

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	No	Yes
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	No
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	No	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	No
13.	Law Enforcement	Yes	Yes	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	No	No	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	No
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Employment Development for Individuals Experiencing Homelessness; Veterans	Yes	Yes	Yes
34.	Federally Qualified Health Centers; County Public Health Dept.; Faith Community	Yes	No	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(limit 2,000 characters)

1)COC COMMUNICATES INVITE PROCESS TO SOLICIT NEW MEMBERS on ongoing basis. CoC calls for members via PUBLIC NOMINATIONS ON WEBSITE & announcemnts on CoC LISTSERVS (1,800+ stakeholders: providers, shelters, healthcare, faith-based orgs, coalitions, emplymnt agencies, gov't). Nominating committee rvws apps alongside existing membership, ID'ing gaps & prioritizing areas of expertise. New stakeholders are invited to join listserv (including by website popup) & attend mtgs, including orgs not funded by CoC. CoC conducted TARGETED OUTREACH to DV orgs (adding 2 new orgs) & BIPOC-led/serving orgs, adding new reps in CoC & Racial Equity Cmte (REQC). Volunteer Network developed during COVID19 brought new providers/members to CoC. 2)COC ENSURES EFFECTIVE COMMUNICATION W/INDIVS W/DISABILITIES by using plain txt in all announcemnts, accessible for e-readers & conducting outreach to orgs working w/ppl w/disabilities to inform them of mtgs (including thru listservs). Board nominating committee ensures representation from orgs serving ppl w/disabilities. CoC mtgs were held virtually this yr w/accessibility features

enabled. 3)COC CONDUCTS TARGETED OUTREACH TO ENSURE PPL EXPERIENCING HMLSSNESS/FMR HMLESS ARE ENCOURAGED TO JOIN & serve on Board/committees. CoC approved use of CESH funds for new LIVED EXPERIENCE (LE) COORDINATOR. Info on LE collected in Board/committee apps. CoC created DEDICATED SEATS for members w/LE on committees/Board & STIPENDS to honor time, w/mentorship to support. CoC TROUBLESHOOT BARRIERS TO PARTICIPATION when member has difficulty attending; emailing/calling to check in/resolve issues. 4)COC INVITES ORGS SERVING CULTURALLY SPECIFIC COMMUNITIES EXPERIENCING HMLSSNESS TO ADDRESS EQUITY thru A)TARGETED OUTREACH to BIPOC-led/serving orgs to expand membership, Board & committees. Outreach for REQC resulted in 66apps to join committee. REQC is comprised mainly of BIPOC members, many w/LE. Co-chairs continue to conduct outreach. B) CoC developed COMMON APP for all committees w/emphasis on equity & LE.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1)COC SOLICITS & CONSIDERS OPINIONS FROM BROAD ARRAY OF STAKEHOLDERS through A)BOARD MEMBERSHIP: 25-member CoC Board has reps from diverse orgs & fixed seats for ppl w/lived experience (LE) & TAY. Board meets monthly w/open mtgs. B)PUBLIC MTGS, FORUMS & SURVEYS: Ex: In 2021, CoC conducted public forums, mtgs, listening sessions & surveys to shape Racial Equity Committee (REQC). Focus grps, intvws, & surveys were used during 2021 gaps analysis to gain perspective from stakeholders including those w/LE on needs, gaps & priorities. C)PUBLIC COMMENT: CoC invites public input on policies/procedures & funding priorities via SSF site. 2)COC COMMUNICATES INFO w/public up to, during & after mtgs to ensure opportunities for participation. Materials & info are available in various formats (handouts, e-surveys) so public & members have background info to provide input. Members are contacted w/PRE-MTG SURVEYS in advance of mtgs to tailor to public interests. Accessible e-formats made available. New PUBLIC DATA DASHBOARD on SSF site provides info on state of hmlssness in region. For key issues extra mtgs are held to allow public comment & promoted via listserv, website & social media. Committee mtg agendas, notes & recordings are on SSF site. In 2020 CoC began VIRTUAL WKSHPS on variety of topics (e.g. SPMs) to share info & gather input on common issues, promoted on listserv & well attended. In 2020 Board moved to virtual mtgs due to COVID-19. 3)COC CONSIDERS INFO GATHERED FROM PUBLIC to guide decision-making: A)PUBLIC SUGGESTIONS are collected & considered at mtgs of all subcommittees. Subcommittee members encouraged to provide input; recommendations go to Board for consideration. B)CoC FACILITATES DISCUSSIONS W/PROVIDERS multiple times/yr to guide decision making; ex:

CoC convened new DV providers to discuss data collection/databases.
C)PUBLIC FORUMS SHAPE SYSTEM CHANGES: Mtgs & focus grps
w/stakeholders including ppl w/LE informed gaps analysis & next steps &
shaped REQC.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1)COC NOTIFIES PUBLIC OF LOCAL COMPETITION by discussing process at public mtgs (Performance Rvw Cmte 8/24/21; CoC Board 9/8/21); emailing community-wide listservs (1,800+ recipients) in advance of competition (8/26/21); announcing competition on CoC website (9/1/21); hosting 2.75 hour TA Wkshp to provide info to applicants including on proposal submission (9/2/21). 2)COC NOTIFIES PUBLIC THAT COC CONSIDERS PROJECT APPS FROM ORGS NOT PREVIOUSLY FUNDED. CoC solicited new apps through TRANSPARENT PUBLIC PROCESS w/targeted phone & email outreach to DV/VSPs, Tribal Entities, housing authority & healthcare partners in advance of TA Wkshp. CoC received 16 new letters of intent & 10 new projects (incl. 4 new providers) put forward apps. 3)COC PROVIDES INFO TO PUBLIC ABOUT SUBMISSION REQUIREMENTS through clear info sent via listserv & competition announcements on website, public mtgs & TA Wkshp. Renewal & new project apps were submitted online via PRESTO software by 9/24/21. 4)COC INFORMS PUBLIC ABOUT PROJECT RVW & SUBMISSION TO HUD through pre-competition notices & explanation at public mtgs & TA wkshp. Project Rvw Cmte created project scorecard (approved by Board), reflecting HUD threshold requirements (e.g. serving eligible pops; participating in CES) & no requirement of prior CoC grant experience. All apps submitted w/in 72hrs of deadline are subject to threshold rvw & included in process. Renewal Projects are scored on performance & agency capacity; new projects are prioritized based on ability to meet community need & org capacity. 5)COC COMMUNICATES EFFECTIVELY W/INDIVS W/DISABILITIES through communication about competition in accessible formats: announcements at open mtgs remotely/in ADA locations w/accommodations upon request; emails w/e-reader capabilities; 1-1 TA in format applicant chooses. After TA Wkshp, attendees participate in survey w/questions about accessibility/format of materials; input will enhance future materials.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	No
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,000 characters)

1)COC CONSULTS W/ESG & ESG-CV PRGRM RECIPIENTS IN PLANNING & ALLOCATING FUNDS through Funders Collaborative in Sacramento County, which includes CoC, County HHS, Sacramento Housing & Redevelopment Agency (SHRA; the ESG recipient), SETA, & regional partners. Collaborative established a regional network that decides how to allocate ESG funding, cultivates ongoing private & public relationships & aligns solutions. CoC allocated state funds to bring ESG-funded projects into HMIS to support eval. CoC Project Rvw Cmte met in 2021 to discuss ESG prgrms & creation of stronger partnerships. 2)COC PARTICIPATES IN EVALUATING & REPORTING PERFORMANCE OF ESG PRGRM RECIPIENTS/SUBRECIPIENTS by setting performance targets & minimum standards for length of stay & permanent housing outcomes for emergency shelter & RRH, including ESG & ESG-CV. SHRA & ESG Subrecipients have seats on Board & participate in Coordinated Entry, CE Eval, HMIS & Data Committees, & RRH Collaborative. ESG, CoC & other RRH funders collaborated to create RRH Policy Manual to ensure standardization across prgrms. CoC also has performance targets & minimum standards for length of stay & permanent housing outcomes for all emergency shelter & RRH including ESG. 3)COC PROVIDES PIT COUNT & HIC DATA TO CONSOLIDATED PLAN JURISDICTIONS W/IN COC GEOGRAPHIC AREA, as well as other relevant local hmlssness info & data, through public dashboards on CoC website, updates & newsletters shared w/jurisdiction reps via CoC listservs. 4)COC PROVIDES INFO TO CONSOLIDATED PLAN JURISDICTIONS FOR CONSOLIDATED PLAN UPDATES by including housing reps in CoC mtgs (Cities of Sacramento & Elk Grove are on Project Rvw Committee; City of Elk Grove is CoC Chair); sharing data w/Cities to inform Con Plan including PIT, HIC, & SPM. Staff participate in Con Plan public mtgs. Sacramento has CoC Prgrm Manager whose duties are aligned w/Con Plans for City of Sacramento, Sacramento County, Elk Grove, Racho Cordovea, & Citrus Heights.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

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1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	No
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	No
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

1)COC COLLABORATES W/YOUTH ED PROVIDERS. Ex: CoC collabs w/providers offering ed assistance & extracurriculars to hmless & runaway youth & higher ed opportunities for TAY. Issues of hmless students addressed at monthly CoC Youth Advisory Board mtgs. 2)FORMAL YOUTH ED PARTNERSHIPS: CoC has formal prtnrshp w/SETA, which provides ed & job-training for youth w/rep on CoC Board. CoC has written agrmnt w/Waking the Village, which funds preschool for parenting TAY in housing prgrms. 3)COC COLLABORATES W/SEA&LEAs: TAY&youth housing providers collaborate w/County Office of Ed (SCOE) & McKinneyVento liaisons to connect youth to housing. This grp worked on projects to address youth hmlssness: 100 Day Challenge, Youth PIT Count, Grand Challenge w/equity focus. SCOE attends mnthly Youth Hmlssness Taskforce mtg & participates in 2x/mo case conferencing mtgs. 4)FORMAL PARTNERSHIPS W/ SEA&LEAs: CoC has formal prtnrshp w/SCOE, which operates Project TEACH & ensures support for hmless students thru collab efforts w/schools. CoC has written agrmnt w/Gang Prevention&Intervention, which collabs w/SCOE to serve youth & TAY. County expanded prgrm in '21 to serve unsheltrd/at risk youth led by CoC provider LSS, which connects youth to case mgmt, housing & srvcs prior to exiting foster care. 5)COLLABS W/ SCHOOL DISTRICTS: Project TEACH ensures districts connect w/hmless srvcs. Districts provide referrals, info & resource guides on web to connect fams & youth to 211/access pts, CoC providers. Sac City District runs yr-round Student Connect Cntrs in prtnrshp w/CoC-funded orgs, e.g. Next Move. These cntrs provide info about ed srvcs for ppl who are hmless, & single-entry pt for case mgmt, housing & mental healthcare. Districts offer wkshps for fams on accessing hmless svcs thru CoC providers. 6)FORMAL

PARTNERSHIPS W/SCHOOL DISTRICTS: CoC has formal prtnershp w/McKinneyVento liaisons for each district. Liaisons take active role in CoC & hold monthly coord. mtgs w/providers. Liaisons host events for fams IDed as hmless, connecting to resources.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

COC HAS WRITTEN POLICIES & PROCEDURES TO INFORM INDIVIDUALS & FAMILIES WHO BECOME HOMELESS OF THEIR ELIGIBILITY FOR EDUCATIONAL SERVICES. CoC policy requires all providers to designate a project team member to advise of & assist w/ensuring education rights of homeless individuals & families are met, known as the Homeless Students Educational Rights Lead. This requirement is also listed in contracts of RRH & PSH programs. Shelter & housing providers are also required to post information about educational rights of homeless students & provide transportation to school of choice for children residing in their facilities, w/attendance & regular reports at monthly mtgs of McKinney-Vento homeless student liaisons convened by the Local Education Agency (LEA) & Sacramento County Office of Education (SCOE).

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Child Protective Services, Family Shelters	No	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Annual Training—Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1)COC COORDINATES TO PROVIDE TRAINING FOR PROJECT STAFF THAT ADDRESSES SAFETY & BEST PRACTICES IN SERVING SURVIVORS OF DV. CoC conducts regular (at least 2x/yr) provider training thru victim-centered curriculum presented by/developed in consultation w/VSPs. For ex: this yr CoC held training on intersectional approaches for serving DV & human trafficking (HT) survivors (attended by 139 proj staff) & taking action against DV (attended by 30 proj staff). CoC offered training on trauma-informed support in COVID-19 era. Training on DV & HT was open to housing & homeless service staff & covered definition of HT & important tips/best practices for providers. DV trainings covered definitions of DV, best practices for working w/survivors & referral resources. The 2nd DV training was discussion on safety planning & securing add'l resources. All training mtrls were posted on CoC site. CoC holds annual VAWA training on safety & planning protocols, to be held in coming yr. VSPs host & participate in annual trainings on best practices. CoC has expanded coord w/DV providers during 2020-21 by holding regular mtgs btwn 5 svc providers focused on DV CE. 2)COC PROVIDES TRAINING FOR COORD ENTRY STAFF THAT ADDRESSES SAFETY & BEST PRACTICES IN SERVING DV SURVIVORS. CE staff participated in training on approaches to serving DV & HT survivors & in discussion on safety planning & referrals (above). CE staff participate in 4 annual DV trainings on DV definitions & forms w/focus on field engagement techniques & connecting clients to services. Staff have access to online training vids & trainings from other communities. CE staff participated in community roundtable on best practices for prioritizing DV survivors in CE. CoC has expanded coord w/DV providers during 2020-21, holding regular mtgs w/5 svc providers focused on DV CE. CoC VAWA Emrgncy Services Policy prioritizes safety for DV survivors & quickly addressing housing/service needs. CoC will hold VAWA trainings for CE staff in coming year.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

COC ACCESSES DE-IDENTIFIED PIT, HMIS, & PROVIDER-SPECIFIC

AGGREGATE DATA TO ASSESS THE SCOPE OF NEEDS RELATED TO DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, & STALKING SURVIVORS. CoC-funded DV providers participate in comparable database (Apricot) that complies w/HMIS standards, while additional DV providers in the CoC utilize their own comparable databases. DV providers were funded by the CoC for the first time in 2019, and the database has been utilized for just over 6 mos, with plans for the CoC to begin looking at de-identified aggregate data from this database within the next year. Diverse sources provide a clear picture of need for additional DV-focused services & housing in the community. The combination of DV databases, PIT, & HMIS data gives the CoC perspective on prevalence of DV survivors & their needs for permanent housing options. CoC collects provider-specific statistics around services they provide & utilization rates by DV survivors which supports data showing need for DV-specific housing & services. Provider information, including regular reports at DV provider meetings, supplements & supports CoC's analysis of HMIS & PIT data. The CoC has added a Triage Assessment to guide referrals for DV survivors, and tracks number of referrals made. DV is a leading cause of homelessness in women, w/50% of women naming DV as a direct reason for experiencing homelessness. DV providers in Sacramento report serving 14,000 – 17,000 survivors of DV annually. DV survivors experiencing homelessness need additional supports including housing w/safety & confidentiality specifically built in; services targeted at ending dependence on an abuser; & sufficient housing to ensure that individuals move from homelessness to stable permanent shelter quickly. PIT, HMIS, & provider-specific data indicate high level of need for DV-specific housing & services in the CoC. This data is contextualized in ongoing coordination mtgs w/DV providers in the CoC network.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

COC CES PROTOCOLS INCORPORATE TRAUMA-INFORMED, VICTIM-CNTRD APPROACHES WHILE MAXIMIZING CLIENT CHOICE FOR HOUSING & SRVCS THAT 1)PRIORITIZE SAFETY: Providers & staff across CES trained in trauma-infrmd care & safety planning w/plan to expand training for all staff. Training prepares staff to engage w/survivors in victim-cntrd way. Pre-screening tool developed this yr in partnership w/DV providers for better ID & referral. Guidance for assessmnt staff provides steps to take if client in crisis/having trauma response. Assessmnt script uses trauma-infrmd language. Per CE Policies&Procedures housing resource access pts are accessible to survivors & they can access emergncy srvcs independent of systm's office hrs. CES incorporates ESG&CoC prgrm rules providing safeguards & exceptions to using CE for survivors. Access pt staff follow add'l protocols to provide safe confidential access to CE & VSPs. If survivor self-IDs they have choice of

referral in general CES or direct to VSP. Providers are required to create safety plans w/survivors. 2)USE EMERGENCY TRANSFER PLAN: CES uses emergency transfers (3 in 2020) & standard intake protocol. CE prioritizes emergency transfers for survivors over community queue. DV survivors have prgrm choice during emergency transfers & no add'l documentation required beyond transfer request form. Emergency motel vouchers often initial response to immediate safety concerns. 3)ENSURE CONFIDENTIALITY: CoC-funded DV providers required to enter client data into confidential comparable databases. If DV survivors served by non-VSPs self-ID & provide consent providers can create anonymous profile w/IDing info restricted to HMIS admin. HMIS Privacy&Security Plan requires background check for HMIS users; ppl w/history of fraud/stalking crimes can't access HMIS. DV & access pt staff trained on confidentiality requiremnts w/written Policies&Procedures. During past yr, CoC convened biwklly mtg of 6 DV providers for case conferencing & to strengthen collaboration & coordination.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	No
2.	Did your CoC conduct annual 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 (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Sacramento Housing and Redevelopment Authority (SHRA)	58%	Yes-Both	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

1)COC HAS TAKEN STEPS TO ADOPT A HOMELESS ADMISSION PREFERENCE W/ SACRAMENTO'S CITY & COUNTY PHAs, administered by the Sacramento Housing & Redevelopment Agency (SHRA). Policies for both the City & County are contained w/in the Sacramento County Administrative Plan. Based on directives from City & County & widespread stakeholder advocacy & support, SHRA has strengthened the criteria for homeless preferences across City & County Public Housing & HCVs. Families & individuals experiencing homelessness are prioritized, whether or not they are currently connected to a homeless service provider. In 2020, 58.06% of new admissions to HCV & 55.56% of new admissions to public housing were experiencing homelessness at entry. In 2020, SHRA housed 80 families through the City Pathways Program, 15 through the Flexible Supportive Re-housing Program, and 14 youth through the P3 Program. SHRA also applied project-based vouchers to serve families in 92 units at Courtyards, a former motel. As of July 2021, SHRA has housed 146 individuals at Emergency Bridge Housing & 257 individuals at Meadowview Navigation Center. A new navigation center, X Street, opened in September 2021 & will house up to 100 individuals nightly. SHRA was awarded 494 EHV's funded by the American Rescue Plan Act of 2021. These are distributed through CE, with 56 vouchers administered to date this year. Recipients of HCVs have access to SHRA resources including a web-based HCV Landlord Locator and Landlord Outreach Specialist. Additionally, a new Landlord Incentive Program for HCV participation was implemented by SHRA in July 2020 for units throughout Sacramento County. 2) N/A

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

1)PHA-FUNDED UNITS IN CE INCLUDE Project Based & Tenant Based Vouchers, EHV, & Move On. SHRA (local PHA) was awarded 494 EHV's in 2021 thru American Rescue Plan. Referrals & distribution of the vouchers is coordinated closely btwn SHRA & CoC w/EHV's distributed thru CE. EHV prgrm has a dedicated process for CE, while others fit into standard CE process including access & referrals thru 2-1-1/access pts. CE staff are trained on serving survivors of DV & use of DV screening tools so referrals are made appropriately for survivors eligible for EHV's. When coordinating w/programs w/PHA units, CoC works w/PHA to blend eligibility factors based on both entities' needs. SHRA rep is on CoC Board & CES Committee which oversees design, implementation & eval of CES. 2)COC PRACTICES ARE FORMALIZED IN WRITTEN AGREEMENTS w/SHRA for EHV prgrm to participate in CE & process for Move On is memorialized in CoC policies & SHRA Admin Plans. SHRA prgrms have policies to reduce barriers for ppl experiencing hmlssness; City of Sacramento public housing projects administered by SHRA have preference for ppl experiencing hmlssness. SHRA waitlist preferences state families eligible for hmless initiatives (P3 & Move On preference) can be referred even if waitlist is closed to public. Families are added to waitlists w/100 preference pts when referred by approved source. SHRA Admin Plan outlines Move On preference, available to formerly homeless ppl/families transitioning from supportive housing to HCV Tenant Based Voucher prgrm. Preference enables formerly hmless families to transition more quickly to voucher prgrm, creating vacancies in supportive housing prgrms to allow add'l ppl to be housed. Written formal process exists for non-VSPs/VSPs not in Survivor CES to refer survivors to housing including EHV-specific referrals. SHRA agrees to ensure help w/housing search available to EHV recipients during housing search (e.g., help w/paperwork, transportation to units, advocating to landlords/operating landlord incentive prgrm, addressing discrim.).

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
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1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

1)CoC provider Waking the Village was joint-applicant with Sacramento Housing and Redevelopment Agency (SHRA) for the Performance Partnership (P3) Pilot for Disconnected Youth (2017-). This application followed a year of weekly coordinating and planning sessions. Waking the Village also supported SHRA's application and collaborated on subsequent implementation of Family Unification Program (FUP) vouchers (2018) & Foster Youth to Independence (FYI) vouchers (2020). 2)These applications were all approved. 3)FUP vouchers were utilized to target support for Child Protective Services (CPS)-connected families. FYI vouchers were utilized to target youth connected to foster care, with 25 Tenant Protection Vouchers funded for young adults leaving foster care at risk of becoming homeless. This program was implemented beginning in 2020 in partnership w/SHRA, Dept of Child, Family, & Adult Services, Behavioral Health Services, & Sacramento Steps Forward, w/the CoC identifying & prioritizing eligible youth through the CE system. The P3 Pilot made available vouchers for youth exiting transitional living programs (TLPs). 14 youth were served through the P3 Program in 2020. These programs all provided vital housing access for young people and families experiencing homelessness in Sacramento as well as connection to additional services available in the County. Coordination between these programs and SHRA has led to stronger partnerships across the system of care, also helping to connect youth to mainstream vouchers and Shelter Plus Care vouchers.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program—List of PHAs with MOUs.	
	Not Scored—For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA

Sacramento Housin...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Sacramento Housing and Redevelopment
Authority (SHRA)

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	29
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	29
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

COC REGULARLY EVALUATES PROJECTS TO ENSURE THAT THOSE THAT COMMIT TO USING A HOUSING FIRST APPROACH ARE PRIORITIZING RAPID PLACEMENT & STABILIZATION IN PERMANENT HOUSING & NOT REQUIRING PRECONDITIONS. Methods include: a) The

Project Review Committee provides annual, 1-on-1 TECHNICAL ASSISTANCE to all CoC-funded providers that includes a self-evaluation of fidelity to Housing First and support for necessary troubleshooting and improvements; b) HOUSING FIRST IS A THRESHOLD FACTOR for participation in the local competition; Policies & Procedures are reviewed on an annual basis by contracted consultant; c) ADDITIONAL POINTS ARE AVAILABLE TO LOCAL PROJECTS WITH STRONG HOUSING FIRST IMPLEMENTATION: 24 points are available as an incentive for PSH projects achieving a high level of permanent housing retention, and additional 24 points are available for renewal projects w/ strong record of housing placement; d) points are available for projects FULLY PARTICIPATING IN COORDINATED ENTRY; e) Sacramento Steps Forward conducts MONITORING AT THE PROJECT LEVEL for recordkeeping compliance, including looking at policies and practices that indicate a Housing First approach.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,000 characters)

1)COC STREET OUTREACH EFFORTS use phased engagement approach, prioritizing client choice & access to mainstream & homeless resources. CoC lead (SSF) provides training on CES assessment to outreach workers. In 2021 SSF partnered on Encampment Pilot w/multi-disciplinary outreach team. County is launching \$9mil outreach prgrm building on partnerships & processes created during Pilot. New TAY Navigator was hired for youth-specific street outreach. During COVID-19, engagement efforts increased to provide targeted support for ppl sheltering in encampments. CoC has had 37 designated outreach workers from SSF, County, & partners providing support to 116 encampments & provided mini-grants to volunteer orgs to provide outreach, supplies & support to encampments, developing trust w/residents. Outreach teams track ppl residing in encampments by entering info into HMIS. 2)COC STREET OUTREACH COVERS 100% OF COC'S GEO AREA via targeted local & countywide outreach prgrms. State funds were recently used to map outreach system, IDing 11 outreach teams working across region. County's Hmless Outreach, Navigation & Rehousing prgrm funds navigators to engage unsheltered ppl in unincorporated areas w/rehousing services. Access line 2-1-

1 is available for remote assistance across geo area. 3)STREET OUTREACH CONDUCTED MONDAY-SATURDAY 9-5 by outreach teams. When teams are not deployed, clients can schedule appointments thru 2-1-1 at access pts. If client is unable to get to access pt, an outreach worker is deployed. 4)COC TAILORS STREET OUTREACH FOR PPL LEAST LIKELY TO REQUEST ASSISTANCE by targeting outreach to populations w/high vulnerability. Ex: Hospitals contact outreach workers to engage ppl who are homeless & receiving care; Outreach Team conducts outreach to encampments/areas where unsheltered ppl reside & connects ppl w/CoC resources; SSF partnered w/Volunteer Network & Street Nurses to ensure ppl in encampments had basic needs met, were assessed for Proj Roomkey & connected to HMIS.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	
	Sacramento County Encampment Team worked closely with County departments, including the Sheriff's Department. Sacramento County Sheriff's Department leads a Homeless Outreach Team that operates under a service-based policing model to engage individuals experiencing homelessness with resources available through the CoC. The CoC supports the program w/access to staff for service navigation, connection to the system, & case mgmt.	Yes

1C-12.	Rapid Rehousing-RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC-only enter bed data for projects that have an inventory type of "Current."	772	819

1C-13.	Mainstream Benefits and Other Assistance-Healthcare-Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
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1. Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2. Private Insurers	No	No
3. Nonprofit, Philanthropic	No	No
4. Other (limit 150 characters)		

1C-13a. Mainstream Benefits and Other Assistance—Information and Training.	
NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

COC PROVIDES INFO & TRAINING TO PRGRM-FUNDED PROJECTS BY:
 1)SYSTEMICALLY PROVIDING UP-TO-DATE INFO ON MAINSTREAM RESOURCES AVAILABLE FOR PARTICIPANTS via monthly newsletters to listservs (1,800+ providers, clients, & community members); partnership w/Specialized Multi Advocate Resource Team (SMART) connects providers to their trainings; & CoC-led training. CoC-funded providers participate in regular SSI/SSDI Outreach, Access, & Recovery (SOAR) training. CoC provided training for CoC projects on using CA services to enhance hmless prgrms for families & seniors. CoC is partner of Pathways to Health&Home which provided 2-part training on Medicare basics, SSI Eligibility & Medi-Cal. CoC works w/County dept responsible for admin of mainstream resources; Hmless Response Team includes reps from Dept of Human Assistance;
 2)COMMUNICATING INFO ABOUT AVAILABLE MAINSTREAM RESOURCES & ASSISTANCE through system-wide info sharing (e.g. monthly newsletters) via listservs (1800+ recipients). CoC maintains relationship w/SMART which provides connection w/SSI & SSDI resources, medication supports & GA & Medi-Cal support; 3)WORKING W/PROJECTS TO COLLAB W/HEALTHCARE ORGS TO ASSIST PARTICIPANTS w/ HEALTH INSURANCE. CoC membership includes reps from healthcare orgs & CoC has grown partnerships w/these orgs thru COVID-19 efforts. CoC providers partner w/range of orgs on insurance enrollment including La Familia Counseling Ctr, school districts, Dept of Human Asst, DHHS, Sac Covered & WellSpace. Sac Covered performs outreach for Medi-Cal enrollment to ppl experiencing hmlssness & edu on how to use coverage for primary & preventative care; 4)PROVIDING ASSISTANCE W/EFFECTIVE USE OF MEDICAID & OTHER BENEFITS. CoC provides training on effective use of benefits; recent 3hr training was on better integration of SSI & other benefits & collaboration to ensure ppl experiencing hmlsness effectively access tiers of available support. Training is open to providers & publicized via listserv.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC's coordinated entry system:

1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

1)COC'S CE COVERS 100% OF THE COC'S GEOGRAPHIC AREA through 38 access points, including a virtual & phone access point (2-1-1). 2)CE REACHES PEOPLE WHO ARE LEAST LIKELY TO APPLY FOR ASSISTANCE W/O SPECIAL OUTREACH through work with many community partners (including police, Public Defender, transit, job centers, behavioral health providers, volunteer groups, faith partners, and school districts) to ensure people experiencing homelessness are connected to CE. New this year, CoC hired a TAY Navigator & participated in an encampment outreach pilot to reach the most vulnerable in the community. CE has also worked w/ people exiting the Project Roomkey motel program, which has re-housed 334 highly vulnerable individuals (August 2021). 3)CE PRIORITIZES PEOPLE MOST IN NEED OF ASSISTANCE and adjusted prioritization in 2020 to address vulnerability to COVID-19. CE uses 8+ VI-SPDAT score and vulnerability for severe COVID-19 as the first cut in prioritization for PSH and RRH. Clients that are 65+ w/an underlying medical condition were prioritized first. Case conferencing is used to ensure RRH or PSH is the ideal resource & there are special considerations for TAY & families given their unique vulnerabilities. 4)CE ENSURES PEOPLE MOST IN NEED OF ASSISTANCE RESCEIVE ASSISTANCE IN A TIMELY MANNER by prioritizing based on length of time homeless. This ensures that the most vulnerable people, who have been homeless longest, are served w/new resources. CE invested \$437k in an access point pilot that increased the amount of housing problem-solving available across the system, including financial and non-financial resources for people to quickly resolve homelessness independently. Same day assessments are also available to people calling 2-1-1, as well as referrals to immediate resources (e.g., shelter, life sustaining services, etc.)

