

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:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- 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 application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 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 application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Faith Based Organizations	Yes	Yes
Veterans Affairs	Yes	Yes

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

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

KTCoc INVITES participation in monthly meetings where anyone can attend including formerly homeless (30-40 ppl attend). KTCoc sends out e-invites to a large listserv (250+ ppl) and POSTS MEETINGS ON COC WEBSITE. Victim Service Providers (Family Services) provide feedback/training on DV such as data privacy. KTCoc has mental health reps on the PHC committee. Feedback is utilized to help design PHC layout to attract attendees w/mental disabilities to services. Nominating Committee conducts outreach to expand expertise/participation. MONTHLY PUBLIC MEETINGS ARE USED TO GATHER INPUT TO GUIDE UPDATES TO THE COORDINATED ENTRY & ASSESSMENT STRATEGY, COORDINATE PHC/PIT, SOLICIT FEEDBACK FOR ANNUAL FUNDING GOALS, AND ADOPT/IMPROVE SYSTEM PERFORMANCE TARGETS TO IMPROVE COC PERFORMANCE. Feedback is sought for new approaches for system improvement, incl. recent feedback of a need for bridge housing through ESG to improve PH placement; as result, bridge housing recommended for ESG funds.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

KTCoc has an OPEN INVITATION PROCESS for new members to join. The solicitation is PUBLICLY AVAILABLE on the KTCoc website and in the office. The opportunity to join is advertised MONTHLY through community events and outreach efforts, such as participation on special committees, including the Visalia homeless working group and Tulare Homeless Task Force. The invitation to join was announced at the annual awards event honoring homeless practitioners, public officials, and formerly homeless community members. SPECIFIC OUTREACH TO HOMELESS AND FORMERLY HOMELESS INDIVIDUALS occurs at the annual PHC event in 4 cities with over 90% of the regional homeless count. Organizations can also nominate formerly homeless for an award through KTCoc which includes a stipend and the opportunity to engage w/policy and program design. KTCoc has broad participation from a variety of stakeholders including victim services organizations, youth and formerly homeless.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if

**the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

KTCoc solicited apps from entities not previously funded through

1. PROCESS:

*SENT E-MAIL announce. to listserv, member agencies NEWSLETTERS AND POSTS on Facebook/Twitter/Website;

*Outreach in advance of NOFA incl. training where NON-GRANTEES ATTENDED/asked questions/instructions on how to apply;

*Provided direct TA to any org. interested in applying for funds ON HOW TO SUBMIT PROPOSALS;

*Presented info on HUD funding to community groups serving homeless & POST INFO IN PUBLIC LOCATIONS such as the United Way bulletin board;

*Outreach to ESG and mental health providers to expand in to HUD funded PH.

2. KTCoc ANNOUNCED the process was OPEN to NEW proposals from organizations not previously funded on June 14, 2017 and August 24, 2017.

3. Funding recommendations were adopted by the Board and presented to membership for approval AT OPEN MEETING W/ALL MEMBERS.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation 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 Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Faith Based Organizations	Yes
Veterans Affairs	Yes

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

The K/TCoC worked w/the only ESG recipient in the geographic area—State of California.(1) KTCoC worked w/the State to redesign ESG to develop a two-tier process to allocate non-competitive/competitive State funds. KTCoC developed

rating&ranking guidelines for local ESG funds and established system level performance standards. KTCoC recommended projects to State for ESG funds and monitors contracts for the State. (2) KTCoC provided Con Plan jurisdiction level PIT data to all 5 jurisdictions (State of CA, Hanford, Porterville, Visalia, Tulare) for ESG, HMIS data, and previous ESG sub recipient info. KTCoC reviews ESG performance quarterly to identify areas of concern/develop corrective actions. (3) KTCoC coordinated w/State to ensure they have PIT/HIC data which reflects local data and program design is fair to rural CA/small CoCs. ESG data will be reviewed by the KTCoC Board and then with the exec. comm. of each org. ESG funded programs are integrated with the coordinated entry system.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

The K/T 10-year plan acknowledges 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. KTCoC trains providers 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 and personally identifiable information (PII) kept confidential; HMIS lead also administers comp. database. Assessing DV is integrated with CES and services are client-driven, trauma informed and culturally relevant. Safe house locations are kept confidential to protect victims. Persons fleeing DV are connected with CoC/ESG/DOJ/CalOES/HHS funded programs. DV victims are given CHOICES with program/housing location. Best practice training (by the KTCoC) for DV includes victim-centered practices in the provision of housing and services.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

