnover of beds which is essential to meet system demand for emergency shelter.	<ul style="list-style-type: none"> ▪ Emergency Shelter 	Currently tracked but not monitored.	Exit Date (or report end date) - Entry Date ÷ number of clients served during the report period.

Goal	Purpose	Systems	Program Outcome Targets	Outcomes Calculation
Average Length of Participation	Indicates that system is assisting households to achieve independence without long term reliance on the system.	<ul style="list-style-type: none"> ▪ Rapid Re-Housing ▪ Homeless Prevention 	Currently tracked but not monitored.	$\text{Exit Date (or report end date) - Entry Date} \div \text{number of clients served during the report period.}$
Households Served	Indicates volume of households served by the system and provides a better understanding of household size as it relates to unit occupancy.	<ul style="list-style-type: none"> ▪ Emergency Shelter ▪ Transitional Housing ▪ Permanent Supportive Housing 	Currently tracked but not monitored.	The number of households served by the program (or system) during the report period.
Newly Homeless	Indicates the volume of newly homeless persons served by emergency shelters.	<ul style="list-style-type: none"> ▪ Emergency Shelter 	Currently tracked but not monitored.	The number of newly homeless ¹ clients \div total number of clients served during the report period.
Recidivism	Indicates system's success in ending homelessness as measured by number of households who attain housing and do not return or enter shelter subsequent to successful housing outcome.	<ul style="list-style-type: none"> ▪ Emergency Shelter ▪ Transitional Housing ▪ Rapid Re-Housing ▪ Homeless Prevention 	Currently tracked but not monitored.	The total number of recidivist clients ² \div the total number of clients served during the report period.

¹ *Newly Homeless is defined as the number of persons that entered the emergency shelter during the report period that have not been served by other programs in the HMIS within the past two years.*

² *A recidivist client is defined as one that exits a system with a successful outcome (specific to that system) and re-enters the system within one year after exit from the system.*

2016 COC NOFA

ATTACHMENT 4. COC RATING & REVIEW PUBLIC POSTING DOCUMENTATION, 1F-2

Table of Contents

1. July 28, 2016 Meeting Minutes Approving Rating & Ranking Tool	2
a. The CoC membership reviewed the Rating & Ranking tool and voted to approve on July 28, 2016	
2. Proof of Posting on Website	4
a. Both the original and revised versions of the Rating & Ranking tool were posted on the website. The Project Selection & Ranking Process was revised shortly after being released because of two corrections. The changes were 1) To add SSO Projects as an eligible project type; and 2) To remove guidance on the APR review for first-time renewals that had not completed a full operating year.	
3. Proof of Posting via List Serv	6
a. Both the original and revised versions of the Rating & Ranking tool were sent out via the list serv which contains 273 members and community stakeholders. The Project Selection & Ranking Process was revised shortly after being released because of two corrections. The changes were 1) To add SSO Projects as an eligible project type; and 2) To remove guidance on the APR review for first-time renewals that had not completed a full operating year.	



**Kings Tulare Homeless Alliance
General Meeting Minutes**

July 28, 2016
9:00 AM

525 W. Center Avenue, Ste A, Visalia, CA 93291

Membership meeting where Rating & Ranking Tool was approved

- I. Meeting called to order at 9:01 am by Linda Craig
- II. Welcome and Introductions
- III. Stakeholder Comments
 - a. None
- IV. Consent Agenda
 - a. Financial Statements
 - b. Minutes
 - i. Maria Villa moved to accept Financial Statements and Minutes as presented, Harshel Shanthraj seconded, motion carried, filed for Audit.
- V. Discussion/Action Items
 - a. Veteran Homelessness
 - i. Erica Sanchez from Westcare provided an update regarding veteran homelessness. Ms. Sanchez mentioned their agency was currently going through an audit. They are currently taking clients. They have also hired a new staff member which is currently going through training. Agency cannot serve veterans with dishonorable discharge status, they must have a DD214.
 - b. Coordinated Entry
 - i. Veronica White provided an update on Coordinated Entry. She is currently working on the top 20 clients for each Rapid Re-Housing and Permanent Supportive Housing.
 - c. FY 2016 HUD NOFA Project Selection & Ranking Process
 - i. Entire membership discussed Rating and Ranking Project Selection. Machael Smith reviewed, \$2 million available; \$1.9 for renewal application and \$101,323 for Bonus funding. Updates were made to Coordinated Entry Written Standards. Jody Ketcheside made motion to approve Rating & Ranking Process, Jaime Sharma second, motion carried.
- VI. Presentation/Discussion:
 - a. 2-1-1, Fedieson Landicho
 - i. Fedieson Landicho from Kings United Way and Martin Nogues from United Way of Tulare County presented information regarding 2-1-1. 2-1-1 provides information and referral on services available in each county. Information can be accessed through phone, website and/or mobile app.
- VII. Announcements
 - a. Next Visalia RoundTable is scheduled for August 25th at 10:30am.
 - b. City of Visalia announced RFP for Rental Assistance

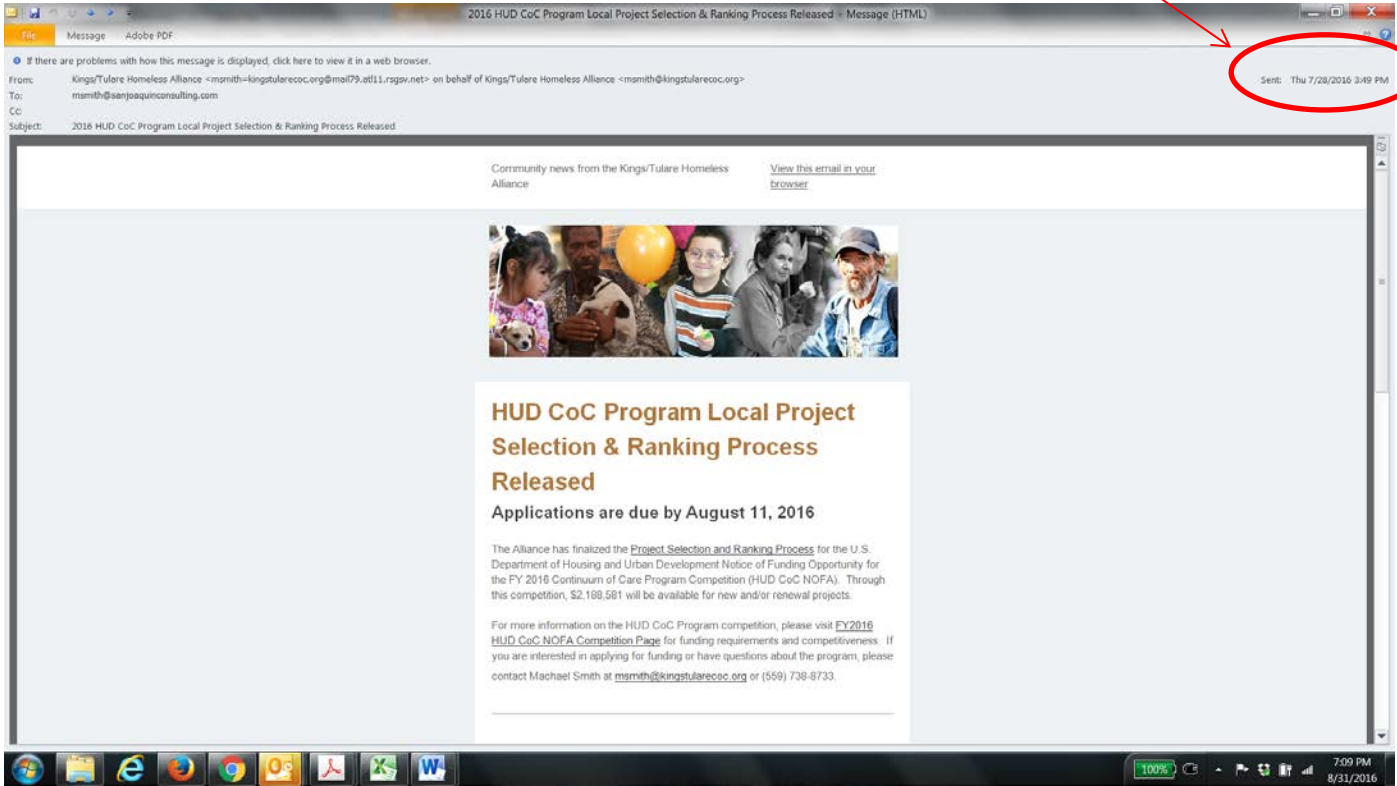
- c. Announcement - CPS Awareness Month in August, 2 resource fairs available and request for feedback regarding CPS bus ads.
 - d. Aria Community Health Center announced available programs regarding Substance Abuse, located in Lemoore, CA.
 - e. Resources for Independence, Central Valley announced Dinner and auction on August 26th
- VIII. Meeting adjourned at 9:58 am

The Kings/Tulare Homeless Alliance, which serves as the local Continuum of Care published the Rating & Ranking Process on its website (www.kingstularecoc.org) and via its listserv through MailChimp on July 27, 2016 and 28, 2016 respectively. An amendment was issued to the Rating & Ranking Process which was posted on the website and via listserv on August 3, 2016.

Proof of posting Rating & Ranking Process on CoC website on July 27, 2016 at 1:44 pm.

The screenshot shows a web browser window with the address bar displaying kingstularecoc.org/category/fy2016-hud-nofa-resources/. The page features a header image of diverse people. Below the header, there are two main content sections. The first section is titled "Alliance Releases FY2016 CoC Program Funding Recommendations" and includes a timestamp of "August 28, 2016 @ 1:41 pm" and a "Join now!" button. The second section is titled "2016 HUD Application Resources" and includes a timestamp of "July 27, 2016 @ 1:44 pm" which is circled in red. A red arrow points from this timestamp to a link titled "Rating & Ranking Process_2016" in the list of resources below. Other resources listed include "Alliance FY2016 HUD CoC Program Funding Recommendations", "FY2016 HUD CoC Program NOFA Resources", "Hold Harmless Agreement", "Alliance HUD MOU", and "Match/Leverage Resources". To the right of the main content, there is a "Sign up for our mailing list" form and a "Resources" sidebar with links to "Agendas & Minutes", "Alliance Documents", "Calendar", "FY2016 HUD NOFA Resources", "HMIS Documents", "Housing Resources", "Join Our Email List", and "Permanent Supportive Housing". At the bottom right, there is a "Web Links" section with links to "2-1-1 Kings County" and "2-1-1 Tulare County".

Proof of emailing out Rating & Ranking Process via listserv on July 28, 2016 at 3:48 pm.



Proof of posting **amended** Rating & Ranking Process on CoC website on August 3, 2016. The file link was connected to the MailChimp file tree, which was sent out on August 3, 2016 at 5:07 pm.

The screenshot displays the WordPress 'Edit Post' interface for a post titled "2016 HUD Application Resources". The post content includes several links, with the following text circled in red:

- [Alliance FY2016 HUD CoC Program Funding Recommendations](#)
- [FY2016 HUD CoC Program NOFA Resources](#)
- [Rating & Ranking Process 2016](#)
- [gallery.mailchimp.com/.../FY_16_Rating_Ranking_Process_Final.pdf](#)
- [Alliance HUD MOU](#)
- [Match/Leverage Resources](#)

The right sidebar shows the "Publish" section with the following details:

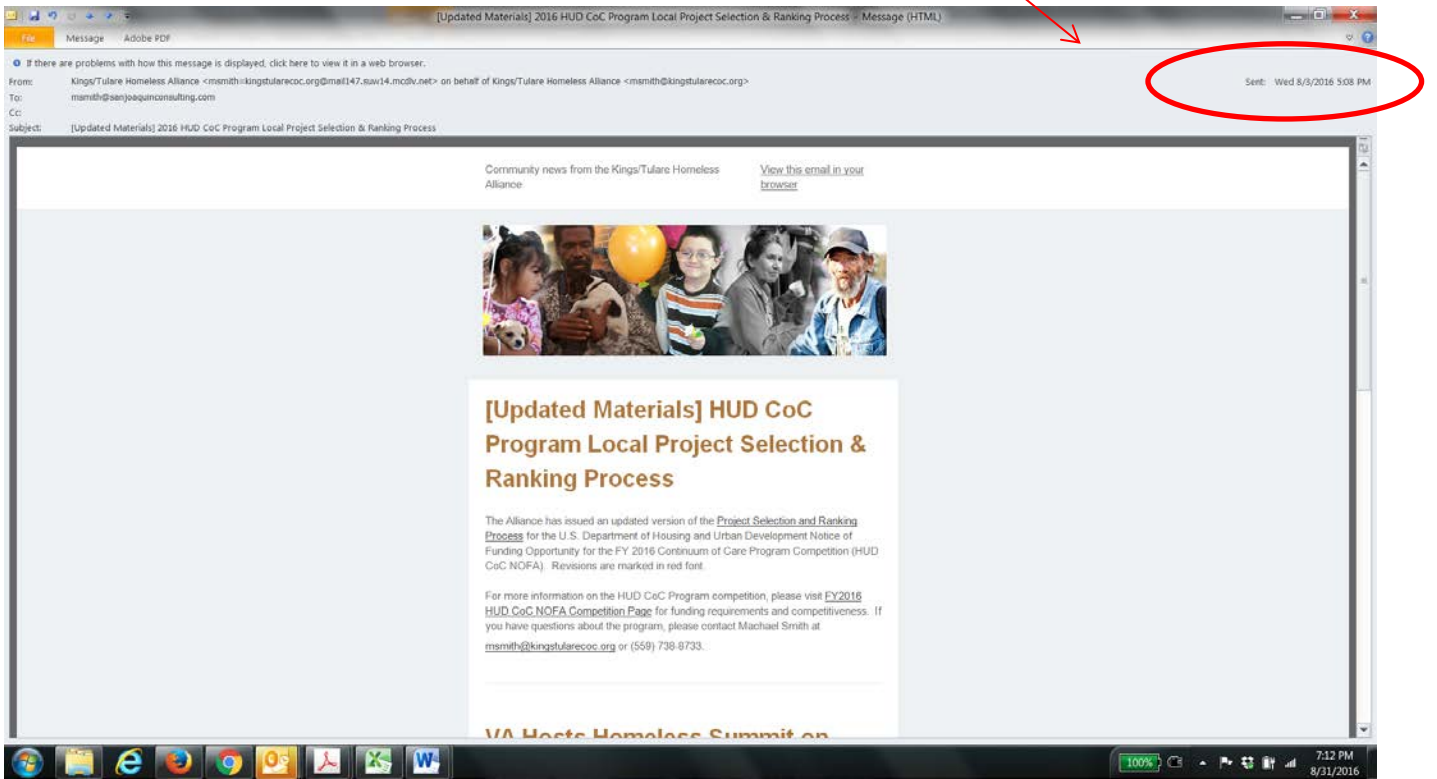
- Status: Published
- Visibility: Public
- Revisions: 6
- Published on: Jul 27, 2016 @ 13:44

The "Categories" section shows the following categories:

- FY2016 HUD NOFA Resources
- Agendas & Minutes
- Alliance Documents
- Calendar

The bottom of the page indicates "Word count: 24" and "Last edited by nimdaxizer on August 29, 2016 at 2:05 pm".

Proof of emailing out **amended** Rating & Ranking Process via listserv on August 3, 2016 at 5:07 pm.



2016 COC NOFA

ATTACHMENT 5. COC PROCESS FOR REALLOCATION, 1F-5

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1. Project Selection & Ranking Process	2
a. Reallocation Policy	4
2. Proof of Reallocation Policy posting on CoC website	30
3. Proof of Reallocation Policy Posting via Listserv	31
4. ARD Reallocation for FY13-FY15 CoC Competitions.....	34
5. Documentation of Public Solicitation for New Projects	39



2016 HUD Continuum of Care (CoC) Program Project Selection and Ranking Process

I. Background

On June 28, 2016, the U.S. Department of Housing and Urban Development (HUD) released the Notice of Funding Availability (NOFA) for the Fiscal Year 2016 Continuum of Care Program Competition. The NOFA is available at <https://www.hudexchange.info/resource/4688/fy-2015-coc-program-nofa/>. Although the available amount of funding is expected to be sufficient to fund anticipated eligible renewal projects in the 2016 funding process, HUD continues to require Collaborative Applicants to rank all projects in two tiers.

The Kings/Tulare Homeless Alliance (Alliance), which serves as the local Continuum of Care and Collaborative Applicant, is eligible to apply for funding to support housing and services for homeless households. That funding breaks down as follows:

Tier 1:		
93% of Renewal Amount		\$1,884,612
Tier 2:		
7% of Renewal Amount		\$141,852
Permanent Housing Bonus Amount		\$101,323
CoC Planning Grant:		\$60,794

The Alliance will submit a collaborative application to HUD for competition funds by September 14, 2016. The application may include up to three types of project applications:

- A. Grantees with current projects that will expire in 2017 that are seeking **renewal** of those same projects.
- B. New projects by using amounts available by making funds available through reallocation. The following types of projects may only be created using funds that the Alliance has made available through reallocation. Through the reallocation process the following new projects may be created:
 1. New permanent supportive housing projects where all beds will be dedicated for use by chronically homeless individuals and families, as defined in 24 CFR 578.3.
 2. New rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.
 3. New Supportive Services Only project specifically for a centralized or coordinated assessment system.
 4. New dedicated Homeless Management Information System (HMIS) project for the costs at 24 CFR 578.37(a)(2) that can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in e-snaps.
- C. New projects through the permanent housing bonus up to 5 percent of the CoC's FPRN for the following types of new projects:
 1. New permanent supportive housing projects that will serve 100 percent chronically homeless individuals and families, and

2. New rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.

The Alliance will assign a unique rank to each project that it intends to submit to HUD for FY 2016 funding. Each project will be comprehensively reviewed, both new and renewal projects within the geographic area, using the scoring criteria and selection priorities below, to determine the extent to which each project is still necessary and contributes to improving system performance. Funds for projects that are determined to be underperforming, obsolete, or ineffective will be reallocated to new projects that meet a community priority and contribute to improving system performance.

II. Project Ranking Policy

The Alliance will use the below component prioritization after scoring all new and renewal projects within the CoC based on the Renewal Project, New Project, **SSO Project** and HMIS Scoring Criteria. ~~Renewal Projects that have not complete a full operating year or are not yet in contract with HUD will be scored based on an APR from a like-kind project operated by the Applicant. Renewal projects that are not yet in contract with HUD will be scored using the New Project ranking tool.~~

Within project component, rank will be made according to project score. Projects with equal scores and same project component type will be ranked according to cost efficiency. Projects that are deemed essential to the CoC but which would be at risk of loss of funding if placed in Tier 2, will be ranked at the bottom of Tier 1.

- A. Tier 1 projects will be ranked in the following order:
 1. HMIS
 2. Permanent Supportive Housing projects (renewing, first time renewal, new reallocations, new bonus)
 3. Rapid Re-housing projects (renewing, first time renewal, new reallocations, new bonus)
 4. Coordinated Entry projects (new reallocations)

- B. Tier 2 project components will be ranked in the following order:
 1. Renewal project applications ranked according to renewal project score
 2. Reallocation and bonus project applications ranked according to new project score
 3. Projects will be ranked until there are no funds remaining in Tier 2

As HMIS is a HUD mandated requirement in order to receive Continuum of Care Program and Emergency Solutions Grant funding, it is strongly recommended as one of the top priorities in Tier 1 in order to secure funding for this authorized activity. HMIS renewals will be assessed for performance and spending in alignment with HUD requirements.

In accordance with HUD guidelines, the planning project will not be ranked.

III. Project Scoring Policy

- A. Threshold Review

A preliminary, quantitative review of each application submitted will be completed by the Alliance. This review will:

 - Confirm that application was submitted on time
 - Confirm that all required attachments were submitted

- Confirm matching requirements are met

B. Contribution to System Performance

One of the most important factors in the local scoring process will be a review of a project's contribution to the improvement of overall system performance. Annual Performance Reports, HMIS data and other measurement tools will be reviewed carefully to ensure that all projects recommended for funding contribute to the improvement of system performance.

All complete, timely, and eligible applications will be scored by the Alliance Rating and Ranking Committee, using the scoring criteria located in the Appendix. Scores will determine each project's rank in the Alliance's application to HUD in accordance with Section II of this guidance. Scores may also be used to reject applications or to reduce budgets for low-scoring projects.

Total scores for each project are determined by adding up points in each section and then adding any bonus points, if applicable. All projects are judged together, both new and renewals. The scores from each Rating and Ranking committee member is computed and averaged for each project.

Once the committee completes the rating and ranking, the committee may consider the Alliance's priorities, whether the initial scoring is likely to result in any critical service gaps, whether grantees have a history of returning unspent funds to HUD and strategy related to Tier cut offs and HUD's selection process, and may make adjustments to budgets and produce the final ranking of projects to be included in the collaborative application. The recommendation of the Rating & Ranking Committee will go to the Alliance's Board of Directors and Membership for review and final approval.

Projects submitted to HUD in Tier 1 are expected to be funded, provided that the project meets HUD eligibility and threshold requirements. Tier 2 projects will be awarded funds by HUD based on a comparative score computed using: the CoC's FY2016 application competitive score, the rank the Alliance gives to the project, and the project component.

Applicants will be notified in writing no later than August 26, 2016 of whether they will be included in the application to HUD and the amount to be allocated for each project. This information will also be posted on the Alliance website at www.kingstularecoc.org no later than 5:00 pm on August 26, 2016.

Reallocation Policy (continued on following page)

IV. Rating and Ranking Members

The Alliance recruits Rating & Ranking Committee members who are knowledgeable about homelessness and housing in the area and who are broadly representative of the relevant sectors, subpopulations, and geographic areas. The Rating & Ranking Committee will be composed of representatives from a cross-section of groups which might include: Faith-based and non-profit providers of homeless services and housing; housing developers; city representatives; Kings and Tulare County employees; mental health; substance abuse; veteran's services; and consumers.

Complete guidelines regarding the policies and selection process of Rating and Ranking Members can be found in the Alliance's Policy and Procedure Manual located on the Alliance's website at www.kingstularecoc.org.

V. Reallocation Policy

The Alliance may use the reallocation process to shift funds in whole or part from existing renewal projects to new project applications without decreasing the Alliance's annual renewal demand. HUD strongly encourages CoCs to take advantage of this option. The funds may be reallocated to develop new permanent supportive housing

projects, new rapid re-housing projects, HMIS funds, or Support Services Only (SSO) for Coordinated Entry.

During comprehensive reviews of renewal projects, the Rating and Ranking Committee will use the Ranking Tool and selection priorities to determine the extent to which each project is still necessary and addresses policy priorities (e.g. ending chronic homelessness, etc.). The Committee will reallocate funds to new projects whenever such reallocation(s) would reduce homelessness or address an underserved homeless population. In the event the Committee identifies a renewal project(s) whose funding should not be renewed (or funding should be decreased), the Committee will then determine whether any new proposed projects should be awarded and will proceed with reallocation.

VI. Appeals Process

If an applicant organization feels it has been unfairly eliminated from either the local or the federal competition, that a decision made by the Rating and Ranking Committee regarding the ranking, rejection, or funding of their project was prejudicial, unsubstantiated by project performance, or in violation of the 2016 Rating & Ranking Guidelines, the applying lead agency and sponsor if any may file an appeal according to the process outlined in the Alliance's Policy and Procedure Manual, which can be found on the Alliance's website at www.kingstularecoc.org.

VII. Assurances

Project applicants will be required to sign an agreement to the following:

- Applicant will complete the Project Application with the same information as contained in this application unless there were adjustments made during the rating/ranking process. Those adjustments will be included in your project ranking letter and supersede the original application submitted.
- Applicant agrees to participate fully in KTHMIS, the local Homeless Management Information System (HMIS)
- Applicant agrees to fully participate in the Every Door Open, Coordinated Assessment Strategy for Kings/Tulare Counties.
- Applicant understands that HUD funded homeless assistance projects are monitored by the Alliance and may include an annual site monitoring visit, as well as the submission of the program's most recent Annual Performance Report sent to HUD and their most recent audited financial statement and any management letters if applicable when submitting their application.
- Applicant understands that if funding is awarded they are responsible to inform the Alliance when:
 - Changes to an existing project or change in sub-population served that is significantly different than what the funds were originally approved for, including any budget amendments submitted to HUD
 - Increase/decrease of other funding to the project that could affect projected numbers of participants served, program staffing, performance, etc.
 - Delays in the start-up of a new project
 - Program is having difficulty in meeting projected numbers served or performance outcomes.
- Applicant agrees to execute the following documents and submit as a part of their application to the Rating & Ranking Committee:
 - Kings/Tulare Homeless Alliance Applicant "Hold Harmless" Agreement; and
 - Memorandum of Understanding for HUD Funded Programs.

VIII. Timeline

This list highlights the steps your agency will take to participate in the local NOFA competition. Please take special note of these dates.

<p>July 14, 2016 3:00 – 5:00 pm Alliance Office 525 W. Center, Suite A Visalia, CA</p>	<p>CoC APPLICANT WORKSHOP This workshop is designed to give participants a basic understanding of the CoC application process, grant funds available, requirements, and key strategies for a successful application in the Rating & Ranking and to HUD. <u>This is a mandatory workshop for all HUD applicants.</u></p>
<p>July 20, 2016</p>	<p>DRAFT 2016 COC PROJECT SELECTION & RANKING PROCESS Sent to the Alliance Membership listserv for comment.</p>
<p>July 28, 2016</p>	<p>2016 COC PROJECT SELECTION & RANKING PROCESS FINALIZED Comments incorporated into draft document and presented to Alliance Membership at July 28, 2016 membership meeting. Finalized document posted publicly.</p>
<p>August 4-10, 2016</p>	<p>APPLICANT PRE-SUBMITTAL MEETINGS Applicants will attend a mandatory meeting with the Alliance for an application review prior to submitting for rating & ranking. This process is intended to alleviate common mistakes and other findings discovered through rating & ranking.</p>
<p>August 11, 2016 3:00 pm Alliance Office 525 W. Center, Suite A Visalia, CA</p>	<p>DEADLINE FOR SUBMITTAL OF COMPLETE APPLICATION FOR RATING & RANKING Complete applications include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PDF of the application submitted through eSnaps. Send via email to msmith@kingstularcoc.org by the submittal deadline. Do not include any of the attachments below in the email. <input type="checkbox"/> Four (4) hardcopies of the following items delivered to the Alliance office by the submittal deadline: <ul style="list-style-type: none"> <input type="checkbox"/> Project Application as submitted through eSnaps; <input type="checkbox"/> Most recent APR¹ <input type="checkbox"/> LOCCS² report showing draws for most recent operating year – or – operating year to date if program is in first year <input type="checkbox"/> Most recent Audit <input type="checkbox"/> Match Letters <input type="checkbox"/> Renewal Housing Projects: <ul style="list-style-type: none"> • Narrative for Item #2 on Scoring Tool: Project Serves Eligible Households Only <input type="checkbox"/> HUD Forms 2880 and 50070 (dated between 5/1/16 and 9/14/16) <input type="checkbox"/> The following agency policies, if not on file with the Alliance: <ul style="list-style-type: none"> • Drug-Free Workplace; Affirmatively Furthering Fair Housing; Reasonable Accommodation and Accessibility for Persons with Disabilities; Nondiscrimination and Equal Employment; Code of Conduct <input type="checkbox"/> 501c3, if not on file with the Alliance <input type="checkbox"/> Project Related MOUs, if not on file with the Alliance: <ul style="list-style-type: none"> • Kings/Tulare Homeless Alliance Applicant “Hold Harmless” Agreement • Memorandum of Understanding for HUD Funded Programs <input type="checkbox"/> HUD Monitoring Letter and/or correspondence with HUD (if applicable)

¹ If project has not begun operations, is in its first year of operations or is a new project, submit performance data for another homeless housing project.

² If project has not begun operations or is a new project, submit the most recent LOCCS report for a like-kind project. If none are available, submit proof of consistent draws with other HUD/Public Contracts.

August 22 & 23, 2016	RATING & RANKING Applicants will meet with the Rating and Ranking Committee. Appointments will be issued the week of August 15, 2016.
August 26, 2016	NOTIFICATION OF FUNDING RECOMMENDATIONS POSTED ON WEBSITE AND SENT TO APPLICANTS IN WRITING
September 1, 2016 5:00 pm	DEADLINE FOR APPEALS
September 8, 2016 5:00 pm	DEADLINE FOR FINAL PROJECT APPLICATION Project applications must be uploaded to eSnaps and a PDF of the application must be e-mailed to msmith@kingstularecoc.org with confirmation that the application has been submitted in e-snaps.
September 14, 2016	ENTIRE CONSOLIDATED APPLICATION SUBMITTED TO HUD (BY ALLIANCE)

Appendix A: 2016 RENEWAL PROJECT Scoring Criteria



2016 CoC RENEWAL HOUSING PROJECT Scoring Criteria
Total Maximum Score = 200 points

Name of Program: _____

Name of Agency: _____

Weight	Criteria Category	Evaluation Criteria		Source of Criteria	Calculation	Full Points	50% of Points	0 Points	Max Points
40%	Contribution to System Performance ¹	1.	Occupancy/Average Daily Unit Utilization	APR, Q9	(Average number of households served at all four PIT dates)/ (number of units in project)	>=80%	79% – 70%	<70%	5
		2.	Project serves eligible households only.	APR, Q20a1, Q20a2, Q20a3 ²	N/A	100%	N/A	<100%	5
		3.	Percentage of participants who gained or increased earned income from entry to exit	APR, Q24b2 1 st Row	%	>=24%	23% – 18%	<18%	10
		4.	Percentage of participants who gained or increased other (non-employment) income from entry to exit	APR, Q24b2 3 rd Row	%	>=56%	55% – 42%	<42%	10
		5.	Percentage of all participants with earned income	APR, Q24b3 1 st Row	%	>=24%	23% – 18%	<18%	10
		6.	Percentage of all participants with cash income other than employment	APR, Q24b3 3 rd Row	%	>=56%	55% – 42%	<42%	10
		7.	PSH/RRH Programs: Connecting clients to mainstream resources	APR, Q7, Q26a2 & Q26b2	Total number of adults with at least one non-cash benefit for stayers & leavers)/(Total number of adults)	>=56%	55% – 42%	<42%	5

¹ Renewal projects that are not yet under contract or haven't completed a full year of operations will be scored in this section by using an average of all like-kind renewal projects.

² Applicant must provide a narrative to explain how program eligibility is determined. Discuss where people came from and any data that might be confusing to the Rating and Ranking Committee.

Weight	Criteria Category	Evaluation Criteria		Source of Criteria	Calculation	Full Points	50% of Points	0 Points	Max Points
40% (con't)	Contribution to System Performance (con't)	8a.	PSH Programs: Percentage of participants who remain in PSH or exited to permanent housing	APR, Q29a1	(Subtotal of Permanent Destinations)/ (Total Number of Leavers – Deceased)	>=80%	79% – 70%	<70%	10
		8b.	RRH Programs: Exit to permanent housing	APR, Q29a2	(Subtotal of Permanent Destinations)/ (Total Number of Leavers – Deceased)	>=80%	79% – 70%	<70%	
		9.	Leavers who exit to shelter, streets or unknown	APR, Q29	(Subtotal of Temporary Destinations)/ (Total Number of Leavers – Deceased)	<10%	11-15%	>15%	10
		10.	Timely submission of APR to HUD ³	APR	N/A	APR submitted on time to HUD ²	-	APR submitted late	5
		Subtotal							
20%	Financials	11.	Audit Review	Audit Submitted by Agency	N/A	Audit shows agency as a low risk auditee AND no audit findings	Audit shows agency as a low risk auditee OR agency has no audit findings	Audit shows agency as a high risk auditee AND audit findings	20
		12.	LOCCS	APR, Q31a4	Q31a4 Expended Subtotal / Q31a4 Applicable Total Expenses plus Admin	Less than 10% or \$10,000 (whichever is less)	Less than 15% or \$15,000 (whichever is less)	Greater than 15% or \$15,000	10
		13.	LOCCS	LOCCS Report/ Print Out	Regular and timely draws from LOCCS	Draws on a monthly or bi-monthly basis	Draws on a quarterly basis	Draws less than quarterly	10
		Subtotal							

³ If project is a FY2014 grant that cannot be submitted to HUD because of the current esnaps issue, then the full APR template will be used in its place. The template can be found on the HUD website at <https://www.hudexchange.info/resource/1852/coc-apr-questions-template/>

Weight	Criteria Category	Evaluation Criteria		Source of Criteria	Calculation	Full Points	50% of Points	0 Points	Max Points
15%	Coordinated Entry System	14.	Referrals are kept up to date in HMIS	HMIS Referral Report ⁴	Accuracy of referral data in HMIS as reported in Monthly Referral Report	>=90%	89% - 75%	<75%	15
		15.	Participation in monthly Case Management Roundtable Meetings	Roundtable Sign-in Sheets	Number of times agency representative attended/ total number of meetings	>=90%	89% - 75%	<75%	15
		Subtotal							
10%	HMIS & Data Quality	16.	HMIS Data Quality Standards	HMIS Data Quality Report AHAR 11	Number of missing, don't know, & refused responses/ total number of applicable records	<5% missing, don't know, or refused	6%-10% missing, don't know, or refused	>10% missing, don't know, or refused	10
		17.	HMIS Compliance	Annual Site Visit Compliance Checklist	Number of Acceptable ("A") ratings/ total number of rated items	>=90%	90% - 80%	<80%	10
		Subtotal							
10%	Alliance Participation	18.	Participation in monthly Membership Meetings	Meeting sign-in sheets	Number of times agency representative attended/ total number of meetings	>=90%	89% - 75%	<75%	10
		19.	Representative serves on an Alliance Committee	Meeting sign-in sheets	N/A	Serves on two or more committees	Serves on one committee	Does not serve on an Alliance committee	10
		Subtotal							
5%	Local Funding Priority	20.	Project is in alignment with local FY2016-2017 funding priorities	Alliance HUD CoC Program Funding Priorities	N/A	High Priority	Medium Priority	Low Priority	10
		Subtotal							
Total									200

Bonus Points	Length of time from referral to enrollment	HMIS	Date of enrollment – Date of referral	<=90 days	91 – 120 days	>120 days	10
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⁴ Report period of 1/1/16 – 6/30/16

Total Score: _____ / 200

Comments: _____

Name of Rating & Ranking
Committee Member: _____

Signature: _____

Date: _____

Appendix B: 2016 NEW PROJECT Scoring Criteria



2016 CoC NEW HOUSING PROJECT Scoring Criteria
Total Maximum Score = 200 points

Name of Program: _____

Name of Agency: _____

Weight	Scoring Factor	Scoring Criteria	Max	Actual
15%	Applicant Experience	1. Applicant and subrecipient’s prior experience in serving homeless people and in providing housing similar to that proposed in the application.	15	
		2. Satisfactory experience with prior HUD grants and other public contracts, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs on existing grants.	15	
		Subtotal	30	
30%	Contribution to System Performance	3. Extent to which the applicant: <ul style="list-style-type: none"> a. Demonstrates an understanding of the needs of the people to be served b. Proposes an appropriate mix of people to be served through the program c. Shows a clear relationship between the type of housing provided and needs of the population to be served d. Shows a clear relationship between the type of supportive services provided and the needs of the population to be served e. Supports Housing First where the client is housed regardless of their involvement in services they do not believe will help them achieve their stated goals f. Gains access to mainstream (non-CoC) resources g. Establishes performance measures for housing and income that are measurable, objective and meet or exceed HUD and CoC benchmarks h. Commitment to quickly place households in permanent housing 	35	
		4. Extent to which the applicant provides a sound plan to ensure that homeless people will be assisted to both OBTAIN and REMAIN in permanent housing and only terminate clients based on lease violations	15	
		5. Extent to which there is a sound plan to ensure that participants will be assisted to both increase their INCOMES and to maximize their ability to LIVE INDEPENDENTLY	15	
		6. Project is in alignment with local FY2016-2017 funding priorities	5	
		Subtotal	60	
20%	Project & Client Accessibility	7. Extent to which the applicant conducts outreach in all areas of the community such as emergency shelters, places not meant for human habitation, etc. to locate potentially eligible homeless people	15	
		8. Agreement to the Coordinated Entry System through an executed MOU with the Alliance. All referrals must come through Coordinated Entry.	10	
		9. Project does not present barriers to entry (e.g. sobriety, income, criminal background, number of children, LGBTQ status, etc.)	15	
		Subtotal	40	

Weight	Scoring Factor	Scoring Criteria	Max	Actual
20%	Project Feasibility	10. Applicant clearly describes a viable plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant within 6 months of the award. For full points, project must have: <ul style="list-style-type: none"> a. Solid plan for site control through existing relationships. b. Description of the steps it will take to complete the C1.9a (technical submission) in an expedited manner. 	25	
		11. Project is cost-effective and is similar in cost to like-kind projects.	10	
		12. Sufficient match documentation. Match is appropriate for project type and supports eligible activities.	5	
		Subtotal	40	
15%	Alliance Participation	13. Participation in monthly membership meetings 15 points: >=90% attendance 7 points: 89% – 75% attendance 0 points : < 75% attendance	15	
		14. Representative serves on an Alliance Committee 15 points: Serves on two or more committees 7 points: Serves on one committee 0 points: Does not serve on a committee	15	
		Subtotal	30	
		Total	200	

Comments: _____

Name of Rating & Ranking Committee Member: _____

Signature: _____

Date: _____

Appendix C: 2016 HMIS PROJECT Scoring Criteria



2016 CoC HMIS PROJECT Scoring Criteria
Total Maximum Score = 200 points

Name of Program: _____

Name of Agency: _____

Weight	Criteria Category	Evaluation Criteria		Source of Criteria	Calculation	Full Points	50% of Points	0 Points	Max Points
40%	Contribution to System Performance	1.	Bed Coverage: Emergency Shelters	APR, H10a	Average % of all bed types (without children, with children, and with only children)	>=86%	85% - 75%	<75%	15
		2.	Bed Coverage: Transitional Housing	APR, H10b	Average % of all bed types (without children, with children, and with only children)	>=86%	85% - 75%	<75%	15
		3.	Bed Coverage: Rapid Re-housing	APR, H10c	Average % of all bed types (without children, with children, and with only children)	>=86%	85% - 75%	<75%	15
		4.	Bed Coverage: Permanent Supportive Housing	APR, H10d	Average % of all bed types (without children, with children, and with only children)	>=86%	85% - 75%	<75%	15
		10.	Timely submission of APR to HUD ¹	APR	N/A	APR submitted on time to HUD ²	-	APR submitted late	20
Subtotal								80	

¹ If project is a FY2014 grant that cannot be submitted to HUD because of the current esnaps issue, then the full APR template will be used in its place. The template can be found on the HUD website at <https://www.hudexchange.info/resource/1852/coc-apr-questions-template/>

Weight	Criteria Category	Evaluation Criteria		Source of Criteria	Calculation	Full Points	50% of Points	0 Points	Max Points
20%	Financials	11.	Audit Review	Audit Submitted by Agency	N/A	Audit shows agency as a low risk auditee AND no audit findings	Audit shows agency as a low risk auditee OR agency has no audit findings	Audit shows agency as a high risk auditee AND audit findings	20
		12.	LOCCS	APR, H12 & H13	H13 Total Expenditures / H12 CoC Program Grant	Less than 10% or \$10,000 (whichever is less)	Less than 15% or \$15,000 (whichever is less)	Greater than 15% or \$15,000	10
		13.	LOCCS	LOCCS Report/ Print Out	Regular and timely draws from LOCCS	Draws on a monthly or bi-monthly basis	Draws on a quarterly basis	Draws less than quarterly	10
		Subtotal							
15%	Coordinated Entry System	14.	Monthly referral reports are issued to CES participating agencies	HMIS Referral Report ²	Number of reports /number of months in reporting period	=100%	99% - 90%	<90%	15
		15.	Participation in monthly Case Management Roundtable Meetings	Roundtable Sign-in Sheets	Number of times agency representative attended/ total number of meetings	>=90%	89% - 75%	<75%	15
		Subtotal							
10%	HMIS & Data Quality	16.	HMIS Data Quality, Residential Projects	APR, 11a	Average of missing, don't know, refused values	<5% missing, don't know, or refused	6%-10% missing, don't know, or refused	>10% missing, don't know, or refused	10
		17.	HMIS Data Quality, Street Outreach/SSO Projects	APR, 11b	Average of missing, don't know, refused values	<5% missing, don't know, refused	6%-10% missing, don't know, refused	>10% missing, don't know, or refused	10
		Subtotal							

² Report period of 1/1/16 – 6/30/16

Weight	Criteria Category	Evaluation Criteria		Source of Criteria	Calculation	Full Points	50% of Points	0 Points	Max Points
10%	Alliance Participation	18.	Participation in monthly Membership Meetings	Meeting sign-in sheets	Number of times agency representative attended/ total number of meetings	>=90%	89% - 75%	<75%	10
		19.	Representative serves on an Alliance Committee	Meeting sign-in sheets	N/A	Serves on two or more committees	Serves on one committee	Does not serve on an Alliance committee	10
		Subtotal							
5%	Local Funding Priority	20.	Project is in alignment with local FY2016-2017 funding priorities	Alliance HUD CoC Program Funding Priorities	N/A	High Priority	Medium Priority	Low Priority	10
		Subtotal							
Total									200

Comments: _____

Name of Rating & Ranking Committee Member: _____

Signature: _____

Date: _____

Appendix D: 2016 NEW SSO PROJECT Scoring Criteria



2016 CoC NEW COORDINATED ENTRY (SSO) PROJECT Scoring Criteria
Total Maximum Score = 200 points

Name of Program: _____

Name of Agency: _____

Weight	Scoring Factor	Scoring Criteria	Max	Actual
15%	Applicant Experience	1. Applicant and subrecipient’s prior experience in serving homeless people and in providing services similar to that proposed in the application.	15	
		2. Satisfactory experience with prior HUD grants and other public contracts, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs on existing grants.	15	
		Subtotal	30	
50%	Project Quality & Client Accessibility	3. Extent to which the applicant: <ul style="list-style-type: none"> a. Demonstrates an understanding of the needs of the people to be served b. Proposes an appropriate mix of people to be served through the program c. Shows a clear relationship between the type of supportive services provided and the needs of the population to be served d. Ensures that project participants are directed to appropriate housing and services that fit their needs e. Establishes performance measures that are measurable, objective and meet or exceed HUD and CoC benchmarks f. Commitment to quickly place households in permanent housing 	40	
		4. Extent to which the applicant conducts outreach in all areas of the community such as emergency shelters, places not meant for human habitation, etc. to locate potentially eligible homeless people	20	
		5. Whether there is a strategy for advertising the project that is designed specifically to reach homeless with the highest barriers within Kings and Tulare Counties.	20	
		6. Project does not present barriers to entry (e.g. sobriety, income, criminal background, number of children, LGBTQ status, etc.)	15	
		7. Project is in alignment with local FY2016-2017 funding priorities	5	
		Subtotal	100	
20%	Project Feasibility	8. Applicant clearly describes a viable plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant within 6 months of the award. For full points, project must have: <ul style="list-style-type: none"> a. Solid plan for site control through existing relationships. b. Description of the steps it will take to complete the C1.9a (technical submission) in an expedited manner. 	25	
		9. Project is cost-effective and is similar in cost to like-kind projects.	10	
		10. Sufficient match documentation. Match is appropriate for project type and supports eligible activities.	5	
		Subtotal	40	

Weight	Scoring Factor	Scoring Criteria	Max	Actual
15%	Alliance Participation	11. Participation in monthly membership meetings 15 points: >=90% attendance 7 points: 89% – 75% attendance 0 points : < 75% attendance	15	
		12. Representative serves on an Alliance Committee 15 points: Serves on two or more committees 7 points: Serves on one committee 0 points: Does not serve on a committee	15	
Subtotal			30	
Total			200	

Comments: _____

Name of Rating & Ranking
Committee Member: _____

Signature: _____

Date: _____

Appendix E: Alliance HUD Program Competition Funding Priorities

**Kings and Tulare Counties
Continuum of Care (HUD) Program Competition
FUNDING PRIORITIES
FY2016-2017**

The Kings/Tulare Homeless Alliance has established the following local housing priorities for the FY2016HUD Continuum of Care Program Competition¹. In addition to meeting one of the identified housing priorities in the table below, all projects² seeking funding must:

- 1) Maximize the use of mainstream benefits, including:
 - a. Coordinate with existing mainstream resources to enroll participants in eligible programs and connect them to community based services; and
 - b. Actively enroll participants in healthcare and/or assist participants in understanding and accessing expanded services available through the Affordable Care Act changes; and
 - c. Secure funding for services through mainstream resource programs and other partnerships.