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.	The CoC Racial Equity Committee has created a Racial Equity Plan, which includes 9 strategies to advance equity including addressing diverse representation in leadership and equitable funding.	Yes

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

COC & PROVIDERS HAVE ENGAGED IN MULTI-STEP APPROACH TO ADDRESS RACIAL EQUITY IN PROVISION & OUTCOMES OF ASSISTANCE. This yr, RACIAL EQUITY COMMITTEE (REQC) was launched to lead efforts to address disparities at every level including CoC & program leadership, access to housing & services, & outcomes. In addition to a review of local data including recent gaps analysis looking at disparities, REQC launch committee conducted a robust community engagement effort to solicit feedback & input to highlight areas of need & guide direction of REQC. An ACTION PLAN was developed for implementation in coming yr. 9 strategies were developed including making REQC a standing committee; HMIS; data analysis w/racial equity lens; training & education; increasing diversity of staff & leadership; equity in assessment & prioritization; language access; equitable funding; & partnerships. Each strategy has actionable recommendations. Ex: prioritization & assessment recommendations include REQC involvement in CE development & eval, addressing & preventing assessment administrator bias thru training, & assessing extent to which assessment admins are reflective of people being assessed. The Plan was adopted in August & REQC is now a standing committee w/almost half of original members continuing & ongoing recruitment to orgs serving BIPOC communities & individuals w/lived experience who are also BIPOC. To steward Action Plan, REQC members will liaison w/each Board committee starting by end of 2021. Additionally, CoC Board has expanded the number of seats dedicated to BIPOC members & adjusted app process for Board & Committees to streamline & improve equitable access, including use of one app for Board & all committees & holding apps on file for several yrs. CoC conducts regular trainings for membership. For ex: REQC coordinated a 3-part racial equity training series & post-training professional development for CoC Board members & providers in spring 2021 w/post-training professional development & debriefs.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	3	5
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	3	0
3.	Participate on CoC committees, subcommittees, or workgroups.	15	1
4.	Included in the decisionmaking processes related to addressing homelessness.	3	0
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	
	CoC established & funded new Volunteer Network of advocate grps to support encampments during COVID19 & leveraged this network during vaccine rollout. Network members helped to identify & recruit Ambassadors within encampments who were trained to support the rollout.	Yes

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

COC IMPLEMENTED PROTOCOLS DURING COVID-19 TO ADDRESS IMMEDIATE SAFETY NEEDS FOR PPL LIVING UNSHELTERED & IN CONGREGATE SHELTERS & TRANSITIONAL HOUSING including delivery of supplies food & medicine, mobilization of health services, assisting w/provider needs (daily alerts, calls w/peers & Pub Health) & COVID-19 public webpage w/updates/guidance. CoC is partner in City/County Homelessness COVID19 Response Team. Protocols to address safety needs included:

1) UNSHELTERED SITUATIONS: Written guidance to outreach prgrms & law enforcement to implement CDC guidance. Conducted encampment mapping for distribution of sanitation/PPE supplies, handwashing stations & toilets, medical assist & meals for unsheltered ppl. CoC launched Project Roomkey in partnership w/City & County to house high risk ppl, provide medically supported isolation centers (63 trailers) & quarantine units. Involved 4 motels w/500+ rooms. Funding thru Sierra Health was used to develop volunteer network; 24 grps supporting unhoused residents. Held 2x/wk mtgs to coord services & increase coverage. Distributed mini grants up to \$5K (total \$109K) w/low barriers to funds for orgs supporting basic needs. Bought sanitation supplies & PPE, distributed by network members. Conducted outreach & provided services to local encampments. CoC contracted w/Loaves&Fishes to supply daily meals, distributed by staff. 2&3) CONGREGATE EMERGENCY SHELTERS & TRANSITIONAL HOUSING: CoC accelerated placement in PH from City, County & Behavioral Health(BHS) prgrms (200ppl in Proj Roomkey referred). Case conferenced w/BHS providers & connected clients to services w/assessmnts completed for referrals. Worked w/Veteran's Collaborative to connect veterans to services. Developed & distributed written shelter guidance

w/Pub Health & implemented standards based on CDC guidelines. CoC distributed CDC & state guidance/info & partnered w/City to secure & distribute supplies to shelter sites. Established Shelter Nurse Advice Line for consultation & set up contract tracing & testing.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

Protocols & partnerships established in response to COVID-19 have enabled CoC to IMPROVE READINESS FOR FUTURE PUBLIC HEALTH EMERGENCIES. Partnerships w/other sectors including health care, law enforcement, motel operators, City & County Departments including Public Health, & CBOs were developed & strengthened during COVID response. CoC established COVID-19 Homeless Response Team w/cross-jurisdictional partners. CoC & partners established roles for emergency response as well as inter-agency & cross-sector information & data sharing (including public re-housing dashboards) to support referrals. New partners were introduced to the HMIS network. Coordination w/partners was well-documented and can be referenced for future emergency response. CoC also developed communication strategies for rapid disbursement of information regarding health guidance, safety protocols & resources. Efforts during the beginning of the pandemic have already been leveraged to respond to later stages of the pandemic & to improve the system. The CoC established Volunteer Network of 24 advocacy grps operating mostly w/volunteers who met 2x wkly to coordinate, avoid duplication, & increase coverage of support for unsheltered people during beginning of COVID-19. The Network continues to meet regularly & has already been used as a springboard for vaccination efforts, as trust built btwn participating programs & ppl living in encampments has helped bring information about vaccination. Additionally, the Board received COVID-19-related funding from CDC Foundation to build upon outreach work conducted during the pandemic & build a better system. A community process kicked off in June 2020 & led to creation of community-wide outreach standards. A pilot was conducted w/provision of wraparound services & outreach to bring ppl into the housing/service system, leading to a report that was utilized to advocate for increased funding for outreach.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and

5. sanitary supplies.

(limit 2,000 characters)

1,2,3,4&5. The City & County of Sacramento are committed to deploying ESG-CV funds to help assist the homeless population, including providing funds to move ppl safety into shelter, removing regulatory barriers, & helping to secure trailers & motels to provide immediate shelter. The Sacramento COVID-19 Homelessness Response Team is part of the broader County & City response to COVID-19 & a collaborative effort between the City & County, the CoC, & Sacramento Housing & Redevelopment Agency (SHRA), the local housing authority. The Homeless Response Team developed the COVID-19 Homeless Response Plan, adopted by City Council & the County Board of Supervisors in April 2020, which included a comprehensive operational & funding plan for utilizing the allocated ESG-CV & other funds to increase safety. The Response Plan included strategies & actions in three primary areas of direct services for people experiencing homelessness: 1) Keeping existing shelters safe & operational through education & provision of healthcare and sanitary supplies; 2) Expanding sheltering capacity, focusing on isolation/quarantine opportunities; 3) supporting encampments through outreach, supply delivery, & increased sanitation. Initial ESG-CV fund allocations included \$1.4 million for the City & \$1.7 million for the County. Initial ESG-CV funds were utilized to support operations/safety measures of isolation/quarantine units in line with the COVID-19 Homeless Response Plan. More recent rounds of ESG-CV funds have been allocated for housing assistance, to expand re-housing shelter programs, including X Street Navigation Center (2021). Additional funding (such as CDBG-CV) were utilized to provide additional services and healthcare & sanitary supplies to improve safety and meet basic needs, and to launch the Rapid Access & Problem Solving initiative, to improve rapid intervention including provision of assistance to prevent eviction.

1D-4. CoC Coordination with Mainstream Health.

NOFO Section VII.B.1.q.

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1. decrease the spread of COVID-19; and

2. ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1&2. As a member of the COVID-19 Homelessness Response Team which also included the County Department of Health Services (DHS) and Human Assistance (DHA), Sacramento CoC closely COORDINATED WITH MAINSTREAM HEALTH DURING COVID-19. Together, this team developed the COVID-19 Homeless Response Plan and issued guidance to ENSURE SAFETY MEASURES WERE IMPLEMENTED in line with CDC guidance (including social distancing, hand washing/sanitizing, PPE) to support providers and protect people experiencing homelessness during the pandemic. Guidance was also issued for outreach and support for people living in unsheltered situations and encampments. To DECREASE SPREAD, the Homeless Response Team issued specific guidance for assessing clients entering shelter, implementing sanitation & physical distancing protocols, coordinating orders & distribution of sanitation supplies & PPE, and connecting shelters w/medical

resources & Public Health to facilitate referrals to isolation/quarantine units when warranted. The CoC also worked with local hospitals to develop the Project Roomkey (non congregate shelter) referral process. The CoC held trainings, offered technical support through phone calls, and provided fact sheets to support hospital staff during this process. Meetings continue to be held weekly w/these partners and referrals continue to be received. The CoC worked w/Public Health to develop prioritization plans to protect people most vulnerable to COVID-19. Additionally, the CoC worked w/Public Health to coordinate vaccine distribution effort to shelters & an ambassador program w/peer ambassadors sharing vaccine info & supporting distribution to encampments. Public Health shared information about testing to guide efforts to contain spread.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	
Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:		
1.	safety measures;	
2.	changing local restrictions; and	
3.	vaccine implementation.	

(limit 2,000 characters)

CoC consistently COMMUNICATED INFO TO HOMELESS SERVICE PROVIDERS DURING COVID-19. 1&2)CoC was part of COVID-19 Hmless Response Team, a joint effort between County & City Depts & CoC. Response Team (led & staffed by CoC) distributed resources to support hmless service providers during the pandemic, including MONTHLY newsletter distributed via CoC listservs (expanded to 1800+ recipients during COVID-19, including providers, partners, clients, & community at large), including updates on COVID response & LOCAL RESTRICTIONS & provided info & guidance on SAFETY MEASURES. Add'l resources were housed on Google Drive & shared publicly w/providers (including docs for reproduction & use). The Drive also served as a repository for latest guidance & resources put out by the CDC. 3)CoC shared info on VACCINE IMPLEMENTATION thru MONTHLY newsletter & public resource GDrive folder containing up-to-date vaccine information, flyers in several languages for printing & distribution to providers, social media, & word-of-mouth thru the volunteer network. The volunteer network, an initiative developed early in the pandemic to coordinate community response to immediate health & safety needs of ppl living in unsheltered situations, was leveraged during vaccine distribution w/great success. The 24 advocacy prgrms & community-based orgs participating in the network had built trust w/encampment residents & were able to broadly share info about vaccines. The CoC provided training for network member orgs & met wkly to provide info & coordinate vaccination efforts. The network worked w/encampments to ID leaders to become ambassadors for the vaccine prgrm to help share info & communicate interest to Public Health to set up/provide access to vaccination sites. Public Health set up vaccination sites at Project Roomkey & congregate & noncongregate shelter sites w/multiple rounds conducted prioritizing those most vulnerable to COVID-19. CoC helped to communicate this info between providers & Public Health.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

Sacramento CoC worked w/Public Health to determine factors leading to increased vulnerability to COVID-19 (such as age, underlying health conditions) based on CDC guidance in order to prioritize for distribution of first doses. The Volunteer Network developed to respond to needs of people experiencing unsheltered homelessness during COVID-19 and encampment Ambassadors conducted outreach & helped to identify individuals eligible for earlier access to vaccines and to coordinate access to vaccination sites. As local protocol expanded access to vaccination, the CoC, Public Health, & other partners in the vaccine distribution efforts focused on removing limitations and making vaccines as widely accessible as possible. Outreach to encampments included engagement of camp residents to serve as champions for vaccinations, working w/their neighbors to address questions and hesitancy as well as sharing information about COVID mitigation practices. Ambassadors and champions received stipends for their efforts. Sites continue to be held at accessible public locations on set days and times to ensure that anyone who wants a vaccine is able to access them. Sacramento Regional Transit continues to provide free rides to scheduled vaccine appointments in Sacramento County.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

DURING COVID-19, some DV providers reported rising rates of DV. One provider in the Sacramento CoC region saw a 50% increase in clients served during first half of 2020 compared to the year prior. In 2020, the CoC was awarded 2 new RRH programs dedicated to serving survivors of domestic violence, sexual assault, and human trafficking in order to meet that rising need. The two programs, My Sister's House and Opening Doors, were the first DV programs to be included in Sacramento's homeless service system. This year, a comparable database to be used by these programs opened w/5 core CES access points to refer survivors as well as 2-1-1 access w/warm handoff procedures for referrals of DV survivors. 2-1-1 and access point staff were trained on using a new Triage Assessment tool to guide referrals to DV providers. Information about the access points, 2-1-1, and resources for DV survivors are shared regularly via CoC newsletter listserv (+1,800 recipients) and on the CoC website. Additionally, the CoC strengthened relationships w/CoC-funded and non-funded DV providers in the CoC through regular

coordination meetings to share information and establish processes. These meetings helped to ensure that strong connections were made between DV providers, 2-1-1 and access points, and other housing/service providers in the CoC network, with all information and contacts necessary to streamline referrals. Through these meetings, the CoC was able to hear directly from DV providers as they saw increases in demand and changes in need and to support them in responding to those needs, such as providing trainings or referrals to other housing resources.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

To ACCOUNT FOR CHANGES RELATED TO THE ONSET & CONTINUATION OF THE COVID-19 PANDEMIC, Sacramento CoC revised its prioritization scheme to include COVID-19 vulnerability for referrals to supportive housing, a change that remains in effect as the pandemic continues. 1) The CoC launched Rapid Access and Problem Solving program (RAPS) is a highly successful initiative that has improved referrals and problem solving for people with immediate but more easily resolved needs, who may not need to complete a VI-SPDAT and enter the homeless system of care. 2) The CoC developed and implemented new Triage Assessment tools, including a COVID-19 risk assessment and a re-housing assessment for people in Project Roomkey. 3) Many of the people entering Project Roomkey non-congregate shelters had never been assessed with the CE assessment tool. The CoC mobilized an effort to assess them and a large number of clients eligible for housing programs through CE were assessed who may never have been connected to the system otherwise. 4) The CoC worked with the county's Public Health to address outbreaks in shelters and encampments and to dedicate staff to help w/assessing, transporting, and setting people up w/isolation and quarantine units w/in Project Roomkey. 5) A new CE process was developed for Emergency Housing Vouchers. Other rapid changes were made to respond to immediate safety needs, such as expansion of phone assessments, virtual case conferencing, new virtual tools, data sharing agreements to improve coordination, and increased collaboration w/other systems, including physical and behavioral healthcare.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
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1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/01/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/01/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1)The CoC's objective scoring tool and the Review & Rank process prioritize severity of needs & vulnerability. In the renewal project scoring tool, "Severity of Needs and Special Considerations" question is worth 12 points, with points awarded for serving ppl who are chronically homeless or who have current or past substance abuse, history of domestic violence, physical and mental health conditions, transgender/gender non-conforming identity, youth, and seniors (factor 5B). New projects could earn 10 points for serving populations w/ severe needs & vulnerabilities (e.g. chronically homeless, history of DV) (5.A.2). 2)Renewal projects serving chronically homeless individuals were eligible for an additional 3 points (factor 5A). 3 points are available for PSH project that assist clients with Move On (Factor 8A) New projects were eligible for 10 points for dedicating projects to chronic homelessness w/ a focus on youth or seniors (5.A.1). New this year, renewal projects that serve a unique or prioritized need within the community and have a history of strong performance, may be prioritized above new projects to account for challenging project types. The Project Review Committee completed an analysis of project performance community-wide by sub-population and found that TAY and veterans were more challenging to serve than other populations and used their discretion to weigh scoring factors accordingly. 25 points were available to projects applying for DV Bonus Housing funds, with a focus on describing a project that would address community need (5.B.1), demonstrating previous organization performance serving DV survivors (5.B.2), and describing the organization's ability to meet safety outcomes for DV survivors (5.B.3). Neutral, trained panelists reviewed performance data on a web-based visual database to ascertain which populations were served and which vulnerabilities were addressed by each program.

1E-3. Promoting Racial Equity in the Local Review and Ranking Process.

NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 characters)

1) Project Review Committee (PRC) collects & implements feedback on an annual basis from CoC-funded providers & Board on scoring materials used to rate project apps. In CoC region, Black & Indigenous ppl experience

homelessness at higher rates. Among providers, feedback is collected from all staff working on CoC app process, including front-line staff, a more racially diverse group than management. There are 3 membership spots on the PRC reserved for providers (see info about revised recruitment process below). Among new providers in 2019 & 2021, Opening Doors is focused on re-settling refugees & Lao Family Community is committed to creating racially diverse housing options. Racial Equity Committee (including a high proportion of BIPOC & individuals w/lived experience) also provided feedback on competition process. 2)The ranking process is conducted by non-conflicted members of the PRC. PRC updated its recruitment & membership process in 2021 to better recruit and select racially diverse applicants. The app process follows promising practices for recruiting diverse membership, including collection of optional demographic info, targeted outreach to culturally representative orgs, & valuing all types of experience, not just limited to professional experience/current position. 3)Renewal projects receive 3 pts for participation in CE, which actively works to reduce racial disparities through piloting new assessment tools & better tracking referral data in dashboards updated daily. Renewal Project Scoring Tool awards 12 pts for Severity of Needs & Special Considerations (5B), which asks projects to explain how they will meet severe needs, including several needs associated w/increased housing instability for BIPOC individuals, transgender ppl, individuals with felonies, or ppl transferring to avoid eviction. Renewal Tool awards 5 pts for Quality of Services (Factor 5C), including assessment of the extent to which services are thoughtfully matched to the needs of clients.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:

1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

1)CoC has voluntary & involuntary REALLOCATION PROCESS. Involuntary process reallocates funds from under-performing projects to high priority community needs in line w/HUD priorities. CoC uses approved scoring criteria to assess project performance. CoC allows reallocation of funds to support new PSH projects that serve ppl who are chronically homeless, new RRH & HMIS projects, & new supportive services for CES. For voluntary reallocation, the reallocating agency has option to use funds for a new project. If agency does not wish to use voluntarily reallocated funds, funds are released to CoC pool. Voluntary reallocation is sometimes recommended during targeted technical assistance (TA) if there are challenges w/performance or decreased need. 2)During 2021 local competition, CoC identified projects for reallocation thru this process. After reviewing & scoring all new & renewal project apps, panelists

considered renewal projects for reallocation by evaluating project performance on variety of scoring factors (e.g. housing retention & bed/unit utilization). 3) In 2021, panelists for local competition reallocated \$331,086 across 2 projects. Each project was partially reallocated; no projects were reallocated in full. Reallocations included a voluntary reallocation & involuntary reallocation; panelists involuntarily reallocated \$288,318 of project that had poor performance across majority of objective scoring factors & \$42,768 was voluntarily reallocated by project following targeted technical assistance. 4) N/A 5) CoC provided targeted TA in advance of & during competition. For project that had voluntary reallocation, CoC provided TA over phone/email in advance of & during competition. For involuntary reallocation, CoC provided separate notification on 10/22, the day Preliminary Priority Listing was released. CoC also provided TA over phone/email to re-design the reduced project budget. Funds were reallocated to other projects (LSS Lavender Court & TPCP Pathways Alternative Housing Program).

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced—Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/29/2021

1E-5a.	Projects Accepted—Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/29/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included:	11/12/2021
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Applicant: Sacramento City & County CoC

SSF-COC

Project: CA-503 CoC Registration FY 2021

COC_REG_2021_182247

1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	
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2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	BitFocus
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/21/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

1.	have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and
2.	submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)

1)CoC newly funded DV providers in 2020. Sacramento Steps Forward began meeting weekly in October 2020 with a group of 6 victim service providers, including the two funded agencies to ENSURE DV HOUSING AND SERVICE PROVIDERS IN THE COC HAVE A COMPARABLE DATABASE THAT COLLECTS THE REQUIRED DATA ELEMENTS. This group researched best practices, reached out to other CoCs for guidance, and adapted tools to the community. The CoC has continued to work w/DV providers to ensure full participation and data quality for all CoC-funded DV providers. All CoC-funded providers are currently using the database identified in partnership with the CoC (Apricot), required as part of funding agreements. 4 DV providers not funded by the CoC are currently utilizing separate comparable databases which collect some or all data elements required by HMIS standards. 2)COC AND HMIS LEAD HAVE TAKEN STEPS TO ENSURE THAT DV PROVIDERS IN THE COC SUBMIT DE-IDENTIFIED AGGREGATED SYSTEM PERFORMANCE MEASURES DATA. DV providers (ex: Shelter, Inc.) participate on CoC HMIS Policy Committee and work w/the HMIS Lead to update HMIS Policies. & Procedures. The HMIS Lead is TRACKING PERFORMANCE of the CoC-funded VSP projects in the comparable databases on a regular basis, with a focus on housing outcomes, enrollment timelines, and data quality. In aggregate, this data is used to support capacity-building efforts and identify opportunities for future training. All VSPs in the community (6 orgs total) began entering data into comparable databases w/in the last 6 months. Individual DV projects submit aggregate data on project-level performance through the local competition (ex: clients served, outcomes such as exits to PH and housing retention). These outcomes are reviewed with 10 points available for previous performance.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,785	60	1,603	92.93%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	656	42	570	92.83%
4. Rapid Re-Housing (RRH) beds	819	0	812	99.15%
5. Permanent Supportive Housing	3,703	0	3,076	83.07%
6. Other Permanent Housing (OPH)	91	0	91	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
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2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.
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(limit 2,000 characters)

1)CoC has 92%+ coverage rate for all but PSH. COC WILL TAKE STEPS OVER NEXT 12 MONTHS TO ENSURE BED COVERAGE RATE IS AT LEAST 85% FOR ALL PROJECTS BY INCREASING BED COVERAGE RATE FOR PSH. Currently, PSH bed coverage rate is just below 85%, at 83.07%. VASH is the only PSH program currently not participating, and we are working to bring them in. In 2020, the HMIS Lead completed an initial import of HOMES data into HMIS, the first step in ensuring coverage of VASH beds in HMIS. This analysis found an 89% match in HMIS and HOMES records. STEPS IN NEXT 12 MONTHS: 1) Coordinated Entry System (CES) staff are working w/VASH through more frequent & improved coordination & collaboration w/the VA; 2) SSF has worked w/community partners to expand the analysis, research, & reporting functions & management of HMIS, including creation of system-wide dashboards, w/the support of Sacramento County, and will share those benefits with VA; 3) CoC staff have increased improved data quality & faster intake process, which we hope will continue to improve participation in HMIS. 2)COC WILL IMPLEMENT STEPS DESCRIBED ABOVE TO INCREASE BED COVERAGE FOR PSH TO AT LEAST 85% w/leadership by newly hired CoC Specialist focused on addressing veterans' homelessness in the Built for Zero initiative, including improving collaboration between the CoC, VA & VA providers & HMIS participation and frequent discussion of benefit to VA and community of full participation.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	
	Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;	
2.	how your CoC addresses individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.	

(limit 2,000 characters)

In 2020 2175 fewer ppl experienced homelessness for 1st time in CoC area. Data was impacted by COVID interruptions in outreach data collection but reduction also due to successful strategies implemented over past yr. 1) DETERMINING RISK FACTORS FOR 1ST TIME HOMELESSNESS (FTH): CoC has improved ability to ID risk factors for FTH thru analysis of Rapid Access Problem Solving (RAPS) data. CoC launched RAPS to expand staffing of 2-1-1 (+3 FT staff) & increase access pts (+4). Initial assessment captures info on factors contributing to FTH, analyzed via monthly reports. In '19&'20 top reasons for FTH were financial, kicked out by family/friends, mental health & drugs/alcohol. CoC's System Perf. Cmte analyzes data across demographics & recommends strategies to improve prevention & diversion. 2) STRATEGY TO ADDRESS AT RISK HOUSEHOLDS: A) IMPROVE DIVERSION: State funds are being used to improve diversion system practices, outreach standards, links to prevention, awareness of resources & coordination of services/housing for ppl involved w/criminal legal system. \$1.5mil state funds allocated for RAPS increased amount of problem-solving & diversion resources avail. across system, building on best practices for quick intervention to address homelessness. Triage assessment IDs clients w/low service needs for immediate assist. Clients w/higher needs are connected w/add'l vulnerability assessments & resources. B) REDUCE EVICTIONS: Thru past yr eviction moratoriums protected renters. City of Sac partnered w/Sac Mediation Cntr to assist tenants w/Eviction Moratorium Ordinance & rent repayment prgrms. C) INCREASE PREVENTION: Thru partnership w/PHA & City & County of Sac., Sac. Emergency Rental Assist. (SERA) prgrm has distributed \$45.6mil in prevention assistance to 6964 households (Aug '21). SERA includes up to 15mos emergency rent & utilities assistance for low-income renters at risk of homelessness. Sac has 12 prevention

prgrms w/variety of resources incl. financial assist.&mediation. 3)System Perf. Cmte, staffed by SSF Chief Planning Officer

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

In 2020, ave. Length of Time Hmless (LOTH) for clients in ES, SH, & TH decreased by 8.3% (-12 bed nights). 1)COC has multi-tier STRATEGY TO REDUCE LOTH: A) CoC PRIORITIZES MOST VULNERABLE IN COORD. ENTRY (CE): LOTH is high in CE prioritization scheme which brings ppl w/longer time hmless to top of list. B) CoC INCENTIVIZES PSH IN LOCAL COMPETITION w/10pt incentive for new PSH projects serving seniors/youth. This helps to increase amount of housing available to ppl w/long LOTH. C) CoC ENGAGES HIGHLY VULNERABLE PPL IN PROJECT ROOMKEY: Of 1127 people served in Project Roomkey, 60% (676) had been hmless for 1yr+ before entering the project. Individuals in Proj. Roomkey engaged w/intensive housing-focused wraparound services. As of Aug. '21, 334 ppl had exited to PH & effort is ongoing. D)CoC CO-LOCATED HOUSING PROBLEM SOLVING RESOURCES AT ACCESS PTS. CoC's RAPS pilot was allocated \$1.5mil to expand problem solving resources & increase # of access pts as well as funds for diversion to reduce LOTH. E) CoC implements HOUSING FIRST approach to lower barriers & connect people w/housing more quickly. F) DEDICATED HOUSING FOR PPL EXPERIENCING CHRONIC HOMELESSNESS (CH): 118 (20% of total) EHV's are dedicated to creating flow in PSH & providing an alternative PH resource for ppl experiencing CH. PSH beds dedicated for use by ppl experiencing CH have increased over past 4yrs w/66 bed increase in '21. Space is maintained for CH case conferencing. 2)STRATEGY TO ID LONG LOTH: A) CoC utilizes HMIS data including CES ASSESSMENT DATA to ID ppl w/longest LOTH. CES tracks length of current episode of hmlessness for ppl & families w/VI-SPDAT. Family shelters have specific algorithm for ID'ing LOTH used to transition families more quickly out of hmlssness. 3)System Perf. Cmte, staffed by SSF Chief Planning Officer

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1) In 2020, rate of exits to permanent housing destinations for people residing in ES, SH, TH, & RRH increased by 9% over previous year. STRATEGIES TO CONTINUE TO INCREASE RATE OF EXIT TO PH include: INCREASE HOUSING RESOURCES AVAILABLE: Through use of new state & federal funding resources, the community will continue to expand the housing resources available to individuals experiencing homelessness. For ex: there are 3 Project Homekey rehab projects moving forward in County that will be used as permanent supportive housing. Thru Proj Roomkey, Sac expanded affordable housing by 112 units across 3 projects for households at/below 30%AMI & experiencing homelessness or at risk. Thru partnership w/PHA, CoC has also introduced 494 Emergency Housing Vouchers (EHV) distributed through Coordinated Entry. The Mather Veterans Village Project introduced 50 additional PSH beds in 2021. La Mancha project added 100 PSH units in '21. CoC has included 11 PSH & RA projects in CoC Priority Listing this year, including 1 new project. Improved prevention/diversion efforts over the past year continue to keep more PH available for higher need households. 2) Rate of retention of PH or exit to PH destinations in 2020 was 98%. STRATEGIES TO MAINTAIN AND INCREASE THIS HIGH RATE OF RETENTION OF PH / EXIT TO PH DESTINATIONS include: A) EMERGENCY TRANSFERS IN COORDINATED ENTRY: The Coordinated Entry System accommodated 3 emergency transfers between permanent housing locations to ensure clients can retain their permanent housing. B) MOVE ON PILOT: SHRA launched a Move On program pilot in 2020 w/50 vouchers. These vouchers have been successful in moving PSH residents to other permanent housing destinations, while improving flow throughout the full system. C) State funding supports a county-wide property liaison & landlord point of contact. D) The Pathways program provides 24/7 on-call support & ongoing psychiatric care for ppl w/SMI to retain their PH after exiting homelessness.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

Describe in the field below:

