

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-503 - Sacramento City & County CoC

1A-2. Collaborative Applicant Name: Sacramento Steps Forward

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Sacramento Steps Forward

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)	Yes	No
Hospital(s)	Yes	No
EMT/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	No
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Not Applicable	No
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)		

Business Community	Yes	Yes
Job and Employment Development	Yes	Yes
Faith-Based communities	Yes	No

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)

The CoC Advisory Board utilizes an inclusive process to ensure exhaustive public & provider input is taken prior to formal decisions. Although not subject to public meeting law, Adv Brd meetings are open & well-attended by non-member stakeholders. Interested parties receive monthly meeting announcements & distribution of materials. Meetings are facilitated to allow public comment on every agenda item prior to voting. For example, in May 2017, the Brd considered approval of NOFA competition review criteria but postponed the decision until June 2017 to allow staff to follow up on concerns raised by members & public stakeholders; staff & Performance Review Comm examined Brd & public input, made improvements to criteria & the Brd approved revised materials in June. The Brd convenes a Leadership Comm comprised of its Executive Comm, standing comm Co-Chairs & local govt representatives at least quarterly to ensure a comprehensive, strategic approach to existing & emerging issues.

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

The CoC Advisory Board issues a public call for member applications annually. Applications are reviewed by a Nominating Comm & qualified applicants are considered in relation to existing board compensation. When certain area(s) of representation are lacking, Executive Comm & full membership assistance is sought in seeking target applications. CoC Adv Brd is fully or nearly fully seated, with 25 members regularly attending. The meeting is also attended by 15+ regular guests, which serves as an excellent opportunity for future members to observe & contribute to meetings prior to joining the Brd. A similar process occurs at Adv Brd comm meetings, where interested parties can begin to engage with the CoC prior to seeking membership on or being recruited for the Brd. Special outreach is conducted to ensure persons with lived experience are members of the Brd; currently, 2 members represent this background.

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)

A mandatory conference for new & renewing proposers marks the launch of the NOFA competition & provides an overview of the funding opportunity & local process. Collaborative Applicant SSF contracts with HomeBase to facilitate the competition & provide all proposers with independent, expert guidance on preparing application materials. SSF widely promotes the conference. Specifics are as follows: on 7/25/17, SSF announced mandatory conference on its website, distributed notice to 4000-member listserv & asked municipal partners (City & Co. of Sacramento, Citrus Heights, Elk Grove, Rancho Cordova, SHRA) to post notice to their websites & share with networks; from 7/27/17 to 8/5/17, a NOFA solicitation ad ran on Sacramento Bee online. 3 new organizations attended the 2017 Conference, none chose to submit an application but 1 intends to do so in 2018. New & renewal projects are scored on comparable objective criteria & ranked solely on performance.

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)	Yes
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)	

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)

CoC Lead Agency SSF & ESG Recipient SHRA meet at least quarterly to coordinate. SHRA & ESG Subrecipient have seats on the Adv Brd and both participate in Coordinated Entry & Crisis Response Comms & RRH

Collaborative. ESG, CoC & other RRH funders collaborated to create a RRH Policy Manual to ensure standardization across programs. SHRA serves as a non-voting expert on the CoC Adv Brd's Performance Review Comm, responsible for setting review criteria for the CoC NOFA. SSF conducts & publishes PIT & HIC data used by Sacramento's 5 Con Plan jurisdictions; the 2017 PIT provided unsheltered data at the city level, covering all Con Plan jurisdictions for the first time. SSF participates directly in SHRA's annual Con Plan updates, reviewing homeless content & providing updates. Elk Grove & Citrus Heights are Adv Brd members & Rancho Cordova coordinates with CoC on outreach; periodic meetings between SSF & these jurisdictions ensure communication & coordination occurs.