- 2) Work to remove barriers to local resources by:
 - a. Prioritizing those most in need of services through the use of the VI-SPDAT and Housing Priority List;
 - b. Actively participating in Every Door Open, the Kings/Tulare coordinated entry & assessment process; and
 - c. Work to reduce the number of people exiting for unknown or negative reasons.

Priority	Focus Area	County
High	PSH for 100% chronically homeless households without children utilizing the Housing First model, including: <ol style="list-style-type: none"> a) Projects adding new Permanent Supportive Housing (PSH) beds dedicated to chronically homeless; b) Projects targeting existing PSH beds for chronically homeless; c) Projects dedicating 100% of existing PSH beds to the chronically homeless at bed turnover. 	Kings, Tulare
High	Renewal projects that 1) meet or exceed 75% of the CoC Performance Measurements, and 2) have no significant programmatic or audit findings.	Kings, Tulare

¹ In addition to meeting a local housing priority, all projects will go through the Alliance’s Rating & Ranking process.

² HMIS and CoC Planning grants excluded.

Priority	Focus Area	County
High	Homeless Management Information Systems (HMIS) Applications.	Kings, Tulare
High	Existing RRH, utilizing the Housing First model.	Kings, Tulare
Medium	PSH for 100% chronically homeless households with children utilizing the Housing First model including: <ul style="list-style-type: none"> a) Projects adding new PSH beds dedicated to chronically homeless; b) Projects targeting existing PSH beds for chronically homeless; c) Projects dedicating 100% of existing PSH beds to the chronically homeless at bed turnover. d) PSH for chronically homeless families (Kings County only). 	Kings, Tulare
Medium	New RRH, utilizing the Housing First model.	Kings, Tulare
Medium	Renewal projects that 1) meet 50% to 75% of the Alliance Performance Measurements, and/or 2) have minor programmatic or audit findings.	Kings, Tulare
Medium	Supportive Service Only (SSO) projects for coordinated entry and assessment.	Kings, Tulare
Low	All other projects.	Kings, Tulare

Appendix F: Alliance Standard Performance Measures

Goal	Purpose	Systems	Program Outcome Targets	Outcomes Calculation
Housing Stability	Indicates program/system level success in ending homelessness as measured by those who retain permanent housing or attain other permanent housing.	<ul style="list-style-type: none"> ▪ Permanent Supportive Housing ▪ Rapid Re-Housing 	80% of persons will remain in the permanent housing program as of the end of the operating year or exit to permanent housing (subsidized or unsubsidized).	The number of Stayers in the program PLUS the number of Leavers who exited to a permanent housing destination ÷ by the total number of Stayers and Leavers.
		<ul style="list-style-type: none"> ▪ Transitional Housing 	70% of persons will exit to permanent housing (subsidized or unsubsidized) during the operating year.	Permanent housing placement is calculated by determining the number of Leavers who exited to a permanent housing destination ÷ the total # of Leavers.
		<ul style="list-style-type: none"> ▪ Street Outreach 	30% of persons will exit to safe housing (subsidized or unsubsidized) during the operating year.	Safe housing placement is calculated by determining the number of Leavers who exited to a safe housing destination (as defined by HUD) ÷ the total # of Leavers.
Increased Income	Indicates that program is assisting households to obtain sufficient income to attain housing. A higher rate is considered positive.	<ul style="list-style-type: none"> ▪ Permanent Supportive Housing 	56% of persons age 18 and older will maintain or increase their total income (from all sources) as of the end of the operating year or program exit.	The # of adults whose amount of cash income from any source remained the same or increased based on the persons income at intake and then at exit, or if they remained housed, at their most recent assessment ÷ by the total # of adult Leavers PLUS adult Stayers.
		<ul style="list-style-type: none"> ▪ Rapid Re-housing ▪ Transitional Housing 	56% of persons age 18 and older will increase their total income (from all sources) as of the end of the operating year or program exit.	The # of adults whose amount of cash income from any source increased based on the persons income at intake and then at exit, or if they remained housed, at their most recent assessment ÷ by the total # of adult Leavers PLUS adult Stayers.

Goal	Purpose	Systems	Program Outcome Targets	Outcomes Calculation
Earned Income	Indicates that program is assisting households to stabilize housing by becoming employed or maintaining employment. A higher rate is considered positive.	<ul style="list-style-type: none"> ▪ Permanent Supportive Housing ▪ HPRP 	24% of persons age 18 through 61 will maintain or increase their earned income as of the end of the operating year or at program exit.	The number of persons (ages 18-61) whose amount of earned income remained the same or increased based on the persons earned income at intake and then at exit, or if they remained housed, at their most recent assessment ÷ by the total # of Leavers PLUS Stayers (ages 18-61).
		<ul style="list-style-type: none"> ▪ Rapid Re-housing ▪ Transitional Housing 	24% of persons age 18 through 61 will increase their earned income as of the end of the operating year or at program exit.	The number of persons (ages 18-61) whose amount of earned income increased based on the persons earned income at intake and then at exit, or if they remained housed, at their most recent assessment ÷ by the total # of Leavers PLUS Stayers (ages 18-61).
Bed Utilization	Indicates efficient use of community resources. High occupancy rate indicates system efficiency at turning over units and providing programs that are well-designed.	<ul style="list-style-type: none"> ▪ Emergency Shelter ▪ Transitional Housing ▪ Rapid Re-Housing/ ▪ Permanent Supportive Housing 	<ul style="list-style-type: none"> ▪ 60% min. bed utilization for ES ▪ 80% min. bed utilization for TH ▪ 80% min. bed utilization for RRH ▪ 80% min. bed utilization for PSH 	Total number of bed nights ÷ total number of nights in the month.
Average Length of Stay	A reasonably short length of stay indicates efficiency related to turnover of beds which is essential to meet system demand for emergency shelter.	<ul style="list-style-type: none"> ▪ Emergency Shelter 	Currently tracked but not monitored.	Exit Date (or report end date) - Entry Date ÷ number of clients served during the report period.

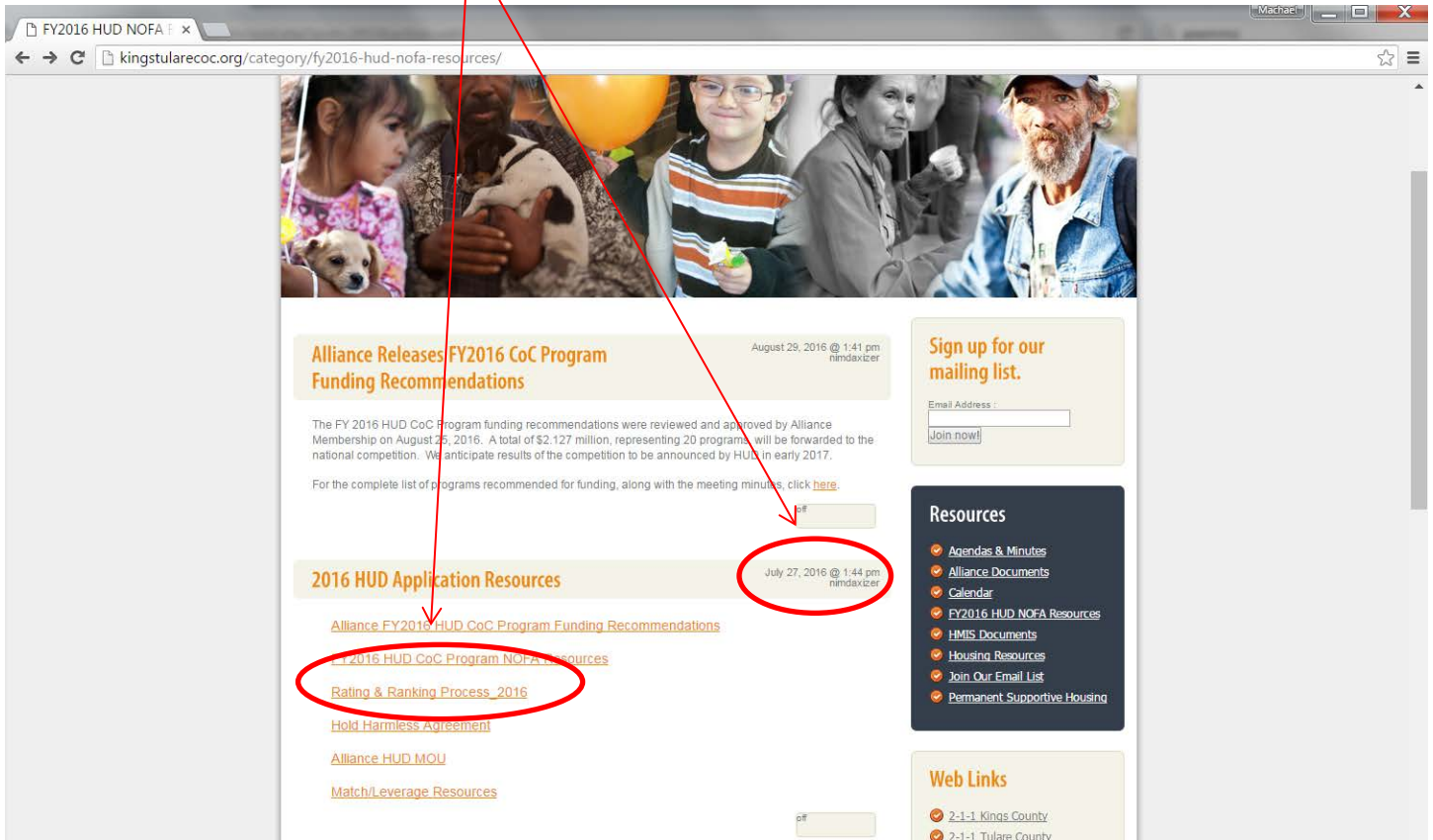
Goal	Purpose	Systems	Program Outcome Targets	Outcomes Calculation
Average Length of Participation	Indicates that system is assisting households to achieve independence without long term reliance on the system.	<ul style="list-style-type: none"> ▪ Rapid Re-Housing ▪ Homeless Prevention 	Currently tracked but not monitored.	$\text{Exit Date (or report end date) - Entry Date} \div \text{number of clients served during the report period.}$
Households Served	Indicates volume of households served by the system and provides a better understanding of household size as it relates to unit occupancy.	<ul style="list-style-type: none"> ▪ Emergency Shelter ▪ Transitional Housing ▪ Permanent Supportive Housing 	Currently tracked but not monitored.	The number of households served by the program (or system) during the report period.
Newly Homeless	Indicates the volume of newly homeless persons served by emergency shelters.	<ul style="list-style-type: none"> ▪ Emergency Shelter 	Currently tracked but not monitored.	The number of newly homeless ¹ clients \div total number of clients served during the report period.
Recidivism	Indicates system's success in ending homelessness as measured by number of households who attain housing and do not return or enter shelter subsequent to successful housing outcome.	<ul style="list-style-type: none"> ▪ Emergency Shelter ▪ Transitional Housing ▪ Rapid Re-Housing ▪ Homeless Prevention 	Currently tracked but not monitored.	The total number of recidivist clients ² \div the total number of clients served during the report period.

¹ *Newly Homeless is defined as the number of persons that entered the emergency shelter during the report period that have not been served by other programs in the HMIS within the past two years.*

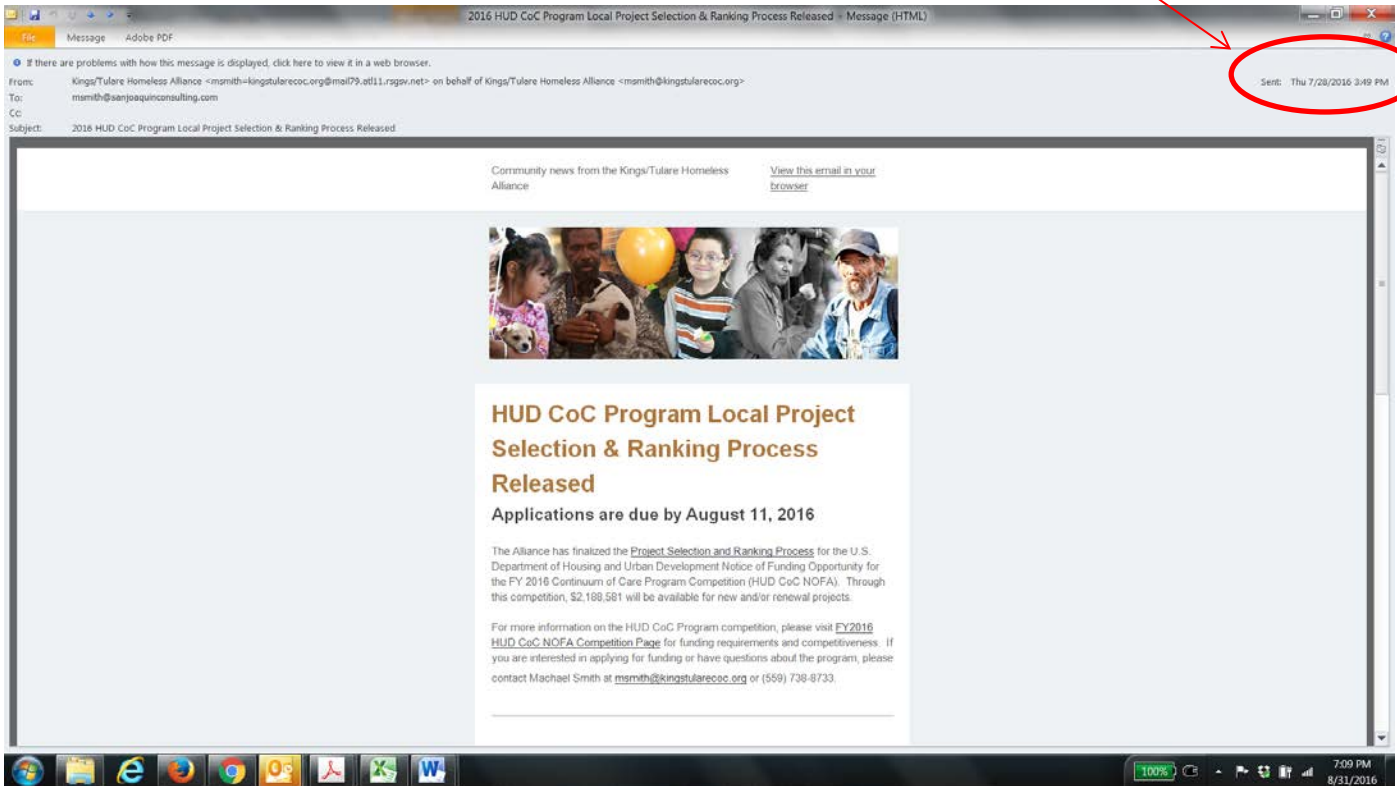
² *A recidivist client is defined as one that exits a system with a successful outcome (specific to that system) and re-enters the system within one year after exit from the system.*

The Kings/Tulare Homeless Alliance, which serves as the local Continuum of Care published the Rating & Ranking Process on its website (www.kingstularecoc.org) and via its listserv through MailChimp on July 27, 2016 and 28, 2016 respectively. An amendment was issued to the Rating & Ranking Process which was posted on the website and via listserv on August 3, 2016.

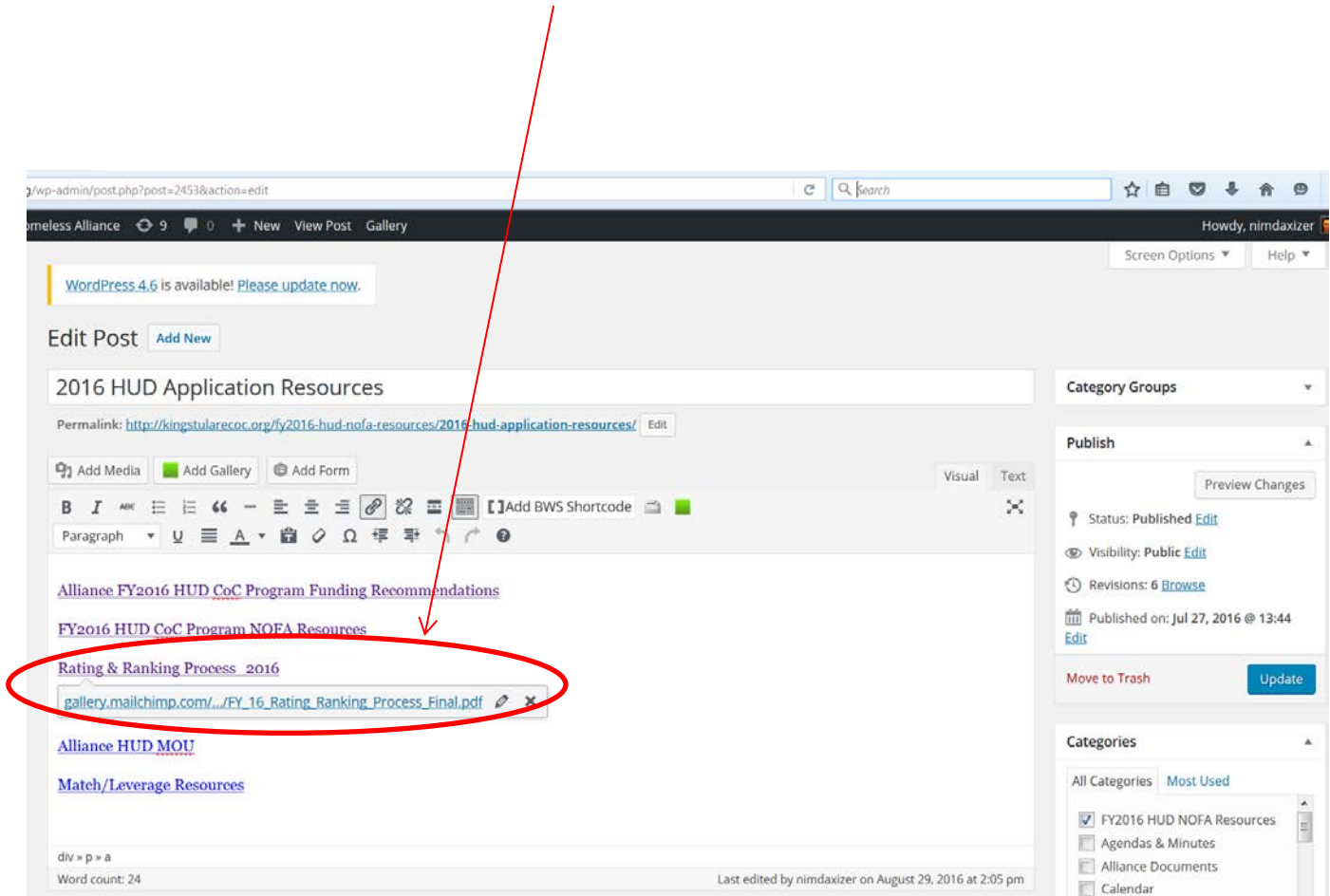
Proof of posting Rating & Ranking Process on CoC website on July 27, 2016 at 1:44 pm.



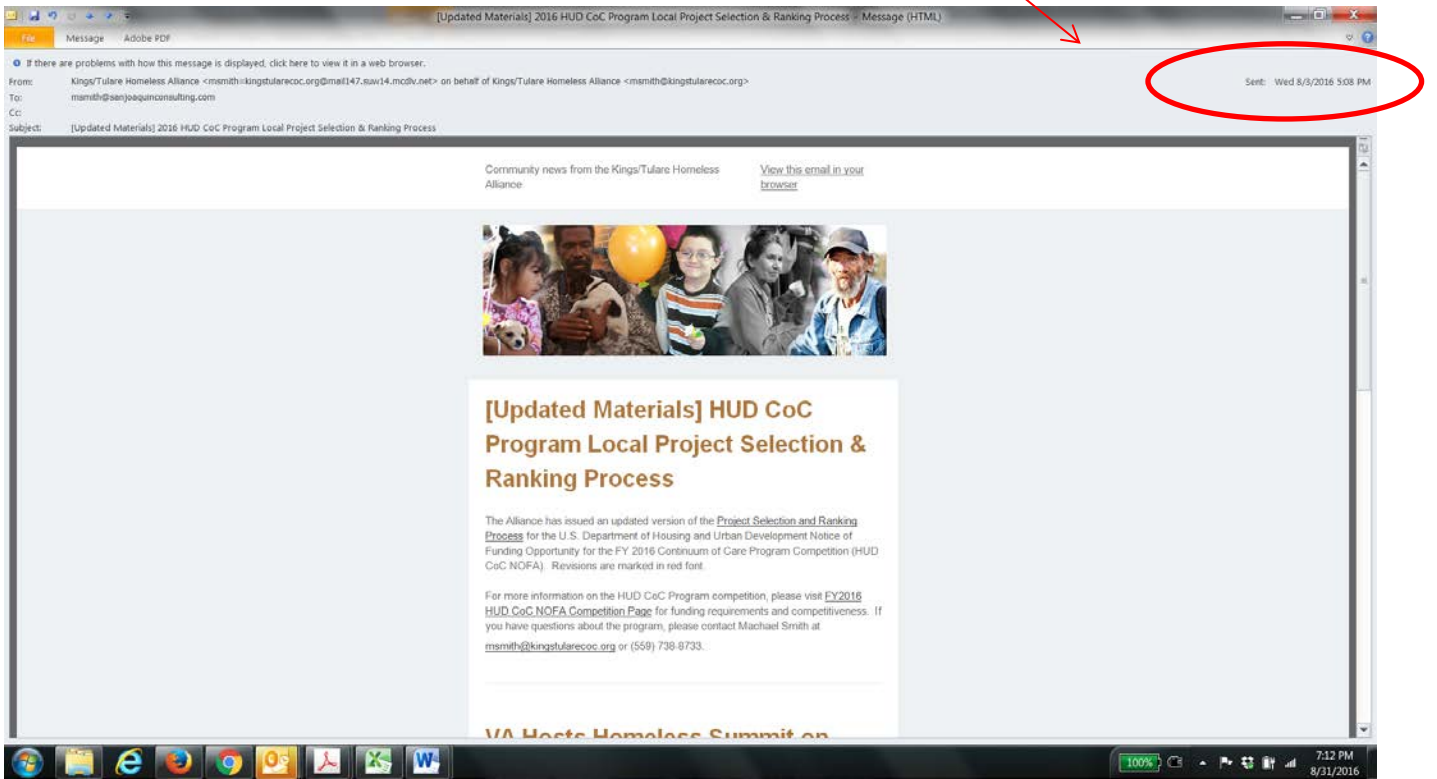
Proof of emailing out Rating & Ranking Process via listserv on July 28, 2016 at 3:48 pm.



Proof of posting **amended** Rating & Ranking Process on CoC website on August 3, 2016. The file link was connected to the MailChimp file tree, which was sent out on August 3, 2016 at 5:07 pm.



Proof of emailing out **amended** Rating & Ranking Process via listserv on August 3, 2016 at 5:07 pm.



Question 1F-5: Demonstrate the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD in the FY 2013, FY 2014, and FY 2015 CoC Program Competitions. Attach documentation of the amount of ARD reallocated by the CoC in FY 2013, FY 2014, and FY 2105 CoC Program Competitions. (Attach as CoCs Process for Reallocating). HUD will confirm this information by reviewing each year's ARD and the percentage of the ARD submitted under the reallocation process.

The Kings/Tulare Continuum of Care on Homelessness has allocated at least 20% of the ARD over the previous three HUD Continuum of Care funding cycles to new programs through the reallocation process:

Kings/Tulare Continuum of Care CA-513 Reallocation Summary			
Application Year	Annual Renewal Demand (ARD)	Amount Reallocated	\$ Reallocation
FY2013	\$1,014,944	\$0	0.00%
FY2014	\$1,746,476	\$382,000	21.87%
FY2015	\$1,742,120	\$331,174	19.01%
Total	\$3,488,597	\$713,174	20.44%

2. Reallocation

Instructions:

FY 2014 CoC Priority Listing Detailed Instructions URL: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources> .

2-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

2-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? Yes

**2-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

The K/T CoC created three new projects through reallocation. One of the projects is RRH for families and the other two are PH project serving 100% chronically homeless (CH). Each project expands the CoC's utilization of the coordinated entry/assessment strategy and provides the opportunity to more efficiently leverage resources to serve CH households. The bonus application will also provide PH opportunities for CH in Tulare County. The CoC will continue working with grantees to prioritize PH beds for the CH as they become available. According to the 2014 PIT results for Kings/Tulare counties, 20% of the homeless population are households with children. Only a very small portion of these families are CH, leaving the majority ineligible for PSH. One of the major challenges within our CoC is the significant lack of family EH and TH beds. These families are frequently deemed ineligible for PSH and consequently have no housing options. They either split up to obtain shelter or opt to remain homeless. With no ESG entitlement funding in our region, it is imperative to create and maintain a true continuum with a diverse portfolio of housing options, including RRH for families.

2-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for the chronically homeless or rapid re-housing for households with children may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$382,000				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Heritage Homes	CA0837L9T131301	PH	\$158,172	Regular
Cornerstone Recov...	CA0839L9T131302	TH	\$223,828	Regular

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

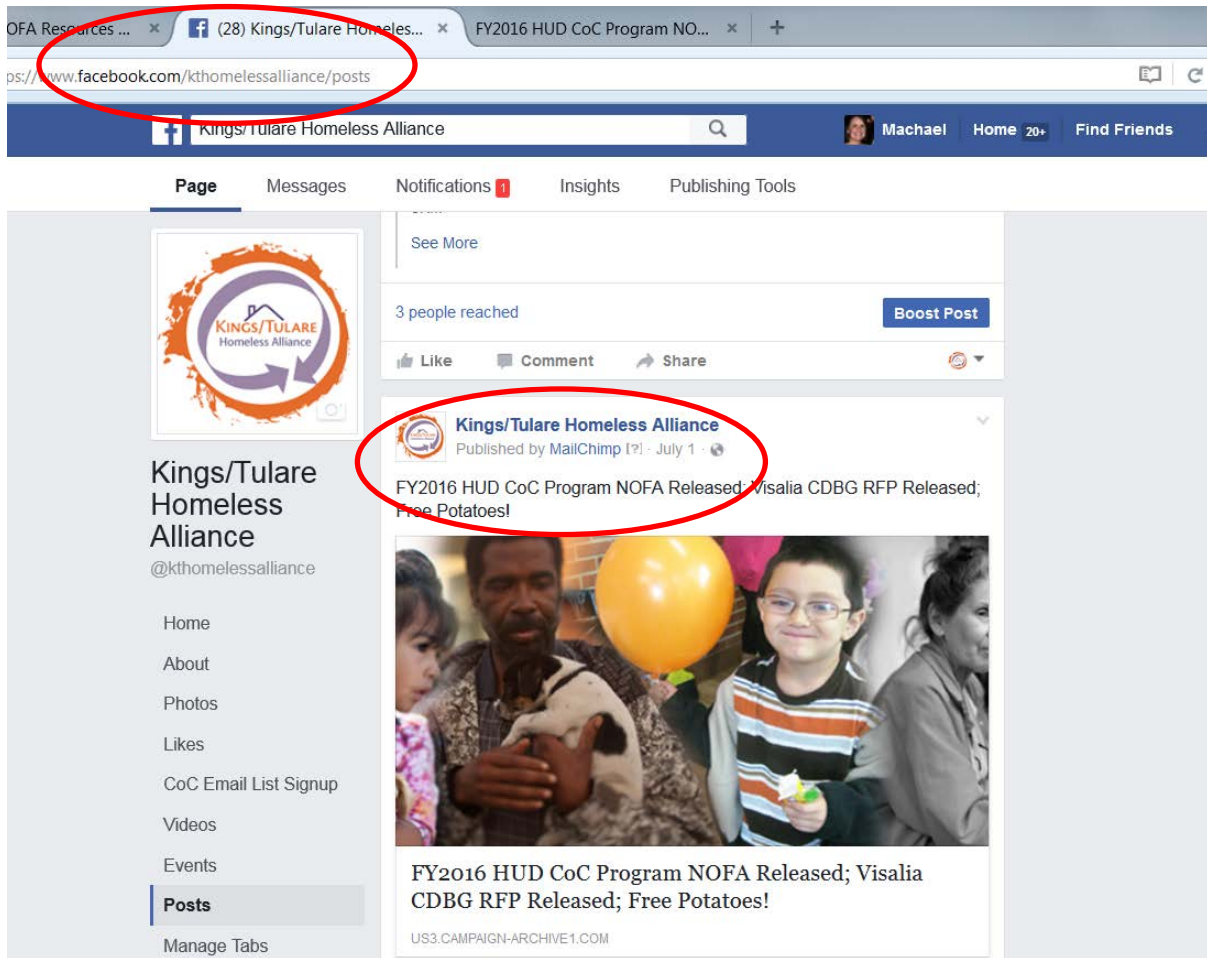
2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2016 into one or more new projects? Yes

3. Reallocation - Grant(s) Eliminated

CoCs that intend to reallocate eligible renewal funds to create a new project application (as detailed in the FY 2015 CoC Program Competition NOFA) may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$331,174				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Supportive Housin...	CA0274L9T131404	TH	\$96,171	Regular
Transitional Hous...	CA0271L9T131404	TH	\$81,871	Regular
Visalia Parolee S...	CA0969L9T131401	TH	\$93,377	Regular
Court Street Tran...	CA1085L9T131401	TH	\$59,755	Regular

The Alliance used several strategies to encourage new and existing providers to apply for new projects using the reallocation process and/or bonus funding. Postings were added to the Alliance’s Facebook and Twitter accounts on July 1, 2016. A list serv message was sent out via Mailchimp on July 1, 2016. All of these posts linked interested persons to the information posted on our website (www.kingstularecoc.org).




Browser tabs: Kings/Tulare CoC (K/T All... | FY2016 HUD CoC Program NO... | +

Address bar: https://twitter.com/KT_Alliance

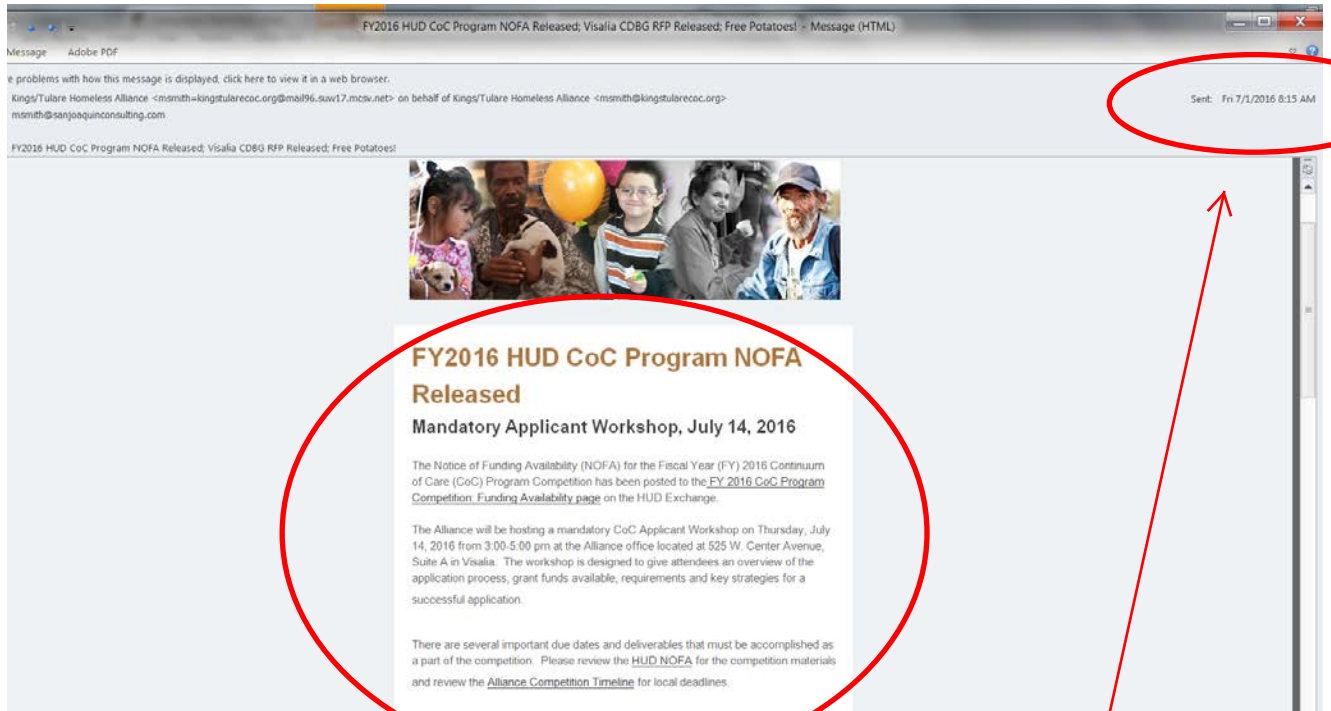
Navigation: Home | Moments | Notifications | Messages | Search Twitter

Kings/Tulare CoC
@KT_Alliance

TWEETS: 603 | FOLLOWING: 801 | FOLLOWERS: 290 | LIKES: 2,745



Kings/Tulare CoC @KT_Alliance · Jul 1
FY2016 HUD CoC Program NOFA Released; Visalia CDBG RFP Released; Free Potatoes! - eepurl.com/h79R1f



List serv message sent out via Mail Chimp on July 1, 2016



Alliance Releases FY2016 CoC Program Funding Recommendations

August 29, 2016 @ 1:41 pm
nmdaxizer

The FY 2016 HUD CoC Program funding recommendations were reviewed and approved by Alliance Membership on August 25, 2016. A total of \$2.127 million, representing 20 programs, will be forwarded to the national competition. We anticipate results of the competition to be announced by HUD in early 2017.

For the complete list of programs recommended for funding, along with the meeting minutes, click [here](#).

Sign up for our mailing list.

Email Address :
[Join now!](#)

2016 HUD Application Resources

July 27, 2016 @ 1:44 pm
nmdaxizer

- [Alliance FY2016 HUD CoC Program Funding Recommendations](#)
- [FY2016 HUD CoC Program NOFA Resources](#)
- [Rating & Ranking Process 2016](#)
- [Hold Harmless Agreement](#)
- [Alliance HUD MOU](#)
- [Match/Leverage Resources](#)

Resources

- [Agendas & Minutes](#)
- [Alliance Documents](#)
- [Calendar](#)
- [FY2016 HUD NOFA Resources](#)
- [HMIS Documents](#)
- [Housing Resources](#)
- [Join Our Email List](#)
- [Permanent Supportive Housing](#)

Web Links

- [2-1-1 Kings County](#)
- [2-1-1 Tulare County](#)



All social media and list serv messages contained a link to the resources on the Alliance website.

2016 COC NOFA

ATTACHMENT 6. COC GOVERNANCE CHARTER, 2A-1 & 2A-1A

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Board Secretary confirming approved version. Meeting minutes from August 11, 2016 showing details of Board approval can be found on page 61.

CONTINUUM OF CARE CA-513 POLICIES & PROCEDURES

I hereby certify that this version of the CoC Governance Charter was approved by the Board of Directors on August 11, 2016.

Lucia Orozco
Lucia Orozco, Board Secretary

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Introduction to these Policies and Procedures

The Kings/Tulare Homeless Alliance (Alliance), which serves as the local Continuum of Care (CoC), is a regional, year-round planning body of representative stakeholders in the community's work toward ending homelessness, which coordinates the community's policies, strategies and activities toward ending homelessness. Its work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implement strategic responses and measure results. The CoC also sets the local process for applying, reviewing and prioritizing project applications for funding each year in the Homeless Assistance Grants competition.

This document outlines key operational components of the CoC, including policies and procedures for the CoC.

CoC Governance

A. Geographic Area

The geographic area of the Continuum of Care CA-513 named Visalia/Kings, Tulare Counties is Kings and Tulare Counties.

B. Purpose

The Kings/Tulare Continuum of Care (CoC) Board of Directors shall develop policies and procedures conforming to the U.S. Department of Housing and Urban Development (HUD) requirements detailed in 24 CFR part 578.1 to:

- Designate a CoC Lead Agency to serve as the Collaborative Applicant to operate the Continuum of Care;
- Designate an Administrator of the Homeless Management Information System; and
- Conduct year-round Continuum of Care planning of homeless and homeless prevention housing and services.

C. Responsibilities

The Continuum of Care (CoC) is the planning body that provides a forum for discussing plans to address and end homelessness in the CoC, educating the community on homeless issues, providing advice and input on the operations of homeless services, program operations, and advocating on federal, state, Kings and Tulare Counties and city policy issues affecting people who are homeless or at-risk of homelessness.