1)KTCoC HOSTS A MONTHLY roundtable-includes client confidentiality & effective case management for serving survivors of DV; dates in 2017 include 1/19, 2/16, 3/16, 4/20, 5/18, 6/15, 7/20, 8/17; a DV specific best practices training was held 9/6/17.Safety protocols in CES manual which require a path through CES that promotes/protects confidentiality/safety. CES operated by KTCoC w/support from HMIS provider.(2)A SEPARATE DV DATABASE COLLECTS DETAILED INFO. on clients; used to identify gaps/track needs/est. funding priorities. Each DV client is given anonymous client ID#. KTCoC tracks DV household's needs anonymously & provide linkages to housing if not in imminent harm. KTCoC tracks other data such as risk factors, household composition, etc.(3)CES INCLUDES WRITTEN STANDARDS for persons

fleeing DV/human trafficking. Victims of DV have safe/confidential access to CES and victim services, incl. ACCESS TO EMERGENCY SERVICES AND HOUSING choice(s) thru anonymous client ID#.

1C-4. Using the chart provided, for each of the Public Housing Agency’s (PHA) in the CoC’s geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA’s that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 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	2.00%	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-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

Not applicable; each of the PHA's in the covered geography include a homeless admission preference. The KTCoc will continue working with the PHAs to set-aside additional Housing Choice Vouchers for homeless and formerly homeless households and to collaborate on the development of new permanent housing units. The priority for homeless in Kings/Tulare is new in the previous 24 months, and the full impact of this policy has not yet resulted in meaningful numerical outcomes. Since both PHAs have thousands of families on the wait list, HUD is reducing annual budgets for PHA vouchers, and turnover is infrequent, new vouchers are not readily available. The bi-county region is committed to this priority and think it will assist in meeting local goals to end homelessness in the near-term.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing

in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

(1)K/TCoC is meeting the needs of LGBT by providing housing/services to LGBT in accordance w/the Equal Access rule & ensuring fair treatment and housing access for all. This is required in the COORDINATED ENTRY SYSTEM (CES) WRITTEN STANDARDS which is implemented via MOU w/all service/housing providers; CES policy INCLUDES ACTIONS such as gender neutral restrooms, providing access regardless of gender identity, sexual orientation or marital status, etc.(2) KTCoc HOSTED A TRAINING ON 8/30/17 ON HOW TO EFFECTIVELY IMPLEMENT THE EQUAL ACCESS TO HOUSING IN HUD PROGRAMS FINAL RULE and provides MONTHLY roundtables which include training on meeting the needs of LGBT. (3) KTCoc has IMPLEMENTED AN ANTI-DISCRIMINATION POLICY IN THE CES WRITTEN STANDARDS ON XXX and requires all housing providers receiving ESG or CoC funds sign an MOU which includes an agreement to adhere to the CES written standards. All housing providers receiving State & Federal funds have agreed abide by the policy.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness 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"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
Implemented storage program for shopping carts	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. 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-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

Not applicable; the Kings/Tulare Continuum of Care (also known as the Homeless Alliance) coordinates with each of the institutions listed in 1D-1 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. The Visalia Homeless Task force is currently working with the Tulare County correctional facility on discharge policies and reconnecting those discharged with family and/or transit assistance. The Visalia Rescue Mission also works with the largest health care provide on discharge and is piloting a new respite care program which partners housing assistance with medical resources.

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. 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"/>

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)**

(1)VULNERABILITIES INCLUDE, but are not limited to: low or no income, current or past substance abuse, DV history, criminal record, etc. (2) The KTCoC 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. KTCoC 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.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/12/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/12/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	CoC Process for R...	09/25/2017

Attachment Details

Document Description: CoC Process for Reallocation

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

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

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? Eccovia Solutions

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Single CoC

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 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 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	268	62	172	83.50%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	191	48	143	100.00%
Rapid Re-Housing (RRH) beds	104	0	104	100.00%
Permanent Supportive Housing (PSH) beds	256	0	153	59.77%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