**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)**

7 providers serve victims of DV; While none of the programs receive CoC or ESG funds, most (5/7) actively collaborate with the CoC. Largest DV provider CEO serves as Vice Chair on CoC Adv Brd. Majority of funding comes from local government & philanthropy. All programs/services available to victims are entirely voluntary, service providers do not require participation in other services as a condition of receiving services or housing. For housing, victims choose location. No mandate to participate in counseling/legal/other programs & the rules are specific to health & safety only. Legal staff advise clients of the pros and cons of filing police reports, DVROs, but do not require participation in criminal investigations. Client confidentiality is well protected. Data sharing requires consent & disclosure of entities receiving shared information; data sharing agreements stipulate that information is shared for the purpose of providing assistance in obtaining housing.

**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) CoC conducts regular CoC provider & Coord Entry outreach provider training related to survivors of DV. In 2017, CoC providers participated in VAWA reauthorization training resulting in developing agency-specific policies & certifications & materials for distribution to all participants & partnering landlords. CoC outreach staff participate in regular DV training on types of DV, field engagement techniques & connecting clients to services. (2) The only data currently used by the CoC re. DV is the 2017 PIT where 384/3665 households (10%) reported being survivors of DV. This data suggests a need for additional ES & PH for this subpopulation. (3) There are no CoC-funded DV projects in the CoC. Non-DV provider agencies have safety & planning protocols & DV-specific

protocols will be included in coordinated assessment as part of the Policies & Procedures to be completed by Jan 2018. The HMIS has protocols for participants to opt of of HMIS entirely or in data sharing for coord entry.

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
City of Sacramento	4.32%	No
County of Sacramento	20.58%	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)

Sacramento's City and County PHAs are administered by the Sacramento Housing & Redevelopment Agency (SHRA). Based on directives from City & County & widespread stakeholder advocacy & support, SHRA is in the process of strengthening homeless preferences across City & County Public Housing & County HCVs (City has no HCVs). New PHA resources for people experiencing homelessness are as follows: (1) HCV Program increased allocations over 3 years to include 450 limited allocation HCV; 375 new Project Based Vouchers; 50 "move on" HCVs for PSH participants who no longer need services but who still require rental assistance; 100 HCVs for youth linked to services; and (2) 480 units of public housing for homeless families. Altogether, this combination of HCVs & Public Housing will provide 1755 units of subsidized housing for people experiencing homelessness. The elements of the new plan that require HUD approval of mid-year changes to the Administrative Plan are currently pending.

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) The CoC Adv Brd & CoC Lead Agency Sacramento Steps Forward (SSF) have collected ES, TH, RRH & PSH program policies impacting Gender Identity Equal Access for assessment. Preliminary review has not revealed any problematic policies, however a more complete review will occur w/in next 6 mo. (2) Training on addressing the needs of LGBT individuals & their families has been incorporated into the regular CoC training cycle. OnTrak training provides training that encompasses services, cultural bias people from LGBT community experience & cultural competency when serving people in the LGBT community. Sacramento LGBT Center also provides training on local services for this subpopulation. (3) CoC Adv Brd is committed to ensuring LGBT community is treated with dignity in the homeless system of care & will pursue implementation of an anti-discrimination policy w/in next 12 mo.

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 type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
Taskforce: law enforcement, CJ, code & outreach	<input checked="" type="checkbox"/>
Outreach-Law Enforcement partnerships	<input checked="" type="checkbox"/>
Strategic Policing Initiative Study	<input checked="" type="checkbox"/>

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)

N/A

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	No

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)**

The CoC considered the severity of needs and vulnerabilities experienced by program participants by prioritizing projects dedicated to serving chronically homeless individuals and/or families in its renewal and new project scoring criteria. Applicants dedicating or prioritizing all beds to the chronically homeless were eligible for maximum points (6 points), half the points for 50%-99% (3 points), and no points for 0%. To ensure the commitment and readiness to serve this high need population, applicants were required to provide specific plans for serving this population and information demonstrating the capacity to meet the unique needs of chronically homeless individuals and/or families. The review panel carefully assessed these narrative responses when determining how to award points. Review criteria also included threshold requirements to participate in Coord Entry, which prioritizes the most vulnerable & employing a Housing First model to serve the hardest to serve.