Responsibilities of the CoC include the following:

- Orchestrate a vision for ending homelessness in Kings and Tulare Counties
- Encourage and develop public understanding and education on homeless and housing issues
- Provide advocacy on homeless concerns to the Board of Supervisors and cities located in Kings and Tulare Counties
- Make recommendations about long-range planning and policy formulation to the Board of Supervisors and cities located in Kings and Tulare Counties
- Assess effectiveness, quality, efficiency, access, and availability of homeless services throughout Kings and Tulare Counties
- Collect data on needs of the homeless through Point in Time counts and housing inventory surveys
- Facilitate on-going coordination and collaboration among all the components of the homeless services system for purposes of service delivery, planning and resource management, fund-raising, and policy and program development
- Strategize to fill gaps in homeless services and housing, avoid duplication, and maximize efficiency in service provision
- Encourage homeless housing and service programs to adopt best practices
- Provide a forum for coordination among Kings and Tulare Counties departments and agencies on policy, program and fiscal issues related to homelessness and prevention

- Coordinate between Kings and Tulare Counties and all entitlement city departments and agencies on policy, program and fiscal issues related to homelessness and prevention
- Create and implement strategies and action steps to reduce and end homelessness
- Coordinate a collaborative process for the development of a HUD CoC Program application to HUD
- Coordinate a process for evaluating the outcomes of homeless housing and services programs, especially those funded through HUD CoC Program Grants
- Establish priorities for funding HUD CoC Program projects
- Participate in the Consolidated Plan and work to align it with the strategies and goals of the CoC
- Ensures operation of, and consistent participation by, HUD CoC Program Grants programs in the homeless management information system (HMIS)

D. Mission

The Mission of the CoC:

To coordinate and leverage policy and resources that empower community partners to address homelessness in Kings and Tulare County.

E. Board of Directors

The CoC Board of Directors serves staggered, two year terms and is elected by the general membership. The seven board members are community representatives within the geographic area who are:

- Homeless or formerly homeless individual(s);
- Representatives of organizations and projects serving homeless subpopulations;
- Representatives from local government entities; and
- Representatives of other homeless service providers and advocates.

The objectives of the CoC and its Board are as follows:

- To develop and maintain service strategies that link and advance the health and well-being of homeless residents in the Kings/Tulare region by fostering partnerships among participating organizations.
- To reduce duplication, increase cooperation, and promote the enhancement of self-esteem and the empowerment of homeless individuals and families to develop strategies for self-sufficiency and independence.
- To technologically connect participating organizations in order to develop and to maintain effective shared case management.
- To develop and sustain a database that details available housing and available support services connected to that housing throughout our region and ensure access to the homeless.
- To promote the development of housing options to provide shelter for individuals and families in various stages of homelessness or homelessness prevention.
- To develop and refine benchmarks and other necessary tools to measure outcomes and to evaluate performance.
- To foster relationships with other Continuum of Care systems of the Central Valley to provide support, share best practices and model collaborative effectiveness for a multi-regional Continuum of Care System.

The governing document for the CoC is its Bylaws, which contain information on items such as roles and responsibilities, standing committees, meetings and elections. *(See Appendix)*

F. Membership

The CoC is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests. The CoC encourages all members of the community to participate in group discussions and working groups. The CoC works to assure diverse population input to CoC deliberations and decision-making, including consumers and community members, as well as gender, ethnic, cultural and geographical representation. All interested persons are encouraged to attend meetings, provide input, and voice concerns.

The CoC strives to be inclusive of the many facets of the community which it represents. The CoC membership consists of approximately 40 entities representing:

The Public Sector:

Local government agencies
Public housing agencies
Law enforcement and corrections
School systems
Health and human services agencies
Mental health departments
Veteran service agencies

The Private Sector:

Non-profit organizations
Faith-based organizations
Affordable housing developers
Hospitals
Homeless persons
Philanthropy agencies
Concerned citizens and stakeholders

On a quarterly basis, the CoC will host a brief orientation immediately following a membership meeting that includes the following:

- Background information on the CoC
- The strategic (or annual) plan
- Organizational structure
- Meeting dates
- Membership contact information
- Other resources to engage new stakeholders

All members of the CoC shall demonstrate a professional interest in, or personal commitment to, addressing and alleviating the impact of homelessness on the people of the community.

CoC members have an active role in the CoC. Members are expected to:

- Regularly attend meetings
- Serve on a committee of the CoC
- Share information with agency directors and staff. It is the responsibility of the appointed representative or alternate to share all relevant CoC information with agency leadership and necessary staff so that the best decisions are made in terms of CoC votes, strategic planning, and the annual HUD funding competition.
- Represent the interest of their agency while considering the needs of the community as a whole
- Collect needs data through the annual Point in Time count and the Housing/Services Inventory

- Provide input to creating strategies and action steps to reduce and end homelessness
- Participate in advocacy and public education efforts
- Provide outcome data on the successes and challenges of homeless persons in their programs
- Participate in the HUD CoC Program Grants application process
- Seek input from and report back to the constituency they represent on key issues and strategies
- Keep abreast of needs and gaps
- Contribute to informed dialog on all actions the group undertakes

The CoC will work to ensure that members can see clearly how the CoC benefits their organization and how their input will help the CoC. The CoC will highlight the benefits to being a CoC member, including:

- Enhanced agency effectiveness through collaboration and partnerships with other agencies
- Access to federal funding opportunities
- Ability to influence local homelessness policy
- Ability to achieve goals and objectives that individual member organizations will benefit from but would not be able to achieve on their own
- Access to trainings
- Access to data
- Eligibility to serve on the Rating Committee for HUD CoC Program Grants
- Ability to help create a more efficient homeless program and service delivery system and maximizing use of limited resources by eliminating duplication in services
- Enhanced understanding of the needs of the homeless in the community
- Ability to take part in new and creative solutions to meet the needs of the homeless in the community
- Strengthened political position in the community and improved access to decision makers
- Increased access to funding opportunities that require community collaboration
- Ability to improve organizational practices and communication

G. Meetings

Regular meetings of the Board will be held monthly on the 2nd Thursday, at a place to be designated by the Board of Directors, unless otherwise specified by way of written or posted notice as provided in the CoC Bylaws. Special meetings of the Board may be called by the President or any Vice-President or the Secretary or any two Directors.

Membership meetings will be held monthly on the 4th Thursday¹ at 525 West Center, Suite A, Visalia or a place to be determined. Notices of membership meetings along with an agenda and other pertinent materials will be posted on the CoC website and sent out via list serv. Each membership meeting shall have on its agenda the opportunity for members of the public to provide comment.

H. Code of Conduct

The following Code of Conduct provides a foundation of ethics for the CoC.

- The CoC prohibits the solicitation and acceptance of gifts or gratuities (anything of monetary value) by officers, employees and agents for their personal benefit. Ask yourself if the gift would

¹ Membership meeting in November will be held on the 3rd Thursday due to the Thanksgiving holiday. No membership meeting will be held in December.

have been offered if you did not have your position. If the answer is “No” then you should decline accepting the gift.

- All members of the CoC Board are required to sign a conflict of interest form stating their association with agencies and projects that can reasonably be expected to apply for and/or receive funding through the HUD CoC Program or ESG Program. Members with a conflict of interest are expected to recuse themselves from discussions and decisions where there is a real or perceived conflict of interest. *(See Appendix)*
- The CoC promotes impartiality in performing official duties, and prohibits any activity representing a conflict of interest. You should not act on a matter if a reasonable person who knew the circumstances of the situation could legitimately question your fairness.
- The CoC prohibits the misuse of position. You cannot use your position with the CoC for your own personal gain or for the benefit of family or friends.
- Officers and employees shall put forth honest effort in the performance of their duties.
- Officers and employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the CoC without previous Board approval.
- Officers and employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.
- Officers and employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.

Violation of this any portion of this code will be subject to disciplinary action which could include immediate termination. The code has been distributed to the CoC’s Board of Directors, as well as posted on the Continuum’s website. A link to the code has also been distributed to the CoC’s partner agencies.

I. Statement of Ethics

The CoC board members and active committees are role models of the organization obliged to demonstrate constructive teamwork and to be exemplary representatives of the organization. We lead by demonstrating, planning, and working with our board colleagues to implement the CoC mission.

In order to fulfill our responsibilities as CoC board members in an ethical and efficacious manner, we pledge to:

- Participate in the development of the values, purpose, goals and planning strategies for CoC;
- Represent the interest of donors and individuals served by this CoC;
- Work diligently to see that policy decisions are made in a timely fashion, emphasizing due process and fairness; and to support final decisions of the board;
- Communicate and support CoC values, mission, goals, policies and strategies to all constituents honoring the diversity in the community;
- Not use this organization or my service on this board for one’s personal advantage or for the individual advantage of friends, supporters, or organization(s);
- Support and encourage pride, diversity, and accountability within the framework of CoC’s mission and goals;
- Maintain and do nothing to violate the trust of those who elected us to the board or committees, or those we serve;

- Recognize that a board member has no authority as an individual and that the power possessed is not individual, but represents the authority delegated under the direction of the board;
- Respect and preserve the confidentiality of discussion and/or privileged information.

J. Diversity Policy Statement

Diversity transcends race and gender and is different from Equal Opportunity and Affirmative Action. The CoC Diversity Policy requires that all CoC members, staff, contractors, and volunteers to respect and value differences, be they age, race, nationality, ethnic group, sexual orientation, physical ability, health status, religion, educational experience, marital or parental status, or geographical location.

CoC members, staff, contractors and volunteers must be sensitive and responsive to the diversity of the people and organizations we serve. We believe that this Diversity Policy relates to ethics, social responsibility and in doing what is right. It also translates directly to improving human performance as well as organizational success.

K. Protection of Records – Federal Matters

It is the CoC's policy to prohibit the knowing destruction, alteration, mutilation, or concealment of any record, document, or tangible object with the intent to obstruct or influence the investigation or proper administration of any matter within the jurisdiction of any department or agency of the United States government, or in relation to or contemplation of any such matter or case.

Violations of this policy will be considered violations of the CoC's Code of Ethics and will be subject to disciplinary action which could include immediate termination.

L. Whistleblower Policy

Any reprisal against a reporting individual because of what that individual, in good faith, reporting a suspected act of misconduct in accordance with this policy, or providing to a law enforcement officer any truthful information relating to the commission or possible commission of a Federal offense, is prohibited and will, in turn, be considered an act of misconduct subject to disciplinary action.

M. Grievance Policy and Procedure for Written and Verbal Complaints²

A. Grievance Policy

Definitions:

Complaint – When a client or community member doesn't like particular procedures, the outcome of a process, style differences between staff, time frame of staff responses, or behavioral styles that may feel abrupt or too direct when compared to other staff styles. A complaint may be handled in an informal conversation with staff person or supervisor, if necessary.

² All complaints and grievances should be submitted to the President. However, if there is a conflict apparent with reporting problems to the President, reports can be made to the Vice-President of Internal Affairs.

Grievance – When a client or community member states that they have been harmed by staff behavior and that behavior significantly deviates from appropriate, professional behavior or when a client’s complaint is not resolvable with the staff person’s supervisor. Filing a grievance is a formal procedure that will include management involvement and possible oversight from the relevant agency’s Executive Director.

POLICY:

It is important to have a mechanism for clients to address grievances or complaints promptly. Clients need to feel that their concerns are well heard, that they are treated respectfully, and that the agency makes every effort to formally investigate complaints in a fair and thorough manner. Clients need to know that we are engaged in continuous improvement of our services.

PROCEDURE:

1. The person making the grievance or complaint will be asked if they have adhered to grievance procedures provided by the organization they are making a grievance or complaint about. If the person making the grievance or complaint has not gone through the grievance procedure provided by the organization, the CoC will recommend that the person do so and document that recommendation. If the resolution provided by that organization was not satisfactory to the complainant, he/she may put the problem in writing and submit it to the Executive Director of the CoC. The Grievance form is located in the Appendix. If the complainant does not want his/her name attached to the complaint, his/her anonymity will be protected. If the complainant is unwilling to put the concern in writing, the Executive Director or another CoC member will document what has been said.
2. Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution.
3. Once a complaint or grievance has been submitted, the Executive Director will approach the program’s representative, explain the complaint or grievance, and ask for a response to the charge(s). Responses will be documented. It will be up to the Executive Director to decide if the matter needs to be discussed by the Board of Directors. A second complaint or grievance will be handled the same.
4. If a program receives a third complaint, the Board of Directors will review the situation and recommend action. The Executive Director of the program being reviewed will be asked to respond to the Board of Directors.
5. All complaints or grievances involving **vulnerable adults or children** will be immediately turned over to the appropriate county office.

N. Committees and Task Forces

Much of the work of the CoC is conducted at committee and task force meetings. Standing committees are outlined in the Bylaws; the CoC will create ad-hoc committees and task forces as the need arises. The purpose of these ad hoc committees and task forces will be to develop recommended solutions to the specific issue for which they were created. The ad hoc committees may be comprised of members of

the CoC and outside individuals with expertise in the subject matter. The CoC committees and task forces may meet monthly or more frequently depending on the tasks to be accomplished.

The CoC works to ensure that all committee meetings are meaningful and action-oriented. To accomplish this:

- Each committee will have a clear purpose
- Each committee will develop an overall timeline for addressing the problem for which it was created
- Committee and Task Force Chairs and members will be prepared for meetings
- Length of meetings will be controlled by following as closely as possible an agenda that specifies time allotments for each topic to be covered
- To ensure that meetings result in action, at each meeting committee members will discuss next steps and assign responsibilities to members
- Complete and concise meeting minutes will be created and distributed
- Committee members will strive to complete their assignments within the allotted time frame
- The committee will periodically self-assess its performance

O. Communication

Between CoC meetings, the CoC leaders will keep members involved by the following methods:

- Maintaining a directory of CoC members, as well as updating and distributing it regularly
- Establishing working groups to move the work of the CoC forward between meetings
- Encouraging partners with similar interests to join forces, either by sharing information/best practices or working on strategies to collaborate and support each other's efforts
- Sharing information regularly to maintain a focus on homelessness in general and the continuum in particular

Methods of sharing information between CoC meetings will include:

- Information sent out via email list
- Information added to the CoC website, including:
 - Information on the work of the continuum
 - Resources
 - Plans and implementation
 - Research and data
 - Funding availability
- Information posted on social media portals, such as Facebook and Twitter

P. Policies and Procedures

The CoC Board is responsible for setting the policies and procedures for the governance and written standards for assistance and coordinated assessment system for the local Continuum of Care. Policies and Procedures will be approved by the CoC Board by a majority vote.

The Board will review the policies and procedures and written standards on an annual basis. The annual review will include:

- Provider feedback on written standards
- Participant feedback on the intake process
- Effectiveness and appropriateness of housing and services for current program participants
- Success at meeting performance standards
- Changes in the homeless population and/or housing and services available

CoC Policies and Procedures will be posted on the CoC website.

HUD CoC Program Grant

A. Collaborative Applicant

The CoC serves as the Collaborative Applicant. The role of the Collaborative Applicant is to submit the CoC Registration and CoC Program Grant Application on behalf of the Kings/Tulare Continuum of Care CA-513.

B. Grant Inventory Worksheet

In consultation with all local CoC Program project applicants and the local HUD office, the CoC is responsible for assuring the timely submission and accuracy of the Grant Inventory Worksheet (GIW). The GIW is used to calculate the CoC's Annual Renewal Demand for funding in the HUD CoC Program competition.

C. Project Evaluation and Performance Reporting

The CoC reviews projects to measure the community's progress in meeting HUD's national objectives as well as project level objectives. The CoC Board may establish additional performance measure requirements as necessary to report progress on local goals and objectives. CoC staff will communicate with grant recipients on a regular basis to ensure they are aware of expected performance measures required by HUD and the local CoC.

All CoC Program grant recipients are required to provide the following documents to the CoC:

- Final esnaps Project Application
- Final C1.9a Technical Submission
- Match Documentation
- APRs
- Grant Amendment Documentation

1. Quarterly Performance Measurement Reports

The CoC will provide system and project level reporting of all CoC Program Grant Projects through a quarterly report to measure progress in the annual performance goals established in the Continuum of Care Program Grant.

The quarterly reports will cover the following performance periods which will include the quarterly point in time occupancy dates measured in the HUD standardized Annual Performance

Report (APR) and Annual Homeless Assessment Report (AHAR):

- October – December (APR PIT Date: Last Wednesday in December)
- January – March (APR PIT Date: Last Wednesday in March)
- April – June (APR PIT Date: Last Wednesday in June)
- July – September (APR PIT Date: Last Wednesday in September)

2. Actions Against Poor Performance

CoC Program recipients who do not meet local and/or HUD performance targets and/or do not meet expectations and compliance of program and grant management of their HUD CoC projects may be subject to having their projects reduced in whole or in part and reallocated to other projects during the HUD CoC Program local competition process.

D. Application for CoC Program Grant Funds

Upon HUD issuance of the CoC Program Grant Notice of Funding Availability, the CoC will prepare a timeline of the CoC Program Grant process and will conduct the following steps to assure a well communicated process for organizations to make application for CoC Program Funds to include, but not limited to:

1. Establish all application, review and announcement deadlines sufficient to achieve reasonable public participation in the grant process and allow for timely submission to HUD
2. Issue the local request for proposals for CoC Program Funds
3. Publicize the request for proposal announcement through the Collaborative Applicant website, listserv, and social media
4. Conduct a briefing on the CoC Program Grant Application process in advance of deadlines
5. Prepare applications for prioritization and ranking
6. Assist project applicants in the submission of application in eSNAPS

E. CoC Program Grant Ranking and Prioritization Procedures

HUD CoC Program Grants are administered by HUD under the HEARTH Act. A variety of components are funded the Continuum of Care Program grants such as Permanent Housing, Rapid Re-Housing, Supportive Services Only, and Homeless Management Information Systems.

1. General Procedure

HUD CoC Program Funds are granted based on a national competition following the Notice of Funding Availability (NOFA). Immediately when HUD’s CoC Program NOFA is released, the CoC coordinates the following process:

- CoC staff considers community priorities, then designs and presents scoring tools and materials to the CoC Board and Membership for approval; the CoC Board and Membership consider and approve the scoring tools and materials.
Note: Community priorities have already been discussed through the CoC strategic

planning, needs assessment, and gaps analysis process (please see the Gaps Analysis/ Needs Assessment Policy for more details)

- Information regarding the NOFA and the community's process and requirements are disseminated to all CoC and other interested parties (all homeless service and housing providers in the continuum of care area) via the following open solicitation methods:
 - Emails via CoC list serv
 - Announcements at CoC meetings
 - Announcements at other meetings
 - Social media posts
 - Responses to public inquiries
- Interested applicants will be required to attend a Bidders' Conference, and have approximately 2 -3 weeks to complete and submit their applications
- Applications and additional information is collected and reviewed according to procedures described below
- CoC staff will determine that thresholds are met for applications
- A Rating & Ranking Committee is created according to procedures described below
 - The Rating & Ranking Committee conducts an interview with each applicant where the committee will provide feedback on the application, ask questions for clarification purposes, and pinpoint any errors or omissions in the application
 - Applicants are informed of their ranking and given an opportunity to improve their applications based on Rating & Ranking Committee feedback
 - Final applications are collected and submitted to HUD

2. Funding Priorities and Local Need

Services and housing for homeless are needed in all aspects within our community, however, there are specific areas that are of greatest need and will be a funding priority for the CoC. Creating funding priorities is driven by the community's needs assessment and gaps analysis. All organizations in the CoC that participate in the gaps analysis process have a voice in determining the community's priorities for funding. Funding priorities are established through a fair and open process using objective criteria. (See the Gaps Analysis/ Needs Assessment Policy for more details).

Annual funding priorities are adopted by the CoC Board and Membership and are posted on the CoC website with the Rating & Ranking Tool.

3. Bidders' Conference

A Bidders' Conference will be conducted for agencies interested in submitting applications. The Bidders' Conference will cover the following issues:

- Eligible activities
- Eligible persons to be served
- Amounts available
- Match requirements
- How to complete applications
- Submission format requirements

- Timelines and deadlines
- Local community process
- Appeal process

4. Procedures for Application Submissions

- Proposals must be submitted via e-snaps by the identified due date
- A PDF version of the application and all additional requested information must be emailed to the CoC Executive Director
- Specifics regarding due dates, submission requirements, and proposal format will be distributed and reviewed at the Bidder's Conference

5. Late and Incomplete Applications Policy

- Late Letters of Intent will not be accepted
- Late Application: late applications received within 48 hours of the due date/time will receive a 15 point score reduction; late applications received after 48 hours will not be accepted
- Incomplete Applications: incomplete applications cannot be cured for Rating & Ranking Committee scoring, but must be corrected prior to HUD submission; the original application (not the copies) will be examined to determine if all pieces of the application have been submitted

6. Using All Available Funds

The CoC will do everything possible to ensure that all funds possibly available to the community are applied for. Thus, when all on-time applications have been submitted and it appears that either 1) the community is not requesting as much money as is available from HUD or 2) no Samaritan Housing Initiative projects have been submitted, then:

- The CoC staff will email all CoC and other interested parties (all homeless service and housing providers in the continuum of care area) with specifics regarding:
 - How much money is available
 - For what type of programs
- Any additional applications for these funds will be due one week after this email is distributed

7. Application Eligibility Threshold Review

Projects must pass a threshold review before being submitted to the Rating & Ranking Committee. A pre-designated representative of the CoC will complete the threshold review to verify the eligibility of:

- Applicant
- Project
- Activity
- Completeness of application

This review will take place prior to the applications submission to the Rating & Ranking Committee for reading and scoring. Proposals not completely meeting threshold review criteria will not be forwarded to the Rating & Ranking Committee for further consideration. Proposals completely meeting eligibility threshold review criteria will be submitted to the Rating & Ranking Committee and will be scored according to the scoring criteria.

8. Rating & Ranking Committee Policies

Eligible proposals will be prioritized for inclusion in CoC's coordinated application by the Rating & Ranking Committee. Applications not scoring high enough will not be placed on the project funding request in the collaborative application.

Goals for each application cycle will be based on specific evaluation criteria, and the HUD Committee will establish minimum requirements in order to maximize competitiveness of the Continuum's application. Examples of these application minimums include, but are not limited to, housing/service funding ratio requested and alignment with HUD funding priorities.

Scoring tools are created by the HUD Rating & Ranking Committee and approved by the Executive Committee of the CoC. Using these scoring tools, the Rating & Ranking Committee will review the following objective rating measures to assess the performance of projects seeking funding:

- CoC monitoring findings
- HUD monitoring findings
- Independent audits
- HUD APRs for contribution to system-wide performance
- Unexecuted grants
- Project readiness
- Expenditure of grant funds (fast or slow)
- Cost effectiveness of the project
- Provider organization experience
- Provider organization capacity
- Project presentation
- CoC membership involvement
- HMIS participation involvement
- Match funds committed to project
- Leverage letters committed to project
- Percentage of housing funds requested
- Other priorities, to be determined by the CoC (based on NOFA priorities)

The CoC recruits Rating & Ranking Committee members who are knowledgeable about homelessness and housing in the area and who are broadly representative of the relevant sectors, subpopulations, and geographic areas. The Rating & Ranking Committee will be composed of representatives from a cross-section of groups which might include: Faith-based and non-profit providers of homeless services and housing; housing developers; city representatives; Kings and Tulare Counties employees; mental health; substance abuse; veteran's services; and consumers.

- Rating & Ranking Committee members must sign a statement declaring that they have no conflict of interest and a confidentiality agreement
- Members must be appointed every year, their eligibility verified, and approved by the Executive Committee
- Members must be able to dedicate time for application review and committee meetings as directed by the Executive Committee or their designee
- Rating & Ranking Committee members (3-5) are trained. The Rating & Ranking Committee Training includes:
 - Information regarding homeless activities, needs, services, definitions and other issues that are pertinent to the CoC
 - A background of HUD CoC Program/HEARTH Act and the local process
 - The role of the Rating & Ranking Committee
 - Review of the scoring tools, applications, and resources
- Rating & Ranking Committee members receive eligible applications and scoring materials
- All Rating & Ranking Committee members review all applications over a one-week period
- Rating & Ranking Committee meets to review and discuss each application together and to individually score them; the CoC HUD consultant is present at the Panel meeting to record decisions of the Panel and any comments/ recommendations they have for applicants
 - The Rating & Ranking Committee meeting includes a 15-minute interview with each project applicant
 - After applicants leave, the Panel discusses the merits of each proposal, scores the applications, and turns in score sheets to the Alliance or HUD Consultant
 - Overall raw scores are calculated by the Alliance or HUD Consultant
 - The Committee considers adjustments for such issues HUD incentives or requirements
 - The Committee considers proposal changes or project budget adjustments that may be required to meet community needs
 - The Committee determines the rank and funding levels of all projects considering all available information
 - During deliberation, the Alliance or HUD Consultant will provide technical assistance by responding to questions of the Panelists, correcting technical inaccuracies if they arise in conversation, and reminding the Panelists of their responsibilities if they step outside their purview
- Scoring results are delivered to applicants with a reminder about the appellate process.
 - Applications which do not meet the threshold requirements will not be included in the Priority List in Exhibit 1, and therefore will not be forwarded to HUD for consideration
 - If more applications are submitted than the CoC has money to fund, the lowest-scoring applications will not be included in the Priority List in Exhibit 1, and therefore will not be forwarded to HUD for consideration

9. Policy for Appeals of Rating/Ranking

Eligible Appeals

- The application of any applicant agency which a) is unranked, or b) receives less funding than they applied for may appeal
- Applicants that have been found not to meet the threshold requirements are not eligible for an appeal
- Appeals cannot be based upon the judgment of the Rating & Ranking Committee

Applicants may appeal if they can:

- Prove their score is not reflective of the application information provided; or
- Describe bias or unfairness in the process, which warrants the appeal

All notices of appeal must be based on the information submitted by the application due date. No new or additional information will be considered. Omissions to the application cannot be appealed. The decision of the Appeal Committee will be final.

10. The Appeal Committee

- The Appeal Committee will be made up of four (4) members of the Continuum of Care: 3 members are Appeal Committee voting members and one is a non-voting member.
- The three voting members will not have participated on the original Rating & Ranking Committee
- The one non-voting member must be a member of the original Rating & Ranking Committee
- No member of the Appeal Committee may have a conflict of interest with any of the agencies applying for McKinney funding and must sign a conflict of interest statement
- The role of the Appeal Committee is to read and review only those areas of the application that are being appealed

11. The Appeal Process

- Any and all appeals must be received in writing within three (3) business days of the notification of ranking to projects
- All notices of appeal must be submitted via email to:
Machael Smith, Executive Director
msmith@kingstularecoc.org
- The notice of appeal must include a written statement specifying in detail the grounds asserted for the appeal, must be signed by an individual authorized to represent the sponsor agency (i.e., Executive Director)
- The notice of appeal is limited to one single spaced page in 12-point font
- The appeal must include a copy of the application and all accompanying materials submitted to the Rating & Ranking Committee; no additional information can be submitted
- All valid appeals will be read, reviewed and evaluated by the Appeal Committee
- The Appeal Committee will meet to deliberate.
 - All applicants will be invited to attend any appeal and may make a 10-

- minute statement regarding the appeal
 - The panel will review the rankings made by the Rating & Ranking Committee only on the basis of the submitted project application, the one page appeal, any statements made during the appeal process, and the material used by the Rating & Ranking Committee; no new information can be submitted by the applicant or reviewed by the Appeal Committee
 - The decision of the appellate panel must be supported by a simple majority vote
- The appealing agency will receive, in writing, the decision of the Appeal Committee within 2 business days of the Appeal Committee Meeting; the decision of the Appeal Committee will be final

12. Grantee Drops Out

If, after the Rating & Ranking Committee has reviewed applications and made priority determinations, an applicant decides not to submit their application to HUD, the CoC will do everything possible to ensure that all funds possibly available to the community are applied for.

- The CoC consultant will email all CoC and other interested parties (all homeless service and housing providers in the continuum of care area) with specifics regarding:
 - How much money is available
 - For what type of programs
- Any additional applications for these funds will be due one week after this email is distributed
- The Rating & Ranking Committee will review applications that are submitted and will meet, either in-person or via conference call, to score and rank these applications

13. Final Prioritized List of Applications

The final prioritized list of proposals must be approved by the Board of Directors of the CoC. Any board members with a conflict of interest (e.g. employed by an applicant agency) must abstain from the vote approving the priority list. This list will be forwarded to HUD; individual applications and supporting documentation, signature pages, and required attachments must be incorporated into the final CoC Program Collaborative application. Funding is typically based upon the prioritized list of applicants who were submitted, however, actual awards/award amounts are determined by HUD.

If there is not a quorum in the Board of Directors due to abstentions, the final approval will be turned over to the general membership of the CoC. This vote can either take place at a regularly scheduled membership meeting if time permits, or can take place online.

F. Annual Performance Reports

Annual Performance Reports (APRs) are required by HUD on an annual basis to track the progress and accomplishments of HUD CoC Program recipients. The APR gathers information on how programs assist homeless persons to obtain and remain in permanent housing and increase skills and income. This information is used by HUD and Congress to assess outcomes from federal funding. The APR is also

useful to the CoC, grantees, and sponsors as a planning and management tool to analyze client demographics and service needs; to evaluate project outcomes; to make improvements; and to set future goals for their projects.

1. Grantees and sponsors receiving HUD Continuum of Care Homeless Assistance funding must report their annual progress to HUD through an Annual Performance Report (APR) submitted for each year in which HUD funding is provided.
A separate APR must be submitted for each HUD grant received
 - If a project extension is received for a partial year, then an APR must be submitted for the operating year and another APR submitted for the extension period
 - For grants being transferred, the exiting grantee must complete an APR as of the time of transfer
2. Information must be collected and maintained on each participant in the HUD-funded project for the APR.
3. Grantees and sponsors must respond to all questions in the APR unless a written agreement has been reached with the HUD Field Office identifying questions which can be answered using estimates or skipped.
4. Information to be collected for the APR includes:
 - General project information, including the dates of the operating year and the program type and component
 - Client information, including household type, demographic and special needs information, prior living situation, income, length of stay in the project, supportive services received while in the project, reason for leaving the project and destination upon leaving the project
 - Progress in achieving program goals
 - Financial information, including match and project expenditures for the operating year
 - Grantees and sponsors must track and keep records documenting the match received and utilized
 - A Cash Match Documentation file should be kept for each project, including grantee cash expended, matching funds committed in the technical submission and actual match amounts received
 - For Supportive Housing Program grant recipients, cash match tracking must be kept by source and by use and activity (e.g. match received and expended on housing operations should be tracked separately from match received and expended on supportive services)
 - For Shelter Plus care grants, a standard data collection tool should be developed for collecting service match information from supportive services providers about the supportive services they have provided; data should be collected at regular intervals
5. Files for each project's APR must be maintained, including at a minimum:
 - The client and financial information used to complete the APR
 - Grantee name and contact information
 - Project sponsor name and contact information

- Operating start date
 - APR due date
 - Dates of any interim correspondence regarding requests for additional information, if applicable
 - Confirmation of esnaps submission
6. The APR must be submitted within 90 days after the end of each operating year. APRs must be submitted in accordance with HUD and esnaps guidance.
 7. Projects should use the APR data collected to evaluate and improve the project, for needs assessment, trend analysis and future planning.

Emergency Solutions Grant

A. Establishing Priorities

Annual funding priorities are adopted by the CoC Board and Membership and are posted on the CoC website with the Rating & Ranking Tool. These priorities will be established with input from CoC members, ESG recipients and subrecipients, community stakeholders and consumers.

B. Written Standards for Administering ESG Funding

The written standards for administering ESG funding are included in the community coordinated entry system, Every Door Open.

CoC Planning

A. Strategic Plan

The CoC has created a 10-year plan to address homelessness in Kings and Tulare Counties entitled, Connecting the Dots. Connecting the Dots contains information on the following:

- Continuum of Care Goals and Objectives
- Action Items related to goals and objectives
- Performance measures

Progress of the plan is reviewed annually by the Board of Directors.

B. Performance Measurements

The CoC collects and reports Continuum of Care System Level and Project Level Performance Measures. Project performance standards are established by the Alliance and incorporate HUD requirements.

These measures include:

- Bed/Unit utilization;
- Length of time persons remain homeless;

- The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
- Number of homeless persons;
- Jobs and income growth for homeless persons in CoC Program-funded projects;
- Number of persons who become homeless for the first time; and
- Successful housing placement;

System and Project level performance is used to determine funding priorities, project quality threshold, and community goals. The CoC will review and discuss programs that should not continue to receive funding through the annual HUD application process due to underperformance. All programs rated as “Low” performers through the HUD and ESG annual competitions will be discussed with the CoC Board. The CoC will consider any funding reallocations that should occur based on program performance and need.

C. Needs and Gaps Analysis

The CoC is responsible for conducting and reporting an annual gap and needs analysis of housing and services in the homeless system of care. The CoC may use HMIS data, performance data, and point in time surveys for data collection. Additional methods to undertake this review include:

- Homeless Counts
- Housing Inventory
- Services Inventory

The CoC should determine how to conduct the counts and inventories taking into consideration that these activities are also required by HUD. HUD's recommendations for conducting homeless counts and housing/services inventories are described below, and should serve as a guide to the CoC in determining the methods to adopt each year.

D. Point in Time Count

The CoC will coordinate a point in time count of sheltered and unsheltered homeless people in compliance with HUD standards on last Thursday of January each year. The count will enumerate:

- The number of homeless persons who are living in places not designed for or ordinarily used as a regular sleeping accommodations for humans (unsheltered homeless persons);
- Identify the number of homeless persons living in emergency shelters and transitional housing projects (sheltered homeless persons); and
- Identify other requirements established by HUD

Data will be collected and reported in accordance with HUD guidelines.

E. Housing Inventory Chart

The CoC is responsible to assure the timely submission and accuracy of the Housing Inventory Chart (HIC). The HIC represents the official inventory of housing available within the CoC for emergency shelter, safe haven, transitional, permanent supportive, permanent, and other permanent housing

exclusively for persons experiencing homelessness. The HIC is used to calculate the CoC's unmet need for housing, calculating beds dedicated and prioritized for the chronically homeless.

F. Services Inventory

Periodically, the CoC will collect information on the services available to homeless people. This service inventory will include services such as housing and supportive services. The CoC will collect this information by working with the 2-1-1 providers in Kings and Tulare Counties. When possible, the CoC will send providers a chart listing the above services and the agencies that provide the services, and ask providers to update the chart.

Homeless Management Information System

The primary purpose of a Homeless Management Information System (HMIS) is to aggregate data on homelessness at local and national levels to accurately describe the scope of homelessness and the effectiveness of efforts to ameliorate it. Beyond data collection, HMIS provides significant opportunities to improve access to and delivery of services for people experiencing homelessness and to strengthen community planning and resource allocation.

The lead agency for the local HMIS is Kings United Way. The governance charter is located in the Appendix. The HMIS Policies, Procedure and Data Quality Plan is a stand-alone document.

A. HMIS Participation

All ESG and HUD CoC Program funded agencies must participate in HMIS. Non-ESG and HUD CoC Program funded agencies are encouraged to participate in HMIS in the following order:

1. Providers of emergency shelter, transitional housing, and homeless outreach services, regardless of whether they receive funding through the HEARTH Act
2. Providers of permanent supportive housing funded by other HUD programs (HOPWA, CDBG, and HOME)
3. Homelessness prevention programs, supportive services only programs, and non-federally funded permanent housing programs.

The CoC will encourage all providers to include all of their homeless-dedicated beds in HMIS. The CoC will work to ensure at least 86% bed coverage for emergency shelter, transitional housing, and permanent supportive housing. The CoC will review and assess its HMIS bed coverage annually.

B. HMIS Committee

The HMIS Committee will meet quarterly and is charged with:

- Creating and maintaining separate HMIS Policies and Procedures
- Conducting ongoing outreach to agency and community leadership to cultivate and maintain support and understanding of the HMIS initiative.

C. Annual Homeless Assessment Report (AHAR)

The Annual Homeless Assessment Report (AHAR) is a report by HUD to the U.S. Congress on the extent and nature of homelessness in America. It is based on data from Homeless Management Information Systems and on information from CoC Collaborative Applications. The AHAR provides estimates of the number of homeless persons nationally, a descriptive profile of homeless persons, and an analysis of service use patterns. For CoC's gathering and submitting this data to HUD, the local AHAR report provides useful information on homelessness and service needs at the local level.

The lead agency for the CoC is responsible for completing the local AHAR. Client level data for the AHAR will be collected through the Homeless Management Information System (HMIS) based on HUD's universal data elements which all communities receiving HUD Homeless Assistance funding are required to collect and maintain and which are the same data elements used to generate HUD's Annual Performance Reports (APRs).

The CoC has established continuum-wide HMIS data quality control procedures to ensure the accuracy and completeness of AHAR data collected and reported. These procedures address data collection as well as running of reports, data review, and obtaining feedback on the data and can be found in the HMIS Policies, Procedure and Data Quality Plan.

The AHAR data review will address at a minimum the following three areas. In areas where problems are identified, concrete steps to address the problem will be identified and carried out.

1. HMIS bed coverage (total # of beds in HMIS divided by # of beds in the CoC) must be at least 50% in one or more of the reporting categories. If bed coverage is lower, the CoC will work to increase provider participation.
2. Bed utilization data (# of people served on a given night divided by the # of available beds that same night) must be based on accurate entry and exit dates for clients. For utilization rates below 60% or above 105%, the CoC will contact the provider and review raw data.
3. Data completeness as evidenced by a low rate of missing data across all questions. If the percentage of missing data is high, the CoC will contact providers to identify and address problems.

The CoC will work with participating providers regarding the AHAR data collected to confirm accuracy of information collected. On an annual basis (according to HUD's designated data collection schedule), the CoC will de-duplicate and aggregate the client information collected to produce and submit a local AHAR data report using a standardized template.

1. The AHAR data collection period is October 1st to September 30th of each year.
2. The CoC will submit the aggregated local AHAR report electronically through the HUD HDX, per HUD guidelines.
3. A draft AHAR report will be submitted by the HUD-designated date.

4. The CoC will work with the AHAR Research team to correct any data problems, and submit a final AHAR report by the HUD-designated date.

Appendix I: Membership Committee Tools

When the Membership Committee meets with potential new members, the committee will work to explain clearly how working together will be mutually beneficial. The attached membership outreach tools provide a general framework that the Membership Committee will tailor to meet the specific outreach needs of the community. The Membership Committee can use these tools to guide their face-to-face discussions with potential new members. In approaching the potential new partners, the Membership Committee will be clear about the CoC's mission and purpose and will be as specific as possible in describing what the CoC is asking of the prospective stakeholder. Working through these details before meeting with stakeholders can help the Membership Committee define the purpose and benefits of its collaborations.

This set of tools is designed for use with professionals from various mainstream service systems. While by no means a comprehensive list, the attachments include examples for possible use in reaching out to the public mental health system, to organizations supported by the Department of Veterans Affairs, and to law enforcement agencies.

Benefits to and Roles of Participating Agency

[Name of Public Mental Health Organization]

Description of the Local Situation

This introduction should provide a clear explanation of the scope and main issues pertaining to homelessness in the community as it relates to the mental health system. Whenever possible, the description should include specific statistics, such as the number of mentally ill who are homeless.

How will [organization's name]'s participation in the CoC benefit the public mental health system?

- Access to more housing resources for people with serious mental illnesses who are homeless
- Establish partnerships with other providers in the community
- Improve discharge planning from mental health institutions so that individuals exiting an institution obtain assistance in employment, housing, and health care
- Prevent homelessness of individuals exiting mental health institutions

How will the CoC benefit from [organization's name]'s help?

- Streamline access for homeless clients with mental illness into the mental health service system
- Improve knowledge of mental health field, such as the provision of support services to people with serious mental illnesses
- Obtain access to highly trained staff of mental health professionals to work with homeless
- Identify alternative funding sources for mental health services; ideally, this "new" stream of funding can replace HUD funds currently spent on mental health service and can be reallocate to fund housing

What will [organization's name] need to do?

- Attend monthly planning meetings for the CoC
- Help to organize and participate in a subcommittee that addresses persons with mental illness among the homeless population and the discharge planning efforts of mental health agencies
- Provide training to homeless assistance staff on mental health resources available and how to access those resources for homeless clients
- Participate in training offered by homeless assistance staff and housing agency staff on housing resources available in the community

Benefits to and Roles of Participating Agency

[Name of Organization Supported by VA]

Description of the Local Situation

This introduction should provide a clear explanation of the scope and main issues pertaining to homelessness in the community as it relates to the organization supported by the Department of Veterans Affairs. Whenever possible, the description should include specific statistics, such as the number of veterans who are homeless.

How will [organization's name]'s participation benefit veterans?

- Better advocacy within the CoC for veterans' needs, share information on services and resources available through homeless veterans' organizations, and learn about other available resources in the community

- Access more housing resources for veterans who are homeless
- Establish partnerships with other providers in the community to expand resources available to veterans
- Ensure that veterans remain a focus for the CoC

How will the CoC benefit from [organization's name]'s help?

- Obtain more information about the size of the homeless veteran population as well as the special services that homeless veterans require
- Identify alternative funding sources for veteran services that HUD currently funds in order to reallocate more HUD funding towards housing
- Improve understanding of and access to the services that the Department of Veterans Affairs (VA) provides for homeless veterans

What will [organization's name] need to do?