1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

In 2020, rate of returns to homelessness (RTH) w/in 6mos was 8% & RTH w/in 1yr was 6%, nearly same as '19. 1) CoC STRATEGIES TO ID PPL RETURNING TO HOMELESSNESS: CoC tracks RTH & risk factors contributing to RTH. CoC uses VI-SPDAT, CES, & HMIS data to ID ppl & families returning to homelessness. When client returns to system, factors contributing to return are reviewed & inform development of service plans. In addition to individual data, CoC uses STELLA & aggregate data for broad look at RTH & develops RTH profiles to share w/providers & develop strategies to reduce RTH. Additionally, individual proj. cohort data is reviewed to ID & track RTH. 2) STRATEGY TO REDUCE RTH: A) CoC INCENTIVIZES CONNECTIONS TO MAINSTREAM RESOURCES: CoC-funded prgrms are scored in local competition on ability to improve clients' connections to mainstream resources. B) CoC provides EMERGENCY TRANSFERS to ppl in PH facing eviction. Transfers can be

initiated by clients or providers & take priority over community queue. C) CASE CONFERENCING: In response to COVID-19, CoC facilitated housing case conferencing process bringing together providers including SHRA (PHA), City & County. Case conferencing process focused on moving clients out of Project Roomkey into PH & preventing RTH. CoC facilitates 3 add'l case conferencing processes including processes dedicated to TAY/Veterans, to pair clients w/best housing options. D) ENHANCED LANDLORD ENGAGEMENT: SHRA Landlord Incentive Prgrm offers financial incentives (e.g. risk mgmt fund to cover damage to units) for landlords renting to HCV holders to maintain relationships & prevent RTH. Portion of the community's '20 HHAP funding will go to landlord incentive & engagement. E) CLARIFIED AFTERCARE REQUIREMENTS FOR MOVE ON: In Move On, providers required to provide at least 3mos aftercare services for clients transitioning out of PSH to reduce # of ppl returning to hmlssness. 3) System Perf. Cmte, staffed by SSF Chief Planning Officer

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	
	Describe in the field below:	
1.	your CoC's strategy to increase employment income;	
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,000 characters)

In 2020, 4.9% of adults in system increased employment income. 1) STRATEGIES TO INCREASE EMPLOYMENT INCOME: A) CoC ENSURES PROVIDERS ARE AWARE OF RESOURCES for clients to increase employment income. CoC held training for provider orgs on creating prof. dev. opportunities for ppl experiencing hmlssness. SSF features Ppl's Guide on their site w/steps for job search/action plan & resources for emergency assistance after job loss. B) CoC connects clients w/EMPLOYMENT TRAINING & ED PRGRMS to facilitate career advancement. CoC has active formal partnership w/Sac. Employment & Training Agency (SETA). They commit to serve ppl experiencing hmlssness & sit on CoC Board. SETA's 15 job cntrs provide career coaching for adults&youth. LSS (CoC provider) runs State Dept of Rehab verified pre-employment & supported employment prgrm, offering job training & support to residents of PSH. Hope Cooperative (CoC provider) has work readiness prgrm for ppl w/SMI in PSH. C) Providers of housing prgrms PRIORITIZE EMPLOYMENT & STABILITY thru resources, trainings & connections to job opportunities. City of Sac has motel voucher prgrm w/370 rooms & helps build job paths. D) ACCESS TO EMPLOYMENT: CoC funds employment-focused housing. Volunteers of America (VOA) rep sits on Board. VOA provides 12mo employment-focused TH for 200ppl at a time, referred thru CES. Services include pre-employment & job training, AOD recovery, credit & ID repair, case mgmt, & housing/job placement, avail. to ppl experiencing hmlssness. VOA operates Hmless Veterans Reintegration Prgrm w/job training/placement for veterans. 2) COC WORKS W/MAINSTREAM EMPLOYMENT TO INCREASE CASH INCOME: A) CoC providers refer to SETA for job connections for youth&adults thru Sac Works prgrm & virtual job

fairs. B) Food Bank provides free GED classes to CoC clients. CoC providers refer clients to CalWORKs prgrm for homeless families, w/edu, employment, & training prgrms as well as childcare, transportation & work expenses. 3)System Perf. Cmte, staffed by SSF Chief Planning Officer

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1)CoC PROMOTED PARTNERSHIPS & ACCESS TO EMPLOYMENT OPPORTUNITIES W/PRIVATE EMPLOYERS & EMPLOYMENT ORGS in the following ways: A) CoC PARTNERED W/ PRIVATE EMPLOYMENT ORGS: CoC relationship w/Sacramento Employment and Training Agency (SETA) provides connection w/local employers & virtual job fairs. CoC partners w/Volunteers of America (VOA) which provides connections to employment support & local employers; B) CoC PROVIDERS SHARE INFORMATION VIA NEWSLETTERS/LISTSERVS on accessing employment support; C) CoC providers maintain RELATIONSHIPS W/ LOCAL EMPLOYERS: CoC providers maintain relationships w/100s of local employers, e.g. Pride Industries; D) INFORMATION / RESOURCES FOR ACCESSING EMPLOYMENT: Virtual job fairs are publicized through public posts, listservs & calendars; E) LOCAL PROCESS prioritizes orgs that help participants increase/maintain income, w/4 pts available. 2)CoC WORKS W/PRIVATE & PUBLIC ORGS TO PROVIDE MEANINGFUL EDUCATION, TRAINING, INTERNSHIPS & EMPLOYMENT OPPORTUNITIES for program participants: A) CONNECTS RESIDENTS OF PSH TO EMPLOYMENT through targeted supportive employment programs & employment services. For ex: Lutheran Social Services (CoC provider) runs a State Department of Rehabilitation verified pre-employment & supported employment program, which offers vocation assistance, on-the-job-training, & other employment services for TAY. Hope Cooperative's (CoC provider) New Direction Program provides employment support services in partnership w/Sacramento County. Other PSH providers connect residents to employment through partnerships w/ SETA, career coaching, transportation assistance, literacy classes & organizational relationships with employers. CoC has formal partnership w/Sacramento County Office of Ed which provides support for students including TAY in higher ed. Sacramento County Dept. of Human Asst. Wellness Team also provides counseling to remove barriers to employment for ppl who are CalWorks eligible.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC's strategy to increase non-employment cash income;
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2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

Non-employment cash income increased for 50.3% of adults in the system in 2020. 1&2)CoC STRATEGY TO INCREASE NON-EMPLOYMENT CASH INCOME & ACCESS TO NON-EMPLOYMENT CASH SOURCES involves a focus on targeted referrals, connecting participants to resources they are not yet accessing, ensuring follow up on applications, & renewal of benefits. This occurs through A) MAINSTREAM BENEFITS TRAININGS for all CoC-funded providers, informing agencies on how best to connect individuals experiencing homelessness w/the wide range of non-employment cash benefits available. The CoC holds trainings around connecting clients to mainstream benefits, including non-employment cash income. CoC held training for CoC-funded projects on navigating the Child Tax Credit & helping clients leverage the tax credit as well as training on utilizing CA services to enhance homeless programs for seniors & families. B) PROMOTION OF RESOURCES: SSF provides information/resources on their website including People's Guide w/information on accessing non-employment cash income. C) DIRECT ACCESS TO LOCALLY DISTRIBUTED BENEFITS: CoC partners w/County which maintains a Childcare Eligibility List for childcare subsidies. Eligibility is determined by family income, size, and need, including need for permanent housing. Sacramento County Dept. of Human Assist. administers federal, state & local govt programs providing temporary cash aid & food assistance & made CalWorks & CalFresh signup more accessible during the pandemic through new service center & increased phone & online support as well as in person. D) ASSESSMENT & REFERRALS: RAPS program assessment identifies clients w/low service needs & connects them w/resources including referrals to secure mainstream benefits. CoC providers regularly refer clients to the CalFresh program, as well as California Work Opportunity and Responsibility to Kids (CalWORKs) cash aid program for qualified families experiencing homelessness. 3)System Perf. Cmte, staffed by SSF Chief Planning Officer

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	Yes
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
TPCP Pathways Fai...	PSH	15	Healthcare
Northview Pointe	PSH	28	Housing
Lavender Court	PSH	11	Housing

3A-3. List of Projects.

1. What is the name of the new project? TPCP Pathways Fairview & Bravado Project

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 15

4. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Northview Pointe

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 28

4. Select the type of leverage: Housing

3A-3. List of Projects.

1. What is the name of the new project? Lavender Court

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 11

4. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

N/A

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,000 characters)

N/A

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

Project Type		
1.	SSO Coordinated Entry	Yes
2.	PH-RRH or Joint TH/RRH Component	Yes

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	1,725
2.	Enter the number of survivors your CoC is currently serving:	856
3.	Unmet Need:	869

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
----	--

2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1)As of 10/21, 1725 DV SURVIVORS WERE IN NEED OF HOUSING/SERVICES. This # was calculated based on # of clients enrolled in HMIS w/DV experience. This gives fullest available picture, though likely an undercount as it is based on self-reporting & the new DV screening tool was introduced midway thru '20. 856 DV SURVIVORS ARE CURRENTLY BEING SERVED by CoC. This # was calculated based on subset of clients indicated as DV survivors who were enrolled in housing prgrms. This indicates unmet need is 869 ppl. 2)DATA SOURCE: Calculation of local need for DV projects was based on HMIS data. Severity of need is supported by reports from 6 DV providers in CoC, provided during regular coord. mtgs. 3)BARRIERS TO MEETING DV SURVIVOR NEEDS: CoC was awarded 1st HUD-CoC housing dedicated to survivors in '19. At that time, CoC expanded efforts to build stronger partnerships w/DV providers thru coord. mtgs, trainings, & development of new assessment tools & procedures for an effective, efficient, trauma-informed referral process. Mtgs w/DV providers indicate significant need supported by data on # of survivors waiting for housing. Last year Sac's 2 largest DV shelters provided 722 households w/28,700 bed nights in ES, hotels, safehouses & TH. Many more went unserved due to lack of bed capacity & housing options, a significant barrier to meeting DV survivor needs. VSPs report serving 14,000-17,000 survivors of DV & 1,000-2,000 survivors of human trafficking/yr; many experiencing housing instability/hmlssness. 1st months of new DV-CES revealed limitations that present add'l barriers to meeting survivor needs & eliminating those barriers is the objective of this project. DV-CES doesn't yet have capacity for dedicated staff e.g. housing locator for survivor access pts to reduce length of time to house survivors or referral specialist for warm handoffs. Add'l system-wide training & continued improvements to tools & trauma-informed survivor-centered practices are needed to improve quality & availability of housing/services for survivors.

4A-3.	New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project–Applicant Information.	
	NOFO Section II.B.11.(c)	

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1. Applicant Name	Sacramento Steps Forward
2. Project Name	Project Name: SSF Sacramento Survivors CES

4A-3a.	New SSO-CE Project–Addressing Coordinated Entry Inadequacy.	
	NOFO Section II.B.11.(c)	

Describe in the field below:

1.	how the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and
2.	how the proposed project addresses inadequacies identified in element 1. above.

(limit 2,000 characters)

1)THE CURRENT COORDINATED ENTRY SYSTEM does not meet the full needs of survivors in Sacramento. While a new DV-CES was developed after the CoC was awarded its first HUD-CoC housing dedicated to survivors in 2019, the system does not yet have capacity for DEDICATED STAFF and is limited in its ability to grow & connect survivors to resources. There is a need for staff capacity to coordinate referrals, standardize processes, ensure safety compliance, and for general development of system-wide access. ACCESSIBILITY to resources is limited, with processes under-developed across agencies. Survivors seeking services from non-victim service providers have limited access to resources available through victim-service providers. Additionally, EVALUATION of system effectiveness & compliance are necessary to guide improvement. 2)THE PROPOSED PROJECT will expand DEDICATED STAFF including a housing locator to support survivors at access points who are in need of housing and a referral specialist who will provide referrals and warm handoffs to additional services, in order to enhance the quality of care provided & reduce the length of time it takes to house survivors. This project will also support additional TRAINING for staff across the system. Additionally, SSF will make continued IMPROVEMENTS TO TOOLS with a focus on expansion of trauma-informed & survivor-centered practices, as well as updated & clearly communicated PROCESSES, POLICIES, & MATERIALS to improve quality & availability of housing & services for survivors. To ensure effectiveness & compliance, technical assistance will be sought to support system EVALUATION and subsequent improvements in partnership w/VSPs.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
SHELTER, Inc.
Sacramento Steps ...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	SHELTER, Inc.
2.	Rate of Housing Placement of DV Survivors–Percentage	100.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	83.33%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

SHELTER, Inc. currently operates a DV-specific program in Contra Costa County, as well as other housing programs in Sacramento and other counties, and tracks data in a confidential, secure database. 1)Rate of housing placement was calculated using the number of DV survivors who applied for housing through SHELTER, Inc's current housing programs who were successfully housed by the programs. Rate of retention was calculated using the number of DV survivors housed by the program who retained housing after being housed by the program. 2)SHELTER, Inc. utilizes a separate, secure, and confidential comparable database to store and track participant data. That database was the source for the information utilized to calculate rate of housing placement and rate of housing retention for DV survivors served by this program.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	connected survivors to supportive services; and

- | | |
|----|---|
| 4. | moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends. |
|----|---|

(limit 2,000 characters)

1)SHELTER, Inc. has decades of experience working w/DV survivors to assist them to QUICKLY MOVE INTO SAFE, AFFORDABLE, AND SUSTAINABLE HOUSING. After DV-certified case managers address the survivors' immediate safety needs, housing navigators work to locate housing units that meet the specific needs of each individual/family. For survivors served in the last funding cycle, navigators ID'ed safe, available units, often utilizing existing landlord relationships to quickly connect survivors to housing & assist w/move-in including financial assistance (i.e., utilities, security deposits). 2)DV survivors in need of housing assistance were referred to SHELTER, Inc. programs through Coordinated Entry System processes. They were PRIORITIZED as "persons having the most severe needs" as defined by CES policies & procedures. 3)SHELTER, Inc.'s RRH programs CONNECTED SURVIVORS TO SUPPORTIVE SERVICES including a wide range of wrap-around services and resources that helped participants to achieve stable housing & progress toward self-sufficiency. DV survivors often need a more intensive level of services than other subpopulations. SHELTER, Inc. case managers connected participants to the organization's extensive network of partner agencies to receive health care, legal services, childcare, additional mental health & substance abuse services, & more. 4)SHELTER Inc.'s RRH programs utilize a progressive engagement model to help participants MOVE FROM ASSISTED HOUSING INTO HOUSING THEY CAN SUSTAIN on their own. Rental assistance was provided at higher levels early in the program and slowly reduced over time as clients were connected w/services that enabled them to establish stability. After a client exited the programs, their case manager administered 3-month check-ins to verify the household remained stable and independent. If a household was at-risk of returning to homelessness, additional support was provided.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.
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NOFO Section II.B.11.

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
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- | | |
|----|--|
| 1. | training staff on safety planning; |
| 2. | adjusting intake space to better ensure a private conversation; |
| 3. | conducting separate interviews/intake with each member of a couple; |
| 4. | working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance; |
| 5. | maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and |
| 6. | keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors. |

(limit 5,000 characters)

Addressing safety needs is SHELTER, Inc.'s 1st priority when working w/DV survivors. The program ENSURED SAFETY OF DV SURVIVORS EXPERIENCING HOMELESSNESS by: 1)TRAINING STAFF ON SAFETY PLANNING: Each SHELTER, Inc. case manager was certified in specific services provision for survivors of DV & all took part in regular trainings to remain current on knowledge & best practices. Staff followed a strengths-based,

trauma-informed model that emphasized physical, psychological, & emotional safety. Case managers were trained in creating safety plans w/participants, including internet safety & violence prevention strategies. 2)ADJUSTING INTAKE SPACE TO ENSURE PRIVATE CONVERSATIONS: SHELTER, Inc. staff ensured that intake spaces afforded needed privacy in order to help clients feel comfortable sharing sensitive or difficult personal information. Designated intake spaces were in separate offices behind closed doors, w/white noise machines placed outside to create noise barriers. 3)To further ensure privacy and safety, case managers CONDUCTED SEPARATE INTERVIEWS AND INTAKES w/members of a couple, whenever applicable. 4)During assessments & the housing search process, case managers & housing navigators worked w/participants to ID THEIR NEEDS & HAVE THEM ID WHAT IS SAFE FOR THEM as it related to scattered sites and/or RA. Navigators worked w/participants to locate safe, affordable housing units they could eventually sustain on their own. 5)Navigators helped clients to locate safe units, including housing away from their abuser, sometimes in other cities, and finding WELL-LIT UNITS w/ SECURE LOCKING DOORS & BARS ON WINDOWS. If necessary, new locks, cameras, &/or security systems were installed or prioritized during housing search. 6)KEEPING THE LOCATION CONFIDENTIAL for dedicated units: Confidentiality agreements were signed w/both landlords & clients, restricting any disclosure of the location of a unit which may render the unit unsafe for the client. Clients were given flexibility in both entering & exiting a lease to ensure the household's safety. Location information for family shelters was not published, and there was no signage at the residence that would reveal the nature of the site.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

SHELTER, Inc. considered 3 important factors when evaluating programs: 1) How the program protects the confidentiality & safety of participants, 2) How the program is respectful to participants when gathering & using participant information, 3) How the program addresses issues of diversity in evaluations. The program EVALUATED ITS ABILITY TO ENSURE THE SAFETY OF DV SURVIVORS via regular meetings w/case managers, who meet one-to-one to ID problem areas & create an ongoing safety discussion w/clients. Case managers utilized the secure DV database to analyze client trends & used that info to help modify behaviors & decision-making during meetings. Case managers met regularly to collectively analyze client data & determine the best response to client problem areas. DV survivors in SHELTER, Inc. programs were encouraged to provide feedback on how the program met their safety & other needs by submitting participant surveys. Program staff conducted surveys at 3-months after exit for each household. Program managers & agency leadership review survey results to ID challenges & chart improvements. SHELTER, Inc. also participated in the Listed for Good program, a client feedback mechanism in which SHELTER, Inc. administered additional surveys & reported back to clients on what was learned.

4A-4d.	Trauma-Informed, Victim-Centered Approaches--Project Applicant Experience. NOFO Section II.B.11.
Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:	
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

SHELTER, Inc. has EXTENSIVE EXPERIENCE UTILIZING TRAUMA-INFORMED, VICTIM-CENTERED APPROACHES TO MEET NEEDS OF DV SURVIVORS through operation of the Esperanza Program in Contra Costa County, CA. SHELTER, Inc. SHELTER, Inc. experience includes:

1)PRIORITIZING PARTICIPANT CHOICE & RAPID PLACEMENT & STABILIZATION IN PH CONSISTENT w/PARTICIPANT PREFERENCES: SHELTER, Inc.'s model created opportunities to rebuild survivors' sense of control & empowerment by prioritizing participant choice in housing placement, services, and referrals. During assessments & housing search, staff worked w/clients to ID their needs & connect them w/services & housing. Clients decided what felt safe for them and had control over referrals & entering/exiting leases. Program pacing was guided by the participant w/goal of rapid placement & stabilization in PH. Having safe housing available upon intake via CES was an essential part of the program model. SHELTER, Inc. also maintained partnerships w/local landlord networks, enabling participants to locate housing more quickly. 2)ESTABLISHING & MAINTAINING AN ENVIRONMENT OF AGENCY & MUTUAL RESPECT: All of SHELTER, Inc.'s programming is low-barrier, has no punitive interventions, & is designed to respect participants' cultural & service preferences & needs. Staff utilized trauma-informed, client-centered interventions. Participant feedback was sought regularly & shared w/participants through feedback-loops to ensure accountability of program staff & leadership. Case managers interacted w/participants in a manner that sought to gain & build trust. SHELTER, Inc. case managers received certifications in serving DV survivors, emphasizing physical, psychological, & emotional safety in all interactions. 3)PROVIDING ACCESS TO INFORMATION ON TRAUMA: Once immediate physical safety was established & trust was built, concepts of trauma & the power & control wheel were introduced to help survivors understand the various forms of abuse they may have experienced & the cyclical nature of abuse. SHELTER, Inc. provided access to mental health counseling for families in DV programming & info on recognizing various forms of abuse. Mental health specialists were trained in Cognitive Behavioral

Therapy practices & trauma-informed techniques. 4) **EMPHASIZING PARTICIPANT STRENGTHS:** Survivors' & their families' needs were assessed by a case manager, with assessment pacing guided by the client's needs, strengths, & circumstances. Case managers sought to build survivors' sense of empowerment in all interactions. Program staff were regularly trained in motivational interviewing & strengths-based approaches to working with clients. 5) **CENTERING CULTURAL RESPONSIVENESS & INCLUSIVITY:** SHELTER, Inc. served clients from diverse backgrounds, who faced a variety of challenges & barriers to obtaining housing. All services were designed to be culturally responsive. Program staff participated regularly in required trainings & wkshps focused on diversity, equity, inclusion, & belonging & cultural competency. Agency staff reflected cultural diversity of participants & provided services in multiple languages. Staff understand that experiences of trauma & healing take place w/in one's own cultural beliefs. 6) **PROVIDING OPPORTUNITIES FOR CONNECTION:** SHELTER, Inc. case managers assessed families' needs & desires for access to support & affinity groups (such as 12-step groups & faith communities) & made connections to these groups when requested. 7) **OFFERING SUPPORT FOR PARENTING:** SHELTER, Inc. has extensive experience serving families, including 1,059 children served last year. The program provided counseling & wrap-around services (including parenting classes, child-care access, & legal resources) for the entire family in DV programming.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	
	Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and	
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.	

(limit 5,000 characters)

During the past year, SHELTER, Inc. 1) **PROVIDED THE FOLLOWING SUPPORTIVE SERVICES TO DV SURVIVORS:** mental health counseling, health care, childcare, housing/sheltering, financial & employment assistance, access to educational programs, & other wraparound services. These services were provided while quickly moving participants into permanent housing & prioritizing their safety needs. In Contra Costa County Esperanza Program this year, SHELTER, Inc. had 12 enrolled households, all of which were safely housed & progressing toward self-sufficiency. 2) SHELTER, Inc.'s case management services are wide-ranging and tailored to each individual or family. The following are **EXAMPLES OF SERVICES** provided to DV survivors by SHELTER, Inc. case managers during the past year: a) **HOUSING SEARCH & SUPPORT** – Housing navigators worked w/clients to identify units that meet their needs and preferences. SHELTER, Inc. maintains partnerships w/local landlord networks, enabling participants to locate housing more quickly, as well as partnerships w/local orgs that provide moving assistance, furniture, & other moving support; B) **FINANCIAL STABILITY** - SHELTER, Inc. staff helped participants to address barriers to stability, including enrollment in public benefits and employment support. Case managers provided one-to-one career development, readiness, placement, and job retention support, as well as job

search and career coaching workshops (i.e., resume writing, interview skills), transportation assistance, uniforms, and short-term/cost-effective training and certification. Clients also received financial literacy training (i.e., how to read a credit report, open a bank account, and manage a budget). Last year, 75% of participating households maintained or increased their incomes; C) MENTAL HEALTH CARE AND COUNSELING - All family members in SHELTER, Inc. programs had access to mental health care & counseling, including children. SHELTER, Inc.'s mental health specialist is trained in Cognitive Behavior Therapy practices and trauma-informed techniques; D) PARENTING SUPPORT - SHELTER, Inc. provided parenting workshops and access to childcare; E) EVICTION PREVENTION – Case managers followed up w/clients after 3 months in order to ensure that they were successfully retaining housing. If the family was struggling to remain stably housed, case managers ensured that they obtained additional support to prevent a return to homelessness; F) LEGAL SERVICES – When necessary, case managers referred participants to legal service providers for immigration assistance, help with restraining orders, and child custody concerns.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

SHELTER, Inc. will implement a program in Sacramento that is TRAUMA-INFORMED & VICTIM-CENTERED & will utilize a model that is respectful of individual and cultural differences in the experience of trauma and healing. The project is a scattered-site rapid re-housing program for survivors of DV, and will provide rental assistance, safe housing, and wrap-around supportive services for 18 – 27 DV-impacted households in Sacramento per year. The program will: 1)PRIORITIZE PROGRAM PARTICIPANT CHOICE & RAPID PLACEMENT & STABILIZATION: Knowing that survivors of violence & trauma have housing and safety needs that must be immediately prioritized and addressed, housing navigators will identify & secure a geographically diverse list of safe housing options so that when referrals are received from CE, case managers can quickly secure housing & physical security for families. In creating these plans, case managers will work with clients to ID their preferences & what feels safe to them. The goal of this program is to obtain positive housing outcomes for at

least 85% of clients. Participants will also have access to employment support, education and skill building, financial assistance and financial literacy coaching, and connections to other benefits & programs to establish stability, so that 55% or more clients maintain or increase their incomes. Case managers will follow up with clients to ensure that they are maintaining stable housing and will provide interventions if a household is at risk of returning to homelessness.

2)ESTABLISH & MAINTAIN AN ENVIRONMENT OF AGENCY & MUTUAL RESPECT: This project will be low-barrier, have no punitive interventions, & be designed to respect participants' cultural & service preferences & needs. All SHELTER, Inc. staff will be trained in and utilize trauma-informed, client-centered interventions. Participant feedback will be sought regularly & staff will engage an advisory group of survivors to inform program improvements & efforts to ensure participant safety. The group will be composed of DV survivors who have received services in the program & will be asked for input on the development of safety evaluation questions & surveys. Case managers will interact w/participants in a manner that seeks to gain & build trust. SHELTER, Inc. case managers will all receive certifications in serving DV survivors, motivational interviewing, and trauma-informed care & will emphasize physical, psychological, & emotional safety in all interactions.

3)PROVIDE ACCESS TO INFORMATION ON TRAUMA: Case managers will work with clients to introduce concepts of trauma and of the power & control wheel, to help survivors understand the various forms of abuse they may have experienced, & the cyclical nature of abuse. All participants (including family members) will have access to mental health counseling, to help them to recognize various forms of abuse in the future and to support healing. Mental health specialists will be trained in Cognitive Behavioral Therapy practices and trauma-informed techniques.

4)EMPHASIZE PARTICIPANT STRENGTHS: Case managers will utilize a trauma-informed, strengths-based model emphasizing physical, psychological, & emotional safety, enabling participants to rebuild a sense of control & empowerment. The needs of clients & families will be assessed by a case manager & care team, who will then work with the client to create a service plan to help meet goals & aspirations. Assessments will be paced according to the clients' needs & strengths. Program staff will participate in regular training on motivational training and strengths-based approaches to working with clients.

5)CENTER ON CULTURAL RESPONSIVENESS & INCLUSIVITY: Program staff will participate regularly in required trainings focused on diversity, equity, inclusion, & belonging, & on cultural competency. All services will be designed to be culturally sensitive & responsive. Hiring strategies will ensure that program staff reflect the cultural diversity of clients, and services will be made available in multiple languages.

6)PROVIDE OPPORTUNITIES FOR CONNECTION: Service plans will include access to support & affinity groups (such as 12-step groups & spiritually centered communities) and staff will facilitate connections to these groups as requested by clients.

7)OFFER SUPPORT FOR PARENTING: Needs of the children of participants will be assessed & addressed alongside those of the adults. Mental health counseling and wrap-around services (including parenting classes and childcare access) will be provided for the entire family. Case managers will make referrals to legal service providers as needed to assist with child custody concerns.

Project Applicants Applying for New PH-RRH and

Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	Sacramento Steps Forward
2.	Rate of Housing Placement of DV Survivors–Percentage	96.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	82.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

Lao Family Community Development (LFCD) is subrecipient of SSF & will implement direct services for this project. 1)CALCULATING RATE OF HOUSING PLACEMENT & HOUSING RETENTION: Rate of housing placement & retention was calculated using data from LFCD prgrms. LFCD considers families placed once they are assisted w/obtaining a 1+ yr lease for PH & have moved in & sustained housing 1 yr later. Families assisted w/rehousing w/extended family members were excluded from the calculation. Housing placement rate includes families placed from 1/19 - 9/21 in LFCD's Housing First DV prgrm. Retention rate reflects data on families in housing 1/19 - 9/21. 2)DATA SOURCE: Survivors in LFCD's housing program are surveyed quarterly up to 1-yr post-exit into permanent housing to determine if they are still housed in the original unit. Survivors who are still actively receiving services regularly report housing status to their case mngr, and those who have graduated are contacted by phone/email/text to obtain this data.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;

3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

Lao Family Community Dev (LFCD), subrecipient for this project, has been operating for 40yrs & runs Casa Liberty, an interim supportive family property w/12 units for DV survivors. LFCD will draw on experience w/this prgrm & history successfully implementing housing & service prgrms. In past experience w/prgrms for DV survivors, LFCD 1)ENSURED DV SURVIVORS EXPERIENCING HOMELESSNESS WERE ASSISTED TO QUICKLY MOVE TO SAFE AFFORDABLE HOUSING: In Casa Liberty, case mngrs conducted assessments w/DV survivors to determine housing/service needs, prioritize safety & make housing placements quickly while mtg survivors' needs. 58 households transitioned to PH from 4/20 - 9/21. 2)PRIORITIZED SURVIVORS: SSF prioritized survivors in CE policies & procedures. Upon referral to the prgrm, LFCD prioritized based on intake assessment including threats to safety, household size, income, rental & credit history. Factors were assessed to ID barriers to housing & stability. Referrals were made from CoC partners & access pts after initial screening indicated the person was a victim of DV. 3)CONNECTED SURVIVORS TO SUPPORTIVE SERVICES: As CoC lead agency, SSF maintained access pts & network of providers to connect DV survivors to housing & service referrals. LFCD provided services integrating survivors' social, psychological, medical, & financial needs to ensure long-term stability. Clients were referred to prgrms & services in-house & thru partners w/MOUs to meet participant needs. LFCD's CalMHSA Prevention & Intervention Health & Wellbeing prgrm connected participants w/a prgrm counselor to address mental health needs. 4)MOVED CLIENTS FROM ASSISTED HOUSING TO HOUSING THEY COULD SUSTAIN: LFCD's Housing First, Opportunity, Upward Mobility, Stability, Excel, Depart (HOUSED) model addressed each client/family's housing vulnerability & ensured retention in permanent housing after exit from the prgrm. Clients participated in financial coaching to build skills, repair credit & increase income/savings to improve housing access & stability.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

Safety is of utmost importance in subrecipient Lao Family Community

Development (LFCD) programs serving survivors of DV. LFCD ENSURED THE SAFETY OF DV SURVIVORS EXPERIENCING HOMELESSNESS BY

1)TRAINING STAFF ON SAFETY PLANNING: LFCD staff participated in training including Housing First, safety planning, PEI for DV / mental health, ACES / trauma-informed care, trauma-informed DV practices, confidentiality, HIPAA, comprehensive integrated case management, & victim services. Direct staff & supervisors completed 40 hours of mandated annual DV training, including training on crisis intervention & safety planning methods.