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 checked="" 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 2

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

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. 09/13/2017

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. 09/13/2017

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

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. CoC Governance Charter pages 13 & 14

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? Clarity Human Services

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	762	84	596	87.91%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	669	18	560	86.02%
Rapid Re-Housing (RRH) beds	661	0	661	100.00%
Permanent Supportive Housing (PSH) beds	3,028	0	2,292	75.69%
Other Permanent Housing (OPH) beds	8	0	8	100.00%

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)

(1) The CoC will take the following steps to increase the percentage of PSH beds participating in HMIS in 2018-2018: HMIS Lead Agency Sacramento Steps Forward (SSF) will continue to work w/VA to have the VASH program enter in HMIS; SSF & VA have already worked through privacy concerns & are now focusing on identifying solutions to address VA staffing concerns. Two non-HUD funded agencies, Turning Point & WellSpace, have agreed to enter their PSH beds into HMIS; Turning Point will start 11/1/17 & WellSpace will start by the end of 2017. Adding these agencies will increase PSH coverage to 78%. The addition of VASH will increase coverage to 100%. (2) SSF is working with 3 programs to bring the remaining 83 ES beds into HMIS to reach 100% ES coverage. (3) SSF is working with 2 programs to bring the remaining 91 TH beds into the system to reach 100% TH coverage.

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). 05/01/2017
(mm/dd/yyyy)

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)

NOT APPLICABLE. In 2017 there was no change in methodology. All data from Non-HMIS participating service providers was collected using the HMIS intake forms (2014 Revised HMIS Data Standards) and client consents. On the night of the count 2 shelter providers allowed the CoC to send trained HMIS users/volunteers to collect data from their clients. All survey data then was entered into HMIS for deduplication and to develop reports that were reviewed for accuracy by the HMIS and CoC lead. Overall, there were no changes from 2016 to 2017.

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:	180
Beds Removed:	186
Total:	-6

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
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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? Yes

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)

The CoC commissioned university researchers (CSUS) to enhance the reliability of the unsheltered methodology. Pre-mapping data was derived from stakeholders, and also included new data sources (e.g., 6 months, call-to-service data from law enforcement). CSUS used these data to review sampled areas in 2015 and determined which zones would be resampled in 2017, amended, or reconstituted. This increased the sampling pool from 80 to 134 zones and enhanced the breadth of areas sampled in 2017. Based on feedback from stakeholders, CSUS created “visual” canvassing directions for volunteers at each zone, likely increasing the efficiency of deployment. A random sampling of “cold” zones was added to capture possible homeless locations not known to stakeholders. Survey (demographic) data was weighted to the count data, based on the zone in which the survey was administered, and household composition. 2017 PIT Report is attached.

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)

Extra measures to identify homeless youth include (1) two full-time outreach workers focused specifically on youth, covering the City and County of Sacramento and (2) partnering with youth homeless service providers to locate and offer services to youth. Expert volunteers, including TAY providers and formerly homeless TAY, participated in planning efforts and also participated with the count and survey in areas where many TAY are known to sleep. On

count night, TAY teams were deployed to the map areas known to have the highest concentrations of TAY. TAY volunteers received a stipend for participation. By relying on TAY experts, approximately 118 were identified.

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)

In the two months prior to the count, the CoC collected information and other mapping data from stakeholder entities, including service providers who work with individuals and families experiencing chronic homelessness, families with children and Veterans. The CoC commissioned researchers from Californian State University, Sacramento (CSUS) to compile this information and determine potential sampling zones for the count. This effort was undertaken to improve the breadth of geographic areas that may have been under-sampled in previous counts. Measures to better count individuals and families experiencing chronic homelessness, families with children, and Veterans included a significant increase in full-time outreach workers familiar with locations that these subpopulations of individuals experiencing homelessness may reside on count night. CoC Lead Agency SSF employed over 15 FT outreach workers in 2017, compared to 0 in 2015.