- Attend monthly planning meetings for coalition
- Participate in a subcommittee that focuses on the needs of homeless sub-populations, including the homeless veteran population

Benefits to and Roles of Participating Agency

[Name of Law Enforcement Representation]

Description of the Local Situation

This introduction should provide a clear explanation of the scope and issues pertaining to homelessness in the community as it relates to law enforcement. Whenever possible, the description should include specific statistics, such as the number of people discharged from jail/prison who become homeless and crime rate statistics among people who are homeless.

How will [organization's name]'s participation benefit law enforcement?

- Reduce staff time spent dealing with chronically homeless persons
- Reduce recidivism by improving access to employment, housing, and health care resources for individuals as they are discharged from jail/prison
- Reduce crime rates among individuals who are chronically homeless

How will the CoC benefit from [organization's name]'s help?

- Reduce the number of people who become homeless when they are discharged from jail/prison
- Improve outreach efforts to chronically homeless persons

What will [organization's name] need to do?

- Participate in committee meetings concerning jail/prison discharge policy
- Help prepare crime statistics and percentage of homeless population that are ex-offenders
- Help outreach teams locate homeless persons living on the streets or in other places unfit for human habitation

Appendix II: Rating & Ranking Committee Conflict of Interest and Confidentiality Statement

Definition of Conflict of Interest

No person with a “conflict of interest” may serve on the Rating & Ranking Committee.

A conflict of interest exists if:

- 1) You are now, or within the last year have been, or have a current agreement to serve in the future as, a Board member, staff member or paid consultant of an organization making a proposal for funding; or
- 2) Your employer or an organization on whose Board of Directors you sit, now has, or within the last year has had, a contractual relationship with an organization making a proposal for funding. However, under this second definition of “conflict of interest,” no conflict exists if your employer, or the organization on whose Board of Directors you sit, is a funding entity or organization whose mission includes providing services and/or funding to other service providers; or
- 3) Any other circumstance exists which impedes your ability to objectively, fairly and impartially review and rank the proposals for funding.

Confidentiality

In addition to avoiding Conflicts of Interest, the Rating & Ranking Committee should maintain confidentiality surrounding the rating and ranking process. To demonstrate respect for the organizations being considered, Rating & Ranking Committee discussions and information about specific applications should be kept confidential.

Acknowledgement

I have read and understand the definition of “Conflict of Interest.” No conflict of interest prohibits me from serving on the Rating & Ranking Committee. Should I later become aware of a conflict of interest, I immediately will resign from the Rating & Ranking Committee.

Signature

Date

Appendix III: Funding Priorities

**Kings and Tulare Counties
Emergency Solutions Grants
FUNDING PRIORITIES
FY2016-2017**

The Kings/Tulare Homeless Alliance has established the following local housing priorities for the Emergency Solutions Grant funding competition¹. In addition to meeting one of the identified housing priorities in the table below, all projects seeking funding must:

- 1) Maximize the use of mainstream benefits, including:
 - a. Coordinate with existing mainstream resources to enroll participants in eligible programs and connect them to community based services; and
 - b. Actively enroll participants in healthcare and/or assist participants in understanding and accessing expanded services available through the Affordable Care Act changes; and
 - c. Secure funding for services through mainstream resource programs and other partnerships.

- 2) Work to remove barriers to local resources by:
 - a. Prioritizing those most in need of services through the use of the VI-SPDAT and Housing Priority List;
 - b. Actively participating in Every Door Open, the Kings/Tulare coordinated assessment system; and
 - c. Working to reduce the number of people exiting for unknown reasons or negative reasons.

Priority Level	Focus Area	County
High	New and existing rapid re-housing programs.	Kings, Tulare
High	Preservation of existing housing programs which are high performing ² .	Kings, Tulare
Medium	Preservation of existing housing programs which are medium performing ³ and provide appropriate supportive services and linkages to other community resources.	Kings, Tulare
Low	All other projects.	Kings, Tulare

¹ In addition to meeting a local housing priority, all projects will go through the Alliance’s Rating & Ranking process.

² Program exceeds 75% of the Alliance Performance Measurements.

³ Program meets 50% to 75% of the Alliance Performance Measurements.

**Kings and Tulare Counties
Continuum of Care (HUD) Program Competition
FUNDING PRIORITIES
FY2016-2017**

The Kings/Tulare Homeless Alliance has established the following local housing priorities for the FY2016HUD Continuum of Care Program Competition¹. In addition to meeting one of the identified housing priorities in the table below, all projects² seeking funding must:

- 1) Maximize the use of mainstream benefits, including:
 - a. Coordinate with existing mainstream resources to enroll participants in eligible programs and connect them to community based services; and
 - b. Actively enroll participants in healthcare and/or assist participants in understanding and accessing expanded services available through the Affordable Care Act changes; and
 - c. Secure funding for services through mainstream resource programs and other partnerships.

- 2) Work to remove barriers to local resources by:
 - a. Prioritizing those most in need of services through the use of the VI-SPDAT and Housing Priority List;
 - b. Actively participating in Every Door Open, the Kings/Tulare coordinated entry & assessment process; and
 - c. Work to reduce the number of people exiting for unknown or negative reasons.

Priority	Focus Area	County
High	PSH for 100% chronically homeless households without children utilizing the Housing First model, including: <ol style="list-style-type: none"> a) Projects adding new Permanent Supportive Housing (PSH) beds dedicated to chronically homeless; b) Projects targeting existing PSH beds for chronically homeless; c) Projects dedicating 100% of existing PSH beds to the chronically homeless at bed turnover. 	Kings, Tulare
High	Renewal projects that 1) meet or exceed 75% of the CoC Performance Measurements, and 2) have no significant programmatic or audit findings.	Kings, Tulare

¹ In addition to meeting a local housing priority, all projects will go through the Alliance’s Rating & Ranking process.

² HMIS and CoC Planning grants excluded.

Priority	Focus Area	County
High	Homeless Management Information Systems (HMIS) Applications.	Kings, Tulare
High	Existing RRH, utilizing the Housing First model.	Kings, Tulare
Medium	PSH for 100% chronically homeless households with children utilizing the Housing First model including: <ul style="list-style-type: none"> a) Projects adding new PSH beds dedicated to chronically homeless; b) Projects targeting existing PSH beds for chronically homeless; c) Projects dedicating 100% of existing PSH beds to the chronically homeless at bed turnover. d) PSH for chronically homeless families (Kings County only). 	Kings, Tulare
Medium	New RRH, utilizing the Housing First model.	Kings, Tulare
Medium	Renewal projects that 1) meet 50% to 75% of the Alliance Performance Measurements, and/or 2) have minor programmatic or audit findings.	Kings, Tulare
Medium	Supportive Service Only (SSO) projects for coordinated entry and assessment.	Kings, Tulare
Low	All other projects.	Kings, Tulare

Appendix IV: Annual Conflict of Interest and Statement of Ethics Certification and Disclosure

Annual Conflict of Interest and Statement of Ethics Certification and Disclosure

Article I -- Purpose

1. The purpose of this Board conflict of interest policy is to protect the CoC's interests when it is contemplating entering into a transaction or arrangement that might benefit the private interests of an officer of the CoC or might result in a possible excess benefit transaction.
2. This policy is intended to supplement, but not replace, any applicable state and federal laws governing conflicts of interest applicable to nonprofit and charitable organizations.
3. This policy is also intended to identify "independent" directors.

Article II -- Definitions

1. **Interested person** -- Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.
2. **Financial interest** -- A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:
 - a) An ownership or investment interest in any entity with which the CoC has a transaction or arrangement,
 - b) A compensation arrangement with the CoC or with any entity or individual with which the CoC has a transaction or arrangement, or
 - c) A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the CoC is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial. A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the Board decides that a conflict of interest exists, in accordance with this policy.

3. **Independent Director** -- A director shall be considered "independent" for the purposes of this policy if he or she is "independent" as defined in the instructions for the IRS 990 form or, until such definition is available, the director --
 - a) is not, and has not been for a period of at least three years, an employee of the CoC or any entity in which the CoC has a financial interest;
 - b) does not directly or indirectly have a significant business relationship with the CoC, which might affect independence in decision-making;
 - c) is not employed as an executive of another corporation where any of the CoC's executive officers or employees serve on that corporation's compensation committee; and
 - d) Does not have an immediate family member who is an executive officer or employee of the CoC or who holds a position that has a significant financial relationship with the CoC.

Article III -- Procedures

1. **Duty to Disclose** -- In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Board.
2. **Recusal of Self** -- Any director may recuse himself or herself at any time from involvement in any decision or discussion in which the director believes he or she has or may have a conflict of interest, without going through the process for determining whether a conflict of interest exists.
3. **Determining Whether a Conflict of Interest Exists** -- After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the Board meeting

while the determination of a conflict of interest is discussed and voted upon. The remaining Board members shall decide if a conflict of interest exists.

4. Procedures for Addressing the Conflict of Interest

- a) An interested person may make a presentation at the Board meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
- b) The President of the Board shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- c) After exercising due diligence, the Board shall determine whether the CoC can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d) If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the CoC's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

5. Violations of the Conflicts of Interest Policy

- a) If the Board has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b) If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Article IV – Records of Proceedings

The minutes of the Board shall contain:

- a) The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the Board's decision as to whether a conflict of interest in fact existed.
- b) The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Article V – Compensation

- a) A voting member of the Board who receives compensation, directly or indirectly, from the CoC for services is precluded from voting on matters pertaining to that member's compensation.
- b) A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the CoC for services is precluded from voting on matters pertaining to that member's compensation.
- c) No voting member of the Board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the CoC, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Article VI – Annual Statements

1. Each director, principal officer and member of a committee with Board delegated powers shall annually sign a statement which affirms such person:

- a) Has received a copy of the conflict of interest policy,
 - b) has read and understands the policy,
 - c) has agreed to comply with the policy, and
 - d) Understands the CoC is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.
2. Each voting member of the Board shall annually sign a statement which declares whether such person is an independent director.
 3. If at any time during the year, the information in the annual statement changes materially, the director shall disclose such changes and revise the annual disclosure form.
 4. The Board shall regularly and consistently monitor and enforce compliance with this policy by reviewing annual statements and taking such other actions as are necessary for effective oversight.

Article VII – Periodic Reviews

To ensure the CoC operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a) Whether compensation arrangements and benefits are reasonable, based on competent survey information (if reasonably available), and the result of arm's length bargaining.
- b) Whether partnerships, joint ventures, and arrangements with management organizations, if any, conform to the CoC's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement or impermissible private benefit or in an excess benefit transaction.

Article VIII – Use of Outside Experts

When conducting the periodic reviews as provided for in Article VII, the CoC may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its responsibility for ensuring periodic reviews are conducted.

Conflict of Interest Policy and Annual Statement

Name: _____

Date: _____

Board Position: _____

I affirm the following:

- o I have received a copy of the CoC Conflict of Interest Policy. _____ (initial)
- o I have read and understand the policy. _____ (initial)
- o I agree to comply with the policy. _____ (initial)
- o I understand that the CoC is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes. _____ (initial)

Disclosures:

1. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with the CoC? Yes No

a. If yes, please describe it: _____

b. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy?
 Yes No

2. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with the CoC? Yes No

a. If yes, please describe it, including when (approximately): _____

b. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy?
 Yes No

3. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

a. If you are not independent, why? _____

Future Conflicts:

I also agree, during the term of my employment or volunteer status with the CoC, to report promptly to the appropriate person, as applicable, any future situation that involves, or might appear to involve, me in any conflict between my outside interests and the best interests of the CoC.

Statement of Ethics:

I also certify that I have read the CoC Statement of Ethics.

Signature of Officer

Date

Date of Review by Board: _____

Appendix V: CoC Bylaws

BYLAWS

- for -

KINGS/TULARE CONTINUUM OF CARE ON HOMELESSNESS, INC. DBA KINGS TULARE HOMELESS ALLIANCE

ARTICLE I **NAME**

The name of this Corporation shall be the Kings/Tulare Continuum of Care on Homelessness, Inc., DBA Kings Tulare Homeless Alliance. Whenever the term “Corporation” is used in the By-Laws, it shall mean the Kings/Tulare Continuum of Care on Homelessness, Inc.

ARTICLE II **OFFICE**

The principal office of the Corporation shall be in Tulare County at 525 West Center, Suite A, Visalia, California, and authority to change the principal office is hereby granted to the Board of Directors provided that the office shall remain in Kings/Tulare County. Any change of principal office will be noted by the Secretary in these Bylaws, but will not be considered an amendment of these Bylaws.

ARTICLE III **MISSION**

The mission statement of the Corporation is as follows:

“To coordinate and leverage policy and resources that empower community partners to address homelessness in Kings and Tulare County.”

ARTICLE IV
OBJECTIVES

The objectives of the Corporation are as follows:

- A. To develop and maintain service strategies that link and advance the health and well being of homeless residents in the Kings/Tulare region by fostering partnerships among participating organizations.
- B. To reduce duplication, increase cooperation, and promote the enhancement of self-esteem and the empowerment of homeless individuals and families to develop strategies for self-sufficiency and independence.
- C. To technologically connect participating organizations in order to develop and to maintain effective shared case management.
- D. To develop and sustain a database that details available housing and available support services connected to that housing throughout our region and ensure access to the homeless.
- E. To promote the development of housing options to provide shelter for individuals and families in various stages of homelessness or homelessness prevention.
- F. To develop and refine benchmarks and other necessary tools to measure outcomes and to evaluate performance.
- G. To foster relationships with other Continuum of Care systems of the Central Valley to provide support, share best practices and model collaborative effectiveness for a multi-regional Continuum of Care System.

ARTICLE V
MEMBERSHIP

Section 1 - Composition

The Corporation will have one class of members only, and each member shall have equal voting rights except as provided by these Bylaws. Any person, as defined by Corporations Code Section 5065 is eligible to be a member of the Corporation. The composition of the Corporation shall be open to any city or county governmental, public or private entity involved in providing support service or housing and desiring to become a member. Additionally, the Corporation encourages participation from members or representatives of the target populations being served by support service and housing agencies. Other individuals or organization representatives who possess skills, interest, or resources which will aid the Corporation in fulfilling its mission are also eligible for membership.

Any person eligible for membership under this Section of these Bylaws is qualified for membership only after that person has satisfied the membership requirements outlined in this Article of these Bylaws, including the membership fee requirements of Section 4.

All persons desiring membership in the Corporation shall sign a participation agreement committing representation at monthly meetings and entitling the person to one vote at the general Corporation meetings (Attachment 1). No person shall hold more than one membership, nor shall any member be entitled to more than one vote, except where the member is a City or County having multiple departments that desire membership and voting rights, in which case such City or County may hold up to five (5) memberships for its multiple departments desiring membership, with each department member being entitled to one vote.

Section 2 - Attendance At Meetings

At least one representative of a member shall attend all meetings of the Corporation.

Section 3 - Termination

Membership shall be terminated for nonpayment of fees and/or annual dues. The Board of Directors reserves the right to terminate a member upon a majority vote of the Board and reserves the right to reinstate a member upon a majority vote of the Board.

Section 4 – Fees and Annual Dues

The Corporation reserves the right to establish membership fees and annual dues for the continued funding of the Corporation. Attachment 2 “Membership Application” identifies the current minimum annual membership fee schedule. The Board of Directors is granted full authority to change the Fee Schedule as deemed necessary, and any such changes to the Fee Schedule shall not be considered an amendment to these Bylaws. Any member may voluntarily increase their membership fee contribution to any level above the minimum established.

The Corporation’s fiscal year shall be from July 1st to June 30th. Annual Dues for the fiscal year will be invoiced in June and payable in July.

Section 5 - Budget

A budget for the fiscal year shall be adopted by the Corporation by July 1st.

Section 6 – Number of Members

There is no limit on the number of members the Corporation may admit.

Section 7 – Membership Book

The Corporation will keep a membership book containing the name, address, and class of each member [in written form or in any form capable of being converted into written form].

The book must also note if a membership has terminated and the date on which that membership ceased. The book will be kept at the principal office of the Corporation and is subject to the rights of inspection required by law and as set forth in these Bylaws.

Section 8 – Inspection Rights of Members – Demand

- A. Subject to the Corporation's right to set aside a demand for inspection pursuant to Corporations Code Section 6331 and the authority of the court to limit inspection rights pursuant to Corporations Code Section 6332, and unless the Corporation provides a reasonable alternative as permitted by these Bylaws, a member satisfying the qualifications set forth may do either or both of the following:
- (1) Inspect and copy the record of all the members' names, addresses, and voting rights, at reasonable times, on five business days' prior written demand on the Corporation, which must state the purpose for which the inspection rights are requested; or
 - (2) Obtain from the Secretary of the Corporation, on written demand and tender of a reasonable charge, a list of the names, addresses, and voting rights of those members entitled to vote for the election of Directors, as of the most recent record date for which it has been compiled or as of the date of demand. The demand must state the purpose for which the list is requested. The membership list will be available on or before the later of 1.0 business days after the demand is received, or after the date specified in the demand as the date as of which the list is to be compiled.

Members Permitted to Exercise Rights of Inspection

- B. The rights of inspection set forth in these Bylaws may be exercised by the following:
- (1) Any member, for a purpose reasonably related to that person's interest as a member; and
 - (2) The authorized number of members for a purpose reasonably related to the members' interest as members; and

Alternative Method of Achieving Purpose

- C. The Corporation, within 10 business days after receiving a demand pursuant to these Bylaws, may deliver to the person or persons making the demand a written offer of an alternative method of achieving the purpose identified in the demand without providing access to or a copy of the membership list. An alternative method that reasonably and in a timely manner accomplishes the proper purpose set forth in a demand made pursuant to these Bylaws will be deemed reasonable, unless within a reasonable time after acceptance of the offer, the Corporation fails to effect the alternative method. Any rejection of the offer must be in writing and indicate the reasons the alternative proposed by the Corporation does not meet the proper purpose of the demand made pursuant to these Bylaws.

Section 9 – Nonliability of Members

A member of the Corporation is not personally liable, solely because of membership, for the debts, obligations, or liabilities of the Corporation.

Section 10-Membership Authority

Members of the Kings Tulare Continuum of Care AKA Kings Tulare Homeless Alliance are responsible for electing officers and directors of the corporation and must approve any amendments to the Bylaws of the corporation.

ARTICLE VI **OFFICERS & DIRECTORS**

Section 1 - Officers

There shall be five (5) officers of the Corporation: President, Vice-President of Internal Affairs, Vice-President of External Affairs, Secretary, and a Treasurer/CFO. The (5) officers and (2) Members at Large will serve as the Corporations seven (7) Directors. The Board shall strive to have at least (1) Member at Large be a consumer representative. Collectively, the seven (7) Directors will be known as the Board of Directors.

Section 2 - Election of Officers/Directors

The first officers and directors of the corporation shall be the same persons currently serving in such capacity for the Kings/Tulare Continuum of Care, which unincorporated association preceded this corporation, and they shall continue to serve out the remainder of their terms as they exist at the time of incorporation of this corporation. Following the terms of the initial , the existing board shall present a slate of officers to the membership at the following April general membership meeting. The election shall take place at the May general membership meeting. The Corporation will elect all officers by a majority vote of its members. All nominees for an office must be members in good standing in the Corporation, and must be residents of the State of California. The Board will make every attempt to recommend a combination of Officers comprised of public, private, and client membership representation. If possible, the position of president shall vary from private to public leadership each term, so the Corporation is exposed to a variety of leadership skills and professional networks.

Section 3 - Term of Office

For all Officers and Directors except the President and Vice President, Internal Affairs, the term of office shall be for two years, beginning July 1st of each year, unless otherwise provided in these Bylaws. The terms will be staggered, first by electing two officers for a two- year term of office. The following year, three officers will be elected for a two-year term of office. The first officers and directors of the corporation shall be the same officers currently serving in such

capacity for the Kings/Tulare Continuum of Care, which unincorporated association preceded this corporation, and shall they shall continue to serve out the remainder of their terms existing at the time of incorporation so as to preserve the effect of the ongoing tradition of staggered two-year terms. A person may not serve in the same office for more than one term consecutively.

The person elected to Vice President of Internal Affairs shall serve a two year term with the first year as the Vice President of Internal Affairs and the subsequent year as President.

Section 4 - Resignation

Any officer may resign at any time by giving written notice to the Corporation.

Section 5 - Vacancies

A vacancy in any office may be filled by appointment by the Board of Directors e as needed until the next regular election. If less than 50% of the term has been completed, the appointed officer can be eligible for another term in the same office.

Section 6 - Removal

An officer/director of the Corporation may be removed by the following process:

- A. Any member of the Corporation may make a motion for a special meeting to consider the removal of an officer. Such a motion shall include a statement of reasons for removal from office.
- B. If the motion is seconded and approved by the majority of members present, a special meeting shall be scheduled to consider the removal of the officer.
- C. The officer that is being considered for removal shall receive written notification of the special meeting and reason for removal. This written notice shall be delivered in person or registered mail no less than fourteen (14) days prior to the special meeting.
- D. Such officer shall be removed at the special meeting with an affirmative vote of a two thirds (2/3) vote of the membership present at the special meeting.

Section 7 - Compensation

The Officers/Directors serve without compensation with the exception of the Member at Large position filled by a consumer. Consumers shall be paid \$25.00 for each Board and Membership meeting attended.

Section 8 - President

The President will preside at the Corporation meetings. The president shall appoint chairmen of standing committees and all other committees. The president shall be an ex-officio member of

all committees.

Section 9 - Vice -President: Internal Affairs

The Vice-President: Internal Affairs will be responsible for supporting the ongoing operations of the Corporation including, but not limited to, personnel, budgets, and finance, and will preside at the Corporation meetings in the absence of the President.

Section 10 - Vice -President: External Affairs

The Vice-President: External Affairs will be responsible for the ongoing efforts to outreach to the communities within the regions of the Corporation including, but not limited to, marketing, membership development, and public relations.

Section 11 - Secretary

The Secretary will be responsible for notification of meetings, minutes of meetings and correspondence of the Corporation.

Section 12 - Treasurer

The Treasurer will be responsible for the financial management of the Corporation, including invoicing for annual membership fees, and shall provide monthly financial reports to the Corporation.

Section 13 – Members at Large

Members at Large represent the interests of the general membership on the Board. They may take responsibility for activities on the basis of interest or at the request of the Board or President, chair or serve on ad hoc and standing committees, and handle special projects. The term of office of Members at Large shall be two (2) years, staggered proportionately.

Section 15-Board of Director’s Authority

The Board of Directors is the governing body of the corporation responsible for the management of the affairs of the organization. The board is responsible for policymaking and has the ultimate legal responsibility for the actions of the corporation.

ARTICLE VII
ADVISORY BOARD

The Board, by resolution adopted by a majority of the entire Board, may designate an Advisory Board. Such Advisory Board shall consist of a minimum of two persons who are interested in the purpose and principles of the Corporation. The Advisory Board and each member thereof shall serve at the pleasure of the Board. Any vacancy in the Advisory Board may be filled and

the Board may remove any member of the Advisory Board, either with or without cause. The Advisory Board shall advise the Board as to any matters that are put before it by the Board concerning the Corporation. The Advisory Board shall not have or purport to exercise any powers of the Board nor shall it have the power to bind the Corporation in any manner.

ARTICLE VIII **MEETINGS**

Section 1 - Board Meetings

- A. Meetings of the Board may be called by the President or any Vice-President or the Secretary or any two Directors.
- B. Except as provided by the Bylaws, all meetings of the Board will be held at a time and place to be designated by resolution of the Board of Directors.
- C. Regular meetings of the Board will be held monthly, at a place to be designated by the Board of Directors, unless otherwise specified by way of written or posted notice as provided in these Bylaws.
- D. Special meetings of the Board may be called by the President or any Vice-President or the Secretary or any two Directors. Special meetings may be held on four days' notice by first-class mail, postage prepaid, or on 48 hours' notice delivered personally or by telephone, including a voice messaging system or other system or technology designed to record and communicate messages, telegraph, facsimile, electronic mail, or other electronic means. Notice of the special meeting need not be given to any Director who signs a waiver of notice or written consent to holding the meeting, or an approval of the minutes of the meeting, whether before or after the meeting, or who attends the meeting without protesting the lack of notice to that Director either before or at the commencement of the meeting. All waivers, consents, and approvals must be filed with the corporate records or made a part of the minutes of the meetings.
- E. A majority of the Directors constitutes a quorum of the Board for the transaction of business, except as otherwise provided in these Bylaws.
- F. Except as otherwise provided in the Articles, in these Bylaws, or by law, every act or decision done or made by a majority of the Directors present at a meeting duly held at which a quorum is present is the act of the Board provided, however, that any meeting at which a quorum was initially present may continue to transact business notwithstanding the withdrawal of Directors if any action taken is approved by at least a majority of the required quorum for that meeting, or such greater number as is required by the law, the Articles, or these Bylaws.
- G. The President or, in his or her absence, any Director selected by the Directors then present will preside at meetings of the Board of Directors. The Secretary of the Corporation or, in

the Secretary's absence, any person appointed by the presiding officer will act as Secretary of the Board. Members of the Board may participate in a meeting through use of conference telephone or similar communications equipment, so long as all members participating in the meeting can hear one another. This participation constitutes personal presence at the meeting.

- H. A majority of the Directors present at the meeting, whether or not a quorum is present, may adjourn any meeting to another time and place. If the meeting is adjourned for more than 24 hours, notice of the adjournment to another time or place must be given before the time of the adjourned meeting to the Directors who were not present at the time of the adjournment.
- I. Any action required or permitted to be taken by the Board may be taken without a meeting, if all members of the Board individually or collectively consent in writing to that action. Written consents must be filed with the minutes of the proceedings of the Board. Action by written consent has the same force and effect as the unanimous vote of the Directors. The regular Board meetings of this Corporation shall be held on a monthly basis, at an hour, day, and place as determined by resolution of the Board of Directors.
- J. Written notice of every meeting of members must be either personally delivered or mailed by first class or registered United States mail, postage prepaid, not less than 10 or more than 90, days before the date of the meeting to each member who is entitled to vote at the meeting as of the record date for notice of the meeting.
- K. If notice is given by mail or other means of written communication, the notice must be addressed to the member at the address appearing on the books of the Corporation or at the address given by the member to the Corporation for the purpose of notice. If no address appears or was given by the member, notice will be given at the principal office of the Corporation or by publication in any newspaper of general circulation in the county in which the principal office of the Corporation is located. The Secretary of the Corporation, or any transfer agent specially designated by the Secretary for this purpose, will execute an affidavit of the giving of the notice of the meeting of members. In the case of a specially called meeting of members, notice that a special meeting will be held at a time requested by the person or persons calling the meeting not less than 35 days nor more than 90 days after receipt of the written request from that person or persons by the Chairman of the Board or President or Vice-President or Secretary of the Corporation will be sent to the members forthwith and in any event within 20 days after the request was received.
- L. Notice of meetings may also be given by electronic transmission in accordance with Corp. Code §§ 20 and 5511(b). The notice will state the place, date, and time of the meeting. In the case of regular meetings, the notice will state those matters that the Board of Directors, at the time the notice is given, intends to present for action by the members.
- M. No meeting of Directors may be adjourned more than 45 days. If a meeting is adjourned to another time or place, and thereafter a new record date is fixed for notice or voting, a notice of the adjourned meeting will be given to each Director of record who, on the record date for notice of the meeting, is entitled to vote at the meeting.

Section 2 – Member Meetings

- A. Regular Member meetings will be held monthly at 525 West Center, Suite A, Visalia or a place to be determined unless otherwise specified by way of written or posted notice as provided in these Bylaws.
- B. Special meetings of members may be called by the Board of Directors or the Chairman of the Board or the President of the Corporation and held at the time and place to be designated by resolution of the Board of Directors. Five percent or more of the members of the Corporation may call special meetings for any lawful purpose.
- C. Written notice of every meeting of members must be either personally delivered or mailed by first class or registered United States mail, postage prepaid, not less than 10 or more than 90, days before the date of the meeting to each member who is entitled to vote at the meeting as of the record date for notice of the meeting.

If notice is given by mail or other means of written communication, the notice must be addressed to the member at the address appearing on the books of the Corporation or at the address given by the member to the Corporation for the purpose of notice. If no address appears or was given by the member, notice will be given at the principal office of the Corporation or by publication in any newspaper of general circulation in the county in which the principal office of the Corporation is located. The Secretary of the Corporation, or any transfer agent specially designated by the Secretary for this purpose, will execute an affidavit of the giving of the notice of the meeting of members. In the case of a specially called meeting of members, notice that a special meeting will be held at a time requested by the person or persons calling the meeting not less than 35 days nor more than 90 days after receipt of the written request from that person or persons by the Chairman of the Board or President or Vice-President or Secretary of the Corporation will be sent to the members forthwith and in any event within 20 days after the request was received.

Notice of meetings may also be given by electronic transmission in accordance with Corp. Code §§ 20 and 5511(b).

No meeting of members may be adjourned more than 45 days. If a meeting is adjourned to another time or place, and thereafter a new record date is fixed for notice or voting, a notice of the adjourned meeting will be given to each member of record who, on the record date for notice of the meeting, is entitled to vote at the meeting.

The notice will state the place, date, and time of the meeting. In the case of regular meetings, the notice will state those matters that the Board of Directors, at the time the notice is given, intends to present for action by the members. The notice of any meeting at which Directors are to be elected must include the names of all those who are nominees at the time the notice is given to the members.

D. A quorum of members at the annual meeting consists of a simple majority of the voting members, represented in person.

Section 3 – Waivers, Consents, and Approvals

The transactions of any meeting, however called and noticed, and wherever held, are as valid as though had at a meeting duly held after regular call and notice, if a quorum is present, and if, either before or after the meeting, each of the persons entitled to vote but not present in person, signs a written waiver of notice, a consent to the holding of the meeting, or an approval of the minutes of the meeting. All waivers, consents, and approvals will be filed with the corporate records or included in the minutes of the meeting.

Section 4 - Minutes

Minutes of all meetings shall be posted on the Kings Tulare Homeless Alliance website . Copies of the previous meeting will be available at the next regular meeting of the Corporation.

Section 5 - Agenda

Items to be considered for meetings of the Corporation shall be sent to either the designated secretary to the Corporation or the President of the Corporation. The agenda for the regular meetings of the Corporation shall be sent to members and officers in a timely manner, along with written notice of the meeting as outlined herein. Copies of the agenda will be available at all meetings of the Corporation.

Section 6 - Public Testimony

The Corporation shall convene at least two meetings annually inviting stakeholder feedback.

Section 7 - Public Comment

Any member of the public may speak on any item which is on the agenda. Comments by members of the public on an item on the agenda will only be allowed during consideration of the item by the Corporation.

ARTICLE IX
COMMITTEES

The Board of Directors shall be responsible for the structure and governance of the Corporation and is accountable for developing participant agreements, bylaws, lead agency designation, establishing protocols and informing the Corporation of legislation and administrative changes that affect the provision of services to the homeless. The Board of Directors shall select review panels, experts and consultants.

The Board of Directors will also establish committees on an as need basis and may designate Standing Committees, such as:

Point In Time Committee

The Point In Time planning committee will be responsible for planning and implementing all aspects of the annual Point In Time survey. This includes donations, engagement of service and housing providers, team selection and appointment of leaders, training, and survey site identification. This committee was created to implement consistency in the PIT process, and provide a network of members to implement this much needed data collection exercise. The CoC has set a goal of providing consistent, accurate data in all areas of collection and reporting, including the PIT and HMIS. The PIT committee meets twice a month from September thru January. Each of the following cities will have their own PIT Committee: Visalia, Porterville and Hanford.

HMIS Committee

The HMIS committee meets quarterly and is responsible for planning, decision -making, evaluation and facilitation for the continued implementation of the HMIS; coordination and gathering of incentives, resources, and leverages available to assist programs with participation; determination of the long-term policy and procedures for the community HMIS; recommendations about data elements to be collected, intervals for data gathering and community level aggregate reporting and ensuring compliance with HUD's Final Notice as directed in the Federal Register Part II, Department of Housing and Urban Development, Homeless Management Information Systems (HMIS): Data and Technical Standards Final Notice.

Membership Recruitment Committee

The recruitment committee is responsible for reviewing membership logs and identifying areas that are lacking representation. The recruitment committee completes an annual outreach effort including a mailing and individual invitations for participation. The recruitment committee also contacts all members that have not attended 3 or more meetings to encourage attendance and participation. If a member needs to be removed from the CoC for not meeting the requirements set forth in the bylaws, the Recruitment Committee is responsible for making that recommendation to the Board of Directors.

The recruitment committee meets monthly until participation is increased; then quarterly for maintenance purposes.

HUD Rating and Ranking Committee

Review all documents from the previous funding round and discuss debrief of previous round. Set a schedule and time line for new funding round, report at CoC full meeting, discuss possible independent reviewers. Set tasks for committee members. Develop or edit forms from previous year, find venue for External Rating and Ranking of the project. Review projects prior to Rating and Ranking to make certain that they follow CoC priorities if new projects and evaluate previously funded projects and programs requesting renewal. The funding committee will make a rating recommendation to the Executive Committee.

Project Homeless Connect Steering Committee

Project Homeless Connect is a one-day, one-stop event that provides a broad range of services to people experiencing or at risk of homelessness. The Project Homeless Connect steering committee is responsible for the regional oversight of all four venues: Hanford, Porterville, Visalia, and Tulare. The steering committee creates policies, marketing materials, intake forms, etc. for the annual events. The site specific committees are responsible for all facets of the implementation of the event such as site selection, obtaining sponsors, vendors and volunteers, street outreach, etc. Committees meet monthly or as needed.

ARTICLE X **PARLIAMENTARY RULES**

Section 1 - Conduct of Meetings

The meetings of the Corporation shall be conducted in accordance with Robert's Rules of Order (Revised Edition)

ARTICLE XI **CORPORATE SEAL**

The Board of Directors will adopt a corporate seal. The Secretary of the Corporation will maintain custody of the seal and affix it in all appropriate cases to all corporate documents. However, the failure to affix the seal does not affect the validity of any instrument.

ARTICLE XII **AMENDING BYLAWS**

These Bylaws are subject to amendment in accordance with Robert's Rules of Order (Revised Edition). The Bylaws may be amended by a two-thirds (2/3) vote of a quorum of the Corporation's members provided that fifteen (15) days prior to the meeting, the full Corporation is notified of the language of such changes(s), and of the time, date, and place of the intended voting on such changes(s).

CERTIFICATE OF SECRETARY OF

Kings/Tulare Continuum of Care on Homelessness, Inc., a California Nonprofit Corporation

I hereby certify that I am the duly elected and acting Secretary of this corporation and that the foregoing Bylaws, comprising fourteen (14) pages, constitute the Bylaws of this corporation as duly adopted by a simple majority of a quorum of the members at a meeting of the of the members on September 24, 2015 .

Dated: September 24, 2015


Becky Huber, Secretary

Appendix VI: HMIS Governance Charter

See Board of Director meeting minutes on page 61 for verification that this HMIS Governance Charter was formerly adopted on August 11, 2016.

Note: There is no separate HMIS MOU, just the HMIS Governance Charter.



Kings/Tulare HMIS (KTHMIS) Governance Charter

Section 1: Overview and Purpose

The purpose of the KTHMIS Governance Charter is to outline the governance roles, responsibilities, relationship, and authorities of the Kings/Tulare Homeless Alliance, which serves as the local Continuum of Care on Homelessness ("Continuum"), the HMIS Lead Agency [Kings United Way], and participating agencies. This governance charter is designed to ensure the operation of and consistent participation in the KTHMIS for the purpose of meeting HUD requirements and making planning and funding decisions.

The KTHMIS currently operates over a shared human services database implemented by Client Track. Client Track (otherwise referred to herein as "Vendor") is a key partner in the KTHMIS implementation.

Since 2007, Kings United Way has administered the essential functions of the KTHMIS implementation in compliance with the HUD Data Standards. As such, Kings United Way serves as the HMIS Lead for Kings and Tulare Counties. By participating in the KTHMIS implementation, the Continuum agrees to adopt the initial terms of this Charter as stated herein.

Section 2: Continuum of Care HMIS Responsibilities

The Continuum agrees to carry out the following responsibilities:

- The Continuum Board of Directors shall provide oversight of the implementation and represent the Continuum in KTHMIS decision-making.
- Accept the Client Track HMIS software as the designated software for the Continuum.
- Designate Kings United Way (the HMIS Lead) to manage the Continuum's HMIS.
- The Continuum Board of Directors will annually vote upon or adopt the HMIS Governance Charter.
- Understand HUD HMIS and reporting requirements.
- Ensure designated staff and/or representatives have received training on the use of report and export functionality.
- Ensure participation by service providers within the Continuum including compliance with data quality and completeness thresholds set forth in the KTHMIS Policies and Procedures.
- Require compliance with KTHMIS Policies and Procedures for all Continuum agencies.
- Work closely with HMIS Lead to obtain and maintain funding for any additional staff or system enhancements that the Continuum deems necessary.

Section 3: HMIS Lead Requirements

Subject to the availability of HUD and local Continuum resources and unanticipated HUD mandates, and to the best of its ability, the HMIS Lead agrees to carry out the following responsibilities:

Project Management

- Oversee the operation and management of the KTHMIS including continual monitoring of data system (not system user) compliance with all HUD Data and Technical Standards.
- Obtain and maintain KTHMIS Participation Agreements with all participating agencies and users.
- Administer HUD HMIS awards for the Continuum.
- Maintain a central queue and timeline for enhancements and bug fixes with the Vendor.
- Maintain a central queue and timeline for custom reports and data exports that require KTHMIS staff resources.
- Schedule, coordinate and hold quarterly HMIS Steering Committee meetings and provide updates on the following topics: enhancement timelines; software fixes; reporting; training and technical support provided; data and security procedures; troubleshooting; and others items as necessary.
- Prepare, review and submit all HUD required Continuum reports (Housing Inventory Chart, Point in Time Count, Annual Homeless Assessment Report).

System Functionality

- Enter into a formal contractual relationship with the KTHMIS Vendor that outlines the requirements and responsibilities of the Vendor, including those required by HUD through its Data and Technical Standards, rules, notices, etc.
- Ensure the Vendor's software system maintains timely compliance with all Data and Technical Standards to include Victim Service Standards as well as the Privacy and Security Standards.
- Ensure software system maintains timely compliance with any other required standards set by other Federal and State programs that require HMIS use (such as the US Veterans Administration).
- Ensure the software system, within reasonable development timeframes, is capable of producing all HUD required reports, including data quality and completeness monitoring reports.

Policies and Procedures

- Develop and maintain KTHMIS Policies and Procedures in accordance with HUD requirements and notices. This document must be reviewed and adopted by the KTHMIS Steering Committee as well as the Continuum's Board of Directors (described in Section 4).
- Develop and maintain a privacy plan, security plan, and data quality plan for the HMIS in accordance with HUD requirements. This document must be reviewed and adopted by the KTHMIS Steering Committee as well as the Continuum's Board of Directors (described in Section 4).
- Monitor participating agency compliance with security, privacy and confidentiality policies.
- If KTHMIS policies and procedures allow for the import of data from an alternate database, the HMIS Lead will establish standards for the process, schedule, and acceptance criteria for any data imported and provide a cost estimate for the service provided to the agency or Continuum requesting data import.
- Provide participating agencies with tools necessary to monitor agency compliance with HUD Data Standards including reports and access to raw agency data.
- Set minimum general participation and timeliness standards for agencies.

Training and Technical Assistance

- Ensure required basic training is available to participating agency staff and accessible on a regular basis.
- Ensure technical assistance and help desk support is available and accessible to participating agencies on a regular basis.
- Ensure agencies have access to reports, technical assistance, and training required to develop a data quality improvement plan when necessary.

Section 4: HMIS Governance: Decision Making & Authority

The HMIS Lead is subject to oversight by the Continuum Board of Directors. The HMIS Lead will ultimately retain decision-making authority and responsibility related to basic KTHMIS project management functions (such as compliance with Data Standards, security and privacy settings). The KTHMIS Steering Committee will periodically review changes to the current Data and Technical Standards and other reporting requirements to ensure system compliance. The HMIS Steering Committee will provide input, while the final approval rests with the Continuum Board of Directors.

HUD CoC Program Grant Activities

The Continuum will designate Kings United Way as the applicant to administer any HUD CoC Program HMIS grants in accordance with the Continuum of Care NOFA requirements. The Continuum and HMIS Lead will enter into a Memorandum of Agreement for services, which will outline the intended use of funds including any funded staff roles and deliverables.

Agencies can fund enhancements to the HMIS with their CoC Program grants. All discussions and planning on enhancements must include both the Vendor and the HMIS Lead to ensure that the activity will not impair the functionality of the KTHMIS implementation, is compliant with the Data Standards, and minimizes (to the HMIS Lead's satisfaction) existing KTHMIS staff or resources. Once it has been determined that the enhancements will not impact the overall system functioning, the Continuum will work with the HMIS Lead and the Vendor on establishing timelines, specifications, deliverables, and resource allocation for the enhancement.