2)ADJUSTING INTAKE SPACE TO BETTER ENSURE PRIVATE CONVERSATIONS: LFCD provided a secure access building w/multiple confidential safe spaces & child-friendly rooms on the secured 25,000sqf CARE Community Center Sacramento campus. The campus includes 4 private intake/interview rooms, a children's center, a DV service computer lab, confidential entry, & more. 3)CONDUCTING SEPARATE INTERVIEWS / INTAKES: Case managers conducted separate, individual intakes with DV survivors. Due to conflicts of interest & safety concerns, LFCD case managers will not work w/both the survivor of domestic violence & the perpetrator of that violence in the same program. Advocates will not introduce themselves or conduct interviews w/both the survivor & the perpetrator. Advocates are trained to develop code words w/survivors to indicate distress or crisis. 4)WORKING WITH SURVIVORS TO ID WHAT IS SAFE FOR THEM: LFCD staff work w/survivors to determine their safety needs & develop safety plans, including a safety checklist for housing. Scattered housing sites include at minimum the features included in the safety checklist. 5)MAINTAINING SAFETY FEATURES IN LIVING SPACES: LFCD does not operate congregate living spaces; however, LFCD follows all industry standard safety practices to ensure the safety of DV survivors. Examples include: IDing all cross-streets w/in 1 mile, ensuring availability of cell phone reception, identifying entrances / exits, locking gates, security cameras, security patrol, steel front door, working locks, secured windows, home security alarms, etc. 6)KEEPING DEDICATED UNITS CONFIDENTIAL: LFCD programs followed all confidentiality and safety guidelines, as required & evaluated for CARF Accreditation, the integrated service delivery model, & PEI standards for DV housing shown in the LFCD operating manual policies & procedures.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

Subrecipient Lao Family Community Development (LFCD) has processes for continuously evaluating methods to ensure the safety of DV survivors. LFCD conducted agency-wide annual client surveys and program-specific quarterly needs assessment surveys in line with CARF Accreditation and HUD best practice standards for DV housing and services, to ensure the safety of survivors as well as client satisfaction. Feedback obtained through these surveys allowed LFCD programs to adjust and enhance practices so that DV survivors felt as safe and comfortable as possible when in LFCD programs, on-site at LFCD offices, and in the presence of LFCD staff and advocates.

4A-4d.	Trauma-Informed, Victim-Centered Approaches--Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

Subrecipient Lao Family Community Development (LFCD) has experience working w/DV survivors & using TRAUMA-INFORMED, VICTIM-CENTERED APPROACHES to meet their needs in the following ways 1)PRIORITIZING PARTICIPANT CHOICE & RAPID PLACEMENT & STABILIZATION: LFCD's intake process embraced a survivor-driven model that encouraged & empowered survivors of DV to take the lead in dictating the services they needed in addition to active participation to accomplish their goals. Using a SMART goals worksheet, survivors worked w/advocates to specify the type of goals they wanted to accomplish, create a customized plan, & ensure goals were measurable for progress & accountability, achievable & realistic, & relevant to the participant's current situation; & that the goal had an expected time of completion. Goals remained at the forefront of each survivor's case plan until attained or when the goals changed. Survivors seeking rapid rehousing denoted this on their SMART goals worksheet & worked with their case mngr to achieve it. 2)ESTABLISHING & MAINTAINING AN ENVIRONMENT OF AGENCY & MUTUAL RESPECT: Providing a safe space for survivors to fully express their needs, wants, & desires is an important initial step toward regaining their confidence & healing from trauma. Respecting choices & goals of survivors is paramount. LFCD advocates focused on giving survivors an opportunity to express their desires & wishes & listened actively to understand before making suggestions. Discussion topics were at the direction of the survivor. Advocates focused on survivors' multidimensional needs & well-being. Furthermore, advocates offered suggestions to support the survivor's desired outcomes but never required participation or enforced any punitive intervention methods. 3)PROVIDING ACCESS TO INFO ON TRAUMA: All Victim Advocates who worked w/DV survivors in LFCD prgrms completed 40-hour mandated training that complied w/CA Evidence Code Section §1037.1(a)(1) for direct staff & supervisors. During this training, staff were provided w/in depth info on the traumatic effects of domestic violence (mental, emotional, social, psychological, financial, & physical). Staff were equipped to recognize signs & types of abuse & render services specific to it. This allowed staff to furnish

relevant verbal & written info to survivors. Printouts or web docs w/info about trauma & violence were available by request & readily accessible in prgrm offices so that participants could review them w/out taking materials into their possession if unsafe to. 4)EMPHASIZING PARTICIPANTS' STRENGTHS: To build survivors' confidence & self-esteem as they worked to free themselves of violent situations, LFCD's case planning process emphasized survivor strengths including thru the SMART goal worksheet. LFCD advocates used strength-based questions to guide conversations w/survivors to encourage communication that didn't re-traumatize or cause them to disengage. Questions such as skills & abilities, work history, aspirations, how they overcame challenges, etc. helped to drive conversations & provided an opportunity for them to share & identify strengths. 5)CENTERING CULTURAL RESPONSIVENESS & INCLUSIVITY: LFCD recognizes that culture plays a role in how survivors ask for & accept help & find healing. Cultural responsiveness, competency, & inclusivity training occur annually to ensure that LFCD staff have formal understanding of the importance of access to equitable, non-discriminatory services for all. This training was reinforced regularly by direct supervisors & practiced in daily services. Walk-in foot traffic reflected racially & culturally diverse clientele. Clients had the option to choose to work w/staff who were culturally similar. Clients had access to staff linguistically competent in their language. 6)PROVIDING OPPORTUNITIES FOR CONNECTION: Thru the Health & Wellbeing program, survivors were able to participate in a wkly peer support grp facilitated by staff, peer-led, & monitored by a clinical psychologist. There, survivors were able to connect w/other participants, build support systems, & receive feedback if desired. Additionally, w/large roster of local partners & employers, survivors were connected to mentorship & training opportunities that helped to propel them into a direction that advanced emotional & financial wellbeing. 7)PARENTING SUPPORT: Survivors were referred to Mutual Assistance Network's Nurturing Parent Prgrm or Family Resource Cntr's Parenting Ed prgrm to support healthy parenting, foster strong bonds w/their children, & receive critical emotional support to heal from the trauma of abuse. In coordination w/these orgs & after course completion, LFCD staff reviewed info learned w/the survivor to reinforce core concepts.

4A-4e.	Meeting Service Needs of DV Survivors--Project Applicant Experience.	
	NOFO Section II.B.11.	
	Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and	
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.	

(limit 5,000 characters)

1)Subrecipient Lao Family Community Development (LFCD)'s wrap-around services quickly linked each of the referred families to a LFCD victim advocate who provided and facilitated access to supportive services in-house and through MOU partners. Under a client centered/survivor-driven integrated approach, participants in the program took an active lead in developing case plans that matched and met their desired outcomes while addressing safety needs and quickly moving them to permanent housing. Services included

connections to employment and support to prepare for and maintain stable employment; connections to non-employment income and benefits; connections to landlord networks to find and secure housing, mental health and wellbeing programs, legal services, parenting support, and more. 2) In the past year, examples of supportive services provided to DV survivors by LFCD programs have included: A) LEGAL SUPPORT: LFCD staff provided information on and referrals to assistance with the criminal justice process, victims' rights, crime victim compensation, help with filing restraining orders, immigration assistance, child custody/family law issues, and other legal needs; B) PERSONAL ADVOCACY: Advocate support has included accompaniment to law enforcement interviews, completing applications for public benefits, intervention with an employer or creditor, child care and/or transportation assistance, and interpretation services; C) EMOTIONAL SUPPORT AND SAFETY SERVICES: Staff provided safety planning, non-clinical individual counseling and referrals to counseling and therapy (clinical, peer, traditional) through partner programs; D) SHELTER AND HOUSING SERVICES: LFCD programs provided access to emergency motel vouchers, referrals to short-term emergency safe housing, and permanent housing; E) EDUCATION AND EMPLOYMENT: In the past year, LFCD connected clients to employment coaching, career mapping, child care, and other services to secure and maintain employment. 150 clients were connected to unsubsidized employment (85% retention); D) REFERRALS TO PARTNER PROGRAMS TO MEET THE FULL RANGE OF PARTICIPANT NEEDS: LFCD's Victim Services Program had active working relationships and MOUs with several community partners wherein access to further supportive services could be easily facilitated by LFCD advocates. Coordination and access of resources outside of LFCD was accommodated through established points of contact with little to no delay. This meant that each referred individual or family could receive immediate support toward their case plan goals. Through the support services of LFCD partners, families were able to stabilize emotionally and mentally while also working toward rapid re-housing.

4A-4f.	Trauma-Informed, Victim-Centered Approaches--New Project Implementation.	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

Lao Family Community Development(LFCD) is qualified to assist clients w/DV &

hmlssness thru in-house prgrms & formal agreements/referrals w/partners including 1000+ businesses & CBOs. As subrecipient for SSF, LFCD will operate Joy of Living, a new DV-focused RRH project w/15 units of housing assistance for DV survivors & families (60ppl) w/a trauma-informed, victim-centered approach that will: 1)PRIORITY PRGRM PARTICIPANT CHOICE & RAPID PLACEMENT & STABILIZATION: LFCD's intake process will embrace a survivor-driven model that empowers DV survivors to take the lead in determining what services they need to accomplish their goals. Advocates will utilize SMART goals wkshts w/clients to ID goals, create customized plans, & ensure goals are A)measurable for progress & accountability B)achievable & realistic C)relevant to the participant's current situation & D)that goals have expected time of completion. Goals will remain at the forefront of survivor's case plans until attained/when goals change. Survivors seeking rapid rehousing will note that on the SMART goals wksht & work w/a case mngr to achieve that goal. LFCD maintains a roster of 100 local property mngmnt companies/landlords to rapidly move clients to housing. Safe, affordable neighborhoods will be located that are close to amenities e.g. grocery stores & schools. Clients will be connected to ed opportunities (thru partners such as Highlands Comm Charter & Tech Schools), mainstream financial support & benefits, & employment assistance to help stabilize in housing. 2)ESTABLISH & MAINTAIN AN ENVIRONMENT OF AGENCY & MUTUAL RESPECT: Providing safe spaces for survivors to express needs & wants is an important initial step to move toward regaining confidence & healing trauma. Respecting choices & goals of survivors is paramount. LFCD advocates will focus on giving participants opportunities to actively express wants & needs. Discussion topics will be guided by clients & advocates will be trained to listen before suggesting/implementing services. Participation will never be required of survivors in the prgrm & staff will not enforce punitive intervention methods. 3)PROVIDE ACCESS TO INFO ON TRAUMA: All advocates who work w/DV survivors will complete 40hrr mandated training that complies w/CA Evidence Code Section §1037.1(a)(1) for direct staff & supervisors. During training, staff will be provided w/in depth info on emotional, social, psychological, financial, & physical impacts of trauma. Staff will be trained & equipped to recognize signs/types of abuse & render services specific to each client. Staff will furnish verbal & written info to survivors w/printouts or web docs available by request & readily accessible in LFCD offices. Counseling & therapy for children &/or adults will be available through partnerships w/Sac Regional Family Justice Center & WEAVE or culturally specific counseling. 4)PLACE EMPHASIS ON PARTICIPANT STRENGTHS: To build each survivor's confidence & self-esteem as they work toward independence, LFCD will implement a case planning process that emphasizes survivor strengths including thru SMART goals worksheets. LFCD advocates use strength-based questions to guide conversations w/survivors to encourage communication that doesn't re-traumatize or cause them to disengage. Questions such as skills & abilities, work history, aspirations, & how they overcome challenges will help drive conversations w/survivors & to ID & emphasize strengths. 5)CENTER ON CULTURAL RESPONSIVENESS & INCLUSIVITY: Cultural responsiveness, competency, & inclusivity training will be held annually for LFCD staff w/concepts reinforced regularly by direct supervisors & daily practice. Clients will have the ability to work w/staff who are culturally similar & staff competent in the client's language (w/access to 35 languages). Clients will have access to referrals for culturally appropriate counseling & peer support, e.g. group therapy available thru a partnership w/Muslim American Society. 6)PROVIDE OPPORTUNITIES FOR CONNECTION: Survivors will be able to participate in

weekly peer support groups thru the Health & Wellbeing prgrm that will be peer-led, facilitated by staff, & monitored by a clinical psychologist. There, survivors will have opportunities to connect w/other participants, build support systems, & receive feedback if they choose. Additionally, LFCD has roster of local partners & employers to connect clients to mentorship & training opportunities.

7)PROVIDE PARENTING SUPPORT: Survivors will be referred to Mutual Assist Network's Nurturing Parent Prgrm or Family Resource Center's Parenting Ed prgrm to support healthy parenting, foster strong bonds with their children & receive emotional support. In coordination w/these orgs & after course completion, LFCD staff will review info learned w/survivors to reinforce core concepts. Families w/children under 5 who require parenting classes, childcare, or assistance w/newborns will be referred to Family Resource Cntr & Del Paso Heights Black Child Legacy prgrm.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	1C-14. CE Assessm...	11/09/2021
1C-7. PHA Homeless Preference	No	1C-7. PHA Homeles...	11/09/2021
1C-7. PHA Moving On Preference	No	1C-7. PHA Moving ...	11/09/2021
1E-1. Local Competition Announcement	Yes	1E-1. Local Compe...	11/09/2021
1E-2. Project Review and Selection Process	Yes	1E-2. Project Rev...	11/09/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	1E-5. Public Post...	11/09/2021
1E-5a. Public Posting—Projects Accepted	Yes	1E-5a. Public Pos...	11/09/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	3A-1a. Housing Le...	11/09/2021
3A-2a. Healthcare Formal Agreements	No	3A-2a. Healthcare...	11/09/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: 1C-14. CE Assessment Tool

Attachment Details

Document Description: 1C-7. PHA Homeless Preference

Attachment Details

Document Description: 1C-7. PHA Moving On Preference

Attachment Details

Document Description: 1E-1. Local Competition Announcement

Attachment Details

Document Description: 1E-2. Project Review and Selection Process

Attachment Details

Document Description: 1E-5. Public Posting–Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a. Public Posting–Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-1a. Housing Leveraging Commitments

Attachment Details

Document Description: 3A-2a. Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/08/2021
1B. Inclusive Structure	11/12/2021
1C. Coordination	11/11/2021
1C. Coordination continued	11/12/2021
1D. Addressing COVID-19	11/11/2021
1E. Project Review/Ranking	11/12/2021
2A. HMIS Implementation	11/11/2021
2B. Point-in-Time (PIT) Count	11/11/2021
2C. System Performance	11/11/2021
3A. Housing/Healthcare Bonus Points	11/11/2021
3B. Rehabilitation/New Construction Costs	11/11/2021

FY2021 CoC Application	Page 74	11/12/2021
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3C. Serving Homeless Under Other Federal Statutes	11/11/2021
4A. DV Bonus Application	11/11/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

CE ASSESSMENT TOOL

1C-14

TABLE OF CONTENTS

Document Satisfying Requirement	Page Number
VI-SPDAT – Single Adult Assessment Tool	1-7
VI-SPDAT – Transition Aged Youth (TAY) Assessment Tool	8-15
VI-SPDAT – Family Assessment Tool	16-24
Emergency Housing Voucher (EHV) Assessment	25-27
Domestic Violence, Human Trafficking, and Sexual Assault Pre-Screening Assessment Tool	28-33
Survivor Coordinated Entry System – Assessment Tool	34-36
Meadowview Emergency Shelter Assessment Form	37-38
X Street Navigation Center Assessment Form	39-40
2-1-1 Housing Triage Assessment	41-42

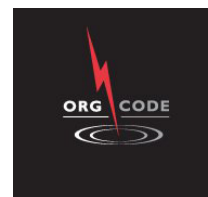
Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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**COMMUNITY
SOLUTIONS**



Administration

Interviewer's Name	Agency	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
_____	_____	
Survey Date	Survey Time	Survey Location
DD/MM/YYYY ____/____/____	____	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
_____	_____	_____
In what language do you feel best able to express yourself? _____		
Date of Birth	Age	Social Security Number
DD/MM/YYYY ____/____/____	_____	_____
		Consent to participate
		<input type="radio"/> Yes <input type="radio"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

0

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____

☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

0

2. How long has it been since you lived in permanent stable housing? _____ Years ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

0

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____ ☐ Refused

b) Taken an ambulance to the hospital? _____ ☐ Refused

c) Been hospitalized as an inpatient? _____ ☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ ☐ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

0

5. Have you been attacked or beaten up since you've become homeless? ☐ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

0

8. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

0

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ Y ☐ N ☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

0

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

0

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

0

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

0

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused
19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused
20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

0

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

0

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused
- b) A past head injury? ☐ Y ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

0

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

0

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
GRAND TOTAL:	0 /17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
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- Marietta/Cobb County
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Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

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- Parts of Iowa Balance of State

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Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
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Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

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- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
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- Lancaster City & County
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Rhode Island

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- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

**Transition Age Youth -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(TAY-VI-SPDAT)**

“Next Step Tool for Homeless Youth”

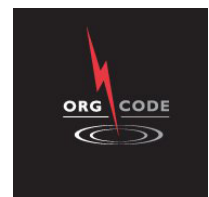
AMERICAN VERSION 1.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Eric Rice, PhD



Administration

Interviewer's Name _____	Agency _____	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____ : ____	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____
		Consent to participate <input type="radio"/> Yes <input type="radio"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

1

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters ☐ Couch surfing ☐ Other (specify): _____
☐ Transitional Housing ☐ Outdoors
☐ Safe Haven ☐ Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

0

2. How long has it been since you lived in permanent stable housing? _____ Years ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

0

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ ☐ Refused
 b) Taken an ambulance to the hospital? _____ ☐ Refused
 c) Been hospitalized as an inpatient? _____ ☐ Refused
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐ Refused
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ ☐ Refused
 f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

0

5. Have you been attacked or beaten up since you've become homeless? ☐ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

8. Were you ever incarcerated when younger than age 18? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

0

9. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

0

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ Y ☐ N ☐ Refused

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

0

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

0

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

0

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? ☒ Y ☐ N ☐ Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? ☒ Y ☐ N ☐ Refused
- c) Because your family or friends caused you to become homeless? ☒ Y ☐ N ☐ Refused
- d) Because of conflicts around gender identity or sexual orientation? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

0

- e) Because of violence at home between family members? ☒ Y ☐ N ☐ Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**.

SCORE:

0

D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☒ Y ☐ N ☐ Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☒ Y ☐ N ☐ Refused
- 18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☒ Y ☐ N ☐ Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☒ Y ☐ N ☐ Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help? ☒ Y ☐ N ☐ Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

0

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☒ Y ☐ N ☐ Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☒ Y ☐ N ☐ Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

0

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? ☒ Y ☐ N ☐ Refused
- b) A past head injury? ☒ Y ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☒ Y ☐ N ☐ Refused
26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

0

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

0

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☒ Y ☐ N ☐ Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	1 /1	Score: Recommendation: 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
GRAND TOTAL:	1 /17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Night
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

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- Parts of Alabama Balance of State

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- Statewide

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- San Francisco
- Oakland/Alameda County
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- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
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New Mexico

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- Texas Balance of State
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- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

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Wyoming

- Wyoming Statewide is in the process of implementing

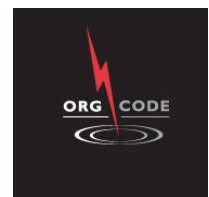
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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**COMMUNITY
SOLUTIONS**



Administration

Interviewer's Name	Agency	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
Survey Date	Survey Time	Survey Location
DD/MM/YYYY ____/____/____	____:____	_____

Opening Script

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- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name	Nickname	Last Name

	In what language do you feel best able to express yourself? _____		
	Date of Birth	Age	Social Security Number
	DD/MM/YYYY ____/____/____	_____	_____
			Consent to participate
			<input type="radio"/> Yes <input type="radio"/> No
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name	Nickname	Last Name

	In what language do you feel best able to express yourself? _____		
	Date of Birth	Age	Social Security Number
	DD/MM/YYYY ____/____/____	_____	_____
			Consent to participate
			<input type="radio"/> Yes <input type="radio"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			
			SCORE:
			0

Children

- How many children under the age of 18 are currently with you? _____ ☐ Refused
- How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
- IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? ☒ Y ☐ N ☐ Refused
- Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE:

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

0

A. History of Housing and Homelessness

- Where do you and your family sleep most frequently? (check one)
 - ☐ Shelters
 - ☐ Transitional Housing
 - ☐ Safe Haven
 - ☐ **Outdoors**
 - ☐ **Other (specify):** _____
 - ☐ Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

0

- How long has it been since you and your family lived in permanent stable housing? _____ Years ☐ Refused
- In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

0

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? _____ ☐ Refused
- b) Taken an ambulance to the hospital? _____ ☐ Refused
- c) Been hospitalized as an inpatient? _____ ☐ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐ Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? _____ ☐ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**

SCORE:

0

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☒ Y ☐ N ☐ Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**

SCORE:

0

- 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☒ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**

SCORE:

0

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☒ Y ☐ N ☐ Refused
- 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**

SCORE:

0

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ Y ☐ N ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

0

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

0

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

0

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

0

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ Y ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ Y ☐ N ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

0

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☒ Y ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

0

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☒ Y ☐ N ☐ Refused

b) A past head injury? ☒ Y ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☒ Y ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

0

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☒ Y ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

0

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☒ Y ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

0

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☒ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

0

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☒ Y ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

0

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☒ Y ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☒ Y ☐ N ☐ Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? ☒ Y ☒ N ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

0

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☒ Y ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

0

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☒ Y ☒ N ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ☒ Y ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☒ Y ☐ N ☐ Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☒ Y ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
E. FAMILY UNIT	0 /4	
GRAND TOTAL:	0 /22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

Emergency Housing Voucher Assessment

Report Responses	EHV Assessment
	Referring Agency Information Main contact name Main contact email address Main contact phone number Are you completing this assessment on behalf of another agency? (Conditional if yes on previous question) Name of agency
	Client Information Number of adults (not including yourself) that will be housed with you? Number of minors that will be housed with you? Type of Residence (Where Did The Client Sleep Last Night) Length of stay in current living situation Zip code
Seniors	<u>answer to the at-risk seniors pathway and are displayed below that question)</u> immediately available to prevent them from entering into homelessness? Is the client's income under 30% AMI? <i>needed of 6 questions)</i> days immediately preceding the application for homelessness prevention assistance? Is the client living in the home of another because of economic hardship? housing or living situation will be terminated within 21 days of the date of paid by charitable organizations or by federal, State, or local government programs there reside more than two persons, or lives in a larger housing unit in which there care facility, a mental health facility, foster care or other youth facility, or correction
Eligible under Move on Homeless	Eligible under the Move On (add tool-tip) Pathway? Eligible under the Chronically Homeless (with services) Pathway? (conditional to 'yes' on previous question) Which program is client connected to?
Eligible under RRH Bridge	Currently living in an eligible RRH program?

	immediately before entering the RRH program?
Eligible under Homeless	Eligible under the Homeless (include tool-tip) Pathway?
Eligible under Survivor	Eligible under the Survivor (include tool tip) Pathway?
	Does the client qualify under the At-Risk Seniors pathway?
	EHV Questions
eligible if- yes	Is the client interested in being referred for an EHV?
eligible if- yes	Is anyone in the household a lifetime 290?
	Has any member of the household has ever been convicted of manufacturing methamphetamines on the premises of federally assisted housing
eligible if- yes	Is there at least one member of the household who is a U.S. citizen or noncitizen with eligible immigration status?
eligible if- yes (or eligible if no, and yes to next question)	Is the client able to meet most of their basic needs independently without long-term supportive services?
	(conditional if answered 'no' previous question) Are they receiving sufficient supportive services that will continue after the referral to meet most of their basic needs independently?
	Has no or extremely low income?
	Previously experienced homelessness (HMIS)?
	Long-term disability as defined by the HEARTH Act that impedes their ability to work?
	Number of evictions within the last 7 years.

Has other housing barriers?

poor credit
poor rental history
pet/companion animal
active addiction
other

Has a criminal history (excluding lifetime 290s)?

What is the total number of months the individual or family head of household has experienced homelessness?

Domestic Violence, Sexual Assault, and Human Trafficking Pre-Screening Tool and Referral Guide

PURPOSE

Gender-based violence can take multiple forms and often these overlap, including: domestic violence, sexual assault, and human trafficking. The purpose of this tool is to:

- 1) Help identify if a person **may be or may have been** a survivor of domestic violence, sexual assault, or human trafficking; and
- 2) Ensure individuals are connected to with the appropriate agency, who can provide an additional assessment and comprehensive support.

HOW TO USE THE TOOL

Please read the script and then ask the questions below. There are six questions for clients to self-report. These questions may be especially difficult for individuals to answer. Clients may choose to directly answer the question asked, decline to answer the question, or skip the question entirely. Please ensure individuals understand they do not have to answer any question that they do not feel comfortable answering.

The client's answers will determine whether and where you will refer them, as described below.

If a client is in immediate crisis or begins exhibiting signs of a trauma response at any point during your interaction, immediately stop the pre-screening and call one of the crisis hotlines listed in the Referral Guide section below.

QUESTION DESCRIPTIONS

Questions 1 & 2: help identify any current or past intimate partner abuse. If the individual responds yes to any question, please refer them to an appropriate domestic service provider.

Question 3: helps identify potential instances of labor trafficking or wage theft. If the person responds yes to this question, please refer them to an appropriate human trafficking service provider.

Question 4: helps identify potential cases of sexual assault and/or sexual exploitation. If the person responds yes to this question, please connect them to the appropriate sexual assault service provider.

Question 5: helps identify the most recent incident.

Question 6: helps to identify general potential safety risks for the individual. If the person expresses concern regarding current issues of domestic violence, sexual assault, or human trafficking, please refer them to the corresponding agency.

SCRIPT

Before I learn more about your housing situation, I want to ask you some questions about whether you feel safe or are in danger right now. These are questions that I ask everyone because these issues are very common. The questions are personal and difficult for some people to answer, and if you don't want to answer them that's fine – you don't have to. You can stop anytime, or you can choose to answer some questions and not answer others.

The reason I'm going to ask these questions is to determine the services that will best fit your needs. Any information you share with me today will stay within my organization, unless you give me permission to share it with others.

- **(If you are a mandated reporter)** However, if you tell me something that leads me to believe that a child has been abused or neglected, the law requires me to report this.
- **(If you are not a mandated reporter)** I will not call the police or do anything with this information that you don't want me to do.

Based on your answers, I may offer you referrals to specific resources in the community. It is always your choice whether you accept a referral to work with another program or continue talking to me about your housing situation. Also, whatever you tell me will not affect your eligibility for housing assistance. You will have the same ability to access housing as anyone else regardless of how you answer these questions.

Do you have any questions before I start?

QUESTIONS

- 1) Do you feel safe at home or at the place you are staying currently?
☐ Yes ☐ No ☐ Decline to answer
- 2) Are you being hurt or have you been hurt (physically, emotionally, sexually, etc.) in the past by someone you know?
☐ Yes ☐ No ☐ Decline to answer
- 3) In the United States, have you ever worked [or done other activities] without getting the payment you thought you would get?
☐ Yes ☐ No ☐ Decline to answer
- 4) Has anyone forced or pressured you to touch them or someone else sexually in exchange for safety, money, or something of value (for example, food, shelter, drugs, gifts, etc.)
☐ Yes ☐ No ☐ Decline to answer
- 5) If any of the above have ever occurred, when was the last incident?
- 6) Is there anything else that you would like to tell me about your safety? *(Note: the space below may be filled in by you or the client)*

[IF CLIENT DISCLOSES DOMESTIC VIOLENCE, SEXUAL ASSAULT, OR TRAFFICKING, PROCEED WITH SCRIPT. IF NO, CONTINUE WITH STANDARD PROCESS]

I'm glad you told me about this, and I want to help you to stay healthy and safe. There are several organizations in Sacramento County that specialize in working with people who have similar experiences. These organizations can help you access housing and services that store your information in a different confidential database which isn't shared by the County or other organizations. They can also link you to counseling services, legal assistance, emergency shelters, and other services that you might need. If you would like, I can help connect you with one of these agencies. Would you like to work with one of those organizations?