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) CoC has no SH. For ES & TH, overall entries went down by 447 to 3490; new entries accounted for 2539 of total entries, a reduction of 584. For ES, TH & PH, overall entries increased by 643 to 5302; new entries accounted for 3941 of total entries, an increase of 301. (2) CoC Lead Agency's outreach team is piloting a formal diversion program for newly homeless persons who have not yet accessed homeless services. Data collection for this pilot began in Aug 2017 & will be used to better understand risk factors for first time homelessness. (3) County just funded prevention services in CoC's family shelters. (4) CoC & HMIS Lead Agency Sacramento Steps Forward will oversee CoC strategies by sharing data w/CoC & stakeholders to monitor effectiveness & recommend changes as needed.

**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) CoC has no SH. ES avg LOT homeless increased by 11 bed nights to 75 & the median increased by 9 bed nights to 44. ES & TH avg LOT homeless decreased by 5 bed nights to 125 & the median increased by 7 bed nights to 68. (2) CoC is piloting diversion w/well-trained outreach workers as a promising strategy to reduce LOT homeless, based on the concept that diversion tactics can lead to PH at any time during an episode of homelessness. CoC will identify longest stayers for additional support for exit to PH. (3) The CoC Coord Entry

System (CES) prioritizes chronically homeless, longest time homeless, most severe service need for all PSH referrals. Extensive outreach & coordination w/emergency shelter & service providers ensure that CES can find these prioritized individuals & families as PSH becomes available. (4) CoC & HMIS Lead Agency Sacramento Steps Forward will oversee CoC strategies by sharing data w/CoC & stakeholders to monitor effectiveness & recommend changes as needed.

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) Exits to PH from outreach decreased from 86% of exiters to 31%; much of the decrease can be attributed to outreach being a new program w/208 participants in year 1 compared to 1018 in year 2. Exits to PH from ES, TH & RRH (CoC has no SH) decreased from 62% of exiters to 56%. In PH projects, excluding RRH, retention or exit to a permanent destination remained steady at 96% of participants. (2) CoC's strategies include: using Coord Entry to prioritize PSH & RRH placements to those who most need it; piloting diversion for use at all points in a person's homelessness to increase "self-resolve"/"assisted resolution" to PH; & emphasis on low-barrier PH programs in annual NOFA competition & ongoing project monitoring to ensure retention. Also, CoC PHA will implement strong homeless preference in 2018. (3) CoC & HMIS Lead Agency Sacramento Steps Forward will oversee CoC strategies by sharing data w/CoC & stakeholders to monitor effectiveness & recommend changes as needed.

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) Total returns to homelessness from PH location in 2 yrs increased from 12% to 20%: ES returns increased from 21% to 28%: TH increased from 4% to 16%: PH increased from 2% to 12%. Although increases are discouraging, year 2 results may indicate CoC is targeting more appropriately. (2) To reduce returns, CoC focuses on strengthen connections to mainstream resources & support systems before exit. (3) CoC will use the following strategies to reduce additional returns to homelessness: use data to develop profiles of returners, specific to those returning quickly compared to those who return after longer periods of time, to better determine what could prevent returns; develop better exit-readiness assessment processes; and (4) CoC & HMIS Lead Agency Sacramento Steps Forward will oversee CoC strategies by sharing data w/CoC

& stakeholders to monitor effectiveness & recommend changes as needed.