Section 5: Acknowledgement and Acceptance

BY ADOPTING THIS GOVERNANCE CHARTER, THE CONTINUUM OF CARE AND HMIS LEAD ARE ESTABLISHING THAT IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

All parties will demonstrate a commitment to work together and support each other to achieve stated project goals.


The Continuum agrees to ensure that all HMIS policies and practices are both consistent with federal and state requirements and with the local needs of the Continuum.

The HMIS Lead agrees to the extent practicable to respond to recommendations by the Continuum as provided by them through the HMIS Steering Committee.

The Governance Charter will be revisited on, at a minimum, an annual basis to confirm that the Charter continues to be relevant and appropriate.

This Charter documents the mutual understanding between all parties of KTHMIS related roles, responsibilities, relationships, and authorities between the parties hereto. It should not be construed as the HMIS Memorandum of Agreement for services, which is the formal contracting agreement between the Continuum and the HMIS Lead administering Continuum HMIS funds.

By: **KINGS/TULARE CONTINUUM OF CARE ON HOMELESSNESS**

By: 
Name: Linda Craig
Its: President

Kings United Way

By: 
Name: Nanette Villarreal
Its: Executive Director

See Board of Director meeting minutes on page 61 for verification that this HMIS Governance Charter was formerly adopted on August 11, 2016.

Note: There is no separate HMIS MOU, just the HMIS Governance Charter.



Executive Board Meeting Minutes

August 11, 2016

9:00 AM

525 W. Center Avenue, Ste. A, Visalia, CA 93291

- | | |
|---|---|
| <input checked="" type="checkbox"/> Linda Craig, President | <input checked="" type="checkbox"/> Lucia Orozco, Secretary |
| <input type="checkbox"/> Suzy Ward, Vice President Internal Affairs | <input checked="" type="checkbox"/> Lateena Ling, Member at Large |
| <input checked="" type="checkbox"/> Jamie Sharma, Vice President External Affairs | <input checked="" type="checkbox"/> Corinna Franco, Member at Large |
| <input checked="" type="checkbox"/> Becky Huber, Treasurer | <input checked="" type="checkbox"/> Machael Smith, Executive Director |

- I. Meeting called to order at 9:00 am
- II. Minutes
 - a. Reviewed minutes for July. Motion made by B. Huber, second by L. Ling. Motion carried.
- III. Financial Review
 - a. M. Smith reviewed financials, losses due to allocations, filed for audit.
- IV. Alliance Business: Action/Discussion Items
 - a. FY16/17 Closeout
 - i. Discussion included with Financial Report.
 - b. Resolution for new bank signers
 - i. Update to allow L. Craig, B. Huber and L. Orozco to become authorized signers. J. Sharma motioned and second by B. Huber to approve signers, motion carried.
 - c. Strategic planning session
 - i. Planning for October 13th Board meeting.
 - d. HUD NOFA
 - i. Coordinated Entry Grant
 1. Update - M. Smith has met with agencies to provide feedback on applications, 21 applications. 2 bonus applications, KCAO & CSET. M. Smith working on Collaborative Application. Currently \$79,200 available for re-allocation. M. Smith to write grant application for Coordinated Entry. J. Sharma moved to approve application, B. Huber second, motion carried.
 - e. Updated Policies
 - i. Alliance Governance Charter: Policies & Procedures, Written Standards, HMIS Governance Charter, HMIS Policies
 1. M. Smith reviewed, L. Orozco made motion, L. Ling second to approve documents. Motion Carried.
 - f. Project Homeless Connect
 - i. Blanket grant application authorization

Minutes indicating that the Alliance Board of Director's approved the CoC Governance Charter and HMIS Governance Charter on August 11, 2016.

1. B. Huber motioned to approve blanket grant application authorization, C. Franco second, S. Ward's vote is needed to carry motion. L. Ling, J. Sharma and L. Orozco abstained from vote.
- V. Executive Director Report
 - a. M. Smith announced invitation from Housing CA to join as a committee member.
 - i. Ideas for Legislation, No Place Like Home bill.
 - ii. ESG extra funds for Rapid Re-Housing, analysis for funds for a 1 year or 2 year period.
 - b. M. Smith to present at next membership meeting regarding public comment on how HUD distributes money.
- VI. Meeting adjourned at 10:04 am

Respectfully submitted,

Lucia Orozco

2016 COC NOFA

ATTACHMENT 7. HMIS POLICY & PROCEDURE MANUAL



Kings/Tulare HMIS

Policies, Procedures and
Data Quality Plan

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1. Introduction

This document provides the framework for the ongoing operations of the Kings/Tulare County Homeless Management Information System Project (KTHMIS). The Project Overview provides the main objectives, direction and benefits of KTHMIS. Governing Principles establish the values that are the basis for all policy statements and subsequent decisions.

Operating Procedures provides specific policies and steps necessary to control the operational environment and enforce compliance in:

- Project Participation
- User Authorization and Passwords
- Collection and Entry of Client Data
- Release and Disclosure of Client Data
- Server Security
- Server Availability
- Workstation Security
- Training
- Technical Support

2. Project Overview

The long-term vision of KTHMIS is to enhance Partner Agencies' collaboration, service delivery and data collection capabilities. Accurate information will put the Kings/Tulare Homeless Alliance (Alliance), which serves as the local Continuum of Care on Homelessness, in a better position to request funding from various sources and help plan better for future needs.

The mission of the KTHMIS Project is to be an integrated network of homeless and other service providers that use a central database to collect, track and report uniform information on client needs and services. This system will not only meet Federal requirements but also enhance service planning and delivery.

The fundamental goal of KTHMIS is to document the demographics of homelessness in Kings and Tulare counties according to the HUD HMIS Standards. It is then the goal of the project to identify patterns in the utilization of assistance, and document the effectiveness of the services for the client. This will be accomplished through analysis of data that is gathered from the actual experiences of homeless persons and the service providers who assist them in shelters and homeless assistance programs throughout the two counties. Data that is gathered via intake interviews and program participation will be used to complete HUD Annual Progress Reports. This data may also be analyzed to provide unduplicated counts and anonymous aggregate data to policy makers, service providers, advocates, and consumer representatives.

The project utilizes a web-enabled application residing on a central server to facilitate data collection by homeless service organizations across the county. Access to the central server is limited to agencies formally participating in the project and then only to authorized staff members who meet the necessary training and security requirements.

KTHMIS is staffed and advised by Kings/Tulare Homeless Alliance and Kings United Way (Alliance/KUW). Kings United Way's Executive Director is the authorizing agent for all agreements made between Partner Agencies and KTHMIS. The KTHMIS Specialist is responsible for the administration of the central server and user access. KTHMIS Project Staff will also provide technology, training and technical assistance to users of the system throughout the two counties.

The HMIS Committee of the Alliance is responsible for oversight and guidance of KTHMIS. This group is committed to balancing the interests and needs of all stakeholders involved: homeless men, women, and

children; service providers; and policy makers.

Potential benefits for homeless men, women, and children and case managers: Service coordination can be improved when information is shared among case management staff within one agency or with staff in other agencies (with written client consent) who are serving the same clients.

Potential benefits for agencies and program managers: Aggregated, information can be used to develop a more complete understanding of clients' needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report to funding agencies such as HUD.

Potential benefits for Alliance and policy makers: Countywide involvement in the project provides the capacity to generate HUD Annual Progress Reports for the Alliance and allows access to aggregate information both at the local and regional level that will assist in identification of gaps in services, as well as the completion of other service reports used to inform policy decisions aimed at addressing and ending homelessness at local, state and federal levels.

3. Governing Principles

Described below are the overall governing principles upon which all decisions pertaining to KTHMIS are based.

Participants are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.

Confidentiality

The rights and privileges of clients are crucial to the success of KTHMIS. These policies will ensure clients' privacy without impacting the delivery of services, which is the primary focus of agency programs participating in this project.

Policies regarding client data are founded on the premise that a client owns his/her own personal information and provide the necessary safeguards to protect client, agency, and policy level interests. Collection, access and disclosure of client data through KTHMIS will only be permitted by the procedures set forth in this document.

Data Integrity

Client data is the most valuable and sensitive asset of KTHMIS. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.

System Availability

The availability of a centralized data repository is necessary to achieve the ultimate countywide aggregation of unduplicated homeless statistics. The HMIS Coordinator is responsible for ensuring the broadest deployment and availability for homeless service agencies in Kings and Tulare counties.

Compliance

Violation of the policies and procedures set forth in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity will result in the withdrawal of system access for the offending entity.

4. Participation Policy

Responsibilities

Beginning with the 2003 Continuum of Care (CoC) and Emergency Shelter Grants (ESG) and continuing with the Homeless Prevention and Rapid Re-housing Program (HPRP), the United States Department of Housing and Urban Development (HUD) requires all grantees and sub-grantees to participate in their local Homeless Management Information System (HMIS). This policy is consistent with the Congressional Direction for communities to provide data to HUD on the extent and nature of homelessness and the effectiveness of its service delivery system in preventing and ending homelessness. The HMIS and its operating policies and procedures are structured to comply with the most recently released HUD Data and Technical Standards for HMIS. Recognizing that the Health Insurance Portability and Accountability Act (HIPAA) and other Federal, State and local laws may further regulate agencies, the NH-HMIS may negotiate its procedures and/or execute appropriate business agreements with Partner Agencies so they are in compliance with applicable laws.

Mandated Participation

All designated agencies that are funded to provide homeless services through the Housing and Community Development Department of the State of California (HCD) and/or HUD must meet the minimum HMIS participation standards as defined by this Policy and Procedures manual. These participating agencies will be required to comply with all applicable operating procedures and must agree to execute and comply with an HMIS Agency Participation Agreement.

Voluntary Participation

Although non-funded agencies are only required to meet minimum participation standards, KTHMIS and strongly encourages non-funded agencies to fully participate in the HMIS.

While the Alliance cannot require non-funded providers to participate in the HMIS, the Alliance works closely with non-funded agencies to articulate the benefits of the HMIS and to strongly encourage their participation in order to achieve a comprehensive and accurate understanding of homelessness in Kings and Tulare Counties.

5. Roles and Responsibilities

Kings/Tulare Homeless Alliance (Alliance)

HMIS Committee

- Project Direction and Guidance
- Technology Plan
- Selection of System Software
- Approval of Project Forms and Documentation
- Project Participation and Feedback
- Project Funding
- Adherence to HUD Data Standards

Kings United Way Executive Director

- Liaison with HUD
- Project Staffing
- Signatory Agent for Agency Agreements
- Adherence to HUD Data Standards

- System Backup and Disaster Recovery Plan

HMIS Coordinator

- Creation of Project Forms and Documentation
- Project Website
- Project Policies and Procedures and Compliance
- General Responsibility for Project Rollout
- Curriculum Development
- Training Timetable
- Training Documentation
- Confidentiality Training
- Outreach
- Adherence to HUD Data Standards

HMIS Specialist

- Keeper of Signed Agency Agreements
- User Administration
- Add and Remove Partner Agency Site Administrators
- Manage User Licenses
- Ongoing Protection of Confidential Data
- Application Training For Agency Administrators And End Users
- End User Support
- Helpdesk
- Adherence to HUD Data Standards
- Application Customization
- Data Monitoring
- Data Validity
- Aggregate Data Reporting and Extraction
- Assist Partner Agencies With Agency-Specific Data Collection And Reporting Needs (Within Reason And Within Constraints Of Other Duties)

Partner Agency (PA)

Partner Agency Executive Director

- Authorizing Agent for Partner Agreement (Agency Agreement)
- Designation of Site Administrator
- Agency Compliance with Policies & Procedures
- End User Licenses
- Agency Level HUD Reporting
- Each Partner Agency is responsible for ensuring they meet the Privacy and Security requirements as detailed in the HUD HMIS Data and Technical Standards
- Annually, conduct a thorough review of internal policies and procedures regarding HMIS
- Adherence to HUD Data Standards

Partner Agency Site Administrator

- Authorizing agent for Partner Agency User Agreements
- Keeper of Partner Agency User Agreements
- Keeper of executed Client Informed Consent Forms
- Point of contact for HMIS related matters
- Maintains staff workstations

- Internet connectivity
- End User adherence to Workstation Security Policies
- Detecting and responding to violations of the Policies And Procedures
- First level end user support
- Maintain Agency/Program Data In KTHMIS application
- Conduct authorized imports of client data
- Adherence to HUD Data Standards

Agency Staff

- Safeguard client privacy through compliance with Confidentiality Policies
- Data collection as specified by training and other documentation
- Adherence to HUD Data Standards

5. Operating Procedures

5.1 Project Participation

Policies

Agencies participating in KTHMIS shall commit to abide by the governing principles of KTHMIS and adhere to the terms and conditions of this partnership as detailed in the Agency Agreement.

Procedures

Confirm Participation

1. The Partner Agency shall confirm their participation in KTHMIS by submitting an executed Agency Agreement to the KTHMIS Specialist.
2. The KTHMIS Specialist will obtain the co-signature of Kings United Way Executive Director.
3. The KTHMIS Specialist will maintain a file of all signed Agency Agreements.
4. The KTHMIS Specialist will update the list of all Partner Agencies and make it available to the project community and post this list on the KTHMIS website (www.kingstularecoc.org).
5. All Partner Agencies will be listed on the KTHMIS website.

Terminate Participation

Voluntary

1. The Partner Agency shall inform the KTHMIS Specialist in writing of their intention to terminate their agreement to participate in KTHMIS.
2. The KTHMIS Specialist will inform the Kings United Way Executive Director and update the Participating Agency List.
3. The KTHMIS Specialist will revoke access of the Partner Agency staff to KTHMIS. Note: All Partner Agency-specific information contained in the KTHMIS system will remain in the KTHMIS system.
4. The KTHMIS Specialist will keep all termination records on file with the associated Agency Agreement.

Lack of Compliance

1. When the KTHMIS Specialist determines that a Partner Agency is in violation of the terms of the partnership, Executive Directors of Partner Agency and Kings United Way will work to resolve the

- conflict(s).
2. If Executive Directors are unable to resolve conflict(s), the CoC President will be called upon to resolve the conflict. If that results in a ruling of Termination:
 - a) The Partner Agency will be notified in writing of the intention to terminate their participation in KTHMIS.
 - b) The KTHMIS Specialist will revoke access of the Partner Agency staff to KTHMIS.
 - c) The KTHMIS Specialist will keep all termination records.

Assign Site Administrator

1. The Partner Agency shall designate a primary contact for communications regarding KTHMIS by submitting a Partner Agency Site Administrator Agreement form to the KTHMIS Specialist.
2. The KTHMIS Specialist will obtain all signatures necessary to execute the Partner Agency Site Administrator Agreement.
3. The KTHMIS Specialist will maintain a file of all signed Site Administrator Assignment forms.
4. The KTHMIS Specialist will maintain a list of all assigned Partner Agency Site Administrators and make it available upon request.

Re-Assign Site Administrator

1. The Partner Agency may designate a new or replacement primary contact in the same manner as above.

Site Security Assessment

1. Prior to allowing access to KTHMIS, the Partner Agency Site Administrator and the KTHMIS Specialist will meet to review and assess the security measures in place to protect client data.
2. The Partner Agency Executive Director (or designee) and Partner Agency Site Administrator will meet with a KTHMIS staff member to assess the Partner Agency information security protocols. This review shall in no way reduce the responsibility for Partner Agency information security, which is the full and complete responsibility of the Partner Agency, its Executive Director, and Site Administrator.
3. Partner Agencies shall have virus protection software on all computers that access KTHMIS.

5.2 Use Requirements

Policies

- KTHMIS recognizes the sensitivity of the data in the HMIS and therefore requires that the individuals responsible for managing the HMIS be subject to criminal background checks and that each end user be adequately trained in security measures, appropriate to his or her access level. It is the responsibility of the KTHMIS administrator to provide this training.
- Partner Agencies will follow their own policies regarding background checks and hiring individuals with criminal justice histories, as long as they comply with all relevant laws. Partner Agencies that choose to allow individuals without conducting background checks or allow individuals with criminal histories related to identity theft or fraud to access KTHMIS data will assume all liabilities resulting from those actions.
- Partner Agency staff participating in KTHMIS shall commit to abide by the Governing principles of KTHMIS and adhere to the terms and conditions of the Partner Agency User Agreement.
- The Partner Agency Site Administrator must only request user access to KTHMIS for those staff members that require access to perform their job duties.
- All users must have their own unique user ID and should never use or allow use of a user ID that is not assigned to them [see Partner Agency User Agreement].

- Temporary, first time only, passwords will be communicated via email to the owner of the user ID.
- User-specified passwords should never be shared and should never be communicated in any format.
- New user IDs must require password change on first use.
- Passwords must consist of at least 8 characters and must contain a combination of letters, numbers, and a special character. The password must contain at least two numbers [required by software]. According to the HUD Data and Technical Standards Final Notice (July 2004).
- For Partner Agency Site Administrators and Users, passwords may only be reset by the KTHMIS Specialist.

Procedures

Criminal Background Verification

1. The HMIS Security Officer and any user (employed or engaged by KTHMIS) able to access KTHMIS regional HMIS data will undergo criminal background verification. Records of the completed background checks (though not the results) are subject to inspection by the Alliance.
2. The KTHMIS Lead will follow their own policies regarding hiring individuals with criminal justice histories, as long as they comply with all relevant laws. The KTHMIS Lead will not hire individuals whose background checks reveal criminal histories related to identity theft or fraud. The KTHMIS Lead will manage the results of any background checks conducted on a case-by-case basis.
3. Partner Agencies will follow their own policies regarding background checks and hiring individuals (including volunteers) with criminal justice histories, as long as they comply with all relevant laws. Partner Agencies that choose to allow individuals without conducting background checks or allow individuals with criminal histories related to identity theft or fraud to access KTHMIS data will assume all liabilities resulting from those actions.

Workstation Security Assessment

1. Prior to requesting user access for any staff member, the Partner Agency Site Administrator will assess the operational security of the user's workspace.
2. Partner Agency Site Administrator will confirm that workstation has virus protection properly installed and that a full-system scan has been performed within the last week.
3. Partner Agency Site Administrator will confirm that workstation has and uses a hardware or software firewall.

Request New User ID

1. When the Partner Agency Site Administrator identifies a staff member that requires access to KTHMIS, a Partner Agency End User Agreement (PAEUA) will be provided to the prospective user.
2. The prospective user must read, understand and sign the PAEUA and return it to the Partner Agency Site Administrator.
3. The Partner Agency Site Administrator will obtain the Executive Director's signature and forward to the KTHMIS Specialist. The Partner Agency Site Administrator will keep a copy on file.
4. The KTHMIS Specialist will create the new user ID as specified and notify the user ID owner of the temporary password via email.

Change User Access

When the Partner Agency Site Administrator determines that it is necessary to change a user's access level, the Partner Agency Site Administrator will request this change via e-mail to the KTHMIS Specialist.

Rescind User Access

Voluntary

Use this procedure when any KTHMIS user leaves the agency or otherwise becomes inactive:

1. Send an e-mail notification to the KTHMIS Specialist. The user's ID and password status within the system will be changed to an "inactive" status. The user's ID or password will not be deleted.

Compliance Failure

Use this procedure when any KTHMIS user breaches the PAEUA, or violates the Policies and Procedures, or breaches confidentiality or security:

1. Send an e-mail notification to the KTHMIS Specialist. The user's ID and password status within the system will be changed to an "inactive" status.
2. The KTHMIS Specialist will determine what other, if any, other user IDs should be deactivated.

Reset Password

1. When a user forgets his or her password or has reason to believe that someone else has gained access to their password, they must immediately notify their Partner Agency Site Administrator.
2. The Partner Agency Site Administrator will send a request via e-mail to the KTHMIS Specialist to reset the user's password and notify the user of the new temporary password.
3. If the user has set an account recovery security question, the user can reset their password by answering the security question correctly. The user will be emailed instructions on how to set up a new password.

5.3 Collection and Entry of Client Data

Policies

- Client data will be gathered according to the policies, procedures and confidentiality rules of each individual program.
- Client data may only be entered into KTHMIS with client's authorization to do so.
- All universal and program data elements from the HUD KTHMIS Data and Technical Standards (See Appendix), subject to client consent.
- Client data will only be shared with Partner Agencies if the client consents, has signed the Client Consent form, and the signed Client Consent form is available on record.
- Client data will be entered into KTHMIS in a timely manner.
- DV providers must record client data in a comparable database.
- Client identification should be completed during the intake process or as soon as possible following intake and within 24 hours.
- Service records should be entered on the day services began or as soon as possible within 24 hours.
- Required assessments should be entered as soon as possible following the intake process and within 24 hours.
- All client data entered into KTHMIS will be kept as accurate and as current as possible.
- Hardcopy or electronic files will continue to be maintained according to individual program requirements, and according to the HUD KTHMIS Data and Technical Standards Final Draft.
- No data may be imported without the client's authorization.
- Any authorized data imports will be the responsibility of the Partner Agency.
- Partner Agencies are responsible for the accuracy, integrity, and security of all data input by said

- Agency according HUD’s guidelines and the KTHMIS Data Quality Plan.
- The Partner Agency that creates a client record owns the responsibility for a baseline of data quality to include: non-duplication of client record, Release Of Information (ROI), Universal & Program level data elements as defined by HUD Data Standards, up-to-date Program Entries and Exits, and answers to the questions, “Currently Homeless?” and “Chronically Homeless?”
- The Alliance will decide on a plan to dispose of (or remove identifiers from) client data seven (7) years after it was created or last changed.

Procedures

- Refer to Data Quality Plan, User Manual and/or Training Materials for specific data entry guidelines.
- Kings United Way will provide each agency with an ongoing snapshot, and provide the training necessary in order for the Partner Agency to be able to download and report to the appropriate parties within the agency.
- The Partner Agency Site Administrator will share data with authorized personnel only (those with KTHMIS authorization).
- Partner Agency Site Administrator will be responsible for reviewing the Snapshot Reports and notifying users to make corrections, within ten days.
- Partner Agency Site Administrator will inform the KTHMIS Site Administrator if there are any technical issues retrieving the Snapshot Reports within three (3) business days.
- Upon request of Partner Agency Executive Management, Kings United Way will provide additional reports to assist the agency in verifying data quality.
- The HMIS Committee shall decide on the procedure to properly dispose of client data within the seven-year time frame allocated in the HUD Data Standards.

5.4 Release and Disclosure of Client Data

Policies

- Client-specific data from KTHMIS may be shared with Partner Agencies only when the sharing agency has secured a valid Release of Information from that client authorizing such sharing, and only during such time that Release of Information is valid (before its expiration). Other non-KTHMIS inter-agency agreements do not cover the sharing of KTHMIS data.
- Sharing of client data may be limited by program specific confidentiality rules.
- No client-specific data will be released or shared outside of the Partner Agencies unless the client gives specific written permission or unless withholding that information would be illegal (see Release of Information). Note that services may NOT be denied if client refuses to sign Release of Information or declines to state any information.
- Release of Information must constitute INFORMED consent. The burden rests with the intake counselor to inform the client before asking for consent. As part of informed consent, a notice must be posted explaining the reasons for collecting the data, the client’s rights, and any potential future uses of the data. An example of such a sign for posting may be found at www.kingstularecoc.org.
- Client shall be given print out of all data relating to them upon written request and within 10 working days.
- A report of data sharing events, including dates, agencies, persons, and other details, must be made available to the client upon request and within 10 working days.
- A log of all external releases or disclosures must be maintained for seven (7) years and made available to the client upon written request and within 10 working days.
- Aggregate data that does not contain any client specific identifying data may be shared with internal and external agents without specific permission. This policy should be made clear to clients as part

- of the Informed Consent procedure.
- Each Partner Agency Executive Director is responsible for his or her agency's internal compliance with the HUD Data Standard.

Procedures

- Procedures for disclosure of client-specific data are readily obtained from the above policies, combined with the configuration of KTHMIS, which facilitates appropriate data sharing.

5.5 Workstation Security

Policies

- The Partner Agency Site Administrator is responsible for preventing degradation of the whole system resulting from viruses, intrusion, or other factors under the agency's control.
- The Partner Agency Site Administrator is responsible for preventing inadvertent release of confidential client-specific information. Such release may come from physical or electronic or even visual access to the workstation, thus steps should be taken to prevent these modes of inappropriate access (that is, don't let someone read over your shoulder: lock your screen).
- All workstations to be used with KTHMIS must be secured by a firewall between the workstation and the Internet. Software firewalls are acceptable.
- Recommended Internet connection: DSL or Cable Modem, at least 128 kbits.
- Recommended Browser: latest release of Internet Explorer version 5.5.
- Definition and communication of all procedures to all Partner Agency users for achieving proper agency workstation configuration and for protecting their access by all Agency users to the wider system are the responsibility of the Partner Agency Site Administrator.

Procedures

- At a minimum, any workstation accessing HMIS needs to be protected by a Firewall. If the workstations are part of an agency computer network, the Firewall may be installed at a point between the network and the Internet or other systems rather than at each workstation.
- Each workstation also needs to have anti-virus and anti-spyware programs in use and properly maintained with automatic installation of all critical software updates.

5.6 Training

Policies

The Partner Agency Executive Director shall obtain the commitment of the Partner Agency Site Administrator and designated staff persons to attend training(s) as specified in the Agency Agreement between Partner Agency and Alliance/KUW.

Procedures

Start-up Training

Alliance/KUW will provide training in the following areas prior to the Partner Agency using KTHMIS:

1. Partner Agency Site Administrator training
2. End user training
3. Confidentiality training

Partner Agency Site Administrator Training

Training will be done in a group setting, where possible to achieve the most efficient use of time and sharing of information between agencies. Training will include:

1. End user training
2. Running package reports

Follow-up Training

Alliance/KUW will provide on-site follow-up training at each participating Partner Agency. Once the Partner Agency has “gone live,” KTHMIS representatives will make on-site visits as needed to ensure that the Partner Agency becomes proficient in the use of KTHMIS.

On-going Training

Alliance/KUW will provide regular training for participating Partner Agencies, as needed. The areas covered will be:

4. Agency Site Administrator Training
5. End User Training
6. Confidentiality Training

5.7 Compliance

Policies

- Compliance with these Policies and Procedures is mandatory for participation in KTHMIS.
- Using the Client Track software, all changes to client data are recorded and will be periodically and randomly audited for compliance.
- Each Partner Agency is responsible for ensuring they meet the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards.
- Annually, Partner Agencies will conduct a thorough review of internal policies and procedures regarding KTHMIS.
- Annually, KTHMIS will conduct a thorough review of Partner Agency internal policies and procedures regarding KTHMIS.

Procedures

- See “Project Participation” and “User Authorization” sections for procedures to be taken for lack of compliance.
- Annually, a KTHMIS representative will conduct a site visit at each Partner Agency to ensure compliance. Agencies that are new to KTHMIS will be scheduled for a site visit six months from implementation of HMIS and then annually thereafter.

5.8 Technical Support

Policies

- Support requests include problem reporting, requests for enhancements (features), or other general technical support.
- Users shall submit support requests to their Partner Agency Site Administrator (email is suggested).

- Users shall not, under any circumstances, submit requests to software vendor.
- Users shall not submit requests directly to Alliance/KUW without specific invitation. All requests to Alliance/KUW shall be submitted to Partner Agency Site Administrator, who may then escalate to Alliance/KUW, who may then escalate to vendors as appropriate.
- Alliance/KUW will only provide support for issues specific to KTHMIS software and systems.

Procedures

Submission of Support Request

- User encounters problem or originates idea for improvement to system or software.
- User creates support request via email sent to Partner Agency Site Administrator specifying the severity of the problem and its impact on their work, specific steps to reproduce the problem, and any other documentation that might facilitate the resolution of the problem. User shall also provide contact information and best times to contact.
- The Partner Agency Site Administrator, upon receipt of a support request, shall make reasonable attempts to resolve the issue.
- If the Partner Agency Site Administrator is unable to resolve the issue and determines that the problem is specific to KTHMIS software and systems, the Partner Agency Site Administrator shall consolidate multiple similar requests and submit to Alliance/KUW.

Note: If the Support Request is deemed by KTHMIS Specialist to be an agency-specific customization, resolution of the request may be prioritized accordingly. Alliance/KUW reserves the right to charge on an hourly basis for these changes if/when the workload for such agency-specific customizations becomes burdensome.

- The KTHMIS Specialist may at this point determine that the cause of reported issue is outside the scope of control of the KTHMIS software and systems.
- The KTHMIS Specialist will consolidate such requests from multiple Partner Agencies, if appropriate, and strive to resolve issues according to their severity and impact.
- If the KTHMIS Specialist is unable to resolve the issue, other software or system vendor(s) may be included in order to resolve the issue(s).
- In cases where issue resolution may be achieved by the end user or other Partner Agency personnel, the KTHMIS Specialist will provide instructions via email to the Partner Agency Site Administrator.

5.9 Changes to This and Other Documents

Policies

The HMIS Committee of the Alliance will guide the compilation and recommendations for amendments of these Policies and Procedures. Final approval rests with the Alliance and KUW.

Procedures

Changes to Policies & Procedures

- Proposed changes may originate from any participant in KTHMIS.
- When proposed changes originate within a Partner Agency, they must be reviewed by the Partner Agency Executive Director, and then submitted by the Partner Agency Executive Director to the KTHMIS Specialist for review and discussion.

- KTHMIS Specialist will maintain a list of proposed changes.
- The list of proposed changes will be discussed by the HMIS Committee, subject to line item excision and modification. This discussion may occur either at a meeting of the HMIS Committee, via email or conference call, according to the discretion and direction of the HMIS Committee Chairperson.
- Results of said discussion will be communicated, along with the amended Policies and Procedures. The revised Policies and Procedures will be identified within the document by the date of the HMIS Committee discussion.
- Partner Agencies Executive Directors shall acknowledge receipt and acceptance of the revised Policies and Procedures within 10 working days of delivery of the amended Policies and Procedures by notification in writing or email to KTHMIS Specialist. The Partner Agency Executive Director shall also ensure circulation of the revised document within their agency and compliance with the revised Policies and Procedures.

6. Data Quality

6.1 Definition of Data Quality

HMIS data quality refers to the extent that data recorded in the Kings/Tulare HMIS accurately reflects the same information in the real world. A perfect overlap between data and reality would result in a hypothetical data quality rating of 100 percent, while a data quality rating of 0 percent would indicate that there is no match between the information entered into an HMIS and the same information in the real world. No data collection system has a quality rating of 100%. However, to meet the Kings/Tulare HMIS goal of presenting accurate and consistent information on homelessness, it is critical that the Kings/Tulare HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be our goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services.

Importance of Data Quality for HMIS Goals

Data quality is greatly improved when the goals of data collection are clear. The goals of HMIS on a national level were stated by Congress:

“There has never been an overall review or comprehensive analysis on the extent of homelessness or how to address it. The Committee believes that it is essential to develop an unduplicated count of homeless people, and an analysis of their patterns of use of assistance ...including how they enter and exit the homeless assistance system and the effectiveness of assistance.”

Thus, the 2001 Congressional directive targets information to understand:

- The extent of homelessness,
- The nature of homelessness (implied in “comprehensive analysis” and necessary to know “how to address”),
- Homeless service use patterns, and
- The effectiveness of the homeless service system
- These goals are not only important on the federal level but also critical for understanding homelessness and program planning at the local level.

Extent of Homelessness

The number of homeless people has been at the center of debate for as long as homelessness has been acknowledged as a social problem. Due to inconsistent or no data collection, different estimation methods

result in largely diverse numbers. One goal of HMIS is to estimate the number of homeless people that closely represents reality. By collecting personal information on all clients served, HUD hopes to generate an estimate of the unduplicated count of homeless people that access services nationally.

Achievement of this goal depends on high quality personal identifying data, such as Social Security Number, names, gender and date of birth, which are used to create unduplicated counts.

Nature of Homelessness

Additional HMIS data elements focus on the characteristics of those engaged in homeless services. Analyzing this information on a larger level will improve our understanding of the people experiencing homelessness, the issues they face, and their service needs. High quality data on gender, date of birth, race, ethnicity, veteran's status and disability, and household composition are needed for this goal.

Pattern of Homeless Service Utilization

People who are homeless often use more than one of the programs that are available to help them access housing, resolve their crisis, support them, and link them with other services. Accurate program entry and exit dates and information on residence prior to program entry are critical in determining service use patterns that assess average length of stay and movement among different homeless programs. The collection of accurate identifying information at each program is also necessary in order to identify the extent to which clients appear in multiple programs, how clients move through the system, and to detect cycles of homelessness.

Effectiveness of the Homeless Service System

Assessing the effectiveness of the current homeless service system is critical to finding successful solutions to ending homelessness. For that reason, information at program exit, such as destination and income, are important to learn if and how the system has helped to resolve clients' housing crisis and to improve their overall stability. Data on returning clients also contribute to this goal. Comparing program entry data with program exit data at the aggregate level will also provide a picture of homeless program impacts on the clients they serve.

6.2 Data Quality Issues and Standards

Timeliness of Data

To ensure the most up to date data, information should be entered as soon as it is collected. Information that tends to change periodically also needs to be regularly verified and/or updated, such as information on income sources and amounts. Information other than intake data needs to be updated monthly by the fifth day in the following month. Exceptions to the timeliness principle are made for domestic violence providers, which may wait until clients leave the shelter before entering data into the Kings/Tulare HMIS.

Reporting Submission Deadlines:

- Complete and accurate data for the month must be entered into the Kings/Tulare HMIS by the fifth working day of the month. For example, data for the month of April must be entered into Client Track by the fifth working day of May.
- Data Quality Reports (Snapshots) will be sent out monthly following the AHAR reporting period which runs October 1st to September 30th.
- The monthly Snapshot Reports will be issued by the 20th of the following month. Corrections and feedback will be due back by the last day of the month in which they were issued.

Data Completeness

To release meaningful information from the Kings/Tulare HMIS, data need to be as complete as possible, i.e. they should contain all required information on all people served in a certain type of program (i.e. emergency shelter) during a specified time period. On the macro level, the goal of achieving adequate HMIS coverage and participation by all local programs is essentially about ensuring that the records are representative of all the clients served by these programs. If a client record is missing, then aggregate reports may not accurately reflect the clients served by the program. Similarly, if an entire program is missing, data from the Kings/Tulare HMIS may not accurately reflect the homeless population in the community.

Missing Client Records

Even with all programs participating, it is possible that not every client served by the program is actually being entered. Missing client records from participating programs is particularly problematic since, unlike missing programs, the extent of those missing is difficult to quantify. In addition, like with missing programs, missing clients within a program might have characteristics that skew the data findings.

Agencies are strongly encouraged to address the issue of missing client records by comparing paper records (e.g. manual nightly shelter check-in lists) with the information entered into the Kings/Tulare HMIS.

Incomplete Client Records

The second type of incompleteness in a dataset is missing fields within particular client records. Standards have been set to ensure that all required fields are consistently answered. This has been accomplished by setting many fields as required in the software application and by publishing instructions for intake and discharge applications.

Where possible, if clients do not know or refuse to answer a particular question, this should be stored as an answer in the database, rather than leaving the field empty.

Data Accuracy

Information entered into the HMIS needs to be valid, i.e. it needs to accurately represent information on the people that enter any of the homeless service programs contributing data to the HMIS. Inaccurate data may be intentional or unintentional. In general, false or inaccurate information is worse than incomplete information, since with the latter, it is at least possible to acknowledge the gap. Thus, it should be emphasized to clients and staff that it is better to enter 'Data not Collected' (or preferably "don't know" or "refused") than to enter inaccurate information.

There are a number of unintentional errors that can occur during intake and data entry. These include:

- Accidentally selecting wrong response from dropdown;
- Misspelling (based on not knowing the proper spelling);
- Transposition of characters, or missed keys (accidental typographical errors);
- Swapped fields (e.g., first name in last name field, or intake date in exit date field);
- Use of nicknames instead of real names;
- Inaccuracies based on misunderstanding the question;
- Hearing the wrong information; and
- Transcription errors, including the inability to read handwriting.

Incomplete Identifying Information

Incomplete client identifying information – specifically, name, Social Security Number, and date of birth – will impede the Alliance's ability to determine unique clients, hinder the client matching process, and throw off the unduplicated count of clients and households. If insufficient data is provided, it is impossible to verify whether two records represent the same client; thus, the count could appear higher than it is in

reality. It could also be lower than it should be, if for example, there are two clients with the same name, but no Social Security Number is recorded for one of the clients. The Kings/Tulare HMIS staff or data analyst might assume they are the same client. However, a Social Security Number could have proven that they were different clients.

Homeless families also need to share a unique Household Identifier in order to link all of their members for analyses. If this information is missing, it is impossible to get accurate counts of families served, data on family composition will be invalid, and each family member may be incorrectly counted as a single individual served. Although the Household Identifier itself is usually system generated, users must enter clients in a particular way in order to ensure that the clients are related properly.

When possible, staff should note any third-party documentation that has been provided for verification purposes. Providing clients with access to review and correct the personal information that has been entered in the HMIS can improve data accuracy. This is also a client's right, as published in the HUD Data and Technical Standards.

In addition, the following standards have been established to ensure maximum data integrity:

- All clients shall have unique ID numbers (Social Security Number or system-generated ID).
- Missing/unknown data in Client Track is less than 10% per month in required variable fields. The only data variable exception to accuracy, with respect to 'Unknown' is the variable Destination.
- All data entered is compatible with the agency's program in ClientTrack. For example, a family cannot be entered at a single men's shelter or a single women's shelter.
- Data in the Kings/Tulare HMIS must accurately reflect client data recorded in the agency's client file and known information about the client and services provided to the client. For example, 'Entry Date' should be the date the client enrolled in the shelter and began receiving services, and 'Exit Date' should be the date the client physically exited the shelter.
- Data for active clients should be reviewed and updated monthly.
- Each agency program will establish procedures, controls and audit trails to ensure that all clients are entered into ClientTrack.

There are two main approaches to ensuring that all required fields are completed consistently: software validation and data quality reporting:

- With software validation, records are not saved unless all required fields are entered. This approach is effective at capturing something for every field, but may also lead to staff entering inaccurate information just so they can save the data.
- Data quality reporting that occurs after the fact. Reports of actual client lists are generated that highlight missing or questionable data. These reports are the catalyst for staff to go back and actually fill in the missing records or make corrections.

Data Consistency

Consistency of data collection and data entry refers to a shared understanding of what data need to be collected and in which way. Agencies are to refer to the HUD Data Standards for a complete description of each data element.

Much of the data in the Kings/Tulare HMIS is self-reported by people seeking homeless services. Often people in the vulnerable position of being homeless may give incorrect information intentionally or unintentionally for a host of reasons. Inaccurate information can be minimized by establishing a rapport with the consumer. Consumers often are not aware of the critical connection between funding and services. Communicating why the client's information is being collected, how it will be used, and how it

helps the agency secure and sustain funding for the program may also be a valuable way to build understanding and support from the client. It is advisable for all staff to agree on a minimal level of information that all clients should receive. The agency may want to write out talking points and/or train users on how to consistently explain the HMIS and data collection.

Entering Data

Ideally, the same person who collects HMIS data should enter that data into Client Track.

This assures consistent interpretation of the questions, the answers, and handwriting. At many service agencies having one person do both is not possible; e.g., day shifts might collect the data, night staff might enter it when things are less hectic. Also, the same people who are good at interviewing clients may not be good at entering data, or vice versa.

When it is not possible to have the same person collect and enter data, a clear process and communication between data intake and entry staff is essential. This will minimize any misinterpretations. Staff members doing these two tasks should meet before they begin and consistently check-in to resolve any confusion over notes on the intake form, agree on shorthand usage, clarify confusing questions, and discuss anything else that comes up. Supervisors should ensure that this communication happens regularly at each agency.

Intake and data entry staff should meet regularly to resolve any confusion over notes on the intake form, agree on shorthand, and clarify confusing questions. A data quality log can track open questions.

Ongoing Training for Staff

Ongoing training in ClientTrack is needed periodically for data entry staff to ensure ongoing data quality. The need can vary depending on the number of changes/upgrades to the software and the overall complexity of the software. It also depends on the skills of the users. Staff that is less comfortable with computers in general should consider refresher trainings to catch mistakes they may be making, and affirm correct usage. All staff can benefit from trainings that go deeper into software. K/T HMIS will have at least one data quality focused training annually.

Monitoring

Monitoring data quality is a crucial part of the success of K/T HMIS. All participating agencies shall develop protocols for monitoring the quality of the data entered into the K/T HMIS. In addition, the K/T HMIS staff will conduct an annual site visit to ensure that the agency is compliant with all K/T HMIS compliance standards.

Accountability

Each agency that agrees to participate in the K/T HMIS will be held accountable to follow all HUD regulations regarding HMIS including, but not limited to, privacy standards and data quality. All agencies seeking funding through the Alliance will be ranked according to their participation in HMIS and how well they comply with the K/T HMIS Policy and Procedures and Data Quality Plan.