[IF YES, SCHEDULE AN APPOINTMENT WITH AN AGENCY FROM THE REFERRAL GUIDE BELOW TO PROVIDE SERVICES. IF NO, CONTINUE WITH SCRIPT.]

[To be developed]

[Additional agencies to be added]

REFERRAL GUIDE**DOMESTIC VIOLENCE SERVICE PROVIDERS**

Service Provider	Crisis Line Number	Languages	Services Provided
My Sister's House	(916) 428-3271	Mandarin, Hmong, Hindi, Punjabi, Mien, Korean, Vietnamese, Tagalog, Japanese, Cantonese, Russian, Spanish	Transitional and emergency shelter, rapid rehousing, and support services for survivors of DV, human trafficking and sexual assault. Services include legal assistance, Women-to-Work program, counseling, and DV education
WEAVE	(916) 920-2952	Over 23 languages	Emergency shelter, transitional housing, confidential shelter, and support services for survivors of sexual assault, domestic violence and sex trafficking. Services include crisis intervention, emergency response, counseling, residential and resource referral services

HUMAN TRAFFICKING SERVICE PROVIDERS

Service Provider	Crisis Line Number	Languages	Services Provided
Community Against Sexual Harm (CASH)	(916) 856-2900	English	Support services for survivors of commercial sexual exploitation, prostitution, and sex-trafficking: Services include peer-mentoring, drop-in space that offers food, individual attention, and access to resources. Facilitated groups and intensive case management programs. Drop In hours are Monday - Friday 1:00 - 5:00 pm. Call for address.
International Rescue Committee	(916) 482-0120	Multiple languages	Support services for refugees, asylee clients, survivors of human trafficking and low-income immigrants:

			Services include rental assistance, healthcare, food, English language classes, job development, education for children, community support, legal services towards residency and citizenship
Opening Doors	(916) 492-2591	Multiple languages	Rapid rehousing and support services for refugees and survivors of human trafficking: Services include case management, counseling, health, immediate basic needs, employment assistance, transportation, immigration, legal services and mentorship
WEAVE	916-920-2952	Over 23 languages	Emergency shelter, transitional housing, confidential shelter, and support services for survivors of sexual assault, domestic violence and sex trafficking. Services include crisis intervention, emergency response, counseling, residential and resource referral services

SEXUAL ASSAULT SERVICE PROVIDERS

Service Provider	Crisis Line Number	Languages	Services Provided
My Sister's House	(916) 428-3271	Mandarin, Hmong, Hindi, Punjabi, Mien, Korean, Vietnamese, Tagalog, Japanese, Cantonese, Russian, Spanish	Transitional and emergency shelter, rapid rehousing, and support services for survivors of DV, human trafficking and sexual assault. Services include legal assistance, Women-to-Work program, counseling, and DV education
WEAVE	(916) 920-2952	Over 23 languages	Emergency shelter, transitional housing, confidential shelter, and support services for survivors of sexual assault, domestic violence and sex trafficking.

			Services include crisis intervention, emergency response, counseling, residential and resource referral services.
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Survivor Coordinated Entry System – Assessment Tool

Eligibility

Use this tool to determine if an individual or family household meets eligibility for HUD-CoC rapid rehousing and permanent supportive housing programs

Step 1: Determine if the client meets HUD's definition of homelessness (Category 4) and is eligible for survivor-specific rapid rehousing:	Yes/No
1. Is the person or family household fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking or any other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child?	Yes
2. Did this take place in their primary nighttime residence or is it unsafe for them to return to their primary nighttime residence? <i>If 'yes' to either question, answer 'yes'</i>	Yes
3. Do they lack the resources or support networks to obtain other permanent housing?	Yes
Eligible?	Yes

Step 2: Determine if the client meets HUD's definition of chronic homelessness and is eligible for permanent supportive housing (currently only have capacity for households with 5 or less members)	Yes/No
1. Has the individual or adult family head of household (or minor if there is no adult) experienced homelessness, as defined in Step 1 (Q1-3), for 1) at least the last 12 months, OR 2) for 4 or more instances within the last 3 years, equaling 12 months?	
2. Does the individual or adult family head of household (or minor if there is no adult), have a verified disability?	
Eligible?	No

Use the descriptions below to explain more about the programs they are eligible for. If they are eligible for both RRH and PSH, the client can choose one or both programs to be prioritized for. If they would still like to proceed with the process, go to the next tab - Prioritization. For clients who do not meet eligibility criteria, refer to other diversion options and end the assessment.

Rapid Rehousing provides limited rental assistance (up to 24 months) with supportive services, including required monthly case management check-ins. Participants will hold the lease agreement in their name, as it is designed for the household to eventually take over full payment of rent. Participants will also hold a program agreement with the program, and pay a portion of their income to rent.

Permanent Supportive housing (Shelter Plus Care) is designed to assist individuals and families experiencing chronic homelessness with disabilities. It provides permanent rental assistance (voucher) with ongoing case management and supportive services, as needed. The participant pays a portion of their income toward rents.

Prioritization

Perform steps 1-3 after you have determined that the client meets eligibility criteria for rapid rehousing and/or permanent supportive housing. The information gathered by these questions will determine how the client is prioritized.

Step 1: Perform the appropriate VI-SPDAT (individual or family) and list the score below.

Individual VI-SPDAT score:	
Family VI-SPDAT score:	

Step 2: Ask the following questions to the client. Some questions may have been asked in previous assessments, and staff should use those answers to complete the questions. Answer Factor 1 as it applies to the client's situation (both sections can be answered).

Factor 1: Severity of Experience

Survivors of Domestic Violence or Sexual Assault

Yes/No

- Are they currently living with their abuser?
- Was the date of the last abusive incident within the last 6 months?
- Does the abuser prevent them from going to school, learning to drive, getting job training, or learning English?
Questions #4-8 assess for danger and can be asked directly to the person; For persons who have left their abusive situation, base the questions on their last experience (Campbell Danger Assessment-5 by Jacquelyn C. Campbell, Ph.D., R.N., Copyright, 2015)
- Has the physical violence increased in frequency or over the past year?
- Has a weapon ever been used against you or have been threatened by a weapon?
- Do you believe the abuser is capable of killing you?
- Does the abuser ever try to choke you?
- Is the abuser violently and constantly jealous of you?

Survivors of Human Trafficking

Yes/No

- Are they currently living with their trafficker?
- Are they still in contact with their trafficker or does their trafficker know where they are?
- Does the trafficker prevent them from going to school, learning to drive, getting job training, or learning English?

Questions #4-8 assess for danger and can be asked directly to the person; For persons who have left their abusive situation, base the questions on their last experience (*adapted from the National Human Trafficking Hotline Danger Assessment*)

- Does someone control/supervise or look over what you do?
- Is your communication (calls, emails, conversations) ever restricted or monitored?
- Is the client unable to access their identification and personal documents?
- Do you believe that you or your family member's lives are in danger?
- Has your trafficker threatened or hurt you with physical violence if you tried to leave this person/situation or if you didn't do what this person told you to do?

Score (Each "yes" answer is 1, for a maximum of 9):	0
Score:	0

**Total
Prioritization
Score:**

0

Step 3: Ask the following questions (used only for sub-prioritization as a tie-breaker)

How many months have they experienced homelessness?

Housing Preferences and Needs

Question

If eligible, do you prefer to be prioritized for RRH, PSH or both?

1. How many adults, including yourself, would be living in the unit?
2. Which areas would you prefer to live in?
3. Which areas are you not willing to accept housing?
4. What is your household's monthly income? Include the income of all adults (18 years
5. Are you currently in the process of acquiring other income sources?
6. Have you ever received an eviction or received notice to leave from housing or
7. Have you ever received an eviction from a Public Housing Authority (PHA) unit?
8. Have you ever been convicted of a felony (check vi-spdat)?
9. Have you ever had a housing application denied for other reasons/barriers?
10. Are you linked to a Care Coordinator/Case Manager/ Mental Health
11. Do you have a pet or companion/ service animal? If yes, what type of animal and
12. Do you require or request a ground floor unit?
13. Do you require or request parking accommodations?
14. Are you open to shared housing? (*Shared Housing is a space that has common*
15. Are there other requirements or requests around housing that we need to be aware

**MEADOWVIEW SHELTER
ASSESSMENT FORM – ALL ORGANIZATIONS**

Does the client require assistance with medication administration? Yes ☐ No ☐

Note: Client must arrive with all prescriptions. We cannot administer medications.

Is the client able to maintain their own personal hygiene? Yes ☐ No ☐

Does the client have any open wounds? Yes ☐ No ☐

If yes, can client care for their wounds? Yes ☐ No ☐

Is the client a survivor of Domestic Violence (DV)? Yes ☐ No ☐

Is the client currently fleeing DV? Yes ☐ No ☐

Is the client interested in shelter specifically for DV victims? Yes ☐ No ☐

Is the client at risk from anyone? Yes ☐ No ☐

If yes, what is their name: _____

Housing Preferences: Please select All Shelter Options the client is willing to Consider

Open floor plan shelter Yes ☐ No ☐

Shared room shelter Yes ☐ No ☐

Is there another person the client would like to be sheltered with? Yes ☐ No ☐

If yes, what is their name/DOB: _____

Do Any of the Following Apply to the Client? (Please Check All that Apply)

☐ Does the client have a Service Animal?

(Must have documentation or Reasonable Accommodation form)

☐ Does the client have any pets? (One dog limit)

The Organization or Client must provide transportation to Meadowview Shelter.

Meadowview Shelter accepts new referrals three times a day: 9:00am, 11:00am, and 1:00pm

Please select your preferred check-in appointment times below. Please select at least two.

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
9:00 am					
11:00 am					
1:00 pm					

X Street Navigation Center
ASSESSMENT FORM – ALL ORGANIZATIONS

Phone: (916) 562-1563 **FAX:** (916) 244-0949

Email: TBD

Assessment Date: _____

Type of Organization (circle): Hospital Outreach Corrections Sacramento County

Name of organization: _____

Name of Person Conducting Survey: _____

Phone: _____ Email: _____

SURVEYOR: Enter the address of the location where you engaged with the client.

The organization or client will provide transportation to Meadowview Shelter.

Client Information – Client Location Information Required

Client Name: _____

Client Date of Birth: _____

Where did you sleep last night? _____

(Type of Residence: e.g. place not meant for human habitation, emergency shelter, etc.)

Sacramento County Neighborhood / Zip Code _____

Length of time resided in this residence: _____

Health Conditions and Other Vulnerabilities

COVID-19 Vaccination Status: _____

Are you experiencing ANY COVID-19 symptoms including: cough, difficulty breathing, fever, headache, chills, sore throat, muscle pain, new loss of taste or smell? Yes ☐ No ☐

Have you been tested for COVID 19? Yes ☐ No ☐

What were the results? _____

Have you come in close contact with anyone that has with COVID-19? Yes ☐ No ☐

Is there a possibility that the client is pregnant? Yes ☐ No ☐

Does the client have any underlying Health Conditions? Yes ☐ No ☐

If yes please briefly describe: _____

Please include any necessary required medical equipment or treatments (oxygen, dialysis, etc.)

X Street Navigation Center
ASSESSMENT FORM – ALL ORGANIZATIONS

Does the client have mobility impairment? Yes ☐ No ☐

Can the Client: ☐ Self Lift ☐ Climb Stairs ☐ Only a few Stairs ☐ No Stairs

Does the client require: ☐ walker ☐ wheelchair ☐ grab bars

Does the client require assistance with medication administration? Yes ☐ No ☐

Note: Client must arrive with all prescriptions. Shelter cannot administer medications.

Is the client able to maintain their own personal hygiene? Yes ☐ No ☐

Does the client have any open wounds? Yes ☐ No ☐

If yes, can client care for their wounds? Yes ☐ No ☐

Is the client a survivor of Domestic Violence (DV)? Yes ☐ No ☐

Is the client currently fleeing DV? Yes ☐ No ☐

Is the client interested in shelter specifically for DV victims? Yes ☐ No ☐

Is the client at risk from anyone? Yes ☐ No ☐

If yes, what is their name: _____

Housing Preferences: Please select All Shelter Options the client is willing to Consider

Open floor plan shelter Yes ☐ No ☐

Shared room shelter Yes ☐ No ☐

Is there another person the client would like to be sheltered with? Yes ☐ No ☐

If yes, what is their name/DOB: _____

Do Any of the Following Apply to the Client? (Please Check All that Apply)

☐ Does the client have a Service Animal?

(Must have documentation or Reasonable Accommodation form)

☐ Does the client have any pets? (One dog limit)

The Organization or Client must provide transportation to the shelter. Please provide the desired time/day for shelter intake.

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
9:00 am					
11:00 am					
1:00 pm					

Staff Name: _____

Date: _____

2-1-1 Housing Triage Sheet

Caller Information

Name: _____

Email: _____

Telephone Number: _____

Okay to Leave a Voicemail? ☐ Yes ☐ No

PART 1: Safety

1. Is the person safe? ☐ Yes ☐ No

PART 2: Current Living Situation

1. Do they have a place to sleep tonight? ☐ Yes ☐ No

2. Select their current living situation:

Homeless

- _____ Car, outdoors, or other place not meant for human habitation
- _____ Emergency shelter, hotel or motel paid for by charitable organizations or by federal, state and local programs
- _____ Safe haven

Institutional

- _____ Foster care home or foster care group home
- _____ Hospital (Non-psychiatric)
- _____ Jail, prison or juvenile detention facility
- _____ Long-term care facility or nursing home
- _____ Psychiatric hospital or other psychiatric facility
- _____ Substance abuse treatment facility or detox center

Temporary and Permanent Housing Situations

- _____ Residential project or halfway house with no homeless criteria
- _____ Hotel or motel paid for by client
- _____ Transitional housing for homeless persons (including homeless youth)
- _____ Host Home
- _____ Staying or living with a friend
- _____ Staying or living with a family member
- _____ Rental by client with subsidy (type: _____)
- _____ Rental by client, no ongoing housing subsidy
- _____ Permanent housing (other than RRH) for formerly homeless persons
- _____ Owned by client (subsidy: y/n)

3. Length of Time in Current Living Situation: _____

4. Average Monthly Income: _____

5. Income Source: _____

6. Check all factors that are contributing to housing instability:

- | | |
|--|---|
| <input type="checkbox"/> Condemned housing | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Discharged from an institution | <input type="checkbox"/> Rental arrears |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Utility arrears |
| <input type="checkbox"/> Doubled up and must leave housing | <input type="checkbox"/> Cannot afford move-in costs: deposit, first month's rent, application fees |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Substance abuse/addiction |
| <input type="checkbox"/> Family/personal illness | <input type="checkbox"/> Substandard housing |
| <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Moved to seek work | <input type="checkbox"/> Violence or abuse occurring in the family's household* |
| <input type="checkbox"/> Natural disaster/fire | |
| <input type="checkbox"/> Problems with landlord | |

7. Is the person at-risk of losing housing within the next 30 days? ☐ Yes ☐ No

PART 3: Problem-Solving Access Points

Household size: _____

Estimated budget for rent (if applicable): _____

Is the person:

1. Seeking one-time financial assistance or other types of support to remain housed? ☐ Yes ☐ No
2. Seeking one-time financial assistance or other types of support to acquire housing they found? ☐ Yes ☐ No
3. In process of finding housing? ☐ Yes ☐ No
4. Needing assistance with deposit, application fees or housing search? ☐ Yes ☐ No
5. Receiving assistance or is working another agency for their housing situation? ☐ Yes ☐ No

List any agencies they have received assistance from within the last 12-24 months:

PART 4: Other Housing Assistance Needs

1. Do they want to be assessed with the VI-SPDAT? ☐ Yes ☐ No
2. Do they want referrals to other housing resources? ☐ Yes ☐ No

Housing Triage Outcome

- ☐ Referred to a victim-service provider
- ☐ Referred to Meadowview or The Grove shelter
- ☐ Referred to a problem-solving access point
- ☐ Assessed with the VI-SPDAT
- ☐ Referred to other housing resources

Notes

PHA HOMELESS PREFERENCE

1C-7

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HOUSING AUTHORITY OF THE COUNTY OF SACRAMENTO CALIFORNIA

Housing Choice Voucher Program

Administrative Plan 2021

Chapter 4 **ESTABLISHING PREFERENCES AND MAINTAINING THE TENANT BASED
VOUCHER WAIT LIST**
(24 CFR Part 5, Subpart D and §§ 982.54(d)(1), 982.204, 982.205, and 982.206)

INTRODUCTION

It is the PHA's objective to ensure that families are placed on the wait list in the proper order and selected from the wait list for admission in accordance with the policies contained in this Administrative Plan.

This chapter explains the local preferences the PHA has adopted to meet local housing needs, defines the eligibility criteria for the preferences, and explains the PHA's system of applying these preferences.

By maintaining an accurate wait list, the PHA will be able to perform the activities that ensure an adequate pool of qualified applicants will be available so program funds are used in a timely manner.

Project-based vouchers are discussed in Chapter 21.

A. WAIT LIST MANAGEMENT (24 CFR §982.204)

Cross-Listing of Different Housing Programs and Housing Choice Voucher

Families have the option to apply for all PHA-administered housing programs that have open wait lists.

Other Housing Assistance

The PHA may not take any of the following actions because an applicant has applied for, received, or refused other housing assistance:

- Refuse to list the applicant on an open PHA wait list for tenant-based assistance; or
- Deny any admission preference for which the applicant is currently qualified.

Other housing assistance means a federal, state or local housing subsidy, as determined by HUD, including public housing.

B. WAIT LIST PREFERENCES (24 CFR §982.207)

The PHA uses a single wait list for admission to its HCV Program. Site-based list(s) for project-based assistance may be administratively established in accordance with HUD notices and other requirements.

Applicants may apply to these wait lists by going to www.sacwaitlist.com, unless they are being served through:

- Special admissions funded by HUD (e.g. Veterans Affairs Supportive Housing [VASH], Enhanced Vouchers, and residents displaced by the conversion of the Twin Rivers public housing development). In these cases, the PHA received vouchers specifically for these families.
- Homeless Initiatives (Limited Homeless Allocation Preference, Performance Partnership Pilots [P3] and the Move On Preference). In these cases, families are referred by service providers whether the wait list is open or closed to the public. The families are added to the wait list and receive 100 preference points when the referral is from an approved third party.

Limited Tenant-Based Voucher Preference for Homeless Individuals/Families Overview

Families are reviewed for eligibility by the PHA in coordination with the approved third party(ies) based on the policies of the program and, if determined to be eligible, are added to the wait list, pulled and issued a voucher. All selections will be in accordance with policies and preferences defined in this Administrative Plan. Any significant changes in wait list preferences will be publicly noticed providing opportunities for public input. Per PIH Notice 2013-15 any time a new preference is added to an existing wait list, families already on the affected wait list will be given the opportunity to receive the benefit of the preference and move up on the wait list accordingly.

Information contained in the Wait List includes but is not limited to:

1. Applicant name,
2. Social Security Number,
3. Date of Birth,
4. Racial or ethnic designation of the head of household and their family,
5. Annual (gross) family income,
6. Targeted program qualifications, and
7. Qualification for any local preference.

A preference does not guarantee admission to the HCV Program. Preferences are used to establish the order of placement on the wait list. All applicants must meet the PHA's selection criteria as defined in this Administrative Plan. An applicant's certification that he or she qualifies for a preference will be accepted during the pre-application period. However, when the applicant is selected from the wait list for the determination of eligibility, the preference will be verified during the application review process. If the applicant or applicant family is selected based on wait list preferences, they must meet the preferences at the time of verification regardless of the amount of time the family has been on the wait list.

Local Preferences

Local preferences will be used to select families from the wait list. Each preference will receive an allocation of points so that the computer software can accurately determine the placement of families on the wait list. The applicant's cumulative points will determine the preference status and position on the wait list.

General Tenant-Based Voucher Preference for Homeless Families

Funding-Based Preferences

- 1) (100 points) Referred by a service provider to participate in a program serving homeless families (P3, Mainstream, Homeless Initiatives).
- 2) (30 points) Displaced by government action preference for families who have been terminated from housing as a result of insufficient funding. These families will be added to the HCV Program wait list even if the wait list is closed and will be given 30 preference points. Displaced families must submit any changes to their address in writing to ensure they receive notices from the PHA. When funding is available, these families will be selected from the wait list first. Families will be selected to be re-admitted to the HCV Program based on their original admission date. Families with the earliest admission dates will be the first to be re-admitted. The PHA will verify income eligibility and conduct a criminal background check for all adult household members, but will not re-verify preferences for families who have been displaced due to insufficient funding.

-
- 3) (29 points) Canceled voucher preference for applicant families whose vouchers were recalled due to insufficient funding. These families will be returned to the wait list and will be awarded preference points based on their status. Families must submit any changes to their address in writing to ensure they receive notices from the PHA. When funding becomes available the PHA will select families based on the effective date of their original voucher. Families with the earliest voucher effective date will be the first to be selected. The PHA will re-verify eligibility and background checks only—not preferences.

Other Preferences

The PHA reserves the right to verify the authenticity of any document it deems to be questionable.

(5 points) Residency preference for families who live, work, or have been hired to work in Sacramento County, or any political subdivision thereof. The PHA will verify residency accepting one of the following:

- a) Lease agreement in the applicant's name showing an address in the city or county of Sacramento and proof that they still reside there.
 - b) Copy of current utility bill in applicant's name.
 - c) Proof of employment in the City or County of Sacramento.
 - d) Written documentation from a government agency such as the Department of Human Assistance, DMV or Social Security Administration certifying to the applicant's residency and address in the city and county of Sacramento. Must have two of these letters.
 - e) If homeless, a referral from a homeless provider in the City or County of Sacramento verifying residency or a self-certification indicating specific current nighttime sleeping location and one piece of mail from number d) above issued to the applicant.
- 2) (3 points) Veteran preference to a household containing a veteran, a person who has served in the active military, who was called to active duty by a federal order of the United States at any time and who was discharged or released under conditions other than dishonorable.
- 3) (3 points) Displaced family preference.
A family in which each member, or whose sole member, is a person:
- (a) displaced by governmental action resulting from the:
 - i. prepayment of a mortgage or
 - ii. voluntary termination of a mortgage insurance contract or
 - iii. termination from housing due to a lack of funding or
 - iv. demolition or disposition of a public or Indian housing project, or
 - (b) a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief (24 CFR §5.403)
- 4) (2 points) Permanently disabled preference for families who have a member with a permanent disability.
- a) A Social Security Disability (SSD) or Supplemental Security Income (SSI) letter from the Social Security Administration verifying the disability status. The SSD or SSI printout must state the person is disabled or have the SSD or DI mark which is typically located at the top right of the SSA or SSI print out next to the person's name. A person may receive

SSD or SSI simply because they are elderly which would not qualify them for the Disabled Preference.

Certification of Disability form completed by a medical professional.

5) (2 points) Lease In-Place

In the event the HCV leasing rate falls below 97%, preference will be given to families on the waiting list who are willing and able to lease in place. Families who are considered to be living in-place are those who reside in a unit in Sacramento County where the landlord will certify they will accept the HCV program. They must have resided in unit for the past three months and must remain in unit for a period of no less than one year after assistance starts. The unit must meet all other program requirements in order to qualify for the preference.

6) (1 point) Rent Burden preference is given to applicants who pay more than 50% of their gross income for rent and utilities. The applicant family must provide copies of one of the following:

- a) A lease or rental agreement in the applicant's name including the rent amount and utility responsibility. Must also have proof of actually paying rent within the last 30 days such as money order, canceled checks or rent ledger or a written statement from the Landlord or person from whom the applicant is renting or sharing a rental, including the amount of rent and utilities received.
- b) Receipts from a motel exceeding 50% of monthly income. Payment may not be made by an outside source. Must have proof of actually having paid rent within the last 30 days.

OR **General Tenant-Based Voucher Preference for Homeless Families and Individuals**

(1 point) Homeless preference to a currently homeless household. A family or individual must meet the definition of "homeless" as defined in the Glossary. The PHA will accept documentation as provided by the applicant or the applicant can self-certify homelessness. Applicants can be homeless or rent-burdened, but not both.

The PHA's method for selecting applicants from a preference category leaves a clear audit trail that can be used to verify that each applicant has been selected in accordance with the method specified in this Administrative Plan. For families with the same preferences, families will be pulled from the wait list based on lottery number assigned at the time of the pre-application.

HOMELESS INITIATIVES

•Limited Preference for Homeless Individuals/Families Detail

Contingent on funding, the PHA will allocate a total of 975 vouchers to serve homeless families utilizing tenant-based vouchers (the Limited Homeless Allocation and the Move On Allocation), the Performance Partnership Pilots Initiative Program (P3) program (described in Chapter 23) and project-based vouchers tied to supportive services (described in Chapter 21) over the next three years. The PHA is prioritizing housing homeless families, and is creating two new preferences to serve the homeless population, while continuing to serve families on the current waitlist. Families who have been determined eligible for these two preferences may be served even when the waiting list is closed, until the approved number of applicants has been reached.

The PHA will utilize the following additional preferences:

- 1) Limited Homeless Allocation. This preference is available to homeless individuals/families currently receiving services and who are referred by a partnering homeless services organization, another coordinated system, or consortia of homeless service providers. The referring agency will verify homelessness and will assist the family with finding a suitable rental property once the voucher is

issued. Ongoing housing stabilization services will continue to be provided to the family. At its discretion, the PHA will annually evaluate whether to renew this preference.

- 2) Move On Allocation. This preference is available to formerly homeless individuals/families who are ready to transition from supportive housing to the HCV tenant based voucher program while simultaneously transitioning from receiving intensive to less intensive/no services. Families will be referred to the PHA by their service provider if they meet programmatic guidelines. Final approval (for the families to be referred to the HCV Intake staff) will be conducted by the PHA. Transitioning formerly homeless families to the voucher program will create vacancies in supportive housing programs, allowing additional homeless families in need of services to be housed. At its discretion, the PHA will annually evaluate whether to renew this preference.

C. INITIAL DETERMINATION OF LOCAL PREFERENCE QUALIFICATION (24 CFR §982.207)

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the wait list without the local preference, and will be notified in writing of the determination.

If the applicant family or individual falsifies documents or knowingly makes false or misleading statements, they will be removed from the wait list.

Changes in an applicant's circumstances while on the wait list may affect the family's eligibility for a preference. Applicants are **required** to notify the PHA, in writing, of relevant changes in their circumstances within 30 days of any such change. When an applicant claims an additional preference, the applicant will be placed on the wait list in the proper order of their newly claimed preference.

D. REMOVAL FROM WAIT LIST AND PURGING (24 CFR §982.204)

The wait list will be purged periodically by mailing a notice sent to all applicants to ensure that the wait list is current and accurate. The notice will request current information and confirmation of continued interest in the HCV Program.

If an applicant fails to respond within forty-five (45) days of the date of the letter/notice, the applicant will be removed from the wait list. If the applicant family contacts the PHA within forty-five days from the purge deadline to report a change in address, they will be given the opportunity to update their address and be reinstated. If an applicant family is removed from the wait list for failure to respond within the forty-five-day grace period, the PHA will consider mitigating circumstances before determining that the family will not be reinstated. If the family provides proof that the return mail was due to an error of the PHA, the Postal Service, or there are other mitigating circumstances acceptable to the PHA, the family will be reinstated.

E. INCOME TARGETING

In accordance with the Quality Housing and Work Responsibility Act of 1998 (QHWRA), each fiscal year the PHA will reserve 75% of its HCV Program new admissions for families whose income does not exceed 30% of the area median income (AMI). HUD refers to these families as "extremely low income families." The PHA will admit families who are extremely low income to meet the income-targeting requirement.

The PHA's income targeting requirement does not apply to low-income families continuously assisted as provided for under the 1937 Housing Act.

The PHA is also exempted from this requirement where the PHA is providing assistance to low-income or moderate-income families entitled to preservation assistance under the tenant-based program as a result of a mortgage prepayment or opt-out.

To the extent that the PHA's admission of extremely low income families in the tenant-based assistance program exceeds 75% of all admissions during the fiscal year, the PHA may choose to admit less than the minimum 40% of extremely low-income families in a fiscal year to its public housing program under QHWRA's "fungibility provisions."

F. TARGETED FUNDING (24 CFR §982.203)

When HUD awards special funding for certain family types, families who qualify are placed on the regular wait list. When a specific type of funding becomes available, the wait list is searched for the first available family by rank that meets the targeted funding criteria.