Coverage is slightly below 85% in the ES project type (83.5%) because non-participation of ONE PROJECT. STEPS TO INCREASE ES COVERAGE: During the upcoming year, the CoC will conduct outreach to the sole non-participating faith-based project. We will demonstrate the benefits of HMIS participation and work to resolve resistance to participation. Efforts will include incentives such as free user licenses, ongoing training, and customized reporting as requested. Coverage is slightly below 85% in the PSH project type (59.77%) because of non-participation of ONE PROJECT, the VA VASH project. STEPS TO INCREASE PSH COVERAGE: Our CoC is VERY CLOSE to getting the VASH beds into HMIS. VA has approved participation and we will be working with their team to schedule a fall 2017 implementation. The CoC will regularly meet with the VA VASH team to collect, input and maintain client records in HMIS. WE ARE CONFIDENT THAT WE WILL HAVE 100% BED COVERAGE IN THE PSH CATEGORY IN THE NEXT 12 MONTHS.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 05/01/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 05/01/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

N/A. There were no changes to the way the CoC implemented its sheltered PIT count from 2016 to 2017. The number of sheltered homeless increased slightly (354 in 2017 vs. 326 in 2016). We believe this increase is due to the relaxed rules at the Visalia Rescue Mission (VRM) emergency shelters. The VRM men and women's shelters were at average of 69% occupancy in 2016 and were at 98% occupancy in 2017. Both programs implemented a behavior based model that did not require clients to drug test at entry as in prior years.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	31
Beds Removed:	39
Total:	-8

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0

Total:	0
--------	---

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? No
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

N/A. There were no changes to the way the CoC implemented its unsheltered PIT count from 2016 to 2017. The number of unsheltered homeless has grown in Kings/Tulare Counties by 7% over 2016 (499 in 2017 vs. 466 in 2016). The increase in unsheltered homeless is primarily single, non-chronically homeless persons. The number of people experiencing chronic homelessness has remained the same from 2016 to 2017. Our region received two new RRH grants that became effective just prior to the PIT. This funding is now an additional resource to assist non-chronic homeless persons in our region.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

The CoC used the following specific measures to identify homeless youth: 1) Hosted four magnet events for the PIT count that included giveaway items such as clothing, haircuts, and sleeping bags; 2) youth service providers and stakeholders, such as McKinney-Vento Liaisons and the Youth Services Bureau were including in the PIT planning process by attending planning meetings and chairing sub-committees for youth focused activities; 3) homeless youth assisted with setting up the magnet events, compiling hygiene kits, and attending the day of the event; 4) outreach teams worked with youth stakeholders to place event posters in areas that youth were likely to frequent and social media blasts were sent out about the event. Additionally, the day of the event, teams visited known areas and engaged with youth that did not attend the magnet events.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

During the 2017 PIT Count, the CoC leveraged several partners to better count chronic homeless, families with children and veterans experiencing homelessness. The PATH street outreach team, along with the HOPE team operated by law enforcement, shared information about known encampments, frequent crisis system users, and hard to find people so that they could be counted. Tulare County Office of Education and Visalia Unified School District Homeless Liaisons shared information with homeless families in the school system about getting counted. Operation Lend a Hand, a local Veteran outreach team, conducted a special count focused on veterans sleeping in unsheltered situations.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)**

1)REDUCTION in first-time homeless (FTH) from 77% to 75% of HMIS entries.(2)KTCOC IDENTIFIES RISK FACTORS @ quarterly case management meetings w/providers; works w/education liaisons to look for risk factors, such as overcrowding or staying w/family & coordinates w/CalWorks RRH to determine trends on why households need assistance.(3)STRATEGIES TO REDUCE FTH: *Outreach to landlords to connect residents at-risk of eviction to prevention services. PHAs train staff on identifying risk factors such as multiple episodes of late rental payments/loss of employment.*Mainstream service providers work w/CoC to identify conditions that lead to FTH; solutions for prevention, mainly through referrals, are implemented to reduce FHT.*Other prevention measures include foreclosure counseling, utility/emergency rent assistance, credit counseling/financial fitness, and job training/employment services.(4)KTCOC PARTNERS w/education liaisons, PHAs, & County HSA programs to promote prevention services.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)**

1)LOT homeless REDUCED BY 7.5% from 40 to 37 bed nights.(2) KTCOC hosts roundtables where Navigators, outreach teams, CMs, PATH, mental health, and PHAs review barriers, leveraging resources, and landlord engagement to reduce LOT. 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)KTCoC will continue to use VI-SPDAT to prioritize clients based on highest needs/LOT homelessness.KTCoC adopted written standards to govern prioritization (HUD CPD 16-11).The HMIS team tracks LOT from VISPDAT to referral to program enrollment.Data is used to identify clients exceeding 100 days.(4)HMIS team tracks data for LOT homeless and reports to the Navigator who assists w/locating individuals, document readiness (e.g. disability paperwork) & housing first. All housing providers, including CSET, FSTC, PHAs and Turning Point, reduce LOT by having units available for RA thru good landlord relationships.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC’s strategy for retention of, or placement in permanent housing. (limit 1000 characters)