Additionally, K/T HMIS staff will prepare quarterly System and Program Level Indicator Reports. This report will track the Standard Performance Measures (see Appendix) as adopted by the Alliance.

7. Other Obligations and Agreements

The current HUD grant for KTHMIS provides for a limited number of user licenses. While it may not be

possible to meet every agency’s full requirements for licenses within the HUD grant, KTHMIS will endeavor to ensure that every agency participating will have their minimum requirements met from the HUD grant.

7.1 HUD HMIS Data and Technical Standards

This document should, at a minimum, reflect the baseline requirements listed in the HMIS Data Standards, as published by HUD in 2014. Users of KTHMIS are required to read and comply with the HMIS Data Standards. Failure to comply with these standards carries the same consequences, as does failure to comply with these Policies and Procedures. In any instance where these Policies and Procedures are not consistent with the KTHMIS Standards from HUD, the HUD Standards take precedence. Should any inconsistencies be identified, notice should be made to the KTHMIS Specialist.

7.2 HIPAA

For agencies or programs where HIPAA applies, HIPAA requirements take precedence over both the HUD HMIS Data Requirements (as specified in those requirements) and these policies and procedures.

8. Forms Control

All forms required by these procedures are available in PDF format on the Alliance’s website, www.kingstularecoc.org.

Filing of Completed Forms

Form Description	Location	Responsibility
Agency Agreement	Kings United Way	HMIS Specialist
Site Administrator Agreement	Kings United Way	HMIS Specialist
Interagency Data Network Sharing Agreement	Kings United Way	HMIS Specialist
End User Agreement	Kings United Way	HMIS Specialist
Intake Form	Partner Agency	Agency Staff
Client Consent – Release of Information for Data Sharing	Partner Agency	Agency Staff
Client Revocation of Consent to Release Information for Data Sharing	Partner Agency	Agency Staff
Reassessment Form	Partner Agency	Agency Staff
Exit Form	Partner Agency	Agency Staff

Appendix A: Summary of Universal Data Elements

Exhibit 1: Universal Data Element Collection Summary

Data Element	Collected For				When Collected			
	All	HoH	HoH and Adults	Adults	Record Creation	Project Entry	Update	Project Exit
3.1 Name	X				X			
3.2 Social Security Number	X				X			
3.3 Date of Birth	X				X			
3.4 Race	X				X			
3.5 Ethnicity	X				X			
3.6 Gender	X				X			
3.7 Veteran Status				X	X			
3.8 Disabling Condition				X		X		
3.917 Living Situation			X			X		
3.10 Project Entry Date	X					X		
3.11 Project Exit Date	X							X
3.12 Destination			X					X
3.13 Personal ID	X				X			
3.14 Household ID	X					X		
3.15 Relationship to Head of Household	X					X		
3.16 Client Location		X				X	X	

**Program Specific Data Element Collection Summaries will be available for each federal partner program in the HMIS Program Manuals.

Appendix B: Federal Partner Grant Program Overview

Exhibit 2: Federal Partner Grant Programs, Eligible Components/Activities and HMIS Project Types

This table serves as a source reference for:

1. Identification of all HMIS Federal Partner programs and components use of HMIS.
2. Identification of the Program and Program Component/Activity Abbreviations used throughout the Data Manual.
3. Identification of the HMIS Project Type [element 2.4] required association with each Component/Activity.

U.S. Department of Housing and Urban Development (HUD)		
Grant/Program	Component/Activity	HMIS PROJECT TYPE
Continuum of Care for the Homeless (CoC)	Homelessness Prevention (HP)	Homelessness Prevention
	Permanent Supportive Housing (PSH) [Includes CoC - Shelter Plus Care (S+C) and Supportive Housing Program(SHP) – permanent housing with active funding and/or use requirements]	PH: - Permanent Supportive Housing (disability required for entry)
	Rapid Re- Housing (RRH)	PH - Rapid Re-Housing
	Supportive Services Only (SSO)	Services Only (unless Street outreach is funded then Street Outreach)
	Transitional Housing (TH) [Includes CoC SHP – transitional housing with active funding and/or use requirements]	Transitional Housing
	Safe Haven (SH)	Safe Haven
	SRO [20 year use requirement]	PH- Permanent Supportive Housing or PH - Housing Only (depending on whether services are provided).
Emergency Solutions Grants (ESG)	Emergency Shelter (ES) – Entry/Exit (ES-e/e) OR Night-by-Night (ES-nbn) [Includes ESG – Transitional Shelter (Housing)]	Emergency Shelter (Transitional Shelter = Transitional Housing program type, reported under Emergency Shelter)
	Homelessness Prevention (HP)	Homelessness Prevention
	Rapid Re-Housing (RRH)	PH - Rapid Re-Housing
	Street Outreach (SO)	Street Outreach
Housing Opportunities for Persons with AIDS (HOPWA)	Hotel/Motel (H/M)	Emergency Shelter
	Housing Information (HI)	Services Only
	Permanent Housing (PH)	PH - Permanent Supportive Housing
	Permanent Housing Placement (PHP)	Services Only
	Short Term Housing (STH)	Emergency Shelter
	Short Term Rent, Mortgage Utility Assistance (STRMU)	Homelessness Prevention
Transitional Housing (TH)	Transitional Housing	
HUD/VASH (H/V) and HUD/VASH-OTH (H/V-OTH)	Permanent Supportive Housing (PSH)	PH - Permanent Supportive Housing
Rural Housing Stability Assistance Program (RHSP)	Rural Assistance (RA)	Undetermined at time of Data Standards Release

U.S. Department of Health and Human Services (HHS)

Administration for Children and Families (ACYF) -- Family and Youth Services Bureau (FYSB)

Grant/Program	Component/Activity	HMIS PROJECT TYPE
Runaway and Homeless Youth (RHY)	Basic Center Program (BCP)	es = Emergency Shelter p=Homelessness Prevention
	Emergency Shelter (BCP-es) OR Prevention (BCP-p)	
	Maternal Group Home (MGH)	Transitional Housing
	Street Outreach Program (SOP)	Street Outreach
	Transitional Living Program (TLP)	Transitional Housing
	Demonstration Programs (D)	Undetermined at time of Data Standards Release

Substance Abuse and Mental Health Services Administration (SAMHSA)

Grant/Program	Component/Activity	HMIS PROJECT TYPE
Projects for Assistance in Transition from Homelessness (PATH)	Street Outreach (SO)	Street Outreach
	Supportive Services (SSO)	Services Only

U.S. Department of Veteran Affairs (VA)

Grant/Program	Component/Activity	HMIS PROJECT TYPE
Health Care for Homeless Veterans (HCHV)	Community Contract Emergency Housing (HCHV/EH)*	Emergency Shelter
	Community Contract Residential Treatment Program (HCHV/RT)*	Emergency Shelter
	Domiciliary Care (HCHV/DOM)*	Emergency Shelter
	VA Community Contract Safe Haven Program (HCHV/SH)*	Safe Haven
VA Funded Transitional Housing	Grant and Per Diem Program (GPD)*	Transitional Housing
	Compensated Work Therapy Transitional Residence (CWT/TR)*	Transitional Housing
Supportive Services for Veteran Families (SSVF)	Supportive Services for Veteran Families Homelessness Prevention (HP)	Homelessness Prevention
	Supportive Services for Veteran Families Rapid Re-Housing (RRH)	PH - Rapid Re-Housing

**Participation in HMIS is not required as part of a funding requirement except for SSVF. The federal partners recognize that communities record Project Descriptor Data Elements and Universal Data Elements in order to facilitate completion of the HIC and PIT.*

Appendix C: Standard Performance Measures

Goal	Purpose	Systems	Program Outcome Targets	Outcomes Calculation
Housing Stability	Indicates program/system level success in ending homelessness as measured by those who retain permanent housing or attain other permanent housing.	<ul style="list-style-type: none"> ▪ Permanent Supportive Housing ▪ Rapid Re-Housing 	80% of persons will remain in the permanent housing program as of the end of the operating year or exit to permanent housing (subsidized or unsubsidized).	The number of Stayers in the program PLUS the number of Leavers who exited to a permanent housing destination ÷ by the total number of Stayers and Leavers.
		<ul style="list-style-type: none"> ▪ Transitional Housing 	70% of persons will exit to permanent housing (subsidized or unsubsidized) during the operating year.	Permanent housing placement is calculated by determining the number of Leavers who exited to a permanent housing destination ÷ the total # of Leavers.
		<ul style="list-style-type: none"> ▪ Street Outreach 	30% of persons will exit to safe housing (subsidized or unsubsidized) during the operating year.	Safe housing placement is calculated by determining the number of Leavers who exited to a safe housing destination (as defined by HUD) ÷ the total # of Leavers.
Increased Income	Indicates that program is assisting households to obtain sufficient income to attain housing. A higher rate is considered positive.	<ul style="list-style-type: none"> ▪ Permanent Supportive Housing 	56% of persons age 18 and older will maintain or increase their total income (from all sources) as of the end of the operating year or program exit.	The # of adults whose amount of cash income from any source remained the same or increased based on the persons income at intake and then at exit, or if they remained housed, at their most recent assessment ÷ by the total # of adult Leavers PLUS adult Stayers.
		<ul style="list-style-type: none"> ▪ Rapid Re-housing ▪ Transitional Housing 	56% of persons age 18 and older will increase their total income (from all sources) as of the end of the operating year or program exit.	The # of adults whose amount of cash income from any source increased based on the persons income at intake and then at exit, or if they remained housed, at their most recent assessment ÷ by the total # of adult Leavers PLUS adult Stayers.

Goal	Purpose	Systems	Program Outcome Targets	Outcomes Calculation
Earned Income	Indicates that program is assisting households to stabilize housing by becoming employed or maintaining employment. A higher rate is considered positive.	<ul style="list-style-type: none"> ▪ Permanent Supportive Housing ▪ HPRP 	24% of persons age 18 through 61 will maintain or increase their earned income as of the end of the operating year or at program exit.	The number of persons (ages 18-61 whose amount of earned income remained the same or increased based on the persons earned income at intake and then at exit, or if they remained housed, at their most recent assessment ÷ by the total # of Leavers PLUS Stayers (ages 18-61).
		<ul style="list-style-type: none"> ▪ Rapid Re-housing ▪ Transitional Housing 	24% of persons age 18 through 61 will increase their earned income as of the end of the operating year or at program exit.	The number of persons (ages 18-61 whose amount of earned income increased based on the persons earned income at intake and then at exit, or if they remained housed, at their most recent assessment ÷ by the total # of Leavers PLUS Stayers (ages 18-61).
Bed Utilization	Indicates efficient use of community resources. High occupancy rate indicates system efficiency at turning over units and providing programs that are well-designed.	<ul style="list-style-type: none"> ▪ Emergency Shelter ▪ Transitional Housing ▪ Rapid Re-Housing/ ▪ Permanent Supportive Housing 	<ul style="list-style-type: none"> ▪ 60% min. bed utilization for ES ▪ 80% min. bed utilization for TH ▪ 80% min. bed utilization for RRH ▪ 80% min. bed utilization for PSH 	Total number of bed nights ÷ total number of nights in the month.
Average Length of Stay	A reasonably short length of stay indicates efficiency related to turnover of beds which is essential to meet system demand for emergency shelter.	<ul style="list-style-type: none"> ▪ Emergency Shelter 	Currently tracked but not monitored.	Exit Date (or report end date) - Entry Date ÷ number of clients served during the report period.

Goal	Purpose	Systems	Program Outcome Targets	Outcomes Calculation
Average Length of Participation	Indicates that system is assisting households to achieve independence without long term reliance on the system.	<ul style="list-style-type: none"> ▪ Rapid Re-Housing ▪ Homeless Prevention 	Currently tracked but not monitored.	Exit Date (or report end date) - Entry Date ÷ number of clients served during the report period.
Households Served	Indicates volume of households served by the system and provides a better understanding of household size as it relates to unit occupancy.	<ul style="list-style-type: none"> ▪ Emergency Shelter ▪ Transitional Housing ▪ Permanent Supportive Housing 	Currently tracked but not monitored.	The number of households served by the program (or system) during the report period.
Newly Homeless	Indicates the volume of newly homeless persons served by emergency shelters.	<ul style="list-style-type: none"> ▪ Emergency Shelter 	Currently tracked but not monitored.	The number of newly homeless ¹ clients ÷ total number of clients served during the report period.
Recidivism	Indicates system's success in ending homelessness as measured by number of households who attain housing and do not return or enter shelter subsequent to successful housing outcome.	<ul style="list-style-type: none"> ▪ Emergency Shelter ▪ Transitional Housing ▪ Rapid Re-Housing ▪ Homeless Prevention 	Currently tracked but not monitored.	The total number of recidivist clients ² ÷ the total number of clients served during the report period.

¹ *Newly Homeless is defined as the number of persons that entered the emergency shelter during the report period that have not been served by other programs in the HMIS within the past two years.*

² *A recidivist client is defined as one that exits a system with a successful outcome (specific to that system) and re-enters the system within one year after exit from the system.*

2016 COC NOFA

ATTACHMENT 8. 2016 COC CONSOLIDATED APPLICATION: APPLICABLE SECTIONS OF CON PLAN TO SERVING PERSONS DEFINED AS HOMELESS UNDER OTHER FED STATUTES, 4B-7A

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This attachment is **NOT APPLICABLE**, as the Kings/Tulare Homeless Alliance (KTA) is not serving persons defined as homeless under other Federal Statutes.

2016 COC NOFA

**ATTACHMENT 9. 2016 COC CONSOLIDATED
APPLICATION: PHA HCV SET-ASIDE COMMITMENT,
1C-4**

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1. Written Commitment from Housing Authority of Tulare County	2
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August 24, 2016

Ms. Machael Smith, Executive Director
Kings/Tulare Homeless Alliance
PO Box 1742
Visalia, CA 93279

Letter from the Housing Authority of Tulare County committing 10 HCV as a homeless preference.

RE: HOUSING AUTHORITY AND ALLIANCE PARTNERSHIP

Dear Ms. Smith,

The Housing Authority of Tulare County is pleased to partner with the Kings/Tulare Homeless Alliance through the Opening Doors program. In an effort to address the lack of affordable housing as individuals and families move from Permanent Supportive Housing (PSH) to housing stability, the Housing Authority has set aside ten (10) vouchers in our Housing Choice Voucher (HCV) program to address homeless preferences.

In order to comply with the FY2016 CoC Program competition NOFA, consider this letter to be documentation of coordination and engagement from the Housing Authority.

The Housing Authority looks forward to a continued partnership with the Kings/Tulare Homeless Alliance. Please contact me for further discussion, or with any questions or concerns at (559) 627-3700, extension 114.

Sincerely,

KEN KUGLER
Executive Director

KK/mp

MW/Letters/HATCHomelessPreferenceLetter.docx

ADMINISTRATIVE
OFFICE
5140
West
Cypress
Avenue
P.O. Box 791
Visalia, CA
93279
(559) 627-3700
FAX (559) 733-0169
WEB SITE: www.hatc.net
TTY: 800-735-2929

DINUBA
OFFICE
1435
South
College
Avenue
P.O. Box 925
Dinuba, CA
93618
(559) 591-4286
FAX (559) 591-1823

VISALIA
OFFICE
1138
South
Crenshaw
Court
Visalia, CA
93277
(559) 738-8450
FAX (559) 738-0251

TULARE
OFFICE
210
South
Sacramento
Street
Tulare, CA
93274
(559) 686-1350
FAX (559) 686-8467

PORTERVILLE
OFFICE
290
North
Fourth
Street
Porterville, CA
93257
(559) 781-6873
FAX (559) 781-9148

LINNELL
FARM LABOR
CENTER
1436-3
North
Mariposa
Avenue
Visalia, CA
93277
(559) 747-0732
FAX (559) 747-6528

WOODVILLE
FARM LABOR
CENTER
16153
Road 192
Mail
Route 1, Box 180
Porterville, CA
93257
(559) 784-4030
FAX (559) 782-1411

670 S. Irwin Street
Hanford, California 93230
(559) 582-3120
FAX (559) 582-8471
CSD: 711



700 – 6 ½ Avenue
Corcoran, California 93212
(559) 992-2957
FAX (559) 992-8415

August 19, 2016

Ms. Machael Smith, Executive Director
Kings/Tulare Homeless Alliance
P.O. Box 1742
Visalia, CA 93279

Letter from the Housing Authority of Kings County committing 2 HCV as a homeless preference.

Re: Housing Authority and Alliance Partnership

Dear Ms. Smith,

The Housing Authority of Kings County is pleased to partner with the Alliance through the Opening Doors program. In an effort to address the lack of affordable housing as individuals and families move from Permanent Supportive Housing (PSH) to housing stability, the Housing Authority has set aside two (2) vouchers in our Housing Choice Voucher (HCV) program to address homeless preferences.

In order to comply with the FY2016 COC Program competition NOFA, consider this letter to be documentation of coordination and engagement from the Housing Authority.

The Housing Authority looks forward to a continued partnership with the Kings/Tulare Homeless Alliance. Please contact me for further discussion, or with any questions or concerns. My contact information is (559) 582-2806 ext. 110 or bhoskins@hacc.com.

Regards,

A handwritten signature in blue ink, appearing to read "Robert N. Hoskins".

Robert N. Hoskins

Executive Director

Administration Office: 680 North Douty Street P.O. Box 355 Hanford, California 93232-0355
Phone: (559) 582-2806 Fax (559) 583-6

Administration Office: 680 North Douty Street • P.O. Box 355 • Hanford, California 93232-0355
Phone: (559) 582-2806 • Fax (559) 583-6964

"This Institution is an Equal Opportunity Provider and Employer"

2016 COC NOFA

ATTACHMENT 10. 2016 COC CONSOLIDATED APPLICATION: COC-HMIS MOU, 2A-1, 2A-1A

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This attachment is **NOT APPLICABLE**, as the Kings/Tulare Homeless Alliance (KTA) does not have a separate CoC-HMIS MOU. The HMIS Governance Charter is included in the CoC Governance Charter, which is located in Attachment 6.

2016 COC NOFA

ATTACHMENT 11. COC WRITTEN STANDARDS FOR ORDER OF PRIORITY, 3B-1.3A

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Every Door Open

Coordinated Entry System Written Standards

Formally adopted by the CoC Board on August 11, 2016. See page 88 for board minutes detailing approval.



Adopted by the Alliance Board of Directors on August 11, 2016

Lucia Orozco
Lucia Orozco, Secretary

Every Door Open

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I. Introduction

In 2010, the Kings/Tulare Homeless Alliance (Alliance) adopted a communitywide plan to end homelessness titled, ***Connecting the Dots***. The plan includes a comprehensive and interrelated set of strategies focused on reducing the number of people who experience homelessness within Kings and Tulare Counties. One of the strategies identified in the plan is the need for a coordinated entry and assessment system. ***Every Door Open: A Coordinated Entry & Assessment System Serving Kings/Tulare Counties*** has been created to address this need.

The ***Every Door Open*** plan is a partnership of service and housing providers (collectively referred to as “Providers”) and is structured to deliver a more consistent level of services and housing to those that are at-risk of homelessness or experiencing homelessness in Kings/Tulare counties. ***Every Door Open*** coordinates local investment towards ending homelessness, in order to increase our ability to prevent and reduce homelessness. The following focal points have been incorporated into ***Every Door Open*** in order to address the needs of individuals and families that are at-risk or experiencing homelessness:

- **Coordinated Entry**– Housing Providers within the region will use the same assessment tool, policies on eligibility verification, and data collection forms. By following a unified entry protocol, the process becomes more efficient for the potential applicant, the housing provider, and the agency that is working to find housing for the potential applicant. Additionally, data is shared between agencies to maximize service potential and minimize duplication of services.
- **Accessible Point of Entry** – Households with a housing crisis anywhere in the bi-county region can enter the system either through a Housing Navigator, partner agency, or 2-1-1. Clients will be screened by a Housing Navigator, any partner agency, or centrally through the 2-1-1 information and referral hot line. While applicants can enter the Alliance of services through a local Provider, 2-1-1 has been intentionally incorporated into this strategy to allow for an accessible point of entry from anywhere in Kings/Tulare Counties.
- **Screen In (not Out) for Eligibility** – The goal of this comprehensive entry and assessment system is to identify the appropriate level of services for each applicant, and fully utilize the ***regional referral capability*** to assist every client in accessing the required level of services and/or housing needed to attain and remain successful in permanent housing.
- **Appropriate Level of Services and Housing First** - The effectiveness of ***Every Door Open*** revolves around the ability to accurately assess participants and assign the appropriate level of services. Prevention, Diversion and Rapid Re-Housing are the three main priorities of ***Every Door Open***, with

accurate referral to emergency, transitional, or permanent supportive housing. As Providers work through the assessment protocol, referrals will be crucial in assigning and connecting each participant with the appropriate level of service.

On May 20, 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including:

- A consolidation of HUD's competitive grant programs;
- The creation of a Rural Housing Stability Assistance Program;
- A change in HUD's definition of homelessness and chronic homelessness;
- A simplified match requirement;
- An increase in prevention resources; and,
- An increase in emphasis on performance.¹

The HEARTH Act requires that the Alliance establish and operate a coordinated entry system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. In addition to providing a more efficient system for serving those that are at-risk of homelessness or experiencing homelessness in Kings/Tulare counties, *Every Door Open* meets the intent of the HEARTH Act requirements.

This plan is an unprecedented collaborative effort in our community with those entities most likely to come into contact with the homeless population. While establishing a successful unified entry and assessment program serving Kings and Tulare Counties will be challenging, this Plan is intended to be a live document. As funding shifts, programs expand and/or close, and local systems evolve, this plan will need to be adjusted accordingly. Throughout this endeavor, the Alliance will remain committed to educating and establishing systems for diversion, prevention and rapid re-housing, as well as integrating this strategy in our local community for preventing and ending homelessness.

A. ENTRY SYSTEM

According to the National Alliance to End Homelessness, there are two general models for coordinated entry systems – centralized and decentralized. A geographically centralized entry system has one distinct location where every household can go to complete an intake and assessment. A centralized system includes a virtual or telephone-based intake where households can call one number to access intake and get referrals. A decentralized coordinated entry system offers access

¹ <http://www.hudhre.info/hearth/>

through multiple sites and providers.

Kings and Tulare counties are located in the San Joaquin Valley and span over 6,200 square miles of diverse geographic and demographic landscape. There are a couple of populated metropolitan areas, but the majority of residents live in impoverished rural areas. In order to meet the needs of our community, **Every Door Open** utilizes a hybrid approach incorporating both models; coordinated entries through the centralized 2-1-1 call system; and decentralized entries through Providers. This hybrid approach provides a variety of avenues in which all segments of our community can access housing and service supports.

Every Door Open directs households who are at-risk of becoming homeless or are currently experiencing homelessness, to seek assistance through a Housing Navigator, partner agency, or 2-1-1. Households are evaluated through the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT).

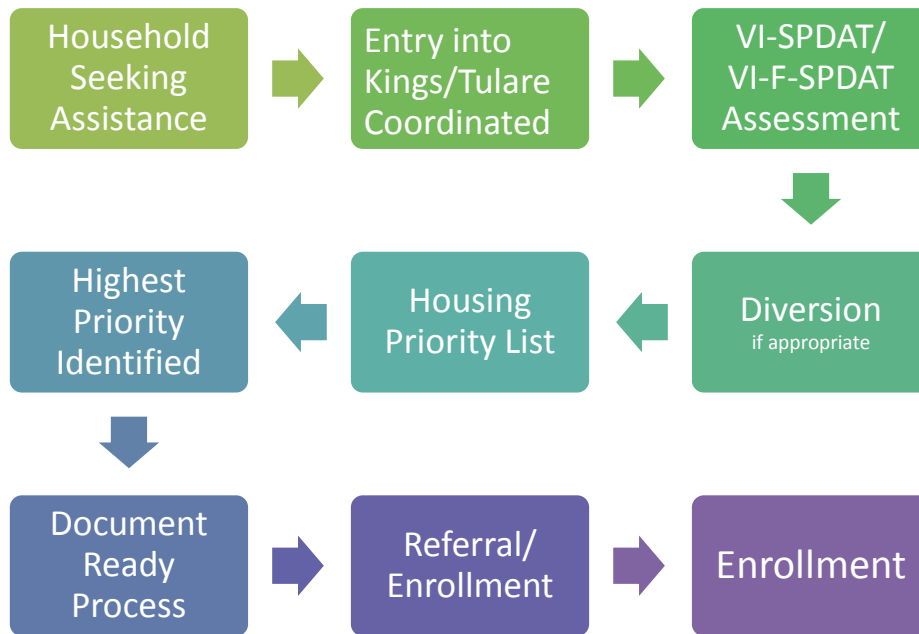
The standards are to be reviewed regularly in order to ensure the system of providing assistance is transparent, ensure local priorities are clear to all recipients, and as a CoC that limited resources are being used strategically. To guarantee the written standards are implemented comprehensively, project performance, HMIS data, Coordinated Entry tracking, as well as project participant and stakeholder input will all be considered when evaluating the written standards for effectiveness.

These written standards establish the community-wide expectation of how resources are to be targeted within the community separate from meeting eligibility requirements, and specific to prioritizing assistance according to population and household types. Providers must always meet eligibility criteria while all individuals and household types can be prioritized for a type of assistance.

The Alliance uses the VI-SPDAT to 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.

The following *Figure A: Kings/Tulare Coordinated Entry Process* summarizes the general process of **Every Door Open**.

**Figure A:
Kings/Tulare Coordinated Entry Process**



The **Every Door Open** Plan streamlines referrals and ensures a similar level of services to households entering either through a Housing Navigator, partner agency, or 2-1-1. All points of entry will use the same assessment tool, data collection forms, policies on eligibility verification and referral/information sharing system.

Every Door Open acknowledges that the needs of a household who is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, may be different than the needs of non-victims. Providers will be trained on sensitivity in regards to victims’ assistance, and referrals will only be made to domestic violence providers. In addition, the data of victims will be entered into a comparable database, and victims’ data is not shared with other Providers. Individuals who are seeking shelter or services from non-victim service providers will be provided a high level of confidentiality and sensitivity, and will be referred to a qualified domestic violence Provider for housing and services.

In addition to entry through a Housing Navigator, partner agency, or 2-1-1, the local 10-Year Plan titled “Connecting the Dots: A Proactive Approach for Addressing Homelessness” calls for the establishment of Housing Resource Centers (HRC) in Kings/Tulare Counties. In the event that HRCs

are established, **Every Door Open** should be re-evaluated. At a minimum, the HRCs should become certified entry points to access housing and services. Depending on the structure of the HRCs, Kings/Tulare Counties could elect to shift to a strictly centralized model, with front door entry taking place at only the HRC or through 2-1-1. However, since the structure and impact of potential HRCs are unknown at this time, they cannot be integrated into this version of **Every Door Open**.

B. ASSESSMENT TOOLS & PROTOCOLS

Every Door Open utilizes the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) and the Vulnerability Index and Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT) tools, which assist in consistently evaluating the level of need and appropriate services for all clients seeking services. All ESG and CoC funded programs are required to use the coordinated entry tools to assess clients. Additionally, all ESG and CoC funded projects are required to take referrals from the coordinated entry system.

The HEARTH Act requires that the Kings/Tulare Homeless Alliance establish policies and procedures for evaluating a household's eligibility for assistance. The assessment tools provide a procedure for determining which applicants are eligible and appropriate for the variety of housing and support services available in our community. For example, applicants for permanent supportive housing must have a disabling condition and lack the resources to obtain housing.

The VI-SPDAT/VI-F-SPDAT tools should be used as a guide, with the understanding that each applicant has a unique set of circumstances. Generally speaking, the assessment is a tool for ensuring that protocols are applied consistently throughout the bi-county region, and that each Provider is actively engaging in **responsible assessments**.

Every Door Open is focused on providing a continuum of care including prevention, diversion and housing first approaches. The Plan requires each Provider to assess household's eligibility for services. Prevention services target people at imminent risk of homelessness, while diversion services target people as they are applying for entry into shelter, and housing first strategies target people who are already homeless.² If the point of entry is an emergency shelter, Providers shall assess feasibility for diversion within **72 hours** of when a family/individual enters a shelter. The entry Case Manager determines whether the household has income but needs financial assistance to obtain housing and/or needs assistance with staying in their homes.

The VI-SPDAT/VI-F-SPDAT forms will also be used to identify Veterans in need of assistance. Once identified, Veterans will be referred to the Veterans Administration for consideration for VASH or to a

² Closing the Front Door: Creating a Successful Diversion Program for Homeless Families, Best Practice, August 16, 2011

SSVF provider as appropriate. Veterans who are not eligible for VASH or SSVF assistance will be prioritized for ESG and/or CoC funded programs.

C. COORDINATED ENTRY IN HMIS

The local Homeless Management Information System (HMIS) software, Client Track, allows us to manage referrals, manage measurement score (for example, the VI-SPDAT score) and also allows us to create customized assessments and reports. All assessments are entered into HMIS by Providers and the Housing Navigator as close to real time as possible. This process allows for the Housing Navigator to maintain a real-time Housing Priority List. As housing opportunities become available, the Housing Navigator selects households from the Housing Priority List based on a combination of VI-SPDAT score, length of time homeless and program requirements (e.g. disabling condition, chronic homeless status, etc.).

The Housing Priority List is managed by the Housing Navigator and is monitored by the Alliance and Kings United Way, who serve as the CoC and HMIS Lead agency respectively. All referrals for ESG and CoC funded projects are made by the Housing Navigator and are based on matching the appropriate intervention with the highest-scoring client/family in that category. Case Management Roundtables are held monthly to staff cases and discuss challenges and successes related to the coordinated entry and housing priority list process.

II. Coordinated Intake Policies and Procedures

The Alliance has developed these written standards in accordance with 24 C.F.R §576.400(e), as well as through stakeholder feedback and incorporation of national best practices. The standards include common forms, recordkeeping policies, and evaluation tools in order to enhance compliance amongst all HUD homeless funding streams and allow for measureable results. These standards are not intended to be static and will be updated as necessary to address the needs of the community.

These written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. All programs that receive ESG or CoC funding are required to abide by these written standards. Agency program procedure should reflect the policy and procedures described in this document. The CoC strongly encourages programs that do not receive either of these funding sources to accept and utilize these written standards.

The majority of these standards are based on the ESG and/or the HEARTH Interim Rules. There are some additional standards that have been established by the CoC to assist programs in meeting and exceeding performance outcomes that will help the CoC reach the goal of ending homelessness.

The Continuum of Care Written Standards will include policies and procedures for:

- Evaluating individuals' and families' eligibility for assistance
- Determining and prioritizing which eligible households will receive ES, RRH and PSH assistance funded by the CoC and ESG
- Standards for determining what percentage and amount of rent each household must pay while receiving RRH assistance
- Common performance measurements for all CoC components.

These standards are in place in order to:

- Establish community-wide expectations on the operations of projects within the community
- Ensure that the system is transparent to users and operators
- Establish a minimum set of standards and expectations in terms of the quality expected of projects
- Ensure the local priorities transparent to recipients and sub-recipients of funds
- Create consistency and coordination between projects throughout the CoC

A. PROGRAM REQUIREMENTS FOR ALL PROGRAMS

- Programs must coordinate with other homeless services within the CoC

- Programs must coordinate with mainstream resources in the CoC including housing, social services, employment, education and youth programs for which participants may be eligible
- Programs must have written policies and procedures and must consistently apply them to all participants
- Ensure that all members of a household are not denied admission or separated from other family members based on age, sex, or gender when entering shelter or housing.
- Programs that serve households with children:
 - A staff person must be designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services.
 - The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that provides shelter for families with children
- Programs receiving ESG and CoC funding must participate in HMIS (Homeless Management Information System)
- Programs must meet minimum HMIS data quality standards
- Programs providing domestic violence services must utilize the Alliance comparable database to collect HUD required data elements.
- Programs must participate in Coordinated Entry System and use the prioritization criteria established in this document.
- Programs must conduct an initial evaluation to determine the amount and type of assistance needed to regain stability in permanent housing.
- Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.
- Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved.
 - Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination
 - Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
- Termination does not necessarily preclude assistance at a future date.
- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis.

- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or ESG. These activities can be conducted but must be separate and voluntary for program participants.

B. RECORD KEEPING REQUIREMENTS FOR ALL PROJECTS

Participant Recordkeeping Requirements include:

- All records containing personally identifying information must be kept secure and confidential
- Programs must have written confidentiality/privacy notice a copy of which should be made available to participants if requested
- Documentation of homelessness (See Appendix for HUD documentation guidelines)
- Documentation of chronic homeless status, if applicable (See Appendix for HUD documentation guidelines)
- A record of services and assistance provided to each participant
- Documentation of any applicable requirements for providing services/assistance
- Documentation of use of coordinated entry system
- Documentation of use of HMIS
- Records must be retained for the appropriate amount of time as prescribed by HUD

Financial Recordkeeping Requirements include:

- Documentation for all costs charged to the grant
- Documentation that funds were spent on allowable costs
- Documentation of the receipt and use of program income
- Documentation of compliance with expenditure limits and deadlines
- Retain copies of all procurement contracts as applicable
- Documentation of amount, source and use of resources for each match contribution

C. OCCUPANCY STANDARDS FOR ALL PROGRAMS

All housing units, including scattered-site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards: (For more detail refer to ESG regulations 576.403 (b) Minimum Standards)

- Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents

- Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable
- Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings
- Each room must have a natural or mechanical means of ventilation
- Must provide access to sanitary facilities that are in operating condition, private and clean
- Water supply must be free of contamination
- Heating/cooling equipment must be in working condition
- Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances
- Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner
- Building must be maintained in a sanitary condition
- Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing- impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

The Program, Record Keeping and Occupancy Standards as represented above apply to all programs, regardless of the type of services/housing that they provide.

D. CLIENT ELIGIBILITY AND DOCUMENTATION

The following table provides a summary of the funding resources the Alliance allocates, and the targeted population associated with each.

Table 1. Eligible Populations

FUNDING SOURCE	COMPONENT	TARGET POPULATION
HUD Alliance of Care Program (CoC)	Permanent Supportive Housing	Literally Homeless individuals with a disabling condition; families with one member who has a disabling condition.
	Rapid Re-housing	Individuals and families who are literally homeless.
	Transitional Housing	Individuals and families who are literally homeless; or are at imminent risk of homelessness.
Emergency Solutions Grant (ESG)	Street Outreach	Individuals and families who are literally homeless.
	Emergency Shelter	
	Rapid Re-housing	

All ESG and CoC funded programs must comply with the following standards with regards to defining homelessness:

Table 2. HUD Homeless Definitions

Category of Homelessness		Definition
Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.
Category 4	Fleeing/ Attempting to Flee DV	(3) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing.

Note: Category 3 has been omitted, as it is not an eligible population to be served in the Kings/Tulare bi-county region.

Prior to being enrolled into a housing program, the case manager must obtain homelessness verification/documentation for the household being served. Appendix B provides an overview of the documentation standards for homeless status.

E. ACCESS POINT FOR HOUSING

Households seeking housing assistance can access the system through a Housing Navigator, partner agency or by calling 2-1-1. Partner agencies or a Housing Navigator will administer a VI-SPDAT or VI-F-SPDAT to determine the appropriate level of services. The completed assessment will be entered into the local HMIS for placement on the Housing Priority List.

Once an appropriate housing opportunity is identified, a referral will be issued in HMIS and will generate an email to the agency receiving the referral. The receiving agency shall contact the client within 7 days to conduct a full assessment and placement, per component policies and procedures.

F. MATCHING

Assisted households will be matched to the appropriate program based on level of need and other criteria, including:

1. Special populations, including but not limited to the following:
 - a. Domestic violence
 - b. Disability status
 - c. Mental illness
 - d. Substance abuse
 - e. Youth and young adults
2. Geographic location, including matching families with children to programs that can serve the family in the child's current school district, or other location they prefer such as near family/friends; and
3. Household type and size.

G. REFERRALS

Once a client is near the top of the Housing Priority List, the Housing Navigator will work with the client to become document ready which includes providing proof of benefits and other supporting documentation (e.g. income, lease, eviction notices, etc.) to verify housing status and client eligibility.

This process will determine:

- Whether or not the client has no other support networks or resources to obtain/retain permanent housing;
- If the client income is below 30% AMI of HUD's annual income limits and if the household has assets that exceed the program's asset limit;
- If the client is chronically homeless;

- If the household's living situation qualifies as literally homeless.

All clients will be contacted by a Housing Navigator prior to being referred to an agency for placement. Navigators will spend a maximum of 7 days trying to locate a client for engagement. If the client is not found, the Navigator will work with the next client on the list.

Until the backlog of non-document ready clients has been cleared, Navigators will refer clients to agencies that have been screened as chronic homeless and disabled, but not yet document ready.

The timeline for clients to be contacted by the receiving agency is 7 days. Within this time, the case manager must make contact with the client and record a housing note in HMIS. The receiving agency must provide the client with a welcome letter outlining what information and steps will be needed for a potential housing placement. This letter must be dated within 7 days of receiving the referral.

The agency then has between 30 and 60 days to place the client into housing (see RRH and PSH guidelines). This timeframe includes getting the client document ready and into lease. If the client has not been placed during this time:

- The VI-SPDAT & referral will need to be closed in HMIS;
- A housing note added in HMIS updating the client situation; and
- A new VI-SPDAT entered on the client.

Households will be deemed ineligible if:

- The household appears to have other resources/housing opportunities that it can access to avoid homelessness;
- The household is not literally homeless according to the HUD definition; or
- The household has very high or multiple barriers to re-housing and can be referred to another program that would better suit the client's housing situation such as a board and care.

Households that do not qualify for HUD or CoC program housing assistance will be referred to other appropriate programs and resources within the community.

H. HOMELESS MANAGEMENT INFORMATION SYSTEM

All VI-SPDATS and VI-F-SPDATS must be entered into HMIS as close to real time as possible. In the event that a household is fleeing or attempting to flee domestic violence enters the system through a non-domestic violence service provider, the household should be referred immediately to a domestic violence provider. The domestic violence service provider receiving the referral will administer a VI-

SPDAT or VI-F-SPDAT and enter the information as anonymous into HMIS with a housing note indicating the client identification number from the Comparable Database in order to identify the client upon referral.

I. COORDINATION AMONG PROVIDERS

The primary coordinating body for the bi-county region is the Alliance. The Alliance meets monthly and has a diverse membership of housing service providers, support service providers, government agencies and private/public organizations. The Alliance also hosts guest speakers to discuss new initiatives or to address concerns raised by the service providers and/or program participants.

Programs operating Rapid Re-housing, Homeless Prevention, Emergency Shelter, Transitional Housing and/or Permanent Supportive Housing that receive funding through the HUD's Continuum of Care Program or ESG are expected to:

- Attend monthly Alliance meetings in order to augment collaboration, resource and information sharing, and improvements to service delivery;
- Use the coordinated entry system to get referrals; and
- Coordinate closely with McKinney-Vento Liaisons, 2-1-1 administrators, mainstream benefit agencies, and other emergency shelters and providers throughout the bi-county region.

J. GRIEVANCE POLICY

Definitions:

Complaint – When a client or community member doesn't like particular procedures, the outcome of a process, style differences between staff, time frame of staff responses, or behavioral styles that may feel abrupt or too direct when compared to other staff styles. A complaint may be handled in an informal conversation with staff person or supervisor, if necessary.

Grievance – When a client or community member states that they have been harmed by staff behavior and that behavior significantly deviates from appropriate, professional behavior or when a client's complaint is not resolvable with the staff person's supervisor. Filing a grievance is a formal procedure that will include management involvement and possible oversight from the relevant agency's Executive Director.

POLICY:

It is important to have a mechanism for clients to address grievances or complaints promptly. Clients need to feel that their concerns are well heard, that they are treated respectfully, and that the agency makes every effort to formally investigate complaints in a fair and thorough manner. Clients need to know that we are engaged in continuous improvement of our services.

PROCEDURE:

1. The person making the grievance or complaint will be asked if they have adhered to grievance procedures provided by the organization they are making a grievance or complaint about. If the person making the grievance or complaint has not gone through the grievance procedure provided by the organization, the CoC will recommend that the person do so and document that recommendation. If the resolution provided by that organization was not satisfactory to the complainant, he/she may put the problem in writing and submit it to the Executive Director of the CoC. The Grievance form is located in Appendix E. If the complainant does not want his/her name attached to the complaint, his/her anonymity will be protected. If the complainant is unwilling to put the concern in writing, the Executive Director or another CoC member will document what has been said.
2. Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution.
3. Once a complaint or grievance has been submitted, the Executive Director will approach the problem program's representative, explain the complaint or grievance, and ask for a response to the charge(s). Responses will be documented. It will be up to the Executive Director to decide if the matter needs to be discussed by the Board of Directors. A second complaint or grievance will be handled the same.
4. If a program receives a third complaint, the Board of Directors will review the situation and recommend action. The Executive Director of the program being reviewed will be asked to respond to the Board of Directors.
5. All complaints or grievances involving **vulnerable adults or children** will be immediately turned over to the appropriate county office.