G. MAINSTREAM VOUCHERS

The PHA received an allocation of 89 Mainstream vouchers in 2018 and will create a new preference for non-elderly homeless persons with disabilities. Families currently on the tenant-based wait list will be queried to determine whether they meet the criteria and they will be selected in sufficient number to utilize the allocated Mainstream vouchers. When the tenant-based wait list has been exhausted of non-elderly homeless persons with disabilities, the PHA will give a preference to families meeting the criteria who are referred from partnering agencies.

Limited Preference for Non-elderly Homeless Individuals with Disabilities (Mainstream Vouchers)

H. SPECIAL ADMISSIONS (24 CFR §§ 982.54, 982.203)

If HUD awards a PHA program funding that is targeted for families living with specific attributes, the PHA will admit these families under a special admission procedure.

Special-admissions families will be admitted outside of the regular wait list process. They do not have to qualify for any preferences, and they are not required to be on the program wait list.

The PHA maintains separate records of these special admissions.

The following are examples of types of program funding that may be designated by HUD for families living in a specified unit:

1. A family displaced because of demolition or disposition of a public or Indian housing project;
2. A family residing in a multifamily rental housing project when HUD sells, forecloses or demolishes the project;
3. For housing covered by the Low Income Housing Preservation and Resident Home-ownership Act of 1990;
4. A family residing in a project covered by a project-based Section 8 HAP contractor near the end of the HAP contract term; or
5. A non-purchasing family residing in a HOPE 1 or HOPE 2 project.

Applicants admitted under special admissions criteria, rather than from the wait list, are identified by codes in the automated system. Examples of this may include, but are not limited to:

- The Veterans Affairs Supportive Housing (VASH) program.
- Families receiving enhanced vouchers from HUD
- Families displaced because of the demolition of the Twin Rivers public housing development.
- Family Unification Program (FUP) is a program under which housing assistance is provided under the Housing Choice Voucher (HCV) program in partnership with Public Child Welfare Agencies to two groups:
 1. Families for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child, or children, in out-of-home care; or the delay in the discharge of the child, or children, to the family from out-of-home care; and
 2. Youth at least 18 years and not more than 24 years of age (have not reached their 25th birthday) who left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in Section 475(5)(H) of the Social Security Act, and are homeless or are at risk of becoming homeless at age 16 or older. As required by statute, a FUP voucher issued to such a youth may only be used to provide housing assistance for the youth for a maximum of 36 months.

As soon as the PHA is notified of an available unit, it selects families from the wait list by bedroom size and then by preference; then by date and time of application.

The PHA provides the complex with a list of families selected from the wait list with which they may begin the suitability screening process.

Once a family is selected from the Project-Based wait list and is denied by the complex, the PHA will withdraw the family from the wait list that they were selected based on “Denial by Complex” and the family does not get hearing rights with the PHA. They do have hearing rights with the complex, based on the policies of that complex.

The site determines the family’s suitability, and the PHA determines the eligibility. The owner will select families based on the owner’s screening process. The owner must provide written notice to all families referred by the PHA within fourteen (14) calendar days, listing the reason the family was not selected. The owner must send a copy of the notice to the Housing Authority. The PHA will not screen for behavior or suitability. In the project-based voucher program, hard copies of vouchers are **not** issued. Families are briefed when they are determined to be eligible to participate in the program and are then referred to the site to move in.

Informal Review Procedures for Applicants; Please see Chapter 18, Part C of the Admin Plan.
(Informal Reviews are not provided when family is returned to wait list due to not meeting preference(s) or bedroom size selected.)

G. ESTABLISHING PREFERENCES AND MAINTAINING THE WAIT LIST/TENANT SELECTION

Types Of Wait Lists

The PHA will establish separate wait lists for:

1) Tenant-Based Vouchers

Tenant-based assistance is attached to the family allowing the participant to relocate from one unit or PHA to another. Preferences are found in Chapter 4 of the Administration Plan.

2) Project-Based Vouchers

The owner must promptly notify the PHA of any vacancy or expected vacancy in a contract unit. After receiving the owner notice, the PHA will make every reasonable effort to promptly refer a sufficient number of families to the owner in order to fill such vacancies. Vacant units will be filled by families on the current Project-Based wait list, in order of preference, and then by date and time the pre-application was received where preferences are the same.

The PHA may choose to use an existing list to serve another site using the same preferences or it may choose to create a new site-based wait as the need arises. The PHA may also receive referrals from homeless service providers to be added to the wait list, whether the wait list is open or closed, in order to house homeless families.

Wait lists may be site-based or the waitlists for different sites may be consolidated if the preferences and/or eligible population are the same. Information about which wait lists serve which sites, and how to access different sites with project-based vouchers, will be posted at.

Applicants who will occupy PBV units must be selected by the PHA from a wait list that is maintained by the PHA. They may either apply when the wait list is open or they will be referred to the wait list by an agency serving homeless families.

When a site-based PBV wait list has been exhausted, the PHA will fill vacant units with families referred to the wait list by the site's owner/manager.

Funding-Based Preferences

The following funding-based preferences will apply to all sites with project based vouchers, unless there are other restrictions in place that affect who can live at the site. Additionally, each site has local preferences that apply to specifically to that site.

- 1) Displaced by government action preference for families who have been terminated from housing as a result of insufficient funding. These families will be added to the HCV Program wait list even if the wait list is closed and will be given 30 preference points. Displaced families must submit any changes to their address in writing to ensure they receive notices from the PHA. When funding is available, these families will be selected from the wait list first. Families will be selected to be re-admitted to the HCV Program based on their original admission date. Families with the earliest admission dates will be the first to be re-admitted. The PHA will verify income eligibility and conduct a criminal background check for all adult household members, but will not re-verify preferences for families who have been displaced due to insufficient funding. (30 points)
- 2) Canceled voucher preference for applicant families whose vouchers were recalled due to insufficient funding. These families will be returned to the wait list and will be awarded preference points based on their status. Families must submit any changes to their address in writing to ensure they receive notices from the PHA. When funding becomes available the PHA will select families based on the effective date of their original voucher. Families with the earliest voucher effective date will be the first to be selected. The PHA will re-verify eligibility and background checks only—not preferences. (29 points)

Sites with Public Wait Lists

- 1) Units for Elderly Families (where either the head or the spouse is elderly)
 - Washington Plaza,
 - Sutterview, and
 - Sierra Vista.

The PHA currently maintains one wait list for project-based vouchers for sites serving elderly-only residents. This wait list may be used to serve additional sites serving the same population

or the PHA may choose to separate wait lists to serve a specific site. This wait list will be subject to the following weighted preferences:

Local Preferences

- Family who is eligible to be a qualified family and residing in unit at the time of conversion to project-based voucher will be given an absolute preference;
- Elderly only (20 points)
- For elderly only housing, near elderly (aged 50-61 years of age) (8 points)
- Residency (4 points)
- Veteran (2 points);
- Displaced family (2 points)

General Project-Based Voucher Preference for Homeless Households

- Rent burden and/or homeless (1 point)

(See “Definition of Preferences” for more detail.)

2) Phoenix Park

The Housing Authority may maintain one wait list for project-based vouchers where supportive services are not provided or the PHA may choose to maintain separate wait lists for different sites. Currently, this wait list serves this site only, but the Housing Authority may choose to use this list for other sites using the same preferences or choose to create a new site-based wait as necessary. This wait list will be subject to the following local preferences:

Local Preferences

- Family who is eligible to be a qualified family and residing in unit at the time of conversion to project-based voucher will be given an absolute preference;
- Residency (5 points);
- Veteran (3 points);
- Displaced family (3 points)
- Disability (2 points); and

General Project-Based Voucher Preference for Homeless Households

- Rent burden and/or homeless (1 point).

(See “Definition of Preferences” for more detail.)

3) Saybrook Apartments / Serna Village

The Housing Authority may maintain one wait list for project-based vouchers where supportive services are provided or the PHA may choose to maintain separate wait lists for different sites. Currently, this wait list serves Saybrook Apartments and Serna Village. However, the PHA may choose to use this list for additional sites using the same preferences or choose to separate this list to create new separate site-based wait lists to serve a specific site. This wait list will continue to exist until all the families are pulled.

NOTE: Saybrook will also receive referrals from the Continuum of Care as described in a later section.

The wait list will be organized based on the following local preferences:

Local Preferences

- Family who is eligible to be a qualified family and based on supportive services and who is residing in unit at the time of conversion to project-based voucher property will be given an absolute preference;
- Homeless (5 points);
- Have a disabled family member (5 points).
- Residency (3 points);
- Veteran (1 point);
- Displaced family (1 point).

**General Project-Based Voucher
Preference for Homeless
Households**

Sites with Wait Lists Filled Via Referrals

Sites serving homeless families with services

- 7th & H,
- Martin Luther King Village,
- Shasta Hotel,
- Victory Townhomes,
- Courtyard Inn
- Mather

**General Project-Based Voucher
Preference for Homeless
Households**

The PHA has issued, and expects to periodically issue Requests for Proposals (RFPs) for project-based vouchers to serve homeless families where services are provided at/in close proximity to the site to support the families in their efforts to become stably housed. Because homeless families/individuals are not easily served with a wait list open to the public, the site awarded PBV for this purpose can request that families filling vacant units come via referral from a partnering service agency. Wait lists for these properties are not open to the public but are open to receiving referrals from partnering service agencies, as shown at www.sacwaitlist.com.

When considering the utilization of this methodology to fill vacant units, the PBV Site Owner/Developer will submit to the PHA:

A letter on letterhead

1. requesting to fill vacant units via referrals from the service provider to the wait list;

2. committing to notify the PHA when/if there is a new service provider;

A copy of the contract between the service provider and the site owner/developer;

A certification from the service provider that they will not deny services to member of any federally protected class under fair housing laws, i.e., race, color, religion, national origin, sex, disability, or familial status.

Signed copy of SHRA's Personally Identifiable Information (PII) document.

The wait list will be open for these sites to receive referrals of homeless individuals/families from the service providers to the wait lists only.

Chapter 22 Veterans Affairs Supportive Housing [24 CFR Part 982]

INTRODUCTION

Limited Tenant- and Project-Based Voucher Preference for Homeless Veterans

The HUD-VASH program combines HUD HCV rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (VA) at its medical centers and in the community. Ongoing VA case management, health, and other supportive services will be made available to homeless veterans.

HUD-Veterans Affairs Supportive Housing (HUD-VASH) program will be administered in accordance with regular HCV program requirements (24 CFR Part 982), except as described below.

A. FAMILY ELIGIBILITY AND SELECTION

The PHA will instead receive referrals from the Veterans Affairs Medical Center (VAMC) instead of pulling families from a waitlist. Written documentation of these referrals must be maintained in the tenant file at the PHA.

B. INCOME ELIGIBILITY

The PHA must determine income eligibility for HUD-VASH families in accordance with 24 CFR §982.201 or a low-income family eligible for VASH and who needs the voucher as a reasonable accommodation. Families whose Annual Income exceeds the applicable income limit will be denied admission.

C. INITIAL TERM OF THE VOUCHER

HUD-VASH vouchers are issued with an initial search term of 120 days. Extensions, suspensions, and progress reports will remain under the policies in the PHA's Administrative Plan, but will apply after the minimum 120-day initial search term.

D. INITIAL LEASE TERM

Under the HCV program, voucher participants must enter into an initial lease with the owner for one year, unless a shorter term would improve housing opportunities for the tenant and the shorter term is a prevailing market practice.

E. PORTABILITY OF HUD-VASH VOUCHERS

An eligible HUD-VASH voucher holder wishing to exercise portability to another jurisdiction must choose a location where there is a VAMC to provide case management services with an available VASH voucher or portability is not allowed.

(1) Portability Moves Where Case Management is provided by the Initial PHA's Partnering VAMC.

If the family moves under portability, and the initial PHA's partnering VAMC will still be able to provide the necessary case management services due to its proximity to the partnering VAMC, the receiving PHA must process the move in accordance with the portability procedures of 24 CFR §982.355. If the receiving

CHAPTER 23 PERFORMANCE PARTNERSHIP PILOTS FOR DISCONNECTED YOUTH (P3)

The Performance Partnership Pilots Initiative Program (P3 or Program) was first authorized by Congress in 2014. The Program enables pilot sites to test innovative, outcome-focused strategies to achieve significant improvements in educational, employment, and other key outcomes for disconnected youth using the flexibility to blend existing federal funds and to seek waivers of associated program requirements.

Limited Tenant-Based Voucher Preference for Homeless Youth

The Sacramento P3 Program is a three-year comprehensive service-delivery system that coordinates and integrates a multidisciplinary approach to providing services to 100 disconnected youth, especially foster youth, youth on probation, homeless youth and youth at risk of becoming homeless. The Program adopts a housing-first model to promote stability for participants. The federal regulation waivers granted under this program are designed to increase the efficiency of service delivery in two ways: 1) by removing barriers to housing and expanding housing eligibility; and, 2), by leveraging existing resources and increasing services to the target population. The Program is based on collaboration with local and state partners and coordination of currently funded services.

The Sacramento County Housing Authority applied for and was successfully awarded the P3 grant. P3 youth families will be issued a voucher and will follow all HCV program policies and regulations. 100 vouchers will be issued for this program over a three year period (2017-2020).

FAMILY ELIGIBILITY AND SELECTION

The PHA will receive referrals from an approved third party provider(s). Written documentation of these referrals must be maintained in the tenant file at the PHA.

Local Preferences:

- Referred by Coordinated Entry (100 points)

MASTER LEASING

Master leasing is an option that exists within the P3 program.

The PHA may procure a third party to manage the rental of several rental units, either at one site or at scattered sites. An owner/developer with project based vouchers may also choose to master lease some or all of the units at the site. The role of the master leasing agency is to:

- Issue leases with tenants
- Collect rent monthly
- Maintain and operate the property on behalf of the owner and/or property manager;
- Ensure that vacant units are leased timely by referring families/individuals to the wait list in sufficient number to cover vacancies for 6 months
- Work with the PHA to ensure eligibility of families referred for housing
- Screen and select tenants
- Provide intervention and supportive services to residents to meet their needs

There will be a contract between the master leasing organization and the property owner and an additional contract between the master leasing organization and the Housing Authority.



**The Housing Authority
of the
City of Sacramento
2021 Admissions and
Continued Occupancy Policy
(ACOP)**

H. Wait List Preferences

A preference does not guarantee admission to the program. Preferences are used to establish the order of placement on the wait list. Every applicant must meet the PHA's selection criteria as defined in this policy.

The PHA's preference system will work in combination with requirements to match the characteristics for the family to the type of unit available, including units with targeted populations, and further deconcentration of poverty in public housing. When such matching is required or permitted by current law the PHA will give preference to qualified families.

Per PIH Notice 2013-15 any time a new preference is added to an existing wait list, families already on the wait list will be given the opportunity to qualify for the preference and move up on the wait list accordingly.

HOMELESS INITIATIVES

The PHA is making all City Housing Authority units that become available for occupancy available for homeless families. These preferences will serve the homeless population, giving priority to families connected to a homeless service provider.

The PHA uses the following local preferences:

General Preference for Homeless Individuals/Families

(8 Points) Families Receiving Homeless Services: Homeless families (as defined in the Glossary) are receiving services from a public agency or consortia of agencies providing wrap-around services to homeless families. The PHA approved service provider will verify that the family is homeless and that they will provide supportive services to allow a family to obtain and maintain stable housing.

(5 Points) Homeless families: Families (including individuals) who are homeless as defined in the Glossary that are not connected to services.

(2 Points) Involuntary Displacement: Families displaced by a natural disaster recognized by the federal government (e.g. flood, earthquake, or fire) will be granted this preference. Displacement by government action also includes families wishing to reside in Public Housing who were displaced (subsidy ended or otherwise insufficient) from the Housing Choice Voucher (HCV) program due to lack of federal funding or sequestration.

(2 Points) Veterans: A veteran is defined in the Glossary.

All other applicants who do not qualify for any preference will be placed on the waiting list by the date and time of application. Families with equal preference points will be contacted to complete the full application in order of date and time of placement on the wait list.

PHA MOVING ON PREFERENCE

1C-7

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HOUSING AUTHORITY OF THE COUNTY OF SACRAMENTO CALIFORNIA

Housing Choice Voucher Program

Administrative Plan 2021

Chapter 3 **APPLYING FOR ADMISSION**
(24 CFR §982.204)

INTRODUCTION

The policy of the PHA is to ensure that all families who express an interest in housing assistance are given an equal opportunity to apply, and are treated in a fair manner. This chapter describes the policies and procedures for completing a pre-application, an application for assistance, placement and denial of placement on the wait list, and limitations on who may apply. The primary purpose of the intake function is to gather information about the family, but the PHA will also utilize this process to provide information to the family so that an accurate and timely decision of eligibility can be made. Pre-applicants will be placed on the wait list in accordance with this Plan.

A. OPENING/CLOSING OF THE WAIT LIST (24 CFR §§ 982.206, 982.54(d)(1))

When an HCV wait list is open, any family requesting placement on an HCV wait list will be given the opportunity to complete a pre-application.

When the PHA opens the wait list, the PHA must announce the opening of the waitlist. The PHA will advertise through local and non-English speaking media.

The PHA will distribute fact sheets to broadcast media and may utilize public service announcements, City and County offices, and local community service providers.

The notice will contain:

- The dates, times, and the locations where families may obtain a pre-application or how to sign up online;
- The programs for which pre-applications will be taken; and
- A brief description of the program limitations, if any, on who may apply.

The notices will be made in an accessible format if requested. They will provide potential pre-applicants with information that includes the PHA address and telephone number, how to submit a pre-application, information on eligibility requirements, and the availability of local preferences.

The PHA may also provide information about the opening and closing of its wait lists on its websites, www.shra.org and/or www.sacwaitlist.com.

Upon request from a person with a disability, additional time can be granted as a reasonable accommodation for submission of a pre-application after the closing deadline. This accommodation is to allow persons with disabilities the opportunity to submit a pre-application in cases when a social service organization provides inaccurate or untimely information about the closing date or some other factor related to their disability prevents them from timely submitting the pre-application.

The wait list may remain open for specific preferences (ie, Limited Homeless Allocation Preference and Move On Preference) even when the wait list is closed. This information will be posted and updated at www.shra.org and/or www.sacwaitlist.com for families seeking housing assistance

Move On Preference for HCV Waitlist

Chapter 4 **ESTABLISHING PREFERENCES AND MAINTAINING THE TENANT BASED
VOUCHER WAIT LIST**

(24 CFR Part 5, Subpart D and §§ 982.54(d)(1), 982.204, 982.205, and 982.206)

INTRODUCTION

It is the PHA's objective to ensure that families are placed on the wait list in the proper order and selected from the wait list for admission in accordance with the policies contained in this Administrative Plan.

This chapter explains the local preferences the PHA has adopted to meet local housing needs, defines the eligibility criteria for the preferences, and explains the PHA's system of applying these preferences.

By maintaining an accurate wait list, the PHA will be able to perform the activities that ensure an adequate pool of qualified applicants will be available so program funds are used in a timely manner.

Project-based vouchers are discussed in Chapter 21.

A. WAIT LIST MANAGEMENT (24 CFR §982.204)

Cross-Listing of Different Housing Programs and Housing Choice Voucher

Families have the option to apply for all PHA-administered housing programs that have open wait lists.

Other Housing Assistance

The PHA may not take any of the following actions because an applicant has applied for, received, or refused other housing assistance:

- Refuse to list the applicant on an open PHA wait list for tenant-based assistance; or
- Deny any admission preference for which the applicant is currently qualified.

Other housing assistance means a federal, state or local housing subsidy, as determined by HUD, including public housing.

B. WAIT LIST PREFERENCES (24 CFR §982.207)

The PHA uses a single wait list for admission to its HCV Program. Site-based list(s) for project-based assistance may be administratively established in accordance with HUD notices and other requirements.

Applicants may apply to these wait lists by going to www.sacwaitlist.com, unless they are being served through:

- Special admissions funded by HUD (e.g. Veterans Affairs Supportive Housing [VASH], Enhanced Vouchers, and residents displaced by the conversion of the Twin Rivers public housing development). In these cases, the PHA received vouchers specifically for these families.
- Homeless Initiatives (Limited Homeless Allocation Preference, Performance Partnership Pilots [P3] and the Move On Preference). In these cases, families are referred by service providers whether the wait list is open or closed to the public. The families are added to the wait list and receive 100 preference points when the referral is from an approved third party.

Move On Preference for HCV Waitlist

SSD or SSI simply because they are elderly which would not qualify them for the Disabled Preference.

b) *Certification of Disability* form completed by a medical professional.

5) (2 points) Lease In-Place

In the event the HCV leasing rate falls below 97%, preference will be given to families on the waiting list who are willing and able to lease in place. Families who are considered to be living in-place are those who reside in a unit in Sacramento County where the landlord will certify they will accept the HCV program. They must have resided in unit for the past three months and must remain in unit for a period of no less than one year after assistance starts. The unit must meet all other program requirements in order to qualify for the preference.

6) (1 point) Rent Burden preference is given to applicants who pay more than 50% of their gross income for rent and utilities. The applicant family must provide copies of one of the following:

- a) A lease or rental agreement in the applicant's name including the rent amount and utility responsibility. Must also have proof of actually paying rent within the last 30 days such as money order, canceled checks or rent ledger or a written statement from the Landlord or person from whom the applicant is renting or sharing a rental, including the amount of rent and utilities received.
- b) Receipts from a motel exceeding 50% of monthly income. Payment may not be made by an outside source. Must have proof of actually having paid rent within the last 30 days.

OR

(1 point) Homeless preference to a currently homeless household. A family or individual must meet the definition of "homeless" as defined in the Glossary. The PHA will accept documentation as provided by the applicant or the applicant can self-certify homelessness. Applicants can be homeless or rent-burdened, but not both.

The PHA's method for selecting applicants from a preference category leaves a clear audit trail that can be used to verify that each applicant has been selected in accordance with the method specified in this Administrative Plan. For families with the same preferences, families will be pulled from the wait list based on lottery number assigned at the time of the pre-application.

HOMELESS INITIATIVES

HCV Preference for Move On

Contingent on funding, the PHA will allocate a total of 975 vouchers to serve homeless families utilizing tenant-based vouchers (the Limited Homeless Allocation and the Move On Allocation), the Performance Partnership Pilots Initiative Program (P3) program (described in Chapter 23) and project-based vouchers tied to supportive services (described in Chapter 21) over the next three years. The PHA is prioritizing housing homeless families, and is creating two new preferences to serve the homeless population, while continuing to serve families on the current waitlist. Families who have been determined eligible for these two preferences may be served even when the waiting list is closed, until the approved number of applicants has been reached.

The PHA will utilize the following additional preferences:

- 1) Limited Homeless Allocation. This preference is available to homeless individuals/families currently receiving services and who are referred by a partnering homeless services organization, another coordinated system, or consortia of homeless service providers. The referring agency will verify homelessness and will assist the family with finding a suitable rental property once the voucher is

HCV Preference for Move On

issued. Ongoing housing stabilization services will continue to be provided to the family. At its discretion, the PHA will annually evaluate whether to renew this preference.

- 2) **Move On Allocation.** This preference is available to formerly homeless individuals/families who are ready to transition from supportive housing to the HCV tenant based voucher program while simultaneously transitioning from receiving intensive to less intensive/no services. Families will be referred to the PHA by their service provider if they meet programmatic guidelines. Final approval (for the families to be referred to the HCV Intake staff) will be conducted by the PHA. Transitioning formerly homeless families to the voucher program will create vacancies in supportive housing programs, allowing additional homeless families in need of services to be housed. At its discretion, the PHA will annually evaluate whether to renew this preference.

C. INITIAL DETERMINATION OF LOCAL PREFERENCE QUALIFICATION (24 CFR §982.207)

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the wait list without the local preference, and will be notified in writing of the determination.

If the applicant family or individual falsifies documents or knowingly makes false or misleading statements, they will be removed from the wait list.

Changes in an applicant's circumstances while on the wait list may affect the family's eligibility for a preference. Applicants are **required** to notify the PHA, in writing, of relevant changes in their circumstances within 30 days of any such change. When an applicant claims an additional preference, the applicant will be placed on the wait list in the proper order of their newly claimed preference.

D. REMOVAL FROM WAIT LIST AND PURGING (24 CFR §982.204)

The wait list will be purged periodically by mailing a notice sent to all applicants to ensure that the wait list is current and accurate. The notice will request current information and confirmation of continued interest in the HCV Program.

If an applicant fails to respond within forty-five (45) days of the date of the letter/notice, the applicant will be removed from the wait list. If the applicant family contacts the PHA within forty-five days from the purge deadline to report a change in address, they will be given the opportunity to update their address and be reinstated. If an applicant family is removed from the wait list for failure to respond within the forty-five-day grace period, the PHA will consider mitigating circumstances before determining that the family will not be reinstated. If the family provides proof that the return mail was due to an error of the PHA, the Postal Service, or there are other mitigating circumstances acceptable to the PHA, the family will be reinstated.

E. INCOME TARGETING

In accordance with the Quality Housing and Work Responsibility Act of 1998 (QHWRA), each fiscal year the PHA will reserve 75% of its HCV Program new admissions for families whose income does not exceed 30% of the area median income (AMI). HUD refers to these families as "extremely low income families." The PHA will admit families who are extremely low income to meet the income-targeting requirement.

LOCAL COMPETITION ANNOUNCEMENT

1E-1

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Local Competition Materials from TA Workshop, including Renewal Project Scoring Tool, New Housing Project Scoring Tool, and New Coordinated Entry Project Scoring Tool <ul style="list-style-type: none">• Objective criteria used to Review and Rank renewal project applicants – pg. 7, 8, 9, 10, 11, 13, 14, 15, 16• Objective criteria used to Review and Rank new housing project applicants – pg. 22, 23, 24, 26• Objective criteria use to Review and Rank new Coordinated Entry project applicants – pg. 32, 34, 37	5-37



Maddie Nation <maddie@homebaseccc.org>

Announcement of Technical Assistance Workshop**Join Mandatory 9/2/21 SAC CoC TA Workshop for FY21 NOFO CoC Program Competition**

2 messages

Michele Watts <mwatts@sacstepsforward.org>
Reply-To: no-reply@sacstepsforward.org
To: maddie@homebaseccc.org

Thu, Aug 26, 2021 at 5:23 PM



**TA Workshop for 2021 Notice of Funding Opportunity
(NOFO) for Continuum of Care (CoC) Program Competition
September 2, 2021 | 9:00 AM to 11:45 AM**

Dear Community Members,

Announcement of CoC Funding

On Wednesday, August 18, HUD released its [Notice of Funding Opportunity \(NOFO\) for the 2021 Continuum of Care \(CoC\) Program Competition](#).

If you are interested in applying for this funding, **please join us for the Sacramento CoC's mandatory informational Technical Assistance (TA) Workshop on Thursday, September 2, 2021 from 9:00 - 11:45am**. This workshop will provide attendees with an overview of the local application process, as well as instructions for completing the local and project applications.

[Register for Workshop](#)[See NOFO Summary](#)

Information will be provided about renewal project applications, as well as applications for new housing projects through reallocation and/or bonus funding. **We encourage all organizations interested in applying for CoC funding to attend, including organizations that have not previously received CoC funding.**

The CoC can apply for a total of:

Announcement of CoC Funding

- \$1,367,477 in *new* projects for families or individuals experiencing homelessness (including \$48,400 of voluntarily reallocated funding), and
- \$1,498,148 in *new* projects for families or individuals fleeing domestic violence, dating violence, and stalking.

Eligible new project types include:

- Permanent supportive housing (PSH) for persons experiencing chronic homelessness
- Permanent supportive housing (PSH) that is "DedicatedPLUS"
- Rapid re-housing (RRH) for families or individuals experiencing homelessness (including fleeing violence), as described by HUD in the FY 2021 NOFO
- New Joint Transitional Housing and Rapid Re-Housing (TH-RRH) projects for families or individuals experiencing homelessness (including fleeing violence), as described by HUD in the FY 2021 NOFO
- New projects for Coordinated Entry
- New Homeless Management Information System (HMIS) projects

Further information regarding the Sacramento CoC Competition local process is below. A summary of HUD's Notice of Funding Opportunity (NOFO) is also attached to this email for reference, which includes more detailed descriptions of the new project types. Please email sacramento@homebaseccc.org with any questions.