(1) KTCoC WAS CONSISTENT WITH 89% PH RETENTION in 2016 (same as 2015). Placement dropped slightly from 49 to 38% in 2016 due to insufficient housing/unwilling landlords. 2) KTCoC continues working to increase exits to PH and retention in PH by:
-INCREASING CASH/NON-CASH INCOME ensure households have the resources to be successful; 58% of exits increased total income which helps support PH
-MONTHLY ROUNDTABLES IDENTIFY CLIENTS AT-RISK of exit and a retention/stabilization plan is developed.
-MONTHLY CASE MANAGEMENT TRAINING ensures providers have the tools to provide effective case management
-LANDLORD OUTREACH/DEPOSIT GUARANTEE FUND IMPLEMENTED so units are available at exit.
3) KTCoC coordinates case management sessions/training; Providers/Housing Navigator conduct landlord outreach; all providers responsible for effective case management; KTCoC MONITORS OUTCOMES TO ISOLATE PROGRAM ISSUES EARLY.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC’s efforts to reduce the rate of individuals and families’ returns to homelessness. (limit 1000 characters)

1)DECREASE in RTH from 67 to 65.(2)KTCoC identifies RTH by using open HMIS is allow providers to see RTH & including that question in CES.CoC MONITORS RTH by program participants who exit rapid rehousing, TH, and PSH in HMIS, and monitor data quarterly to identify RTH and areas of concern. CoC then conducts focused TA to address area of concern to identify

opportunities to improve programs.(3) One strategy for reducing RTH is educating providers on effective case management. KTCoC hosts case management trainings to improve the delivery of supportive services including connecting with benefits/income supports & financial planning/budgeting. KTCoC hosts ongoing Case Mgmt Roundtables where potential discharges are discussed. The CM team DEVELOPS A CUSTOMIZED PLAN TO AVOID EXITS to homelessness. The 10-Year Plan includes strategies to reduce RTH. (4) KTCoC responsible for reducing RTH in partnership with HMIS lead Kings United Way. ALL PROVIDERS provide post-exit CM to reduce RTH.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment, non-employment including mainstream benefits. (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. KTCoC hosts regular trainings on nontraditional employment such as ABLE Ind., EDD, AmVets, CSET Job Corps, etc. STRATEGIES to increase non-cash income sources include the requirement that agencies participate w/SOAR training/enroll clients in SOAR & County utilization of one uniform application. 2) County operates a SOAR Advocacy unit that expedites SOAR applications/provides TA. KTCoC connects CoC-funded projects with employment partners and SOAR training annually. K/T HHSAs offer uniform applications for multiple mainstream benefits. 3. KTCoC coordinates SOAR training for all providers annually. County benefits enrollment staff ensure CoC providers has access/resources. All CoC programs are responsible for outcomes including increasing cash and non-cash income (including mainstream benefit enrollment).

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

3A.6a. If the response to 3A-6 was “Yes”, what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count? (limit 1000 characters)

Not applicable, the K/T Homeless Alliance (the local CoC) did not completely exclude any geographic area from the most recent PIT count.

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. 06/03/2017
(mm/dd/yyyy)

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	54	131	77

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	147
Total	147

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or 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 with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

1) TO HOUSE FAMILIES IN 30 DAYS, KTCOC utilizes RRH w/employment services/mainstream benefits. With no ESG entitlements, KTCOC provided TA to applicants; two RRH programs funded in 2016 through reallocation/bonus. TO MAXIMIZE CoC/ESG FUNDING, the State changed ESG to formula allocations to CoCs allowing for use of ESG w/the Housing Navigator & KTCOC assists w/ESG application for competitive State funds. KTCOC has an adopted goal to assess every household within 72 hours. Other RRH includes HHSA HSP for families. All TANF eligible family w/children are referred to Housing Support Program. (2) CURRENT TIMEFRAME: Households w/children HOUSED 11.9 days which well exceeds 30 day goal. 3) RRH has been successful b/c the # of homeless families dropped 18%. 4) KTCOC works w/partners such as SCHOOL LIAISONS and the Housing Navigator to IDENTIFY homeless families/enroll them through CES. Housing providers such as CSET/SALVATION ARMY are responsible to assist in meeting this goal.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	30	16	-14