III. Emergency Shelter (ESG Only)

A. OVERVIEW AND PURPOSE

ESG Emergency Shelter funds are intended to respond to crisis and provide short-term emergency assistance to enable homeless households to move toward independent living by obtaining permanent housing as quickly as possible. The primary goal of emergency shelter is:

- To provide temporary accommodation that is safe, respectful, and responsive to individual needs; and
- Re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns.

B. HOUSEHOLD ELIGIBILITY

1. Initial Screening

All people requesting shelter must be screened for other safe and appropriate housing options and resources to obtain/maintain their housing. People who have other safe and appropriate housing options shall be diverted away from emergency shelter and instead are offered problem-solving assistance and immediate linkages to other community supports. People who have critical health and safety needs should be provided an appropriate response.

Emergency Shelters cannot discriminate per HUD regulations. Additionally, they cannot impose pre-conditions for entry such as sobriety, identification, income or employment related items. Transgender placement is based on self-identification of gender.

2. Eligibility

Homeless clients entering into the shelter system must meet the HUD criteria for homelessness as either literally homeless (Homeless Category 1), at imminent risk of homelessness (Homeless Category 2), homeless under another federal statute (Homeless Category 3), or fleeing/attempting to flee domestic violence (Homeless Category 4).

3. Prioritization

Emergency shelters will prioritize individuals/families that:

- a) Have the most urgent and severe needs; and
- b) Cannot be diverted; and
- c) Can be safely accommodated in the shelter; and

- d) Are not in need of emergency medical or psychiatric services or are dangers to self or others.

4. Documentation

The receiving provider is responsible for confirming the household's homeless status, and maintaining hard copies of the records. See Appendix for acceptable forms of documentation of homelessness.

C. GENERAL OPERATING STANDARDS

1. Lease Requirement

In ESG Emergency Shelters, participants must not be required to sign a lease or occupancy agreement.

2. Duration of Assistance

ESG-Emergency Shelters must operate a maximum 90-day project model. To the extent practicable, participants will be assisted in obtaining housing within 30 days of entry into the emergency shelter. All ESG-Emergency Shelters will strive to reduce the average length of stay. However, participants may stay longer in order to prevent them from becoming homeless, on the streets, or other places not meant for human habitation.

3. Service Requirement

Each participant will be assessed to identify needs and barriers to obtain permanent housing. An initial evaluation and assessment must be completed at program entry, including verifying and documenting eligibility. If a participant's stay in emergency shelter is longer than 30 days, then the recipient must reassess and document the need for continued services every 30 days while the participant continues in shelter. The reassessment must show that the participant needs additional time in shelter to obtain other housing, and would be unsheltered without ESG assistance.

Obtaining appropriate housing, particularly permanent housing, and addressing the most immediate and manageable barriers is the priority for emergency shelters. Given the expected short-period of assistance, the focus is on those barriers that can be addressed during the timeframe of assistance. Each participant will have a housing stability/service plan that may include longer-term solutions to other barriers or risk-factors that might destabilize a household after assistance has ended. This plan is to be completed at program entry and updated at least every 30 days for emergency shelter. The plan will be derived from the assessment and include at a minimum, housing stability goals and other goals as appropriate to the essential services identified in the agency's ESG contract. Each participant will participate in developing her/his own

individualized housing stability/service plan to obtain housing and maintain housing stability after ESG-funded assistance ends.

Recipients may use their current evaluation and assessment form, reassessment form, tracking method, and housing stability/service plan, or develop new forms or other tracking methods. The evaluation, assessment, reassessment, housing stability/service plan, and goals must be documented according to the agency's protocols for documentation, and at a minimum must be in a format that is readily available for monitoring. Essential services must be tied directly to the needs and barriers identified in the assessment and recipients are encouraged to build on the participants' strengths to attain housing stability. Participation in services unrelated to obtaining permanent housing is voluntary.

4. Exiting

To the degree practicable, participants exiting emergency shelter will be assisted in accessing housing that best fits their needs, with a preference for assisting participants to access permanent housing. Exits to other homeless situations are avoided, even when program rules are violated. People who pose an imminent risk of harm to themselves or others may be exited to more appropriate assistance, such as a more intensive program, hospital, or other emergency responder.

IV. Rapid Re-Housing (ESG and COC)

A. OVERVIEW AND PURPOSE

Rapid Rehousing is a type of permanent housing that offers supportive services, as needed, and/or short-term (up to three (3) months) or medium-term (four (4) to 24 months) rental assistance in order to help homeless individuals or families move as quickly as possible into permanent housing and achieve stability. 24 CFR § 578.37(a)(1)(ii).

Rapid re-housing is intended to assist eligible participants to quickly obtain and sustain stable, permanent housing. Effective rapid re-housing requires case management and financial assistance, as well as housing search and location services. Though available units may at times seem scarce, oftentimes this problem can be overcome by good relationships with landlords, flexibility on lease terms, or offering security deposits to landlords.

B. HOUSEHOLD ELIGIBILITY

1. Eligibility

Table 3. Eligibility Criteria

ELIGIBILITY CRITERIA SUMMARY FOR ESG AND COC RAPID RE-HOUSING				
Criterion	Initial Evaluation		Re-Evaluation	
	ESG-RRH	CoC-RRH	ESG-RRH	CoC-RRH
Homeless Eligibility				
Literally homeless	✓	✓		
Imminent risk of homelessness ³		✓		
Fleeing/attempting to flee domestic violence	✓ ⁴	✓		
Income Evaluation Required			✓	
Need (amount and type of assistance)	✓	✓	✓	✓
Lacking resources and support networks			✓	✓

³ While Imminent Risk of Homelessness is an eligible population according to the HEARTH guidelines, there are NOFA guidelines that may deem this population ineligible.

⁴ Eligible only if also literally homeless.

2. Prioritization

Rapid Rehousing assistance will be prioritized for individuals and families with a vulnerability score in the range of 4 to 9 based on the VI-SPDAT or VI-F-SPDAT. Referrals will be based on the highest score in the RRH range of 4 to 9. Homeless veteran households will be further prioritized in CoC-funded RRH projects.

Eligible households:

- a. Must be literally homeless as defined by HUD (See Table 3 above) and reside in Kings or Tulare County; AND
- b. The household must be at or below 30% AMI at the time they are admitted to the program and be at or below 50% AMI at the time of reassessment(s); AND
- c. Households cannot be residing in subsidized housing or receiving a duplicate housing subsidy.

3. Documentation

The receiving provider is responsible for confirming the household's homeless status, and maintaining hard copies of the records. See Appendix B for acceptable forms of documentation of homelessness.

C. GENERAL OPERATING STANDARDS

1. Re-housing Placement

Households should be housed within 45 days of acceptance into the program. Extensions may be granted for extenuating circumstances.

2. Lease Term

Each program participant must have a legally binding, written lease for the rental unit, unless the assistance is solely for rental arrears. The lease must be between the owner and the program participant. Additionally, for CoC-RRH the lease must be for a term of at least one year that is renewable (for a minimum term of one month) and terminable only for cause.

3. Housing Standards

All housing must meet housing habitability and/or quality standards (24 CFR 982.401(j)), FMR requirements, and rent reasonableness standards before any rental assistance is paid.

Table 4. Housing Requirements

RRH HOUSING REQUIREMENTS		
Requirement	ESG	CoC
Housing Standards	HUD Habitability Standards	HUD Housing Quality Standards
Fair Market Rent	Rental assistance may cover up to the FMR for the unit	Rent reasonableness is the applicable rent standard
Rent Reasonableness	Units must comply with HUD’s rent reasonableness standards	Units in a structure must comply with HUD’s rent reasonableness standards

4. Housing First

Providers are expected to follow a Housing First model. The only real expectations of Housing First, which the individual or family agrees to prior to starting with the program, is to comply with Housing Stability Case Management, pay their portion of the rent, and avoid any lease violations or disruptions that would cause their eviction from the unit. Examples of required Housing First practices include:

- a. Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues;
- b. Helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
- c. Seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
- d. Allowing participants to choose the services and housing that meets their needs, within practical and funding limitations;
- e. Connecting participants to appropriate support and services available in the community that foster long-term housing stability

5. Progressive Engagement

Participant needs should be met with the appropriate level of services, starting with the least intensive service and increasing service level as needed. For example, the Rapid Rehousing project could provide all households enrolled with a basic level of assistance, such as assistance preparing a housing search plan and list of local landlords. Some households will be successful finding housing with that level of assistance, but for those households who demonstrate that they need more assistance and support to find housing, the supportive services must be increased to meet the level of need.

The initial assessment of strengths, needs, and barriers to stable housing should inform the initial level of financial assistance and supportive services to be provided by the Rapid Rehousing project. Participants should then be re-assessed throughout the duration of the program enrollment so that housing stability plans and supportive services can be increased or decreased, as appropriate. This approach ensures that the financial and supportive services provided by Rapid Rehousing projects are effectively targeted and responsive to the diverse needs of households experiencing homelessness.

6. Connections to Mainstream Resources

At the time of enrollment and/or reassessment, each provider of assistance must conduct an assessment of the supportive services needed by the participant, the availability of such services, and the coordination of services needed to ensure long-term housing stability and must make adjustments, as appropriate.

7. Reassessment of Eligibility and Supportive Service Needs

Reassessment of eligibility and needs will occur every 90 days from the date of program entry, or when a participant notifies a provider of any changes that could affect their ongoing program eligibility.

8. Exiting

Prior to assistance ending, a plan must be in place that identifies how the participant will maintain stability in permanent housing. If the participant is not yet able to retain permanent housing, they may be re-evaluated and if determined to be eligible, they may continue receiving assistance as long as maximum time limits have not yet been met. Participants may receive additional assistance to prevent them from becoming homeless, on the streets, or other places not meant for human habitation.

9. Termination

The provider may only involuntarily terminate assistance to a household if the household is evicted by the landlord, or if the client reveals information after program entry that makes them ineligible for the program. In the case of eviction by the landlord, the agency may continue to provide assistance to a household in a new unit. Attempts should be made by the provider to assist the household in avoiding a return to homelessness.

a. Due Process

In terminating assistance or denying an extension to a program participant, the provider must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:

- i. Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
- ii. Written notice to the program participant containing a clear statement of the reasons for termination or denial of extension;
- iii. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination or denial of extension decision; and
- iv. Prompt written notice of the final decision to the program participant.
- v. Additionally, the provider must attempt (and document that attempt) to assist the participant in finding additional resources to decrease the likelihood that they will not become homeless as a result of termination or denial of extension. This assistance must be documented and made available to the Alliance, HCD, and/or HUD during site visits, program monitoring, and audits.

D. ELIGIBLE PROGRAM ACTIVITIES

1. Eligible Use of Funds

Table 5. Eligible Costs

ELIGIBLE COSTS SUMMARY⁵		
	ESG-RRH	CoC-RRH
Rental Assistance	<ul style="list-style-type: none"> ▪ Short-term rental assistance (up to 3 months) ▪ Medium-term rental assistance (4 to 24 months) ▪ Rental arrears (one-time payment of up to 6 months of rent in arrears, including any late fees on those arrears) 	<ul style="list-style-type: none"> ▪ Short-term rental assistance (up to 3 months) ▪ Medium-term rental assistance (4 to 24 months)
Rental Assistance Type	<ul style="list-style-type: none"> ▪ Tenant-based rental assistance ▪ Project-based rental assistance 	<ul style="list-style-type: none"> ▪ Tenant-based rental assistance only

⁵ While these are the eligible costs according to the HEARTH guidelines, there are NOFA guidelines that may be more restrictive.

ELIGIBLE COSTS SUMMARY (CON'T)		
	ESG-RRH	COC-RRH
ELIGIBLE COSTS	<p>Housing Relocation and Stabilization Services</p> <p>Financial assistance costs</p> <ul style="list-style-type: none"> ▪ Rental application fees ▪ Security deposits (up to 2 months) ▪ Last month's rent ▪ Utility deposits and payments (up to 24 months, including up to 6 months for payments in arrears) ▪ Moving costs <p>Service costs</p> <ul style="list-style-type: none"> ▪ Housing search and placement ▪ Housing stability case management ▪ Mediation ▪ Legal services ▪ Credit repair 	<p>Financial assistance (eligible under rental assistance)</p> <ul style="list-style-type: none"> ▪ Security deposits (up to 2 months) ▪ First and last month's rent ▪ Property damage <p>Supportive services</p> <ul style="list-style-type: none"> ▪ Case management ▪ Child care ▪ Education services ▪ Employment assistance and job training ▪ Food ▪ Housing search and counseling services, including mediation, credit repair, and payment of rental application fee ▪ Legal services ▪ Life skills training ▪ Mental health services ▪ Moving costs ▪ Outpatient health services ▪ Outreach services ▪ Substance abuse treatment services ▪ Transportation ▪ Utility deposits

2. Supportive Services

In addition to rental assistance, rapid re-housing funds may be used to provide supportive services (CoC) and housing relocation and stabilization services (ESG) that address the specific needs of program participants and that are essential for assisting program participants in obtaining and maintaining housing. The table below outlines the eligible supportive services for both ESG and CoC RRH projects.

Table 6. Supportive Services Overview

SUPPORTIVE SERVICES OVERVIEW		
	ESG-RRH	CoC-RRH
Services	Supportive services are limited to housing relocation and stabilization services.	Supportive services include a wide range of services outlined in 24 CFR part 578.53.
Limit on Service Provision	Housing stability case management assistance may not exceed 30 days during the period in which the program participant is seeking permanent housing and may not exceed 24 months during the period in which the program participant is living in permanent housing.	Supportive services may be provided until 6 months after rental assistance stops.
Case Management Requirement	At a minimum, program participants must attend monthly case management meetings.	At a minimum, program participants must attend monthly case management meetings.

3. Case Management

Housing stability case management is intended to assist participants in maintaining housing for the long-term through increased housing stability. Because household needs must be met with the appropriate type and level of services, Providers must provide housing stability case management that includes the following services, at minimum:

- An assessment of strengths, needs, and barriers to stable housing.
- Assistance connecting to mainstream resources.
- Development of a client-driven housing stability plan.
- Program staff must conduct at least one (1) home visit with participants every one (1) month.

4. Rental Assistance

- a. Duration of Assistance. Short term, shallow subsidy rental assistance shall not exceed 3 months of rental assistance, plus security deposit of up to 2 months. Medium term rental assistance shall not exceed 24 months of rental assistance, plus security deposit of up to 2 months. Clients cannot receive more than 24 months of rental assistance during any 3 year period.

- b. Dual Subsidy. Rapid Re-Housing monthly rental assistance cannot be used with any other local, state or federal housing subsidy or rental assistance. For example, monthly Rapid Re-Housing rental assistance cannot be used in combination with a Section 8 Voucher.
- c. Fair Market Rent. The total monthly amount of rent and utility costs for each unit must not exceed HUD Fair Market Rents for the year in which the contract begins.
- d. Household Contribution. The household share of rent and utility costs will be 30% of their current gross monthly income⁶.
 - i. The rent and utility amount needs to be clearly documented.
 - ii. The total rent and utility amount must cover 100% of the utilities if the utilities are not included in the monthly rent amount and the household pays for utilities directly.
 - iii. The actual household contribution will be determined monthly, based on each household's specific situation and financial resources.
- e. Rent Reasonableness. Rapid Re-Housing funds will only provide rental assistance for a unit if the rent is reasonable. The provider must determine whether the rent charged for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charged by the same owner for comparable unassisted units.

⁶ Client income shall be calculated in accordance with HUD guidance CPD-96-03.

V. Transitional Housing Procedures (COC)

A. OVERVIEW AND PURPOSE

Transitional housing programs provide housing to individuals and families, usually for a period of six to twenty-four months, along with supportive services to help them become self-sufficient. In addition to providing a place to live, transitional housing helps participants to increase their life management skills and resolve the crises that have contributed to their homelessness.

The HEARTH Act requires that the Alliance establish policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance. Transitional housing best serves individuals and families with the potential to be self-sufficient, who may just need longer term case management to be successful.

B. HOUSEHOLD ELIGIBILITY

1. Eligibility

Households are eligible to receive services through Transitional Housing if they definition of homelessness (See Section II.B, Table 2) according to ESG or HUD program guidelines (see Section II.B, Table 1).

2. Population specific requirements:

a. Households without children:

- Score 4-9 on the local VI-SPDAT for singles; AND

b. Household with Children:

- Homeless Families whose VI-F-SPDAT score are 4-9; AND
- Housing history, education level and employment history will also be considered when choice of transitional housing and rapid rehousing are both available

3. Eligible households must be literally homeless as defined by HUD (See Section II.B, Table 2) in Kings or Tulare County, depending on which county the program serves.

4. Documentation

The receiving provider is responsible for confirming the household's homeless status, and maintaining hard copies of the records. See Appendix for acceptable forms of documentation of homelessness.

C. GENERAL OPERATING STANDARDS

1. Length of Stay

The maximum length of stay will be no longer than 24 months. No person or persons who are facing or suspect they may face a threat of violence will be discharged into an unsafe condition. Transitional housing staff will work in collaboration with functional needs support service providers to arrange safe accommodations for those who are or may be facing a threat of violence.

2. Supportive Services

Within 72 hours of enrollment, the case manager must conduct an assessment of the supportive services needed by the household, the availability of such services, and the coordination of services needed to ensure long-term housing stability and must make adjustments, as appropriate. Referrals to the supportive services identified shall be issued with 72 hours of program enrollment.

3. Reassessment of Eligibility and Supportive Service Needs

Reassessments will occur on a quarterly basis or more often, depending on the client's specific barriers in accessing permanent housing and estimated length of stay in the program. Program participants will meet with case managers to determine the individual or families' needs for essential services and referrals.

4. Discharge

All persons discharged from emergency shelters will have their exit status entered into either HMIS or the Comparable Database, and will be provided discharge paperwork as applicable or upon request. Categories of homeless who are determined to have the highest barriers to housing – due to a myriad of factors including tri-morbidity, history of chronic homelessness, etc – will be prioritized for existing housing resources and paired with existing supportive services to increase the likelihood of staying successfully housed.

5. Termination

In terminating assistance to a program participant, the provider must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:

- a. Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
- b. Written notice to the program participant containing a clear statement of the reasons for termination or denial of extension;

- c. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination or denial of extension decision; and
- d. Prompt written notice of the final decision to the program participant.

Additionally, the provider must attempt (and document that attempt) to assist the participant in finding additional resources to decrease the likelihood that they will not become homeless as a result of termination or denial of extension. This assistance must be documented and made available to the Alliance, HCD, and/or HUD during site visits, program monitoring, and audits.

D. ELIGIBLE PROGRAM ACTIVITIES

Essential services for participants of transitional housing assistance can include case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.

VI. Permanent Supportive Housing (COC)

A. OVERVIEW AND PURPOSE

Permanent Supportive Housing is targeted to households who have the longest histories of homelessness within the bi-county region.

Proof of CoC adoption of Orders of Priority as outlined in CPD-14-012.

B. HOUSEHOLD ELIGIBILITY

At a minimum, candidates for Permanent Supportive Housing (PSH) must meet the following basic requirements:

- Is literally homeless; and
- Lacks the resources to obtain housing; and
- Has a member of the household with a severe or significant disabling condition; and
- Scores a 10 or greater on the VI-SPDAT or VI-F-SPDAT

C. PRIORITIZATION

The Alliance has adopted the order of priority as outlined in HUD's Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status (Notice), which can be found at: <https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf>.

1. **First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - a. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - b. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs according to Section I.D.3 of the Notice.

Remainder on following page....

- 2. Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.** A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

 - a. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
 - b. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

- 3. Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

 - a. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
 - b. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

- 4. Fourth Priority—All Other Chronically Homeless Individuals and Families.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

 - a. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is **less than** 12 months; and
 - b. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

5. Special Considerations

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in Section III.B. of the Notice may be followed.

Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under Section III.A.1. of the Notice to the extent in which persons with serious mental illness meet the criteria.

D. DOCUMENTATION

The receiving provider is responsible for confirming the household's homeless status, disabling condition and, if applicable, chronic homeless status. These documents must be uploaded into the client file in HMIS and the agency must maintain hard copies of the records. See Appendix B and Appendix C for documentation standards.

E. GENERAL OPERATING STANDARDS

1. Permanent Housing Placement

For master leasing programs, households should be housed within 30 days of acceptance into the program. For tenant based rental assistance programs, households should be housed within 60 days of acceptance into the program. Extensions may be granted in either program type for extenuating circumstances.

2. Duration of Stay

There is no maximum length of stay in Permanent Supportive Housing programs. Participants receiving rental assistance are permitted to be out of their unit for the purpose of brief institutional stays (jail, hospital, treatment) for a period not to exceed 90 days per occurrence.

3. Lease Requirement

Participants must sign a lease that is for an initial term of one (1) year, that is terminable only for cause, and that automatically renews upon expiration (goes month-to-month).

4. Supportive Services

Permanent Supportive Housing projects must offer supportive services for the participants that enable them to live as independently as is practicable throughout the duration of their residence in the project. Each participant must have an individual support plan in place, derived from recipients' ongoing, at least annual, assessment of participants' needs and services must be adjusted accordingly.

5. Reassessment of Eligibility and Supportive Service Needs

Reassessments will occur on a quarterly basis or more often, depending on the client's specific barriers to remaining in permanent housing. Program participants will meet with case managers to determine the individual or families' needs for essential services and referrals.

6. Client Rent

All clients enrolled in PSH will be required to pay rent. Rent shall be calculated according to Section 426(d) of the McKinney-Vento Act and 24 CFR 583.315 set the maximum amount that may be charged. The *maximum* resident rent is the higher of:

- a. 30% of monthly adjusted income; or
- b. 10% of monthly gross income.

For additional information on determining rent, review HUD's Supportive Housing Program Desk Guide, Section K: Calculating Resident Rents.⁷

7. Termination

All efforts shall be exhausted prior to terminating a household from the project in accordance with Housing First policies.

In terminating assistance to a program participant, the provider must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:

- a. Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
- b. Written notice to the program participant containing a clear statement of the reasons for termination or denial of extension;

⁷ <http://www.hudhre.info/index.cfm?do=viewShpDeskguideK>

- c. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination or denial of extension decision; and
- d. Prompt written notice of the final decision to the program participant.

Additionally, the provider must attempt (and document that attempt) to assist the participant in finding additional resources to decrease the likelihood that they will not become homeless as a result of termination or denial of extension. This assistance must be documented and made available to the Alliance, HCD, and/or HUD during site visits, program monitoring, and audits.

VII. All Project Types

A. OVERVIEW AND PURPOSE

The following protocols are applicable to all ESG and CoC funded projects.

B. VICTIM SERVICE PROVIDERS

The term 'victim service provider' means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Such organizations include rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs (Section 401(32) McKinney-Vento Act).

Projects serving individuals or families qualified under Category 4 of the Defining "Homeless" Rule (persons fleeing or attempting to flee violent situations) must follow all related federal and state laws, follow confidentiality policies, and have written policies and procedures regarding the provision of specific services to meet the safety and special needs of this population.

C. VETERANS

Projects serving homeless veterans must prioritize those veterans who are ineligible for Veterans Affairs (VA) services, and work closely with the local Department of Veterans Affairs and coordinate resources with VA-funded housing and services (e.g. HUD-VASH, Supportive Services for Veteran Families (SSVF)). Veterans must be screened for eligibility for VA-funded housing and/or services.

D. IMMINENT THREAT OF HARM

Participants who are receiving Tenant-Based Rental Assistance and have complied with all program requirements during their residence and who have been a victim of domestic violence, dating violence,

sexual assault, or stalking, and who reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking (which would include threats from a third party, such as a friend or family member of the perpetrator of the violence), if they remain in the assisted unit, and are able to document the violence and basis for their belief, may retain the rental assistance and move to a different Continuum of Care geographic area if they move out of the assisted unit to protect their health and safety. Recipients must retain a record of the Imminent Threat of Harm for both participants who enter and exit under provisions as described at 24 CFR §578.51(c)(3).

E. EDUCATION SERVICES

The educational needs of children and youth must be accounted for, to the maximum extent practicable, and families with children and unaccompanied youth must be placed as close as possible to the school of origin so as not to disrupt the children's education. Projects that serve homeless families with children and/or unaccompanied youth must have policies and practices in place that are consistent with the laws related to providing education services to children and youth. These providers must have a designated staff person to ensure that children and youth are enrolled in school and receive education services, as appropriate. Homeless families with children and unaccompanied youth must be informed of their eligibility for McKinney-Vento education services as well as other State and local education services. Providers shall maintain documentation in the participant's case file to demonstrate that these requirements have been met and that applicants and participants understand their rights.

1. Collaboration with McKinney-Vento Local Education Liaisons

Providers must document whether school-aged children are eligible for McKinney-Vento services and whether the child is connected with a local education liaison. If the child is not already engaged, recipients must refer the family directly to the liaison at their school of choice. All applicants/participants with school-aged children must be provided with documentation that explains their rights under the McKinney-Vento Act and that provides contact information for the liaison at every school district within either Kings or Tulare County.

F. INVOLUNTARY FAMILY SEPARATION

In an effort to maintain family unity, for housing serving families with children, the age and gender of a child under age 18 shall not be used as a basis for denying any family's admission per 24 CFR § 578.93(e). Additionally, recipients may not deny admission to any member of the family (e.g., 15-year old son).

G. LOW-BARRIER AND HOUSING FIRST

All ESG and CoC projects must follow a Low-Barrier and Housing First approach. All other projects are strongly encouraged to use a Low-Barrier and Housing First approach to facilitate homeless individuals' and families' rapid return to housing.

A housing first approach allows eligible homeless individuals and families to enter the project without barriers, such as income or sobriety requirements, or service participation requirements. Application and admission policies should be as streamlined and short as possible to move eligible individuals and families into permanent housing as quickly as possible. Projects using a housing first approach offer supportive services; however, participation in these services is based on the needs and desires of the program participant.

To be considered Housing First, the project must follow a Low-Barrier approach (as described below) and must not terminate participants from the program for the following reasons:

1. Failure to participate in supportive services
2. Failure to make progress on a service plan
3. Loss of income or failure to improve income
4. Being a victim of domestic violence
5. Any other activity not covered in a lease agreement typically found in the project's geographic area

To be considered Low-Barrier, participants must not be screened out based on the following:

1. Having too little or no income
2. Active or history of substance abuse
3. Having a criminal record with exceptions for state-mandated restrictions
4. History of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement)

Persons may be terminated from the program only when violations of the lease are serious, and only in the most severe cases. Use of alcohol or drugs in of itself (without other lease violations) is not a reason for program termination. It is important to note that a participant may be evicted from the housing unit, but this does not mean that the provider must terminate the participant from the program; the provider may continue serving the participant in another housing unit.

VIII. The Referral Network & Data Sharing

Every Door Open plan includes a collaboration of service and housing providers. All ESG and CoC funded organizations are required to participate in the Coordinated Entry System through a Memorandum of Understanding, and non-HUD providers are consistently engaged and encouraged to participate in order to ensure the overall effectiveness of the system.

As described above, the effectiveness of Every Door Open revolves around the ability to accurately assess participants and assign the appropriate level of services. Prevention, Diversion and Rapid Re-Housing are the three main priorities of Every Door Open, with accurate referral to emergency, transitional, or permanent supportive housing next. As Providers work through the assessment protocol, referrals will be crucial in assigning and connecting each participant with the appropriate level of service.

An effective referral network also includes data entry and sharing. All referrals will be made through HMIS. At entry, every household is entered into HMIS, referred through HMIS, and tracked for successful housing and service supports through HMIS. This allows the Alliance to track performance outcomes and barriers to accessing services.

In accordance with HUD regulations, Domestic Violence Providers are not required to participate in the open Kings/Tulare HMIS database, and instead use a Comparable Database for its clients who are victims of domestic violence.

IX. Program Evaluation

Every Door Open is one of many projects being implemented in the region to address the needs of individuals and families that are at-risk or experiencing homelessness. The Alliance will evaluate the effectiveness as well as required HEARTH Act outcomes obtained through Every Door Open by utilizing the Homeless Management Information System (HMIS) Data. As recommended by the National Alliance to End Homelessness, the Alliance will track local progress in the following areas:

- Length of stay, particularly in shelter: If households are referred to the right interventions, and those interventions have the necessary capacity, fewer families should be staying in shelter waiting to move elsewhere. Also, if families are referred immediately to the right provider, over time, families will likely spend less time jumping from program to program looking for help, which could reduce their overall length of stay in homelessness.
- New entries into homelessness: If every individual and family seeking assistance is coming through the front door to receive it and the front door has prevention and diversion resources available, more people should be able to access these resources and avoid entering a program unnecessarily.
- Repeat episodes of homelessness: If families are sent to the intervention that is the best suited to meet their needs on the first time, families are more likely to remain stably housed.

To track the outcomes summarized above, the Alliance analyzes Performance Measures in accordance with HUD requirements.

Measuring of the success of the Plan and transparency with the community and providers will be a key to the success of this project. The Alliance will summarize the data annually in conjunction with the annual Point in Time homeless census data report.

As part of the evaluation process, as recommended by the National Alliance to End Homelessness, the Alliance has set a goal to establish an integrated feedback loop that involves using the information gained from these assessments to make any necessary adjustments to the system. For example, if families are being referred to the right program, but that program cannot serve them due to capacity issues while other program types have an increasing number of empty beds, it may be appropriate to make system-wide shifts in the types of programs and services offered. This type of evaluation is already being conducted by the Alliance quarterly, and includes analysis of the utilization rates and standard performance measurements. The Alliance will continue working to develop data tools to ensure overall system efficient and effectiveness.

Appendix A: Acronym List

Acronym	Definition
AHAR	Annual Homeless Assessment Report
APR	Annual Performance Report (for HUD homeless programs)
Cal Fresh	Supplemental Nutrition Assistance Program (formerly Food Stamps)
CDBG	Community Development Block Grant (CDP program- Federal)
CLP	Community Leadership Project
CoC	Alliance of Care approach to assistance to the homeless
Continuum of Care	Federal grant program stressing permanent solutions to homelessness
Con Plan	Consolidate Plan, a locally developed plan for housing assistance and urban development under CDBG and other CDP programs
CPD	Community Planning and Development (HUD Office)
CSBG	Community Services Block Grant
CTD	Connecting the Dots: A Proactive Approach to Addressing Homelessness (local 10-Year Plan to End Homelessness)
EHAP	Emergency Housing and Assistance Program Operating Facility Grants (State Program)
EHAPCD	Emergency Housing and Assistance Program Capital Development (State Program)
ESG	Emergency Solutions Grant (CPD- Federal Program)
FESG	Federal Emergency Solutions Grants (State Program)
FMR	Fair Market Rent (Maximum for Section 8 rental assistance/CoC grants)
FTE	Full-time equivalent (employee) (2080 hours of paid employment)
GA/GR	General Assistance/General Relief (County Assistance)
HCD	Housing and Community Development (State)
HEARTH	Homeless Emergency and Rapid Transition to Housing Act of 2009, S.896
HMIS	Homeless Management Information System
HOME	Home Investment Partnerships (CPD program)
HOPWA	Housing Opportunities for Persons with AIDS (CPD program)
HPRP	Homeless Prevention and Rapid Re-housing Program
HQS	Housing Quality Standards (required before move in for HUD programs)
HUD	U.S Department of Housing and Urban Development (Federal)

MHSA	Mental Health Services Act
MOU	Memorandum of Understanding
NOFA	Notice of Funding Availability
PHA	Public Housing Authority
PHC	Project Homeless Connect
PIT	Point In Time Homeless Census Count
SAMHSA	Substance Abuse and Mental Health Services Administration
S + C	Shelter plus Care (HUD CoC Program- Permanent housing/ rental assistance)
SHP	Supportive Housing Program (HUD CoC Program- housing/services)
SOAR	SSI/SSDI Outreach, Access and Recovery
SNAPS	Office of Special Needs Assistance Program (HUD office overseeing CoC)
SRO	Single Room Occupancy housing units
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSO	Supportive Services Only (Type of SHP CoC grant providing services only)
TA	Technical Assistance
TANF	Temporary Assistance to Needy Families
TAY	Transition Age Youth
VA	Veterans Affairs
VI-SPDAT	Vulnerability Index and Service Prioritization Decision Assistance Tool
VI-F-SPDAT	Vulnerability Index and Family Service Prioritization Decision Assistance Tool

Appendix B: HUD Homeless Documentation Standards

Category of Homelessness		Documentation Standards
Category 1	Literally Homeless	<ul style="list-style-type: none"> • Written observation by the outreach worker; or • Written referral by another housing or service provider; or • Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; • For individuals exiting an institution-one of the forms of evidence above and: <ul style="list-style-type: none"> ○ Discharge paperwork or written/oral referral, or ○ Written record of intake worker’s due diligence to obtain above evidence and certification by the individual that they exited the institution.
Category 2	Imminent Risk of Homelessness	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave; or • For individual and families leaving a hotel or motel-evidence that they lack the financial resources to stay; or • A documented and verified oral statement; and <ul style="list-style-type: none"> ○ Certification that no subsequent residence has been identified; and ○ Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.
Category 4	Fleeing/ Attempting to Flee DV	<ul style="list-style-type: none"> • <i>For victim service providers:</i> <ul style="list-style-type: none"> ○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or certification by the intake worker. • <i>For non-victim service providers:</i> <ul style="list-style-type: none"> ○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the case manager. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and ○ Certification by the individual or head of household that no subsequent residence has been identified; and ○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Note: Category 3 has been omitted, as it is not an eligible population to be served in the Kings/Tulare Alliance region.

Appendix C: Continuum of Care Eligibility Verification Resources

COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

PART 1: INSTRUCTIONS

- | | |
|---|--|
| <input type="checkbox"/> Complete all fields in Part 2
<input type="checkbox"/> Attach all supporting documents to this form | <input type="checkbox"/> Complete all relevant fields in Part 3
<input type="checkbox"/> Maintain this form & supporting docs in participant's file |
|---|--|

See Part 4 for Detailed Instructions & Part 5 for a Quick Guide to Eligibility

PART 2: GENERAL INFORMATION

Participant Name:	Participant Date of Birth:	Participant HMIS #:
Person Completing Form:	Agency Completing:	Date Form Completed:
Email & Phone Number for Person Completing Form:		
Email:	Phone #:	
CoC Program for which Homelessness is Being Certified:	CoC Program Type: (Check One)	CoC Project Entry Date:
	<input type="checkbox"/> PSH <input type="checkbox"/> TH <input type="checkbox"/> RRH	

PART 3: CURRENT HOMELESS STATUS & HOMELESS HISTORY

Location Prior to CoC Program Entry: *Indicate place where client was staying immediately prior to program entry (Check One):*
Required Documentation Must Be Attached (See Part 4).

- | | |
|---|---|
| <input type="checkbox"/> Unsheltered
<input type="checkbox"/> Rapid Re-housing
<input type="checkbox"/> Hotel/Motel Paid by Govt or Charity | <input type="checkbox"/> Emergency Shelter
<input type="checkbox"/> Transitional Housing (not qualified as chronic)
<input type="checkbox"/> Institution < 90 days & literally homeless prior |
|---|---|

Is client fleeing or attempting to flee domestic violence (Check One)? YES NO

Required Documentation Must Be Attached (See requirements in Part 4).

Homeless Status (Check One)

- Literally Homeless (includes <90 days institution)
 Imminent Risk of Homelessness
 Fleeing Domestic Violence

Chronic/Disability Status

Is this participant chronically homeless? (SEE HOMELESS HISTORY) YES NO

Is this participant being qualified for permanent supportive housing? YES NO

Is this participant being qualified for transitional housing for disabled? YES NO

If yes, to any, Disability Verification must be completed.

Homeless History - EXAMPLE

Starting with the most recent occasion of homelessness, provide the names, dates and types of locations and length of each stay, where the participant resided during the last three years. Occasions can include more than one location and must be separated by at least a 7 night break when the individual did not meet the homeless definition. Unless there is evidence of a break in homelessness of 7 or more nights, documentation of an encounter with a service provider on a single day within 1 month, counts for the entire month. Each month can be counted only once. To qualify a participant as chronically homeless, you must document at least 12 consecutive months or at least 4 separate occasions within the last three years of living unsheltered, in ES, or in another qualified location provided that the total time homeless during those occasions equals at least twelve months.

Required Documentation Must Be Attached - For more details, including institutional stays & doc requirements, see Part 4.

Program Name or Location	Program/Location Type	Start Date	End Date	Length of Stay	Occasion #	
SAMPLE	Gateway Park	Unsheltered	Aug 2014	12/23/14	Aug-Dec: 5 months	Occasion #1
	Sister's House	Housed	12/24/14	1/2/15	10 days = break	Not Homeless
	Project Home	Emergency Shelter	1/3/15	1/10/15	January: 1 month	Occasion #2
	Gateway Park	Unsheltered	1/11/15	2/2/15	February: 1 month	
	Valley Hospital	Institutional Stay < 90 days	2/3/15	4/15/15	March-April : 2 months	Not Homeless
	Hope House	Residential Rehab > 90 days	4/16/15	8/30/15	4+months=break	
	Project Home	Emergency Shelter	8/31/15	11/5/15	Aug-Nov: 4 months	
	Friends/Family	Housed	11/6/15	End of Jan	2+months=break	Not Homeless
	Bus Station	Unsheltered	End of Jan	2/5/16	Jan-Feb: 2 months	Occasion #4
TOTAL # Occasions (red lengths do not count towards total):				15 months	4 Occasions	

SAMPLE PARTICIPANT QUALIFIES AS CHRONICALLY HOMELESS.

COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

PART 4: DETAILED REQUIREMENTS AND DEFINITIONS

PERMANENT SUPPORTIVE HOUSING – **NOT** FOR CHRONICALLY HOMELESS

EVIDENCE OF HOMELESS STATUS:

Attach to this form, a signed and dated certification from an outreach worker or other service provider demonstrating that the individual or head of household is **currently** homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing, or a safe haven.

OR

Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking; and has no other residence; and lacks the resources or support networks to obtain other permanent housing. HUD stresses that where the safety of the individual or family would be jeopardized by an intake worker's attempt to obtain third party verification, that the intake worker must not attempt to obtain, under any circumstances, third-party verification and may accept written certification by the individual or head of household.

HUD has indicated that who can be considered a "service provider" is broad and can include anyone who can give their professional judgment that this person was sleeping in a qualified location during the relevant period of time. This can include but is not limited to a housing, shelter, or outreach provider, a doctor, counselor, clergy person, law enforcement officer or representative of the school system.

An intake worker may accept as third-party documentation, the oral or written observation of someone in the community, including but not limited to, a shopkeeper, a building owner, or a neighborhood resident (regardless of relationship with the household) that has *physically observed* where the individual or head of household is or has been residing. If the community member is unwilling to provide a written observation, the intake worker may document their conversation with the community member. The community member must indicate which specific months they *physically observed* the individual or head of household residing in a place not meant for human habitation. The intake worker must use their professional judgment to determine if the source is reliable¹.

RRH participants retain their homeless status during the time period that they are receiving the RRH assistance. For participants **currently in RRH** seeking admission to PSH you **must also attach evidence** that they met this criteria prior to entry into RRH.

For participants **currently in TH** you **must also attach evidence** that they originally came from the streets or an emergency shelter.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

EVIDENCE OF INSTITUTIONAL STAYS:

Attach to this form: discharge paperwork or a written or oral referral from an appropriate official of the institution, stating the beginning and end dates of the time residing in the institution demonstrating the person resided there for less than 90 days. All oral statements must be recorded; OR Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; AND Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, immediately prior to entry into the institutional care facility. Evidence must also demonstrate that the person met the duration of homelessness criteria immediately prior to the institutional stay ONLY if being admitted to a chronic homeless bed. **Note: People who lived in Transitional Housing immediately prior to entering an institution should retain their TH bed for 89 days and would qualify as literally homeless but not chronically homeless.**

¹ <https://www.hudexchange.info/faqs/2759/can-a-community-member-such-as-a-shopkeeper-or-neighborhood-resident/>

COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

PERMANENT SUPPORTIVE HOUSING –FOR CHRONICALLY HOMELESS

DEFINITION

To be chronically homeless an **individual** must:

- 1) Live in a place not meant for human habitation, a safe haven, or in an emergency shelter (**Note: People living in Transitional Housing are not defined as chronically homeless by HUD.**); AND
- 2) Have been homeless and residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in part 1; AND
- 3) Be disabled. Disabling Condition is defined by HUD as a condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for **fewer than 90 days** AND who was chronically homeless before entering that facility also qualifies. Stays in institutional care for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living in a place not meant for human habitation, safe haven, or emergency shelter immediately before entering the institution. You **must attach evidence of the institutional stay** as described on page 3.

A **family** with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria defined above, including a family whose composition has fluctuated while the head of household has been homeless, also qualifies. To qualify the adult head of household must be disabled.