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) For system stayers, 44% had increased total income; 34% increase over the last period, although part of increase is due to improved data collection for stayers. For system leavers, 58% had increased total income; 2% increase over the last period. CoC strategies include local "SMART" program, bringing SOAR model professionals under one roof. (2) CoC Program projects focus on employment & benefits, connecting participants to resources they are not yet accessing & ensuring follow up on applications & renewal of benefits; also, all CoC Providers have completed SOAR training in the last 24 months. (3) CoC Adv Brd's Homeless Employment Comm hosts 1-2 job fairs/yr. CoC is working w/Sacramento Employment & Training Agency to co-locate Coord Entry at 12+ job centers. (4) CoC & HMIS Lead Agency & CoC Recipient, Sacramento Steps Forward will oversee CoC strategies by sharing data w/CoC & stakeholders to monitor effectiveness & recommend changes & through administration of CoC contracts.

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)

N/A

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. (mm/dd/yyyy) 06/05/2017

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.	1,382	2,195	813

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	0
Total	0

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) CoC Coord Entry System (CES) handles all referrals to CoC Program, ESG & SSVF RRH. Families are prioritized based on severity of service need, with families of moderate need referred to RRH. The CoC has not met the goal of rapidly rehousing all families w/in 30 days: the list of assessed families that are still homeless includes 1000 households, 600 of moderate & 130 of high need. The CES Comm is revisiting RRH prioritization now and will incorporate the need to rapidly rehousing families with children within 30 days of becoming homeless in the final prioritization criteria. CoC is committed to the 2020 goal of rehousing all families within 30 days. (2) CoC & HMIS Lead Agency Sacramento Steps Forward will oversee CoC strategies by sharing data with RRH providers & other CoC stakeholders to monitor effectiveness & recommend changes as needed.

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.	26	172	146

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)

The CoC requires that every program adopt & adhere to a policy of not separating families because of composition based on age, sex, gender, LGBT status, marital status or disability system-wide. All family shelters can accommodate all varieties of family composition. PSH, RRH & TH receive referrals of all household compositions through Coord Entry System (CES) & cannot deny referrals based on that composition. In cases of communal shelter

or shared PSH, all programs have some capacity to meet the needs of all household types.

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) The Sacramento CoC is committed to ending TAY homelessness, driven by a strong collaborative of providers, advocates & youth themselves focused on increasing programs & funding & ensuring services are appropriate for this subpopulation. In addition to existing funds including RHY outreach & shelter funds, youth providers have secured over \$750K in federal, state & local funds for shelter, transitional housing & supportive services including employment. In fall 2017, a new 24/7 Drop-In Center will provide mental health services, a medical clinic, counseling, wellness activities, leadership workshops & education & employment programs. The Center is a collaborative of 3 youth providers and will use a “no-wrong-door” approach for integrated assessment & diversion from homelessness & other crises. In 2016, The Doorway HUD CoC RRH launched, serving 18 single and 12 family households at a time. (2) & (3)

The CoC has seen a 20% decrease in TAY homelessness from 2015 to 2017 PIT (303 to 242). In 2015 & 2017, the CoC dedicated resources specifically to counting unsheltered TAY to increase accuracy of data being used to evaluate effectiveness. (4) Reductions in number homeless is a good start for measuring the effectiveness for any strategy. However, the CoC intends to add the system-level measures of returns to homelessness and length of time homeless to its evaluation of strategies at the subpopulation level.

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) CoC Lead Agency Sacramento Steps Forward (SSF) attends & regularly reports at monthly meetings of the McKinney-Vento homeless student liaisons convened by the Sacramento County Office of Education (SCOE) & SCOE is represented on the CoC Adv Brd. Issues of homeless students are also addressed at monthly meetings of the Homeless Youth Taskforce (HYTF) & its policy & advocacy committees and youth advisory board. (2) The HYTF became an official committee of the CoC Adv Brd in 2016. (3) All CoC Program providers are required in their contracts to designate a project team member to advise of & assist w/ensuring the education rights of homeless individuals & families. SSF monitors for compliance with this requirement at monitoring visits.