Best,

Michele Watts

Michele Watts

Chief Planning Officer, Sacramento Steps Forward

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Sacramento Steps Forward | [2150 River Plaza Drive, Suite 385, Sacramento, CA 95833](#)

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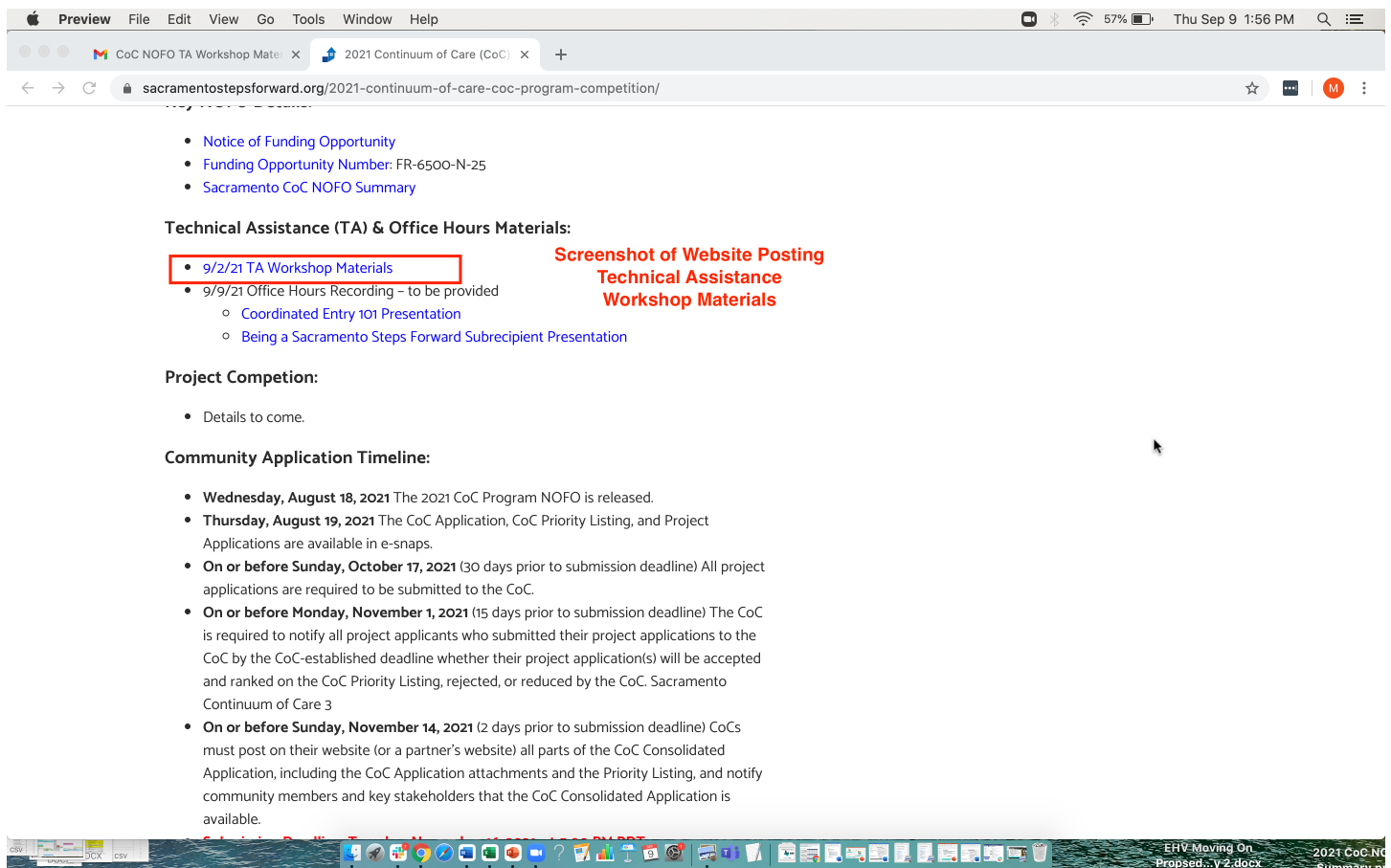
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2021 Continuum of Care (CoC) Program Competition

Announcement of CoC Funding

- [Notice of Funding Opportunity](#)
- [Funding Opportunity Number: FR-6500-N-25](#)
- Application Open Date: Wednesday, August 18, 2021
- Application Submission Deadline: Tuesday, November 16, 2021
- Sacramento CoC Mandatory Informational Technical Assistance (TA) Workshop: Thursday, September 2 at 9:00 – 11:45am. [Register here!](#)
- [Sacramento CoC NOFO Summary](#)

Technical Assistance Workshop Announcement



Renewal Project Scoring Tool Shared with Applicants at Technical Assistance Workshop and on CoC Website

SACRAMENTO CONTINUUM OF CARE

2021 Renewal Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing Performance	24 points
3. Income Performance	10 points
4. Utilization Performance	20 points
5. Severity of Need and Service Quality	20 points
6. Compliance	12 points
7. Community	11 points
8. Enhancing Capacity	3 points
9. BONUS: Coordinated Entry Participation	3 points
TOTAL	100 points (+ 3 bonus)

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies include a commitment to identifying and lowering its barriers to housing, in line with a Housing First approach.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry to the extent possible for this project type, as demonstrated by its policies and procedures.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or parallel database for domestic violence services).	Met/Not Met
Successful Drawdown	If the project is under contract with HUD, then the project has made at least one successful drawdown of federal funds as of the time of this application was submitted.	Met/Not Met
Client Participation in Project Design and Policymaking	Absent the impact of COVID-19, the agency typically includes homeless or formerly homeless individual in feedback and decision-making processes.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, ADA and fair housing requirements, and confidentiality.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Eligible Applicants	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Equal Access	The project provides equal access and fair housing without regard to sexual orientation, gender identity, local residency status, or any other protected category.	Met/Not Met
Match	Agency demonstrates 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency actively prevents discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
<i>Required but not scored</i>		

[Scored Factors Begin on Next Page]

2. HOUSING PERFORMANCE (24 pts.)

Name	Description	Sources	Score
Permanent Supportive Housing (PSH)			
Objective Criteria Used to Score Renewal Projects 2A. Housing Retention	<p>Successes in Housing Retention for PSH projects are measured by the percentage of individual project participants that remain in permanent housing or exit as “living-leavers” to permanent housing at the end of the evaluation period.</p> <p>For projects that serve families or small projects, that experience an outsized impact on program performance for this factor, projects are invited to discuss the number of households that left the project and how long each household had been in the program prior to leaving the program unsuccessfully under the <i>exceptional circumstances</i> supplemental question for consideration by the panel.¹ In an exception to the Review and Rank Policy, at section IV. Review and Rank Process, paragraph J:</p> <ul style="list-style-type: none"> • If one household left the program unsuccessfully, the panel may elect to increase a project’s scaled score and award up to 18 points to the project, and • If two households left the program unsuccessfully, the panel may elect to increase a project’s scaled score and to award up to 6 points. <p>Participants that passed away during the measurement period.</p>	APR Q5 APR Q23	≥ 99% = 24
			98% - 98.9% = 18
			96% - 97.9% = 12
			90% - 95.9% = 6
			85% - 89.5% = 4
			80% - 84.9% = 2
			< 80% = 0

¹ Feedback was received about using households instead of individuals to show performance so that larger families don’t have an outsized-impact on program performance, but APRs do not provide information by household, only by program participant.

SACRAMENTO CONTINUUM OF CARE

Rapid Re-Housing (RRH) and Joint Transitional Housing and Rapid Re-Housing (TH-RRH)

2B. Housing Placement	<p>Successes in Housing Placement for RRH and TH-RRH projects are measured by the number of participants who exited to a Permanent Housing destination from the total number of all participants in the project.</p> <p>For projects that serve families, that experience an outsized impact on program performance, projects are invited to discuss under the <i>exceptional circumstances</i> supplemental question for consideration by the panel.</p> <p>Participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q23	$\geq 90\% = \mathbf{24}$
			85-89.9% = 22
			80% - 84.9% = 18
			75% - 79.9% = 12
			70% - 74.9% = 6
			$< 70\% = \mathbf{0}$

Objective Criteria
Used to Score
Renewal Projects

3. INCOME PERFORMANCE (10 pts.)

Name	Description	Sources	PSH Scale	RRH and TH-RRH Scale	Score
3A. Increase or Maintain Income	<p>Successes in increasing or maintaining participant income are measured by the percent of adult participants in the project who maintained a non-zero income, or increased income, from project entry to exit or Annual Assessment.</p> <p>Adult participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q19	$\geq 85\%$	$\geq 75\%$	4
			70% - 84.9%	60% - 74.9%	3
			55% - 69.9%	45% - 59.9%	2
			40% - 54.9%	30% - 44.9%	1
			$< 40\%$	$< 30\%$	0

Objective Criteria
Used to Score
Renewal Projects

SACRAMENTO CONTINUUM OF CARE

Objective Criteria Used to Score Renewal Projects	3B. Non-Cash Mainstream Benefits	Successes in connecting participants with non-cash mainstream benefits are measured by the percentage of adult stayers/leavers with non-cash benefit sources, excluding all stayers not yet required to have an annual assessment.	APR Q5 APR Q20	≥ 95% = 4
				90% - 94.9% = 3
				80% - 89.9% = 2
				75% - 79.9% = 1
				< 75% = 0
Objective Criteria Used to Score Renewal Projects	3C. Health Insurance	Successes in connecting participants with health insurance are measured by the percentage of stayers/leavers with health insurance, excluding all stayers not yet required to have an annual assessment.	APR Q5 APR Q21	≥ 95% = 2
				90% - 94.9% = 1
				< 90% = 0
Objective Criteria Used to Score Renewal Projects		Participants that passed away during the measurement period do not impact the project's performance		

4. UTILIZATION PERFORMANCE (20 pts.)

Name	Description	Sources	Score
Objective Criteria Used to Score Renewal Projects	4A. Bed and/or Unit Utilization	APR Q7b APR Q8b E-Snaps	≥ 95% = 12
			90% - 94.9% = 9
			85% - 89.9% = 6
Objective Criteria Used to Score Renewal Projects			

SACRAMENTO CONTINUUM OF CARE

Objective Criteria Used to Score Renewal Projects	4B. Grant Spenddown	For Projects Serving Adults in Non-Shared Housing and/or Families : Successes in achieving full utilization for PSH, RRH, and TH-RRH projects that serve adults in non-shared units or families are best measured by looking at the number of units in use on the last Wednesday of each quarter, divided by the total number of units promised in e-snaps.		80% - 84.9% = 3
				< 80% = 0
				≥ 95% = 6
				85% - 94.9% = 4
Objective Criteria Used to Score Renewal Projects	4C. Quarterly Drawdowns	Successes in Grant Spenddown are measured by dividing the amount of money drawn down from e-LOCCs during the project's most recently completed contract by the amount on the corresponding GIW.	e-LOCCs E-Snaps	75% - 84.9% = 2
				< 75% = 0
Objective Criteria Used to Score Renewal Projects	4C. Quarterly Drawdowns	Successes in Grant Spenddown are also measured by the number of drawdowns made by projects, and depend on projects drawing down quarterly (i.e., occurring at least once in each three-month period during the year). Award 0.5 points for each successful quarterly drawdown over the competition period.	RFI	Up to 2 points

5. SEVERITY OF NEED AND SERVICE QUALITY (20 pts.)

Name	Description	Sources	Score
5A. Chronic Homeless Objective Criteria Used to Score Renewal Projects	<p>Successes in Chronic Homelessness are measured as follows: Award 1 point for each of the following items, for a total of up to 3 points:</p> <ul style="list-style-type: none"> Project has attached eligibility forms to document chronic homelessness that reflect the current definition of chronic homelessness. Project has checked the box for DedicatedPLUS or 100% Dedicated in e-snaps. Project has listed the evidence-based practices staff use on a daily basis to serve clients who are chronically homeless. 	APR Q26a E-snaps RFI	Up to 3 points
5B. Severity of Needs & Special Considerations	<p>Successes are dependent on projects serving population(s) with severe needs and vulnerabilities and the projects' explanation of the role the project plays in filling an important gap in housing and services for persons experiencing homelessness in the Sacramento region (e.g., leveraging unique funding; maintaining site-based housing; or serving a unique population such as LGBTQ individuals, individuals with felonies, or individuals transferred from a PSH program to prevent eviction). Applicants should consider the following needs, vulnerabilities, and populations that when answering this question (while these examples are not exhaustive, they do represent categories for which APR information is available):</p> <ul style="list-style-type: none"> Chronic homelessness Current or past substance abuse History of domestic violence Physical & Mental Health Conditions 	RFI APR Q5a Q10 Q13a1, Q14a, Q15, Q16, Q27a	Up to 12 Points

SACRAMENTO CONTINUUM OF CARE

	<ul style="list-style-type: none"> • Transgender/gender non-conforming • Youth • Seniors <p>Successes will be measured with reference to both APR data where available and narrative responses.</p>		
5C. Quality of Services	<p>Successes in Quality of Services are measured based on the project's narrative explaining to extent to which the project provides services that:</p> <ul style="list-style-type: none"> • Offer ongoing support to stay housed, • Are comprehensive and well-coordinated, • Are thoughtfully matched to the needs of the target population, and • Are delivered by an adequate number of appropriately trained staff (i.e., in your response, please include the project's (1) current case manager to client ratio, (2) number of additional staff and/or volunteers supporting the work of case managers, (3) a brief description of your rationale for this approach to case management). <p>Successes for projects provided by Victim Service Providers are also measured based on the project's narrative explaining the extent to which the project provides services that improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking. Full points will be available to domestic violence projects that provide objective data on how they improved participant safety.</p>	RFI	Up to 5 points

6. COMPLIANCE (12 pts.)

Name	Description	Sources	Score
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SACRAMENTO CONTINUUM OF CARE

6A. Audit or Monitoring Findings

Objective Criteria Used to Score Renewal Projects

The project must report **all irregularities** resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for **this project** (including shared common spaces for projects co-located with non-CoC-funded units).

Projects that have irregularities must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and (2) the project's plan to rectify program irregularities. If irregularities have been rectified, projects should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);

Award **full points (8 points)** for the project if:

- The project was not audited or monitored; or
- If no irregularities have been revealed by any audits or monitoring for this project.

Award **up to 8 points** for the project if:

- If a project adequately submits relevant documentation identifying any irregularities and provides an adequate explanation to show how any irregularities have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the project will take to address the irregularities, (2) the timeline these steps will be completed on,

All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 2 years.

RFI

Up to 8 points

SACRAMENTO CONTINUUM OF CARE

	<p>and (3) how the project will avoid similar findings in the future.</p> <ul style="list-style-type: none"> If a project is currently disputing findings from an audit or monitoring and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 4 points if irregularities were found for this project and the project provided documentation, but the project does not provide an adequate explanation.</p> <p>Award no points if the project does not submit any documentation (e.g., confirmation letters) from oversight entities to support this criteria.</p>		
<p>Objective Criteria Used to Score Renewal Projects</p>	<p>6B. Accurate Data</p>	<p>APR Q6</p>	< 5% error = 2
			5% - 10% error = 1
			> 10% error = 0
<p>Objective Criteria Used to Score Renewal Projects</p>	<p>6C. Timely Data</p>	<p>APR Q6e</p>	< 5 days = 2
			5 days – 8 days = 1
			> 8 days = 0

7. COMMUNITY (11 pts.)

Name	Description	Sources	Score
7A. Participation in CoC Activities	Successes in Participation in CoC Activities are measured based on the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFA. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.	RFI	Up to 4 points
7B. Mandatory Training	Successes in Mandatory Training are based on whether the agency demonstrated regular attendance at mandatory training events by attending at least one such event per quarter.	RFI SSF Staff Report	Up to 2 points
Objective Criteria Used to Score Renewal Projects	Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments. Deduct <u>up to 5 points</u> if project was late in finalizing APRs without valid reason.	HomeBase analysis	Up to 5 points
	7C. Local Competition Deadlines Deduct 2 points if any portion of the local application was turned in <u>up to</u> 24 hours late. Deduct 5 points if any mandatory portion of the local application was <u>more than</u> 24 hours late. If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel.		
Objective Criteria Used to Score Renewal Projects			

8. ENHANCING CAPACITY (3 pts.)

Name	Description	Sources	Score
8A. Transitions to Permanent Housing	Success is measured by PSH programs that effectively facilitate successful flow from PSH to other permanent housing (including housing with rental subsidy), evidenced by percent of individuals served that exit to other permanent housing.	RFI APR Q23	Up to 3 points

Objective Criteria
Used to Score
Renewal Projects

9. BONUS COORDINATED ENTRY PARTICIPATION (3 pts.)

Name	Description	Sources	Score
9A. BONUS Coordinated Entry Participation	<p>If this project participates in Coordinated Entry:</p> <ul style="list-style-type: none"> Award full points to projects who reported filling 100% of project vacancies through CE. Award no points to projects who reported filling less than 100% of project vacancies through CE. <p>If this project does not currently participate in Coordinated Entry:</p> <ul style="list-style-type: none"> Award up to two points if this project provides an explanation of (1) the barriers (e.g., restrictions from other funders) that prevent the project from being fully integrated into Coordinated Entry, and (2) the steps the project has taken over the competition year towards Coordinated Entry integration. 	RFI SSF Staff Report	Up to 3 points

Objective Criteria
Used to Score
Renewal Projects

New Housing Project Scoring Tool Shared with Applicants at Technical Assistance Workshop and on CoC Website

SACRAMENTO CONTINUUM OF CARE

2021 New Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing	25 points
3. Services	20 points
4. Agency Capacity	20 points
5. Prioritization, option of: a. Prioritization for New Projects Except for DV Bonus b. Prioritization for DV Bonus	25 points
6. Community	10 points
TOTAL	100 points

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies will include a commitment to identifying and lowering its barriers to housing and provide housing and services in line with a Housing First approach.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry to the full extent possible for this project type.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or parallel database for domestic violence services).	Met/Not Met
Formerly Homeless Input	The agency includes homeless or formerly homeless individual in feedback and decision-making processes.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, ADA requirements, and confidentiality.	Met/Not Met
Eligible Clients	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Eligible Applicant	Neither the applicant nor the sub-recipients (if any) are for-profit entities.	Met/Not Met
Equal Access	The project will provide equal access and fair housing without regard to sexual orientation, gender identity, or local residency status.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Match	Agency will be able to provide 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency will actively prevent discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Budget	Project has made a good faith effort to complete the budget template provided, showing both CoC and non-CoC funding sources for the project.	Met/Not Met
For DV Bonus Projects Only: Serving DV	Project is 100% dedicated to serving victims who are fleeing or attempting to flee domestic violence, including dating violence, sexual assault, stalking, and/or human trafficking who came from sheltered or unsheltered situations. The project must follow a Housing First model and utilize trauma-informed and client-centered approaches.	Met/Not Met

2. HOUSING (25 pts.)

Name	Description	Sources	Score
2.A. Fully Described and Appropriate Housing	<p>Award points for a housing design that:</p> <ul style="list-style-type: none"> • is clearly and fully described • has a layout or features that are thoughtfully matched to the target population • is strategically located to meet the needs of the target population • is physically accessible to persons with disabilities • will help maximize client choice in the CoC (e.g. by including a plan to evaluate each client's needs, strengths, and preferences in order to determine which mainstream benefits and/or jobs the client could qualify for) <p>Additionally, for Victim Service Providers:</p> <ul style="list-style-type: none"> • is designed to protect the safety of the population they serve 	RFI	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

2.B. Ready to Start	<p>Award points if the project will be ready to begin housing clients within 3 months of receiving HUD funding. Consider:</p> <ul style="list-style-type: none"> • Whether the agency has adequately described how the project will acquire the necessary housing for the project type. For RRH, this may include landlord engagement strategies; • Whether the project site faces regulatory obstacles such as tenant displacement, environmental issues, or zoning issues; • Whether the agency's current staff has the capacity to begin preparing for this project; • Whether the agency already has policies and procedures that can be used as-is or easily adapted for use in a CoC-funded project 	RFI	Up to 5 points
2.C. Program Outcomes	<p>Award points if:</p> <ul style="list-style-type: none"> • The project's goals are realistic and sufficiently challenging given the scale of the project • Outcomes are measurable and appropriate to the population being served, and must meet minimum CoC-adopted targets, including: <ul style="list-style-type: none"> ○ At least 85% of clients experience positive housing outcomes ○ At least 55% of adult clients maintain or increase their income from all sources • Prospective outcomes reflect actual performance outcomes from other projects administered by the applicant (as appropriate). 	RFI	Up to 10 points

3. SERVICES (20 pts.)

Name	Description	Sources	Score
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SACRAMENTO CONTINUUM OF CARE

<p>3.A. Appropriate Supportive Services</p>	<p>Award points for services that:</p> <ul style="list-style-type: none"> • use a Housing First approach, • offer ongoing support to stay housed, • are comprehensive and well-coordinated, • include culture-specific elements, and • are thoughtfully matched to the target population <p>For projects that will be referring specific types of clients to specific outside services, award points if the project explains a concrete plan for referrals, giving examples of:</p> <ul style="list-style-type: none"> • Who will be referred; • The agencies that will accept referrals; • The types of services to be provided; and • The logic behind the agency's referral scheme <p>For Victim Service Providers award points for services that improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking</p>	<p>RFI</p>	<p>Up to 10 points</p>
<p>3.B. Relevant Experience</p>	<p>Award points if the agency submitting this application has demonstrated, through past performance, the ability to successfully carry out the work proposed and has successfully served homeless people as a particular group.</p> <p>Consider the experience of the agency in handling a similar project (e.g. if the project will involve relocation of tenants, what experience does the agency have with relocation).</p>	<p>RFI</p>	<p>Up to 10 points</p>

4. AGENCY CAPACITY (20 pts.)

Name	Description	Sources	Score
4.A. Budget	<p>Award points based on the bullet points below:</p> <ul style="list-style-type: none"> • Project has submitted a budget that is clear, complete, and easy to read. • The budget shows that the project will have enough resources to provide high-quality, reliable services to the target population. • The budget shows that the project will leverage significant outside resources (funding, staff, building space, volunteers, etc.) rather than rely entirely on CoC funds. • The budget shows that the project is taking appropriate measures to contain costs. 	<p>Budget</p> <p>RFI</p>	<p>Up to 5 points</p>
4.B. Agency Capacity	<p>Award points if agency:</p> <p>Has successfully handled at least one other federal grant or other major grant of this size and complexity, either in or out of the CoC (or can otherwise demonstrate that it can successfully manage complex reporting requirements).</p> <ul style="list-style-type: none"> • Has sufficient fiscal capacity to manage the grant, including: <ul style="list-style-type: none"> ○ internal financial controls ○ grant match tracking ○ well-maintained records ○ oversight by a board of directors ○ a strategy for documenting eligible costs ○ a strategy for ensuring adequate grant drawdowns • Is large enough to handle the expected client case load; • Is familiar with innovative or evidence-based practices; • Includes at least one person with formal training and/or education in a relevant social services field 	<p>e-LOCCs</p> <p>E-Snaps</p>	<p>Up to 10 points</p>

SACRAMENTO CONTINUUM OF CARE

	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for similar projects.</p> <p>Agencies that have irregularities for similar projects must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and (2) the project's plan to rectify program irregularities. If irregularities have been rectified, agencies should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p>		
<p>4.C. Audit and Monitoring Findings</p>	<p>Award full points (5 points) for the project if:</p> <ul style="list-style-type: none"> • If the agency can show no irregularities from similar projects; or • If no irregularities have been revealed by any audits or monitoring for similar projects. <p>Award up to 5 points for the project if:</p> <ul style="list-style-type: none"> • If the agency adequately submits relevant documentation identifying any irregularities and provides an adequate explanation to show how any irregularities have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the agency will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the agency will avoid similar findings in the future. • If the agency is currently disputing findings from an audit or monitoring for a similar project and submits (1) a brief explanation of the irregularities, and (2) 	<p>All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 2 years.</p> <p>RFI</p>	<p>Up to 5 points</p>

Objective Criteria
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Projects

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	<p>the most updated timeline available for disputing the irregularities.</p> <p>Award up to 3 points if irregularities were found for similar projects and the agency provided documentation, but the agency does not provide an adequate explanation.</p> <p>Award no points if the agency does not submit any documentation (e.g., confirmation letters) from oversight entities to support this criteria.</p>		
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5A. PRIORITIZATION FOR NEW PROJECTS EXCEPT DV BONUS (25 pts.)

*If this application is for a **DV Bonus-funded** new project, please skip this section and move to the next.*

Name	Description	Sources	Score
	<p>Award points if the project addresses the priority need identified by the Advisory Committee in 2019: Permanent Supportive Housing, with targeted services for either youth or seniors. <u>OR</u></p> <p>Award points if the project addresses the priority need identified by the CoC Board in 2021: Permanent Supportive Housing, with targeted services for those experiencing health conditions identified by the CDC as making someone vulnerable to COVID-19. For a full list of conditions, see here.</p>		
5.A.1. Community Priority		E-snaps	
		RFI	
	<p>Please note that HUD may require that Permanent Supportive Housing be dedicated to persons experiencing Chronic Homelessness.</p> <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>		Up to 10 points

**Objective Criteria
Used to Score New
Projects**

SACRAMENTO CONTINUUM OF CARE

Objective Criteria Used to Score New Projects	<div>5.A.2. HUD Priority</div>	<p>Award points if the project addresses the priority needs identified by HUD in 2021:</p> <ul style="list-style-type: none">Permanent Supportive Housing or Rapid Re-Housing that leverages healthcare resources to support program participants (as documented with a written commitment from a health care organization); <u>OR</u>Permanent Supportive Housing or Rapid Re-Housing, with Housing Choice Voucher (HCV) or other non-CoC funding for rental assistance of leasing. <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	E-snaps RFI	Up to 5 points
	5.A.3. Severity of Needs & Special Considerations	<p>Award points to projects that will serve population(s) with severe needs and vulnerabilities (e.g. chronically homeless, history of domestic violence), and will also fill an important gap in housing and services for persons experiencing homelessness in the Sacramento region (e.g., serving a unique population, leveraging certain funding, maintaining site based housing).</p> <p>Applicants should specifically consider the needs and vulnerabilities of youth or seniors or for those experiencing health conditions identified by the CDC as making someone vulnerable to COVID-19. For a full list of conditions, see here.</p>	RFI APR	Up to 10 points

5B. PRIORITIZATION FOR DV BONUS HOUSING (25 pts.)

Use this section *instead of the previous page* if the project is applying for DV Bonus funding. For all scoring purposes, “domestic violence” also includes dating violence, sexual assault, stalking, and/or trafficking.

Name	Description	Source	Score
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SACRAMENTO CONTINUUM OF CARE

5.B.1. How Project will Address Need	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • Project provides data describing the CoC's population of domestic violence survivors • Project explains how it proposes to meet the unmet needs of domestic violence survivors, especially with survivors who come from unsheltered situations. • The project will have housing that is specifically designed to accommodate the needs of survivors. • The project's staff has skills that are specifically needed to identify and locate survivors, or to persuade survivors to accept and enter housing. • The project's staff utilize trauma-informed and client-centered approaches. • The project meets a priority need identified by HUD in 2021: <ul style="list-style-type: none"> ○ Permanent Supportive Housing or Rapid Re-Housing that leverages healthcare resources to support program participants (as documented with a written commitment from a health care organization); <u>OR</u> ○ Permanent Supportive Housing or Rapid Re-Housing, with Housing Choice Voucher (HCV) or other non-CoC funding for rental assistance of leasing. 	<p align="center">RFI</p>	<p align="center">Up to 5 points</p>
5.B.2. Previous Performance	<p>Award points if the agency has experience serving, or demonstrates a plan to serve, victims who are fleeing, or attempting to flee, domestic violence, which includes dating violence, sexual assault, stalking, and/or human trafficking, and that experience, or plan, specifically shows that they can serve victims who come from unsheltered situations.</p>	<p align="center">RFI</p>	<p align="center">Up to 10 points</p>
5.B.3. Ability to Meet Safety Outcomes	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • The project articulates a specific plan for ensuring that its residents will be safe from further domestic violence. • The project sets quantitative safety targets that are appropriate and realistic. 	<p align="center">RFI</p>	<p align="center">Up to 10 points</p>

SACRAMENTO CONTINUUM OF CARE

	<ul style="list-style-type: none"> The project explains why it is likely to be able to achieve the targeted safety outcomes. 		
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6. COMMUNITY (10 pts.)