Third-party **documentation of a single encounter** with a service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (e.g. an encounter on May 5, 2015, counts for May 1-May 31 2015), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month (e.g. evidence in HMIS of a stay in transitional housing).

For participants **currently in RRH** you **must attach evidence** that they met these criteria prior to entry into RRH. RRH participants retain their chronically homeless status during the time period that they are receiving the RRH assistance. Time spent in RRH does not count towards an applicants' duration of homelessness.

HUD has determined that once a chronically homeless household has been determined eligible and accepted into a CoC Program-funded permanent supportive housing program, that, **under limited circumstances**, household may stay with a friend or family, in a hotel/motel, or in a transitional housing bed, while a PSH bed is identified (see details on page 5).

COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

EVIDENCE OF CHRONICALLY HOMELESS STATUS:

Chronically Homeless participant files must include evidence of:

- Homeless Status (See Evidence of Homeless Status on page 3);AND
- Duration (See Option 1 and 2 on page 6); AND
- Disability (See Disability Verification Form)

Evidence must demonstrate that the participant was **currently chronically homeless** at the time of entry into the CoC program. HUD has determined that after an individual or family has been accepted into a program but before an appropriate unit has been identified, a household may stay with a friend or family or in a hotel or motel without losing their eligibility for the PSH program in which they have already been accepted. HUD would also allow a CoC to temporarily house the participant in an available transitional housing bed while a permanent housing unit is identified. This allowance is only permitted in the circumstances described here and does not apply to persons enrolled in transitional housing that were considered chronically homeless prior to entry into the program and the following requirements apply:

(1)The transitional housing provider cannot place any requirements on the program participant, including requiring a program participant to participate in services or to meet sobriety requirements. 2) The PSH provider must be **actively** assisting the program participant to identify a unit as quickly as possible and must be able to document attempts at locating a unit in the case file. Placing a program participant into a permanent housing unit should not take any longer than the time it would normally take to place someone in permanent housing who is residing on the streets or in an emergency shelter. (3) There cannot be duplication in billing for the program participant. The PSH provider and the TH provider must coordinate to ensure that appropriate services are provided and the same services are not being paid for out of both grants.

You must attach evidence of either 12 months continuous homelessness OR 4 occasions in 3 years that combined equal at least 12 months.

Acceptable forms of evidence:

CoC programs are required to maintain and follow written intake procedures establishing the order of priority for obtaining evidence as third-party documentation first, intake worker observation second, and certification from the person seeking assistance third. Records contained in CT HMIS are acceptable evidence of third-party documentation and intake worker observations.

Evidence that the individual lives in a place not meant for human habitation, a safe haven, or an emergency shelter, includes:

- A. An HMIS record or record from a comparable database;
- B. A written observation by an outreach worker of the conditions where the individual was living;
- C. A written referral by another housing or service provider;
- D. An oral or written observation of someone in the community, including but not limited to, a shopkeeper, a building owner, or a neighborhood resident; or
- E. Where evidence described in A through C above cannot be obtained, a certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence in A through C directly above. (SEE LIMITATIONS ON USE OF SELF-CERTIFICATION EVIDENCE BELOW)

Limitations on use of self-certification evidence

For all clients, up to 3 months of homelessness can be documented through self-certification. In limited circumstances, up to the full 12 months of homelessness can be documented through self-certification. Self-certification of the full 12 months should be limited to rare and extreme cases and may not be used for more than 25 percent of households served by a project during an operating year. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

Option 1: Evidence of duration of homelessness – At least 12 Months Continuous

Provide evidence that the homeless occasion was continuous, for at least 12 months, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. A break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

Option 2: Evidence of duration of homelessness – At least 4 separate homeless occasions over 3 years

To qualify as chronically homeless under option 2:

- **The combined occasions must equal at least 12 months AND**
- **Each break in homelessness separating the occasions must include at least 7 consecutive nights of not residing in a place not meant for human habitation, in shelter, or in a safe haven.**

HUD has not required that a single occasion of homelessness must total a certain number of days.

EXAMPLES:

John Doe qualifies as chronically homeless, because he was **continuously homeless for at least 12 months:**

- From Aug 2014 – Oct 2014, he lived in a park. You obtain a letter from an outreach worker indicating that she observed him sleeping in the park on at least 1 night in August, September and October (3 months).
- From 11/1/14 – 11/5/14, he is in jail (this is fewer than 7 days, does not constitute a break, and can be documented by self-report).
- From 11/6/14- mid-December, he stays in an encampment. You obtain another letter from outreach (2 months).
- Sometime in mid-December, he stays a few nights with a friend (fewer than 7 days, does not constitute a break and can be documented by self-report).
- A PSH program has a vacancy and their intake worker meets him on 7/4/15. He is staying in an emergency shelter. The intake worker prints a record from HMIS indicating he stayed in shelter during from 12/20/15 - 7/3/15 (You count each month December through July: 7 months)
- He has 12 months of continuous documented homelessness, and he enters the CoC PSH program on 7/9/15.

Jane Doe qualifies as chronically homeless, because she had **4 episodes over 3 years** that combined equaled at least 12 months:

- Jane was living in the woods for about 2 years starting sometime in the winter of 2013. You obtain a letter from the day shelter indicating that they observed Jane at the day shelter 2 or 3 times per month from March 2014 through January 2015. The letter indicates that she had untreated mental illness, was reluctant to engage with staff, and despite many attempts unwilling to reveal where she was sleeping at night other than to say she stayed in the woods. The letter also indicates that Jane: always carried her blankets and other belongings in a cart, appeared poorly groomed, and napped often and showered occasionally at the day center. You also obtain a letter from Jane indicating she stayed with her sister for 2 weeks during Christmas 2015, which constitutes a break. (March 2014 – January 2015 = 11 months; Occasions #1 & Occasion #2).
- In early January 2015, Jane gets bronchitis, and her sister lets her stay again for 2 weeks. (This constitutes a break and can be documented via self-report).
- Jane returns to the woods (Occasion #3 is documented by the day shelter). On 1/20/15, she is hospitalized until 2/27/15. You obtain a letter from the hospital social worker documenting the dates of her hospitalization. (Since the hospitalization is fewer than 90 days, preceded by unsheltered homelessness and you already counted Jan. 2015, you can count Feb. 2015 = 1 month;)
- The hospital discharges Jane to her sister's apartment, where she stays again for 2 weeks (constitutes a break, documented via self-report) then goes to an emergency shelter where she stays beginning on 3/11/15 until a PSH program has a vacancy. You obtain a letter from the shelter indicating her stay from 3/11/15 until 3/20/15 (Counts as 1 month and occasion #4)
- Jane has 4 occasions totaling 13 months and enters the CoC PSH program on 3/20/15.

COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

Rapid Re-Housing

Must serve only individuals or families coming from emergency shelters or the streets. Attach to this form, a signed and dated certification from an outreach worker or other service provider demonstrating that the individual or head of household is **currently** homeless and living in a place not meant for human habitation or in an emergency shelter.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

Transitional Housing

Attach to this form, a signed and dated certification from an outreach worker or other service provider demonstrating that the individual or head of household is **currently** homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing, or a safe haven (*see note below re special requirements for K/T Alliance*).

OR

Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking has no other residence; and lacks the resources or support networks to obtain other permanent housing. HUD stresses that where the safety of the individual or family would be jeopardized by an intake worker's attempt to obtain third party verification, that the intake worker must not attempt to obtain, under any circumstances, third-party verification and may accept written certification by the individual or head of household.

OR

Individual or family will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

To document imminent loss of housing you must **attach to this form:** A court order resulting from an eviction action notifying the individual or family that they must leave; OR For Individuals and families leaving a hotel or motel, evidence that they lack the financial resources to stay; OR a documented and verified oral statement; AND Certification that no subsequent residence has been identified; AND self-certification or other written documentation that the individual or family lacks the financial resources and support necessary to obtain permanent housing.

For participants **currently in another TH program** you **must attach evidence** that they originally came from the streets or an emergency shelter.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

PART 5: QUICK REFERENCE GUIDE - ELIGIBILITY FOR COC PROGRAMS

Important Note: *This guide is intended for quick reference only. CoC Programs should carefully review all details regarding homelessness and disability requirements and ensure adequate documentation is in each participant chart to avoid recapture of program funds by HUD.*

Component Type	Eligible Participants
Permanent Supportive Housing – <u>Not</u> for Chronically Homeless People	<p>Currently homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing (originally from the streets or an emergency shelter), or a safe haven;</p> <p>OR</p> <p>Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking;</p> <p>AND</p> <p>One or more members of the household is diagnosed with a disability.</p>
Permanent Supportive Housing – For <u>Chronically Homeless</u> People	<p>Currently living in a place not meant for human habitation, a safe haven, or in an emergency shelter (<i>Note: People living in Transitional Housing are not defined as chronically homeless by HUD.</i>);</p> <p>AND</p> <p>Have been homeless and residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years that combined total at least 12 months;</p> <p>AND</p> <p>An adult head of household, or, if there is no adult in the family, a minor head of household, is diagnosed with a disability.</p>
Rapid Re-housing	<p>Individuals or families coming from emergency shelters or the streets.</p>
Transitional Housing	<p>Currently homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing, or a safe haven (<i>see note below re special requirements for K/T Alliance</i>).</p> <p>OR</p> <p>Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking has no other residence; and lacks the resources or support networks to obtain other permanent housing.</p> <p>OR</p> <p>Will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.</p>

COC PROGRAM PARTICIPANT DISABILITY VERIFICATION FORM

PART 1: INSTRUCTIONS

- To be eligible for all CoC funded PSH, evidence that one or more members of the household is diagnosed with a disability must be documented in the participant file.
- To be eligible for a PSH unit that is dedicated to serve chronically homeless people, the disability must be documented for an adult head of household, or, if there is no adult in the family, a minor head of household.
- This form can also be used for CoC-funded TH or other programs that have committed to serving disabled people.
- Complete all fields in Part 2.
- Complete all fields under the relevant option in Part 3
- Attach all supporting documents to this form.
- Maintain this form and all supporting documents in the participant's file.

PART 2: GENERAL INFORMATION

Admitting CoC Agency Name:	CoC Project Name:		
Participant Name:	HMIS #	Date of Birth	CoC Project Entry Date

Part 3: DISABILITY CERTIFICATION

Option #1: Social Security (SSI/DI) or Veteran's Disability

Evidence must include one of the following (Check One):

- A) Written verification from the Social Security Administration; OR
- B) Copies of a disability check (e.g., SSI, SSDI or Veterans Disability Compensation)

ATTACH EVIDENCE OF EITHER A OR B TO THIS FORM

Check here to indicate that evidence has been attached.

COC PROGRAM PARTICIPANT DISABILITY VERIFICATION FORM

Option #2: Verification by a Qualified Licensed Professional

(Certifying professional must be licensed by the State to diagnose and treat the qualifying condition.)

I, hereby, certify that _____ (Insert Participant Name)
has been diagnosed with at least one of the following:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: Is expected to be long-continuing or of indefinite duration; and substantially impedes the individual's ability to live independently; and could be improved by the provision of more suitable housing conditions; OR
- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); OR
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Check here to indicate that additional information regarding diagnosis has been attached (optional).

Notes (optional):

Information About the Certifying Licensed Professional

Signature of Licensed Professional:	Credentials:	Date:
Printed Name:	Organization:	
License #:	Phone #:	

Option #3: Intake or referral staff observation

Must be confirmed within 45 days of the application for assistance by evidence from Option #1 or #2 above.

I hereby certify that _____ (Insert Participant Name)
meets the HUD definition of disability.

Signature of Staff:	Title:	Date:
Printed Name:	Organization:	

CoC Program Participant Chronic Homelessness Documentation Checklist

INSTRUCTIONS

This checklist can be used by Permanent Supportive Housing projects to verify that the information provided on the CoC Program Participant Homelessness and Disability Verification Forms is sufficient to document chronic homelessness. This document is intended only as a brief summary. Please be sure to read the instructions contained on the forms carefully as they may include details that are applicable to your project.

DISABILITY VERIFICATION CHECKLIST

- ✓ Ensure that the participant name indicated on the form is the adult head of household or, if there is no adult in the family, a minor head of household.
- ✓ If you are using Option One (SSI/DI or Veteran's Disability):
 - A written verification from the Social Security Administration or a copy of the disability check is attached.
 - Both the Disability Verification Form and the written verification or copy of the check are uploaded to HMIS.
- ✓ If you are using Option Two (Verification by a Licensed Professional):
 - The qualifying participants' name is printed and legible in the certification paragraph.
 - The form is signed.
 - Credentials field is complete and legible.
 - Date field is complete and legible.
 - Certifying professional is licensed by the state to diagnose and treat the qualifying participants' condition (e.g., MD, NP, LCSW).
 - Printed Name field is complete and legible.
 - License # is complete and legible.
 - Both Page 1 and Page 2 of the Disability Verification Form are uploaded to HMIS.

CoC Program Participant Chronic Homelessness Documentation Checklist

HOMELESSNESS VERIFICATION CHECKLIST

HOMELESSNESS VERIFICATION FORM PART 2:

- ✓ Ensure Participant Name field is complete and legible.
- ✓ Ensure project entry date is complete and legible.

HOMELESSNESS VERIFICATION FORM PART 3:

- ✓ Ensure location where the client was staying immediately prior to project entry is indicated and is a qualified location (must be: Unsheltered, Emergency Shelter, Hotel/Motel paid for by Govt or Charity, Rapid Re-Housing, or Institution for <90 days; in some instances qualified participants transferred from other PSH may qualify).
- ✓ Ensure that the dates provided demonstrate that the person is currently homeless at the time of CoC project entry (transitional housing does not qualify). KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)
- ✓ Ensure that the dates provided either:
 - Constitute 12 months of continuous homelessness without a break of seven or more consecutive nights not residing in a place not meant for human habitation or in a shelter; OR
 - Constitute at least 4 separate occasions in the last 3 years in a qualified location; AND the combined occasions equal at least 12 months; AND Each occasion is demarcated by a break of at least 7 or more consecutive nights not residing in a place not meant for human habitation or in a shelter:
- ✓ Be sure the form does not include information that would call into question the household's chronic homeless status (e.g. indicate homeless status as "At Imminent Risk of Homelessness")

Note: An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days AND who was chronically homeless before entering that facility qualifies as chronically homeless. Stays in institutional care for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living in a place not meant for human habitation, safe haven, or emergency shelter immediately before entering the institution. Households currently living in permanent supportive or rapid re-housing who were chronically homeless before entering that program also qualify.

Third Party Documentation

Third-party **documentation of a single encounter** with a homeless service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (e.g. an encounter on May 5, 2015, counts for May 1-May 31 2015), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month (e.g. evidence in HMIS of a stay in transitional housing).

Evidence that the individual lives in a place not meant for human habitation, a safe haven, or an emergency shelter, includes:

- A. An HMIS record or record from a comparable database;
- B. A written observation by an outreach worker of the conditions where the individual was living;
- C. A written referral by another housing or service provider;
- D. An oral or written observation of someone in the community, including but not limited to, a shopkeeper, a building owner, or a neighborhood resident; or
- E. Where evidence described in A through C above cannot be obtained, a certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence in A through C directly above. (SEE LIMITATIONS ON USE OF SELF-CERTIFICATION EVIDENCE BELOW)

Limitations on use of self-certification evidence

For at least 75 percent of the chronically homeless households assisted by a project during an operating year, no more than 3 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter may be documented using a certification by the individual seeking assistance. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

Option 1: Evidence of at least 12 Months Continuous

Provide evidence that the homeless occasion was continuous, for at least 12 months, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. A break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

Option 2: Evidence of at least 4 separate homeless occasions over 3 years

To qualify as chronically homeless under option 2:

- The combined occasions must equal at least 12 months AND
- Each break in homelessness separating the occasions must include at least 7 consecutive nights of not residing in a place not meant for human habitation, in shelter, or in a safe haven.

HUD has not required that a single occasion of homelessness must total a certain number of days.

General guidance:

- ✓ It is not sufficient to indicate that the person is chronically homeless, has been homeless since a certain date or has been homeless on at least four separate occasions over the past three years. The documentation must provide evidence of where the household was residing (e.g. emergency shelter, campsite) and when they were residing in those locations.
- ✓ If third-party documentation cannot be obtained for any portion of the required duration, the intake worker must:
 - Document efforts to obtain third-party verification
 - Document the living situation of the individual or family (e.g. the person has been living in the woods and has not had contact with any service providers during that period.)
 - Obtain a certification from the individual or head of household
- ✓ The documentation must:
 - Be on agency letterhead.
 - Be dated.
 - Be signed (unless it is from HMIS).
- ✓ Upload both the Homeless Verification Form and the supporting documentation to HMIS.

**COC PROGRAM PARTICIPANT HOMELESSNESS VERIFICATION:
SAMPLE THIRD PARTY DOCUMENTATION OF CHRONIC HOMELESSNESS**

These sample letters can be used by CoC funded Permanent Supportive Housing projects in combination with the Program Participant Homelessness and Disability Verification Forms and Chronic Homelessness Checklist to document Chronic Homelessness. They are intended only as a resource. Letters are not required to follow the formats shown.

**EXAMPLE #1: This example would suffice alone to document at least
12 months of continuous homelessness.**

NOTE: HUD has not specifically defined the length of permissible delay between documentation of homelessness and project entry. KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)

(AGENCY LETTERHEAD)

Hope House
123 Mountain Blvd.
Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently residing at the emergency shelter operated by Hope House. He has been a resident at our shelter continuously without a break of seven or more consecutive nights since July 20, 2014.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #2: This example would suffice alone to document at least
12 months of continuous homelessness.**

NOTE: HUD has not specifically defined the length of permissible delay between documentation of homelessness and project entry. KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)

(AGENCY LETTERHEAD)

Hope House
123 Mountain Blvd.
Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently homeless and receiving services from Hope House. We are referring him to your agency for housing to resolve his homelessness. Mr. Doe was a resident at our shelter from July 20, 2014 to September 2, 2014. He was then living at a campsite from September 5, 2014 through at least January 5, 2015, the date of a Hope House outreach worker's last encounter with him at the campsite. During the period he resided at the campsite, our Hope House outreach worker encountered him at least monthly. He returned to the Hope House Emergency shelter on January 10, 2015 and has resided at the shelter continuously without a break of seven or more consecutive nights since that time.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #3: This example would suffice alone to document
at least 12 months of continuous homelessness.**

NOTE: HUD has not specifically defined the length of permissible delay between documentation of homelessness and project entry. KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently living outside and receiving services from our Day Shelter. Mr. Doe has been receiving services from our agency since 2013. During that period he has been either residing in our emergency winter shelter or living outside continuously without a break of seven or more consecutive nights. Since at least April 2013, staff at Hope House have encountered Mr. Doe at least monthly residing in shelter or in a place not meant for human habitation, and we have provided services, including overnight shelter, access to a shower, laundry facilities, and day shelter.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months

Letter A – Documents 4 months & Occasions #1 & #2

(AGENCY LETTERHEAD)

Hope House
123 Mountain Blvd.
Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe was a resident at our shelter from July 20, 2013 to September 15, 2013.

He returned to the Hope House Emergency shelter on January 10, 2015 and resided at the shelter until January 12, 2015.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe
Program Director

EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months

Letter B – Documents 1 month and Occasion #3

(AGENCY LETTERHEAD)

Central CA Community Services
123 Main Street
Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe was a resident at our shelter from April 5, 2014 to April 10, 2014.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe
Program Director

EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months

Letter C – Documents 5 months and Occasion #4

NOTE: HUD has not specifically defined the length of permissible delay between documentation of homelessness and project entry. KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)

(AGENCY LETTERHEAD)

Hospitality House
123 Union Street
Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently homeless and receiving services from Hospitality House. We are referring him to your agency for housing to resolve his homelessness. Mr. Doe has been receiving services from our agency and living in locations not meant for human habitation periodically since at least 2012. He is currently living in a park and has been residing outside and at a bus station since April 20, 2015 during which time Hospitality House staff have encountered him residing in these locations at least monthly.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months

Letter D – Client Self Report (Documents More than Remaining Months Needed and breaks of more than 7 nights separating each occasion)

NOTE: For at least 75 percent of the chronically homeless households assisted by a project during an operating year, no more than 3 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter may be documented using a certification by the individual seeking assistance. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report.

August 15, 2015

To Whom It May Concern:

I am writing this letter to verify that I am homeless. I have been homeless since I lost my job and was evicted in 2012. During that time I have lived in many different places. I was arrested in September 2013 and spent about 5 months in jail. When I got out I stayed for a few days at a shelter then with a friend for about two months in February and March 2014. I had to leave my friend's place when he moved, and I camped in the woods for about 6 months during the Spring and Summer of 2014 until it got cold. During that time I kept to myself and didn't tell anyone about my situation. Then I left to stay with my grandmother in Georgia for a few months. When I came back I stayed in a shelter for a few days, then started staying with friends again from about the middle of January 2015 until it started to get warmer in April. Since then I have been sleeping in a park and sometimes a bus station.

Best Regards,

(INSERT SIGNATURE)

John Doe

EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months

Letter E – Intake Worker Certification (Documents Steps Taken to Obtain Third Party Documentation)

NOTE: Where third-party evidence cannot be obtained, a certification by the individual seeking assistance, must be accompanied by the intake worker’s documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence.

(AGENCY Letterhead)

August 15, 2015

To Whom It May Concern:

Please accept the letter signed by John Doe on 8/15/15 as self-certification of his unsheltered homelessness for the period he lived in the woods in the Spring and Summer of 2014. As he states above, he did not tell anyone about his living situation at that time and did not seek services from any homeless service providers. We have checked with the outreach team and day shelter serving our area and they are unable to provide third party documentation of Mr. Doe’s unsheltered homelessness during that period. They did confirm that he is very proud, tries to get by on his own as much as possible without help, and avoids sharing details about his living situation.

Contained in his file are third-party documentation letters containing evidence of 4 separate occasions of homelessness over less than 3 years totaling 10 months. The letter from Mr. Doe documents more than the required additional 2 months and the breaks between each episode in order to confirm Mr. Doe’s status as chronically homeless

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Intake Specialist

Appendix D: VI-SPDAT and VI-F-SPDAT

KINGS/TULARE HOMELESS ALLIANCE

ADMINISTRATION

Interviewer's Name:

Agency:

Team

Staff

Volunteer

Survey Date:

Survey Time:

Survey Location:

DD/MM/YYYY ____/____/____

__ : __ AM / PM

CONSENT FOR INTERVIEW

My name is _____ and I'm with the Kings/Tulare Homeless Alliance. I have a 10-minute survey that I would like to complete with you and take a picture of you so we can identify you at a later date. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No response. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to our homeless provider data system and shared with authorized agencies for the purpose of furthering services and housing in the community.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights. Furthermore, your signature below indicates that you agree to have your photo taken unless otherwise the box is checked below.

Date

Signature (or Mark) of Participant

Printed Name of Participant

No, please do not take my picture.



AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Section 1. Who is the Participant?

Name: _____
Date of Birth: _____ SSN: _____

Section 2. Use and Disclosure of Health Information

I authorize the use or disclosure of the above named individual's health information, which may contain medical, mental health, or substance abuse history and treatment information, as follows:

Who Will Be Disclosing Information About the Individual? The following entities may use or disclose the information:

ABLE Industries, Adventist Health, Aspiranet, Bethlehem Center, CA Department of Rehabilitation, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions Recovery Alternative Program, City of Hanford, City of Porterville, City of Tulare, City of Visalia, Community Services and Employment Training, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, Kings Community Action Organization, Kings County Housing Authority, Kings County Mental Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, KingsView, Lighthouse Rescue Mission, Open Gate Ministries, PAAR Center, Resources for Independence, Salvation Army, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, The Warehouse, Tulare County, Tulare County Housing Authority, Tulare Regional Medical Center, Turning Point of Central California, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Westcare

Who May Be Receiving Information About the Individual? The information may be disclosed to: ABLE Industries, Adventist Health, Aspiranet, Bethlehem Center, CA Department of Rehabilitation, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions Recovery Alternative Program, City of Hanford, City of Porterville, City of Tulare, City of Visalia, Community Services and Employment Training, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, Kings Community Action Organization, Kings County Housing Authority, Kings County Mental Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way,

KingsView, Lighthouse Rescue Mission, Open Gate Ministries, PAAR Center, Resources for Independence, Salvation Army, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, The Warehouse, Tulare County, Tulare County Housing Authority, Tulare Regional Medical Center, Turning Point of Central California, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Westcare

Section 3. What Information About the Individual Will Be Disclosed?

- | | | |
|---|--|--|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Lab Report | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Medication Record | <input type="checkbox"/> Progress Note |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Plan of Care | <input type="checkbox"/> Other: Written/Verbal |

Exception or information I do not want disclosed: _____

Section 4. What is the Purpose of the Disclosure?

To determine eligibility for housing and supportive services to the individual identified in this release.

Section 5. What is the Expiration Date or Event?

This authorization must expire within 1 year, or either on a specific date or upon a specific event. Please choose either:

- The following expiration date (no more than 2 years from today): _____
- The following specific event (needs to happen within 2 years): _____

Section 6. Important Rights and Other Required Statements You Should Know

- You can revoke this authorization at any time by writing to the Kings/Tulare Homeless Alliance at PO Box 1742, Visalia, CA 93279. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- The information disclosed based on this authorization may be redisclosed by the recipients and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records or you may ask us for a copy at any time by writing to the Kings/Tulare Homeless Alliance.



- You may request a restriction or limitation on the protected health information to be used or disclosed.

Section 7. Signature of the Individual

I have reviewed this authorization and have had my rights explained/read to me. I hereby consent to release of my health information as specified above.

Signature: _____ Date (required): _____

Section 8. Signature of Personal Representative (if applicable)

Signature: _____ Date (required): _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal documents giving you this authority.

Relationship to the individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.



BASIC INFORMATION

First Name _____

Nickname _____

Last Name _____

Partial, Street Name, or Code Name Reported Client Doesn't Know Client Refused Data Not Collected

In what language do you feel best able to express yourself? _____

Date of Birth: DD/MM/YYYY ____/____/____ Age: _____ Social Security Number: ____-____-____

Client Doesn't Know Client Refused Data Not Collected

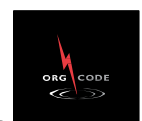
Client Doesn't Know Client Refused Data Not Collected

A. HISTORY OF HOUSING & HOMELESSNESS

1. Where do you sleep most frequently? (check one)	<input type="checkbox"/> Shelters	<input type="checkbox"/> Other (SPECIFY): _____
	<input type="checkbox"/> Transitional Housing	
	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Refused
2. How long has it been since you lived in permanent stable housing?	_____	<input type="checkbox"/> Refused
3. In the last three years, how many times have you been homeless?	_____	<input type="checkbox"/> Refused
a) Total # of months homeless in past three years?	_____	<input type="checkbox"/> Refused

B. RISKS

4. In the past six months, how many times have you.....	
a) Received health care at an emergency department/room?	_____ <input type="checkbox"/> Refused
b) Taken an ambulance to the hospital?	_____ <input type="checkbox"/> Refused
c) Been hospitalized as an inpatient?	_____ <input type="checkbox"/> Refused
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ <input type="checkbox"/> Refused
e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____ <input type="checkbox"/> Refused
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____ <input type="checkbox"/> Refused
5. Have you been attacked or beaten up since you've become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
8. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

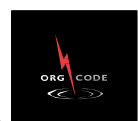


C. SOCIALIZATION & DAILY FUNCTIONING

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

D. WELLNESS

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
19. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying because of:	
a) A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c) A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

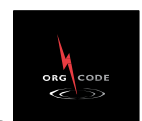


E. DEMOGRAPHICS

Ethnicity:	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
Race:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female	<input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Other _____ <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Disabling Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
Veteran Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

FOLLOW UP

<p>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</p>	<p>place: _____</p> <p>time: ____:____ or Morning/Afternoon/Evening/Night</p>
<p>Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?</p>	<p>phone: (____)____-_____</p> <p>email: _____</p>
<p>SURVEYOR: Take picture. Any final notes that you'd like to convey?</p>	



KINGS/TULARE HOMELESS ALLIANCE

ADMINISTRATION

Interviewer's Name: _____	Agency: _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date: DD/MM/YYYY ____/____/____	Survey Time: ____ : ____ AM / PM	Survey Location: _____

CONSENT FOR INTERVIEW

My name is _____ and I'm with the Kings/Tulare Homeless Alliance. I have a 10-minute survey that I would like to complete with you and take a picture of you so we can identify you at a later date. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No response. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to our homeless provider data system and shared with authorized agencies for the purpose of furthering services and housing in the community.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights. Furthermore, your signature below indicates that you agree to have your photo taken unless otherwise the box is checked below.

Date	Signature (or Mark) of Participant	Printed Name of Participant <input type="checkbox"/> <i>No, please do not take my picture.</i>
------	------------------------------------	---

Date	Signature (or Mark) of Participant	Printed Name of Participant <input type="checkbox"/> <i>No, please do not take my picture.</i>
------	------------------------------------	---



AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Section 1. Who is the Participant?

Name: _____
Date of Birth: _____ **SSN:** _____

Section 2. Use and Disclosure of Health Information

I authorize the use or disclosure of the above named individual's health information, which may contain medical, mental health, or substance abuse history and treatment information, as follows:

Who Will Be Disclosing Information About the Individual? The following entities may use or disclose the information:

ABLE Industries, Adventist Health, Aspiranet, Bethlehem Center, CA Department of Rehabilitation, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions Recovery Alternative Program, City of Hanford, City of Porterville, City of Tulare, City of Visalia, Community Services and Employment Training, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, Kings Community Action Organization, Kings County Housing Authority, Kings County Mental Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, KingsView, Lighthouse Rescue Mission, Open Gate Ministries, PAAR Center, Resources for Independence, Salvation Army, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, The Warehouse, Tulare County, Tulare County Housing Authority, Tulare Regional Medical Center, Turning Point of Central California, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Westcare

Who May Be Receiving Information About the Individual? The information may be disclosed to: ABLE Industries, Adventist Health, Aspiranet, Bethlehem Center, CA Department of Rehabilitation, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions Recovery Alternative Program, City of Hanford, City of Porterville, City of Tulare, City of Visalia, Community Services and Employment Training, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, Kings Community Action Organization, Kings County Housing Authority, Kings County Mental Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way,



KingsView, Lighthouse Rescue Mission, Open Gate Ministries, PAAR Center, Resources for Independence, Salvation Army, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, The Warehouse, Tulare County, Tulare County Housing Authority, Tulare Regional Medical Center, Turning Point of Central California, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Westcare

Section 3. What Information About the Individual Will Be Disclosed?

- Diagnosis
- Lab Report
- Immunization Record
- History & Physical
- Medication Record
- Progress Note
- Assessment
- Plan of Care
- Other: Written/Verbal

Exception or information I do not want disclosed: _____

Section 4. What is the Purpose of the Disclosure?

To determine eligibility for housing and supportive services to the individual identified in this release.

Section 5. What is the Expiration Date or Event?

This authorization must expire within 1 year, or either on a specific date or upon a specific event. Please choose either:

- The following expiration date (no more than 2 years from today): _____
- The following specific event (needs to happen within 2 years): _____

Section 6. Important Rights and Other Required Statements You Should Know

- You can revoke this authorization at any time by writing to the Kings/Tulare Homeless Alliance at PO Box 1742, Visalia, CA 93279. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- The information disclosed based on this authorization may be redisclosed by the recipients and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records or you may ask us for a copy at any time by writing to the Kings/Tulare Homeless Alliance.



- You may request a restriction or limitation on the protected health information to be used or disclosed.

Section 7. Signature of the Individual

I have reviewed this authorization and have had my rights explained/read to me. I hereby consent to release of my health information as specified above.

Signature: _____ Date (required): _____

Section 8. Signature of Personal Representative (if applicable)

Signature: _____ Date (required): _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal documents giving you this authority.

Relationship to the individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.



BASIC INFORMATION

PARENT 1	First Name	Nickname	Last Name	

	<input type="checkbox"/> Partial, Street Name, or Code Name Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected			
	In what language do you feel best able to express yourself? _____			
Date of Birth: DD/MM/YYYY ____/____/_____			Age: _____	Social Security Number: ____-____-_____
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected			<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

PARENT 2	First Name	Nickname	Last Name	

	<input type="checkbox"/> Partial, Street Name, or Code Name Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected			
	In what language do you feel best able to express yourself? _____			
Date of Birth: DD/MM/YYYY ____/____/_____			Age: _____	Social Security Number: ____-____-_____
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected			<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

CHILDREN

1. How many children under the age of 18 are currently with you? _____ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Yes No Refused

4. Please provide a list of children's names and ages:

First Name	Last Name	Date of Birth	Age	SSN



A. HISTORY OF HOUSING & HOMELESSNESS

5. Where do you and your family sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Outdoors	<input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> Refused
6. How long has it been since you and your family lived in permanent stable housing?	_____	<input type="checkbox"/> Refused
7. In the last three years, how many times have you and your family been homeless?	_____	<input type="checkbox"/> Refused
a) Total # of months homeless in past three years for you and your family?	_____	<input type="checkbox"/> Refused

B. RISKS

8. In the past six months, how many times have you or anyone in your family.....		
a) Received health care at an emergency department/room?	_____	<input type="checkbox"/> Refused
b) Taken an ambulance to the hospital?	_____	<input type="checkbox"/> Refused
c) Been hospitalized as an inpatient?	_____	<input type="checkbox"/> Refused
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____	<input type="checkbox"/> Refused
e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____	<input type="checkbox"/> Refused
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____	<input type="checkbox"/> Refused
9. Have you or your family been attacked or beaten up since you've become homeless?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
10. Have you or anyone in your family threatened to or tried to harm yourself or anyone else in the last year?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
11. Do you or anyone in your family have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

C. SOCIALIZATION & DAILY FUNCTIONING

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused your family to become evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

D. WELLNESS

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of your physical health of you or anyone in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying because of:	
a) A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c) A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for you or your family to live independently because help would be needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
28. Does any single member of your household have a medical condition, mental health concerns, and experience with substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused



E. FAMILY UNIT

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
36. <i>IF THERE ARE SCHOOL-AGED CHILDREN:</i> Do your children attend school more often than not each week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...	
a) 3 or more hours per day for children aged 13 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) 2 or more hours per day for children aged 12 or younger?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
41. <i>IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:</i> Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A or Refused



F. DEMOGRAPHICS

Relationship to HOH (spouse/partner/child/etc.)	Gender (Use codes below)	Hispanic/Latino (Y or N)	Race (Use codes below)	Disabled (Y or N)	Veteran Served on active Duty (Y or N)
SELF					

Gender Codes:

Race Codes *(select all that apply):*

- (F) Female
- (M) Male
- (TGMF) Transgendered Female to Male
- (TGMF) Transgendered Male to Female
- (O) Other _____
- (REF) Client Refused
- (D/K) Client Doesn't Know
- (DNC) Data Not Collected

- (AM) American Indian/Alaskan Native
- (AS) Asian
- (BL) Black/African American Native
- (HA) Hawaiian/Other Pacific Islander
- (W) White
- (REF) Client Refused
- (D/K) Client Doesn't Know
- (DNC) Data Not Collected

FOLLOW UP

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

place: _____

time: _____:_____ or Morning/Afternoon/Evening/Night

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

phone: (_____) _____ - _____

email: _____

SURVEYOR:

Take pictures (adults only).

Any final notes that you'd like to convey?



Appendix E: Grievance Form



Grievance Form

Your Name: _____

Phone Number: _____

Program Name: _____

Have you filed a grievance with the agency? Yes No

If Yes, what was the outcome?

Please state your concern *(use back of form, if necessary)*:

What action would you suggest?

Your Signature: _____

Date: _____



Executive Board Meeting Minutes

August 11, 2016
9:00 AM

525 W. Center Avenue, Ste. A, Visalia, CA 93291

- | | |
|---|---|
| <input checked="" type="checkbox"/> Linda Craig, President | <input checked="" type="checkbox"/> Lucia Orozco, Secretary |
| <input type="checkbox"/> Suzy Ward, Vice President Internal Affairs | <input checked="" type="checkbox"/> Lateena Ling, Member at Large |
| <input checked="" type="checkbox"/> Jamie Sharma, Vice President External Affairs | <input checked="" type="checkbox"/> Corinna Franco, Member at Large |
| <input checked="" type="checkbox"/> Becky Huber, Treasurer | <input checked="" type="checkbox"/> Machael Smith, Executive Director |

- I. Meeting called to order at 9:00 am
- II. Minutes
 - a. Reviewed minutes for July. Motion made by B. Huber, second by L. Ling. Motion carried.
- III. Financial Review
 - a. M. Smith reviewed financials, losses due to allocations, filed for audit.
- IV. Alliance Business: Action/Discussion Items
 - a. FY16/17 Closeout
 - i. Discussion included with Financial Report.
 - b. Resolution for new bank signers
 - i. Update to allow L. Craig, B. Huber and L. Orozco to become authorized signers. J. Sharma motioned and second by B. Huber to approve signers, motion carried.
 - c. Strategic planning session
 - i. Planning for October 13th Board meeting.
 - d. HUD NOFA
 - i. Coordinated Entry Grant
 1. Update - M. Smith has met with agencies to provide feedback on applications, 21 applications. 2 bonus applications; KCAO & CSET. M. Smith working on Collaborative Application. Currently \$79,200 available for re-allocation. M. Smith to write grant application for Coordinated Entry. J. Sharma moved to approve application, B. Huber second, motion carried.
 - e. Updated Policies
 - i. Alliance Governance Charter: Policies & Procedures, Written Standards, HMIS Governance Charter, HMIS Policies
 1. M. Smith reviewed, L. Orozco made motion, L. Ling second to approve documents. Motion Carried.
 - f. Project Homeless Connect
 - i. Blanket grant application authorization

Alliance Board of Directors meeting documenting approval of Written Standards

1. B. Huber motioned to approve blanket grant application authorization, C. Franco second, S. Ward's vote is needed to carry motion. L. Ling, J. Sharma and L. Orozco abstained from vote.
- V. Executive Director Report
- a. M. Smith announced invitation from Housing CA to join as a committee member.
 - i. Ideas for Legislation, No Place Like Home bill.
 - ii. ESG extra funds for Rapid Re-Housing, analysis for funds for a 1 year or 2 year period.
 - b. M. Smith to present at next membership meeting regarding public comment on how HUD distributes money.
- VI. Meeting adjourned at 10:04 am

Respectfully submitted,

Lucia Orozco

2016 COC NOFA

ATTACHMENT 12. 2016 COC CONSOLIDATED
APPLICATION: PROJECT LIST TO SERVE PERSONS
DEFINED AS HOMELESS UNDER OTHER FEDERAL
STATUTES, 4B-7A

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This attachment is **NOT APPLICABLE**, as the Kings/Tulare Homeless Alliance (KTA) is not serving persons defined as homeless under other Federal statutes.

2016 COC NOFA

ATTACHMENT 13. HDX – SYSTEM PERFORMANCE MEASURES

Performance Measurement Module (Sys PM)

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		766		39			19	
1.2 Persons in ES, SH, and TH		1134		103			37	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	1	0	0%	0	0%	0	0%	0	0%
Exit was from ES	159	17	11%	6	4%	3	2%	26	16%
Exit was from TH	78	7	9%	3	4%	6	8%	16	21%
Exit was from SH	0	0		0		0		0	
Exit was from PH	64	3	5%	2	3%	3	5%	8	13%
TOTAL Returns to Homelessness	302	27	9%	11	4%	12	4%	50	17%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	763	862	99
Emergency Shelter Total	161	161	0
Safe Haven Total	0	0	0
Transitional Housing Total	225	256	31
Total Sheltered Count	386	417	31
Unsheltered Count	377	445	68

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		1159	
Emergency Shelter Total		789	
Safe Haven Total		0	
Transitional Housing Total		421	

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		64	
Number of adults with increased earned income		5	
Percentage of adults who increased earned income		8%	

Performance Measurement Module (Sys PM)

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		64	
Number of adults with increased non-employment cash income		8	
Percentage of adults who increased non-employment cash income		13%	

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		64	
Number of adults with increased total income		13	
Percentage of adults who increased total income		20%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		326	
Number of adults who exited with increased earned income		51	
Percentage of adults who increased earned income		16%	

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		326	
Number of adults who exited with increased non-employment cash income		26	
Percentage of adults who increased non-employment cash income		8%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		326	
Number of adults who exited with increased total income		72	
Percentage of adults who increased total income		22%	

Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		1207	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		310	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		897	

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		1409	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		330	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		1079	

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		65	
Of persons above, those who exited to temporary & some institutional destinations		14	
Of the persons above, those who exited to permanent housing destinations		17	
% Successful exits		48%	

Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		1009	
Of the persons above, those who exited to permanent housing destinations		490	
% Successful exits		49%	

Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		195	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		185	
% Successful exits/retention		95%	