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	No	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	No	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		
Child Protective Services	No	Yes
Family Shelters	No	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)**

The CoC has created a Veteran Collaborative to find, assess & refer homeless Veterans to the proper services & to provide case management, as well as to establish field protocols to ensure engagement. When front line staff encounter a Veteran, they put the client on the CoC queue to potentially receive general/non-Vet homeless services and refer him/her to Veteran specific services. Twice per month the Veteran queue is sent to the Collaborative for joint case management/conferencing. If agencies are providing services to clients not on the queue, they will work to have them added. This ensures those clients will also be offered services as they become available. Clients interested in receiving HUD-VASH are brought to the VA, and are put on their interest list. Clients who are a good fit for SSVF are referred through Coord Entry. Clients interested in Grant and Per Diem beds are enrolled at the Sacramento Veterans Resource Center.

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? No

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)		

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) CoC homeless service providers partner with a comprehensive range of organizations to facilitate insurance enrollment including La Familia Counseling Center, 12 local school districts, Dept of Human Asst-Medi-Cal Outreach & Enrollment, DHHS, Sac Covered & FQHCs WellSpace, CARES, Peachtree, Molina & Elica. Outreach program 2016 service linkages to mainstream benefits: 781 households (HH) linked to income; 324 HH linked to health insurance; 406 HH linked to primary health care. (2) CoC keeps providers apprised of mainstream resources available through monthly trainings and system-wide list-serve information sharing. CoC Lead Agency Sacramento Steps Forward (SSF) also advises its fellow Recipients and Subrecipients of information related to mainstream benefits. (3) CoC & HMIS Lead Agency Sacramento Steps Forward will oversee CoC strategies by sharing data to

monitor effectiveness & recommend changes as needed.

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)	33.00
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.	33.00
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).	33.00
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.	33.00
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)

The CoC deploys outreach through multiple agencies Mon.-Sat., all feeding into the Coord Entry System. Outreach on contracts w/business improvement districts uses a presence patrol approach. Outreach with law enforcement uses a dispatch model. Other outreach workers are at static locations such as hospitals. Currently, workers are able to cover 100% of the CoC geographic area and serve those least likely to seek services. In presence patrol approach, outreach workers seek out clients as opposed to only working with those who reach out to them. In hospitals, outreach workers come in contact with clients who would never seek out services unless in the dire medical straight. Outreach working w/law enforcement are often dispatched to work with clients not seeking services, but may be open to receive them in lieu of punishment.

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) The CoC's efforts to affirmatively further fair housing include Coord Entry System (CES) activities & participation in the regional Assessment of Fair Housing. RE CES, PSH referrals denied by landlords require letters documenting justification & mandatory offering of appeals process & support for participants that chose to pursue appeal. RE Fair Housing Assessment, CoC Lead Agency Sacramento Steps Forward (SSF) participates in the Sacramento Regional Assessment of Fair Housing process led by Sacramento Housing & Development Agency currently underway. SSF will ensure that unique interests of people experiencing homelessness, including single mother-headed households & persons with disabilities are represented in the assessment & planning process. (2) SSF operates a homeless crisis line, including people with disabilities; in the event that disability or limited English proficiency prevents communication via crisis line, callers are referred to Sacramento 211 for accessible service.

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	101	661	560

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

Submission Summary

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

Page	Last Updated
1A. Identification	09/12/2017
1B. Engagement	09/27/2017
1C. Coordination	09/27/2017
1D. Discharge Planning	09/26/2017
1E. Project Review	09/27/2017
2A. HMIS Implementation	09/28/2017
2B. PIT Count	09/28/2017
2C. Sheltered Data - Methods	09/28/2017
3A. System Performance	09/28/2017
3B. Performance and Strategic Planning	09/28/2017
4A. Mainstream Benefits and Additional Policies	09/28/2017
Submission Summary	No Input Required