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

KTCOC IMPLEMENTED AN ANTI-DISCRIMINATION POLICY IN COORDINATED ENTRY SYSTEM (CES) WRITTEN STANDARDS; requires all housing providers receiving ESG/CoC funds SIGN AN MOU which includes an agreement to adhere to the CES written standards. Ensure not denying

admission through policies like prohibiting inquiries re: sexual orientation or gender identity for determining eligibility. KTCoC MONITORS policies of all agencies for compliance. Programs ranked on compliance findings during R&R so a program that does not implement anti-discrimination policies risks reallocation. KTCoC HOSTED A TRAINING ON 8/30/17 ON HOW TO EFFECTIVELY IMPLEMENT THE EQUAL ACCESS TO HOUSING IN HUD PROGRAMS FINAL RULE and provides MONTHLY case management roundtables which include training on meeting the needs of LGBT (ex. 4/20, 5/18, 6/15). Policy INCLUDES ALL protected classes such as age, sex, LGBT, etc.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT 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

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<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	<input checked="" type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

1) KTCoC assists a youth ES-Gloria House-the first ES for unaccompanied youth (UY) in Visalia; ASSISTS EMQ FAMILIES FIRST W/DATA/SUPPORT to operate 20 beds for UY funded by mental health. TPOCC mobile unit conducts street outreach/has housing assistance for UY. County has a human trafficking

program, supported by the Sheriff, which includes homeless UY victims. 2) CoC monitors UY through PIT/HMIS; supplements PIT with HMIS to see # UY being served. In 2017, providers served 32 unsheltered homeless UY compared to 15 in 2016. AN INCREASE OF HOMELESS YOUTH IN HMIS IS EVIDENCE OF EFFECTIVE STREET OUTREACH. 3) CoC UTILIZES HMIS COC COMPETITION STANDARD REPORT in HMIS to track the effectiveness of these programs and new UY in HMIS. 4) LOCAL PERFORMANCE MEASURES ARE UTILIZED TO TRACK PROJECT EFFECTIVENESS. These measures include housing stability, increased income, and connection to mainstream benefits. TRENDS IN UY ENROLLMENT MONITORED BY CoC TO ENSURE EFFECTIVE STREET OUTREACH. 4. CoC has been effective b/c enrollment of unsheltered UY increased by 53%. 5. N/A

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

1) KTCOC COLLABORATES TO IDENTIFY HOMELESS thru member partnerships. KCAO meets w/Kings Office of Ed to discuss changes to services/programs, HOW TO IDENTIFY HOMELESS & referrals. KCAO meets w/County HHS to discuss pregnant/parenting teens living/school status, referrals, updates to programs. 2. FORMAL PARTNERSHIPS INCLUDE HUD grantees attend County Child Protection to discuss Child Welfare w/members of TCOE, CWS, AOD, DA, Probation, FRCs. FSTC attends Child Abuse Planning Commission which includes ed. reps. CCFCC attends SafeCare Managers, CWS Differential Response, Bi Monthly CPPC, Child Protection Planning Committee, Healthy Start Provider and Monthly Family Resource meetings. 3. Local school districts, including Visalia w/the largest # of homeless, have a policy where all students complete an intake form disclosing their housing situation and informing them of their M-V eligibility.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	Yes	No
Early Head Start	Yes	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	Yes
Birth to 3	Yes	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

Child Mental Health Services	Yes	Yes

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

Through CES, Every Door Open, KTCoc established a goal of enrollment of every Veteran. OUTREACH: KTCoc 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. ASSESS: EDO uses a common assessment tool(VI-SPDAT) which requests veteran status and works with VA VASH/SSVF. PROCESS: Once a Veteran is identified through outreach, they are referred to the VA 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 placement in a Grant Per Diem program if they need add'l time to locate a unit. ENGAGE VA: KTCoc facilitates a monthly case management roundtable that reviews the status of all Veterans and referral/placement status including VA and non-VA funded programs.

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

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

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

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		
Mobile Health Clinics	Yes	Yes

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

1) Mainstream benefits providers are members/attend case management meetings. KTCoc distributes info. to members & utilizes data in CES to inform benefits enrollment. 2) KTCoc HOSTS TRAINING at monthly meetings. E.g. County UNIFORM APP. for 4 programs. Utilize SOAR to access benefits; ANNUAL SOAR CERTIFICATION REQUIRED. KTCoc partners w/WIB & CSET, which provide job training/placement/referrals. THREE agencies KTCoc partners w/for health insurance enrollment include FSTC, FHCN and Parenting Network. FSTC has staff certified to work w/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. 3) KTCoc monitors data for increasing non-employment income & facilitates case man. meetings to discuss client status & enrollment. Counties

have enrollment specialists & KCAC/FSTC/WIB/CSET/FHCN/CCFCC are all responsible for benefits enrollment.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	18.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	18.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	18.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	18.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

1)Street outreach (SO) COVERS 100% of Tulare/Kings;CoC has a Housing Navigator/County;SO includes Navigators, HOPE team, PATH, & Heading Home Visalia. 2) Navigators conduct SO in each City ONCE/WEEK. HOPE conducts outreach in Visalia DAILY. FSTC hired Case Manager specifically for street outreach. 3)SO is initiated from referrals, such as a community member engaging w/homeless individual. Navigators GO TO homeless, approach in non-threatening way & build trust. SO includes giving items such as toiletries/socks/food. PATH mental health outreach trained on mental health challenges & equipped w/strategies to connect. Heading Home Visalia SO focused on getting street homeless document ready and volunteers engage and assist interested street homeless. Program materials are offered in Spanish & other languages upon request. CoC members (City of Visalia) offer resources for other communication including sign language & accommodations for physical disabilities (e.g. dial-a-ride paratransit).

**4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as**

detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

1)KTCoc/all agencies w/State/Federal funds AFFIRMATIVELY MARKET HOUSING & SUPPORTIVE SERVICES regardless of race, color, etc. & conduct special street outreach to those less likely to apply in absence of special outreach. RECORDS OF OUTREACH ACTIVITIES ARE MAINTAINED. CoC IMPLEMENTED ANTI-DISCRIMINATION POLICY IN CES WRITTEN STANDARDS & requires all providers w/ESG/CoC funds SIGN AN MOU w/agreement to adhere to CES written standards. CoC/providers make referrals for fair housing assistance to cities w/ Con Plans to ensure anti-discrimination. All programs OFFER INFORMATION ON RIGHTS & REMEDIES available under applicable fair housing/civil rights laws. 2) CoC/member agencies contract for translation services so all program materials & outreach can be translated to non-English speakers. Materials in Spanish also, which is the most prevalent language. Services for persons w/disabilities such as sign language/Braille available thru City fair housing contract.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	180	104	-76

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. 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	Rejections-Reduct...	09/25/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	Attachment 2. Pub...	09/05/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Rating and Ra...	09/25/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC Rating and Ra...	09/25/2017
05. CoCs Process for Reallocating	Yes	CoC Process for R...	09/25/2017
06. CoC's Governance Charter	Yes	Governance Charter	09/25/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/25/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No	Attachment 8. App...	09/05/2017
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administrativ...	09/25/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	Attachment 10. Co...	09/04/2017
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	09/25/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No	Attachment 12. Pr...	09/05/2017
13. HDX-system Performance Measures	Yes	FY 2017 CoC Compe...	09/25/2017
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Rejections-Reductions

Attachment Details

Document Description: Attachment 2. Public Posting Project Selections, Ranking and CoC Application

Attachment Details

Document Description: CoC Rating and Ranking Procedure - Public Posting

Attachment Details

Document Description: CoC Rating and Ranking Procedure - Public Posting

Attachment Details

Document Description: CoC Process for Reallocation

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description: Attachment 8. Applicable Sections of Con Plan to Serve Persons Homeless under Other Federal Statutes (N/A)

Attachment Details

Document Description: PHA Administrative Plan

Attachment Details

Document Description: Attachment 10. CoC-HMIS MOU (N/A)

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description: Attachment 12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (N/A)

Attachment Details

Document Description: FY 2017 CoC Competition 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	08/24/2017
1B. Engagement	09/25/2017
1C. Coordination	09/26/2017
1D. Discharge Planning	08/24/2017
1E. Project Review	09/26/2017
1F. Reallocation Supporting Documentation	09/25/2017
2A. HMIS Implementation	09/12/2017
2B. PIT Count	09/12/2017
2C. Sheltered Data - Methods	09/25/2017
3A. System Performance	09/26/2017
3B. Performance and Strategic Planning	09/26/2017

4A. Mainstream Benefits and Additional Policies	09/23/2017
4B. Attachments	09/25/2017
Submission Summary	No Input Required