Name	Description	Sources	Score
6.A. Participation in CoC Activities	Award points for the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFA. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.	RFI	Up to 5 points
6.B. Local Competition Deadlines	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <ul style="list-style-type: none"> Award 3 points if any portion of the local application was turned in <u>up to</u> 24 hours late. Award no points if any mandatory portion of the local application was <u>more than</u> 24 hours late. If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel. 	Homebase analysis	Up to 5 points

**Objective Criteria
Used to Score New
Projects**

New Coordinated Entry Project Scoring Tool Shared with Applicants at Technical Assistance Workshop and on CoC Website

SACRAMENTO CONTINUUM OF CARE

2021 Coordinated Entry New Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Coordinated Entry Project Design	32 points
3. Services	13 points
4. Agency Capacity	20 points
5. Prioritization, option of: a. Prioritization for New Projects Except for DV Bonus b. Prioritization for DV Bonus	25 points
6. Community	10 points
TOTAL	100 points

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Coordinated Entry Understanding	The applicant has communicated and coordinated with the current Coordinated Entry (CE) Lead to learn about how the current CE system operates and submits a proposed project that demonstrates integration with the current CE system [to be confirmed by CE Lead]. The applicant also understands the HUD requirements for Coordinated Entry, as demonstrated in this application.	Met/Not Met
Housing First	The project's policies will include a commitment to identifying and lowering its barriers to housing and provide housing and services in line with a Housing First approach.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or parallel database for domestic violence services).	Met/Not Met
Formerly Homeless Input	The agency includes homeless or formerly homeless individual in feedback and decision-making processes.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, ADA requirements, and confidentiality.	Met/Not Met
Eligible Applicant	Neither the applicant nor the sub-recipients (if any) are for-profit entities.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Equal Access	The project will provide equal access and fair housing without regard to sexual orientation, gender identity, or local residency status.	Met/Not Met
Match	Agency will be able to provide 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency will actively prevent discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Budget	Project has made a good faith effort to complete the budget template provided, showing both CoC and non-CoC funding sources for the project.	Met/Not Met
For DV Bonus Projects Only: Serving DV	Project is 100% dedicated to serving victims who are fleeing or attempting to flee domestic violence, including dating violence, sexual assault, stalking, and/or human trafficking who came from sheltered or unsheltered situations. The project must follow a Housing First model and utilize trauma-informed and client-centered approaches.	Met/Not Met

2. COORDINATED ENTRY PROJECT DESIGN (32 pts.)

Name	Description	Sources	Score
2.A. Connections to Current CE System	<p>Award points if the proposed project will align with HUD requirements and local coordinated entry design:</p> <ul style="list-style-type: none"> Does the project demonstrate knowledge and understanding of current Coordinated Entry System including processes and policies around eligibility, assessment, prioritization and match, placement, and the circumstances under which a Coordinated Entry referral can be denied? 	RFI	Up to 8 points

SACRAMENTO CONTINUUM OF CARE

2.B. Capacity Building	<p>Award points if the proposed project will align with HUD requirements and local coordinated entry design:</p> <ul style="list-style-type: none"> • Does the project demonstrate why and how it meets an existing need within the current Coordinated Entry system? • Will the households served by this project be new to Coordinated Entry or receive additional (targeted) services through the proposed project beyond what is currently available? • Does the project provide a connection to housing and/or services not currently available through the existing Coordinated Entry System? 	RFI	Up to 8 points
2.C. Alignment with Local Process	<p>Award points if the proposed project demonstrates how it will connect into the current Coordinated Entry System:</p> <ul style="list-style-type: none"> • Does the project demonstrate it will use community-approved assessment tools such as the VI-SPDAT? • Does the project demonstrate how it will ensure that Coordinated Entry eligible households are document ready? • Does the project demonstrate how it will work with the Coordinated Entry Lead to ensure clients are identified and connected to appropriate housing vacancies quickly including using processes such as by-name list and case conferencing? • Does the project demonstrate how it will adequately protect the safety of DV survivors during assessment and referral? 	RFI	Up to 8 points
2.D. Ready to Start	<p>Award points if the proposed project will be ready to begin serving clients within 3 months of receiving HUD funding. Consider:</p> <ul style="list-style-type: none"> • Whether the agency has demonstrated communication/coordination with the CE Lead in developing the proposed projects (via letter of support or email correspondence); 	RFI	Up to 8 points

SACRAMENTO CONTINUUM OF CARE

	<ul style="list-style-type: none"> • Whether the agency's current staff has the capacity to begin preparing for this project; • Whether the agency has a plan to train staff in local Coordinated Entry processes and tools (e.g., does the project indicate how many staff will be/are already trained in HMIS or the VI-SPDAT); and • Whether the agency already has policies and procedures that can be used as-is or easily adapted for use in this project. 		
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3. SERVICES (13 pts.)

Name	Description	Sources	Score
3.A. Referrals to Services	<p>Award points if the proposed project's services assessment process will align with HUD requirements and local Coordinated Entry design.</p> <ul style="list-style-type: none"> • Does the project have a plan for diverting clients who might be able to self-resolve? Evaluate how the project will connect clients to self-help resources when appropriate. • Will the project actively evaluate which services a client would benefit from while waiting to be matched with housing (e.g., on-going case management), taking into account client preference? 	RFI	Up to 4 points
3.B. Services in the Community	<p>Award points if the proposed project will have adequate connections to the broader homelessness system of care. Consider:</p> <ul style="list-style-type: none"> • Does the project adequately describe their plan for connecting clients to services in the community? Award fewer points for general statements, more points for concrete descriptions of service linkages and delivery. 	RFI	Up to 6 points

SACRAMENTO CONTINUUM OF CARE

	<ul style="list-style-type: none"> Does the project have existing relationships with service providers that are not currently available through the existing Coordinated Entry System? Does the project participate in any unique committees or partnerships that will be beneficial for connecting clients to services? 		
3.C. Agency Resource Training	<p>Award points if the proposed project will conduct or provide access to training for staff on available mainstream resources for which clients may qualify. Consider:</p> <ul style="list-style-type: none"> Agency plans for staff training on benefits eligibility; Agency capacity to provide connections to mainstream benefits, such as SOAR training. 	RFI	Up to 3 points

4. AGENCY CAPACITY (20 pts.)

Name	Description	Sources	Score
4.A. Budget	<p>Award points based on the bullet points below:</p> <ul style="list-style-type: none"> Project has submitted a budget that is clear, complete, and easy to read. The budget shows that the project will have enough resources to provide high-quality, reliable services to the target population. The budget shows that the project will leverage significant outside resources (funding, staff, building space, volunteers, etc.) rather than rely entirely on CoC funds. The budget shows that the project is taking appropriate measures to contain costs. 	Budget RFI	Up to 5 points
4.B. Agency Capacity	<p>Award points if agency: Has successfully handled at least one other federal grant or other major grant of this size and complexity, either in or out of the CoC (or can otherwise demonstrate that it can</p>	e-LOCCs E-Snaps	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

	<p>successfully manage complex reporting requirements).</p> <ul style="list-style-type: none"> Has sufficient fiscal capacity to manage the grant, including: <ul style="list-style-type: none"> internal financial controls grant match tracking well-maintained records oversight by a board of directors a strategy for documenting eligible costs a strategy for ensuring adequate grant drawdowns Is large enough to handle the expected client case load; Is familiar with innovative or evidence-based practices; Includes at least one person with formal training and/or education in a relevant social services field 		
<p>4.C. Audit and Monitoring Findings</p>	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for similar projects.</p> <p>Agencies that have irregularities for similar projects must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and (2) the project's plan to rectify program irregularities. If irregularities have been rectified, agencies should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p> <p>Award full points (5 points) for the project if:</p> <ul style="list-style-type: none"> If the agency can show no irregularities from similar projects; or 	<p>All HUD, SSF, or financial audits from last 2 years.</p> <p>RFI</p>	<p>Up to 5 points</p>

Objective Criteria Used to Score New CE Projects

SACRAMENTO CONTINUUM OF CARE

	<ul style="list-style-type: none"> If no irregularities have been revealed by any audits or monitoring for similar projects. <p>Award up to 5 points for the project if:</p> <ul style="list-style-type: none"> If the agency adequately submits relevant documentation identifying any irregularities and provides an adequate explanation to show how any irregularities have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the agency will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the agency will avoid similar findings in the future. If the agency is currently disputing findings from an audit or monitoring for a similar project and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 3 points if irregularities were found for similar projects and the agency provided documentation, but the agency does not provide an adequate explanation.</p> <p>Award no points if the agency does not submit any documentation (e.g., confirmation letters) from oversight entities to support this criteria.</p>		
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5A. PRIORITIZATION FOR NEW PROJECTS EXCEPT DV BONUS (25 pts.)

Name	Description	Sources	Score
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SACRAMENTO CONTINUUM OF CARE

	<p>Award points if the project addresses the priority need identified by the Advisory Committee in 2019: Permanent Supportive Housing, with targeted services for either youth or seniors. <u>OR</u></p> <p>Award points if the project addresses the priority need identified by the CoC Board in 2021: Permanent Supportive Housing, with targeted services for those experiencing health conditions identified by the CDC as making someone vulnerable to COVID-19. For a full list of conditions, see here.</p>		
<p>5.A.1. Community Priority</p> <p>Objective Criteria Used to Score New CE Projects</p>	<p>Please note that HUD may require that Permanent Supportive Housing be dedicated to persons experiencing Chronic Homelessness.</p> <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E-snaps RFI</p>	<p>Up to 10 points</p>
<p>5.A.2. HUD Priority</p> <p>Objective Criteria Used to Score New CE Projects</p>	<p>Award points if the project addresses the priority needs identified by HUD in 2021:</p> <ul style="list-style-type: none"> Permanent Supportive Housing or Rapid Re-Housing that leverages healthcare resources to support program participants (as documented with a written commitment from a health care organization); <u>OR</u> Permanent Supportive Housing or Rapid Re-Housing, with Housing Choice Voucher (HCV) or other non-CoC funding for rental assistance of leasing. <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E-snaps RFI</p>	<p>Up to 5 points</p>
<p>5.A.3. Severity of Needs & Special Considerations</p>	<p>Award points to projects that will serve population(s) with severe needs and vulnerabilities (e.g. chronically homeless,</p>	<p>RFI APR</p>	<p>Up to 10 points</p>

SACRAMENTO CONTINUUM OF CARE

	<p>history of domestic violence), and will also fill an important gap in housing and services for persons experiencing homelessness in the Sacramento region (e.g., serving a unique population, leveraging certain funding, maintaining site based housing).</p> <p>Applicants should specifically consider the needs and vulnerabilities of youth or seniors or for those experiencing health conditions identified by the CDC as making someone vulnerable to COVID-19. For a full list of conditions, see here.</p>		
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5B. PRIORITIZATION FOR DV BONUS HOUSING (25 pts.)

Use this section instead of the previous page if the project is applying for DV Bonus funding. For all scoring purposes, “domestic violence” also includes dating violence, sexual assault, stalking, and/or trafficking.

Name	Description	Source	Score
5.B.1. How Project will Address Need	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • Project provides data describing the CoC’s population of domestic violence survivors. • Project explains how it proposes to meet the unmet needs of domestic violence survivors, especially with survivors who come from unsheltered situations. • The project’s staff has skills that are specifically needed to identify and locate survivors, or to persuade survivors to accept and enter housing. • The project’s staff utilize trauma-informed and client-centered approaches. • The project meets a priority need identified by HUD in 2021: <ul style="list-style-type: none"> ○ Permanent Supportive Housing or Rapid Re-Housing that leverages healthcare resources to support program participants (as documented with a written commitment from a health care organization); <u>OR</u> 	RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

	<ul style="list-style-type: none"> Permanent Supportive Housing or Rapid Re-Housing, with Housing Choice Voucher (HCV) or other non-CoC funding for rental assistance of leasing. 		
5.B.2. Previous Performance	Award points if the agency has experience serving, or demonstrates a plan to serve, victims who are fleeing, or attempting to flee, domestic violence, which includes dating violence, sexual assault, stalking, and/or human trafficking, and that experience, or plan, specifically shows that they can serve victims who come from unsheltered situations.	RFI	Up to 10 points
5.B.3. Ability to Meet Safety Outcomes	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> The project articulates a specific plan for ensuring that its residents will be safe from further domestic violence. The project sets quantitative safety targets that are appropriate and realistic. The project explains why it is likely to be able to achieve the targeted safety outcomes. 	RFI	Up to 10 points

6. COMMUNITY (10 pts.)

Name	Description	Sources	Score
6.A. Participation in CoC Activities	Award points for the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFA. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.	RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

<p>6.B. Local Competition Deadlines</p>	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <ul style="list-style-type: none"> • Award 3 points if any portion of the local application was turned in <u>up to</u> 24 hours late. • Award no points if any mandatory portion of the local application was <u>more than</u> 24 hours late. • If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel. 	<p>Homebase analysis</p>	<p>Up to 5 points</p>
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Objective Criteria Used to Score New CE Projects

PROJECTS REJECTED/REDUCED – PUBLIC POSTING

1E-5

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Document Satisfying Requirement	Page Number
Email to all applicants distributing final ranked list and notifying applicants that the ranked list is posted online, sent 10/29/2021	1
Screenshot of ranked list posted on the CoC website from 10/29/2021	2
Final ranked list distributed over email and publicly available on the CoC website <ul style="list-style-type: none">• Rejected Projects – pg. 3• Involuntarily Reduced Projects – pg. 3, 4	3-4
Email communications with Mercy Housing – Mather Veterans Village regarding their voluntary reallocation of funding, sent 9/21/2021 and 9/22/2021	5-6



Maddie Nation <maddie@homebaseccc.org>

**Posted more than 15 days
before HUD's submission
deadline**

2021 NOFO Priority Listing - Approved by CoC Board

1 message

Maddie Nation <maddie@homebaseccc.org>

Fri, Oct 29, 2021 at 11:42 AM

Cc: Sacramento <sacramento@homebaseccc.org>, Michele Watts <mwatts@sacstepsforward.org>, Michelle Hulshof <mcharlton@sacstepsforward.org>

All CoC Applicants

Bcc: Lois <littlewolf@cottagehousing.org>, David <dhusid@cottagehousing.org>, Cynthia <chunt@cottagehousing.org>, Carol Roberts <CRoberts@lssnocal.org>, Kate Hutchinson <khutchinson@lssnocal.org>, Amy Lawrence <ALawrence@lssnocal.org>, Erica Plumb <eplumb@mercyhousing.org>, Wendy Saca-Mertens <wsaca@mercyhousing.org>, Kendra <KBarter@vetsresource.org>, Alexandra <alexandra.armenta@gmail.com>, Benjamin Uhlenhop <buhlenhop@nextmovesacramento.org>, Nick Lee <Nickl@goodwillsacto.org>, Cynthia Pimentel <cpimentel@nextmovesacramento.org>, Cheyenne Caraway <ccaraway@shra.org>, Troy Lynch <tlynch@shra.org>, Kassie Slater <kslater@shra.org>, Michele <mwatts@sacstepsforward.org>, Stacey <sfong@sacstepsforward.org>, Peter Bell USE THIS ONE <pbell@sacstepsforward.org>, SSF Contracts Department <contracts@sacstepsforward.org>, John Foley <jfoley@sacselfhelp.org>, Elizabeth Hudson <ehudson@sacselfhelp.org>, Annie Hooper <Ahooper@sacselfhelp.org>, Koren Lamar <klamar@sacselfhelp.org>, Carolyn Thomas <cthomas@sacselfhelp.org>, Latika Alqarwani <lalqarwani@tlcssac.org>, Erin Johansen <ejohansen@tlcssac.org>, Fatima Hessabi <fhessabi@hopecoop.org>, Desirae Stermer <dsterner@hopecoop.org>, Karina Riley <kriley@hopecoop.org>, Latesha Pierce <lpierce@hopecoop.org>, Debi <Dmiller@hopecoop.org>, Jill Fox <jfox@voa-ncnn.org>, Teresa Sundstrom <tsundstrom@voa-ncnn.org>, Josh <jarnold@voa-ncnn.org>, Emily Zelaya <emily@openingdoorsinc.org>, Analee Villalpando <analee@openingdoorsinc.org>, Jessie Tientchev <jessie@openingdoorsinc.org>, Jennifer Valencia <jennifervmsh@gmail.com>, nilda valmores <nildamsh@gmail.com>, Patricia <patriciaguerramsh@gmail.com>, Mai Quach <mquach@lfc.org>, Brad Meyer <bmeyer@lfc.org>, Erin Johansen <ejohansen@hopecoop.org>, rmacfarlane@stepup.org, Ivan Garcia <lgarcia@stepup.org>, Shelley Sedenquist <ssedenquist@hopecoop.org>, Tove Beatty <tove.beatty@shelterinc.org>, FEED SACRAMENTO HOMELESS <feedsacramentohomeless@gmail.com>, Gina Roberson <groberon@weaveinc.org>, Casie Pauley <cpauley@weaveinc.org>, Larry.Carmichael@usw.salvationarmy.org, ragan.kontes@usw.salvationarmy.org, jmjones@lifestepsusa.org, robynne.rose-haymer@saccenter.org, melissa.muganzomurphy@saccenter.org, Josiah Kitonga <jkitonga@ymcasuperiorcal.org>, Sharna Braucks <SBraucks@ymcasuperiorcal.org>, Joe Bodnar <bodnar@sbcglobal.net>, Judi Alexander <judialexander496@gmail.com>, lpazdral@agencyonaging4.org, ahoughton@agencyonaging4.org, Ken Bennett <kbennett@sacselfhelp.org>, nicholuspetererson@gmail.com

Dear Sacramento CoC NOFO Applicants:

At their meeting earlier today (10/29), the **Sacramento Continuum of Care (CoC) Board approved the 2021 CoC NOFO Priority Listing as recommended by the Review and Rank Panel** (no changes). Please find the final approved Priority Listing on the [CoC's website](#) and attached here.

If you have any questions or concerns, please reach out to sacramento@homebaseccc.org. Thank you to everyone for all of your hard work this competition season!

Best,
Maddie

Homebase | Maddie Nation | Policy Analyst

p: 415-788-7961 ext. 325 w: www.homebaseccc.org

a: 870 Market Street, Suite 1228, San Francisco, CA 94102

Advancing Solutions to Homelessness

Legal and Technical Assistance | Policy | Advocacy | Planning

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2021 Sacramento CoC Final Priority Listing (10.29).pdf
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2021 Continuum of Care (CoC) x +

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Friday, October 29, 2021

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2021 Continuum of Care (CoC) Program Competition

The U.S. Department of Housing and Urban Development (HUD) has released a Notice of Funding Opportunity (NOFO), signifying the beginning of a funding competition among approximately 450 Continuums of Care (CoC), the community stakeholder groups that guide local responses to homelessness. The 2021 CoC NOFO was released on August 18, 2021, opening the competition making available approximately \$2.7 billion nationally to serve people experiencing homelessness. The information in the NOFO sets forth the competition rules and processes for 2021.

Key NOFO Details:

- [Notice of Funding Opportunity](#)
- [Funding Opportunity Number: FR-6500-N-25](#)
- [Sacramento CoC NOFO Summary](#)

Technical Assistance (TA) & Office Hours Materials:

- [9/2/21 TA Workshop Materials](#)
- 9/9/21 Office Hours Recording – to be provided
 - [Coordinated Entry 101 Presentation](#)
 - [Being a Sacramento Steps Forward Subrecipient Presentation](#)
 - [Financial Documentation Requirements Timelines for SRs 2.8.2021](#)

Project Competition:

- [2021 CoC Final Priority Listing](#) – Approved by the CoC Board on Friday, October 29, 2021

Community Application Timeline:

Posted more than 15 days before
HUD submission deadline

Copy of Priority Listing Sent Via Email and Posted Online

Sacramento County Continuum of Care
2021 Continuum of Care Final Priority Listing
Approved by the CoC Board on October 29, 2021

Annual Renewal Demand \$26,381,539
CoC Bonus Funding Available \$1,319,077
DV Bonus Funding Available \$1,498,148
Total Ranked Funding Available \$29,198,764

Rows 29, 30, 32 are all reduced, see footnotes on pg. 4

CoC Planning (Not Ranked) \$791,446
Total Funding Available (includes planning) \$29,990,210

Tier 1 Available \$ 26,381,539
Tier 2 Available \$ 1,319,077
Tier 1 + Tier 2 Total \$ 27,700,616

Tier 1 Recommended List										
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Population	Grant Amount	
1	No	100.8	Home At Last	Next Move	PH	22	22	Singles 55+	\$ 427,687	
2	No	100	Achieving Change Together (ACT)	LSS	PH	33	33	Singles	\$ 491,435	
3	No	99.9	Mather Veterans Village	Mercy Housing	PH	12	12	Adult Singles	\$ 175,780	
4	No	97.95	Quinn Cottages	Cottage Housing	PH	70	60	Adult Singles/Families	\$ 318,083	
5	No	97.4	Mutual Housing at the Highlands	LSS	PH	21	21	Adult Singles	\$ 431,709	
6	No	97.1	Step Up Sacramento	Next Move	PH	196	130	Adults, TAY Singles, Families	\$ 3,204,405	
7	No	97	Building Bridges Program	LSS	PH	212	124	Adults, TAY Singles, Families	\$ 373,275	
8	No	95.6	Connections	LSS	PH	19	16	TAY Singles and Families	\$ 542,634	
9	No	95.6	Omega Permanent Supportive Housing Project	Next Move	PH	80	37	Adults, Singles, Families	\$ 452,641	
10	No	95.6	Boulevard Court (Budget Inn)	SHRA	PH	14	14	Adult Singles	\$ 196,418	
11	No	94.1	Lavender Court (new)	LSS	PH	24	24	Singles 62+, LGBTQ or ally	\$ 310,450	
12	No	93.6	Friendship Housing Expansion II	SSHH	PH	144	30	Adult Singles	\$ 1,813,639	
13	No	93.6	New Community	SSHH	PH	64	13	Adult Singles	\$ 910,509	
14	No	91.7	TPCP Pathways Alternative Housing Program (new)	Turning Point	PH	60	25	Adult Singles/Families	\$ 539,377	
15	No	90.6	TPCP Fairview Programs (new)	Turning Point	PH	42	12	Adult Singles/Families	\$ 200,336	
16	No	88.7	Saybrook Permanent Supportive Housing Project	LSS	PH	184	55	Adults, TAY Singles, Families	\$ 570,536	
17	No	88.4	Shelter Plus Care TRA	SHRA	PH	699	349	Adults, TAY Singles, Families	\$ 6,120,687	
18	No	79.7	ReSTART Permanent Supportive Housing	VOA	PH	176	132	Adult Singles/Families	\$ 3,372,233	
19	No	77.5	HOPE RA	TLCS	PH	235	180	Adult Singles/Families	\$ 2,716,957	
20	No	Auto	Senior Connect*	LSS	PH	35	25	Senior Adult Singles	\$ 579,844	
21	No	Auto	Youth Connect*	LSS	PH	20	15	TAY Singles and Families	\$ 402,238	
22	No	Auto	MSH Rehousing Project*	MSH	PH	17	10	DV, Adult Singles/Families	\$ 286,085	
23	No	Auto	Survivors of Human Trafficking*	Opening Doors	PH	46	28	DV, Adult Singles/Families	\$ 687,368	
24	No	Auto	Shared Community*	SSHH	PH	50	13	Adult Singles	\$ 910,245	
25	No	Auto	Sacramento HMIS*	SSF	Other	N/A	N/A	N/A	\$ 273,194	
26	No	72.4	Shasta Hotel	SHRA	PH	18	18	Adult Singles	\$ 73,774	
Tier 2 Recommended List										
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Population	Grant Amount	
26	Yes	72.4	Shasta Hotel	SHRA	PH	See above	See above	See above	\$118,301	
27	No	80.5	Sacramento CES** (new)	SSF	Other	N/A	N/A	N/A	\$300,000	
28	No	79.9	Northview Point** (new)	TLCS	PH	66	66	Adult Singles	\$300,000	
29	Yes	64.5	Possibilities (TH-RRH)***	TLCS	PH	33	22	Adult Singles	\$600,776	
DV Bonus Funds										
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Population	Grant Amount	
30	Yes	84.8	Sacramento DV CES**** (new)	SSF	Other	N/A	N/A	N/A	\$ 325,658	
31	Yes	74.7	Joy of Living (new)	LFCD	PH	60	15	DV, Adult Singles/Families	\$ 446,833	
32	Yes	72.7	DV Rapid Re-Housing**** (new)	SHELTER, Inc.	PH	24	9	DV, Adult Singles/Families	\$ 725,658	
Not Ranked Per NOFA Guidelines										
			Project	Applicant	Type	Number of Beds	Number of Units	Population	Grant Amount	
			2019 Planning Grant	SSF	Planning	N/A	N/A	N/A	\$ 791,446	
Rejected										
		Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Population	Grant Amount
		Yes	63.9	Affinity Community	SSHH	PH	30	7	Adult Singles	\$ 625,004
		Yes	54.1	Mini Home Villages Between W & X	YMCA	Other	430	200	Families and Youth	\$ 2,710,732

*Projects automatically placed in Tier 1 because they have less than 18 months of operations data, or are HMIS, per the R&R policies.

**Panel use of discretion to rank new projects directly below eligible renewal projects per the R&R policies.

Rejected Applicants

Sacramento County Continuum of Care
2021 Continuum of Care Final Priority Listing
Approved by the CoC Board on October 29, 2021

Annual Renewal Demand	\$26,381,539		
CoC Bonus Funding Available	\$1,319,077		
DV Bonus Funding Available	\$1,498,148		
Total <i>Ranked</i> Funding Available	\$29,198,764		
CoC Planning (Not Ranked)	\$791,446	Tier 1 Available	\$ 26,381,539
Total Funding Available (includes planning)	\$29,990,210	Tier 2 Available	\$ 1,319,077
		Tier 1 + Tier 2 Total	\$ 27,700,616

***Renewal grant amount reduced by \$288,318 in order to remain within the remaining amount of Tier 2 funding available. The units/beds currently listed in the chart do not yet take into account the reallocation/reduction in funding. Updates/reductions to beds/units will be finalized after NOFO awards are announced.

****DV CES and DV Rapid Re-Housing grant amounts reduced by \$72,490.50 in order to remain within the amount of DV Bonus funding available.

Reduced Projects Footnotes (rows 29, 30, 32)



Maddie Nation <maddie@homebaseccc.org>

**More than 15 days
before HUD submission
deadline****Mather Veteran Village Esnaps- project applicaiton****Wendy Mertens** <wsaca@mercyhousing.org>

Tue, Sep 21, 2021 at 11:47 AM

To: Maddie Nation <maddie@homebaseccc.org>

Cc: "sacramento@homebaseccc.org" <sacramento@homebaseccc.org>, "Michele watts (mwatts@sacstepsforward.org)" <mwatts@sacstepsforward.org>, Erica Plumb <eplumb@mercyhousing.org>

Good afternoon. I appreciate your patience as I worked through figuring out our relocation amount. I want to make sure that we can continue to cashflow with the reduction in subsidy and feel confident about the decision. Since this was going to be a permanent reduction it was important that the project was going to be feasible over time and not create an operating deficit.

With the new information provided by Homebase last Friday, I tittered between reducing it to 11 units at \$156k or 12 units at \$172k. I actually prefer reducing it to \$156k but I have come to the conclusion that I do not want to take the chance at this time. Therefore, we will be applying for rental assistance of \$171,072 plus the admin fee of \$4,708.

Voluntary Reallocation from Mercy Housing - Mather Veterans Village

12 units X \$1,188 FMR rent X 12 months = \$171,072.

Thank you for your patience

[Quoted text hidden]

[Quoted text hidden]


1K



Maddie Nation <maddie@homebaseccc.org>

**More than 15 days
before HUD Submission
Deadline**

Mather Veteran Village EsnapS- project applicaiton

Maddie Nation <maddie@homebaseccc.org>

To: Wendy Mertens <wsaca@mercyhousing.org>

Cc: "sacramento@homebaseccc.org" <sacramento@homebaseccc.org>, "Michele watts (mwatts@sacstepsforward.org)" <mwatts@sacstepsforward.org>, Erica Plumb <eplumb@mercyhousing.org>

Wed, Sep 22, 2021 at 9:36 AM

Hi Wendy,

Thank you for the update! This email confirms that Mercy Housing - Mather Veterans Village will be requesting \$175,780 in the 2021 CoC NOFO competition.

Best,
Maddie**Voluntary Reallocation from Mercy Housing - Mather Veterans Village** **Homebase** | **Maddie Nation** | **Policy Analyst****p:** 415-788-7961 ext. 325 **w:** www.homebaseccc.org**a:** 870 Market Street, Suite 1228, San Francisco, CA 94102**Advancing Solutions to Homelessness**

Legal and Technical Assistance | Policy | Advocacy | Planning

The content in this message is provided for information purposes only and does not constitute legal advice. Homebase does not enter into attorney-client relationships.

On Tue, Sep 21, 2021 at 11:47 AM Wendy Mertens <wsaca@mercyhousing.org> wrote:

[Quoted text hidden]

PROJECTS ACCEPTED – PUBLIC POSTING

1E-5A

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Document Satisfying Requirement	Page Number
Email to all applicants distributing final ranked list and notifying applicants that the ranked list is posted online, sent 10/29/2021	1
Screenshot of ranked list posted on the CoC website from 10/29/2021	2
Final ranked list distributed over email and publicly available on the CoC website <ul style="list-style-type: none">Accepted Projects – pg. 3	3-4



Maddie Nation <maddie@homebaseccc.org>

**Posted more than 15 days
before HUD's submission
deadline**

2021 NOFO Priority Listing - Approved by CoC Board

1 message

Maddie Nation <maddie@homebaseccc.org>

Fri, Oct 29, 2021 at 11:42 AM

Cc: Sacramento <sacramento@homebaseccc.org>, Michele Watts <mwatts@sacstepsforward.org>, Michelle Hulshof <mcharlton@sacstepsforward.org>

All CoC Applicants

Bcc: Lois <littlewolf@cottagehousing.org>, David <dhusid@cottagehousing.org>, Cynthia <chunt@cottagehousing.org>, Carol Roberts <CRoberts@lssnorcal.org>, Kate Hutchinson <khutchinson@lssnorcal.org>, Amy Lawrence <ALawrence@lssnorcal.org>, Erica Plumb <eplumb@mercyhousing.org>, Wendy Saca-Mertens <wsaca@mercyhousing.org>, Kendra <KBarter@vetsresource.org>, Alexandra <alexandra.armenta@gmail.com>, Benjamin Uhlenhop <buhlenhop@nextmovesacramento.org>, Nick Lee <Nickl@goodwillsacto.org>, Cynthia Pimentel <cpimentel@nextmovesacramento.org>, Cheyenne Caraway <ccaraway@shra.org>, Troy Lynch <tlynch@shra.org>, Kassie Slater <kslater@shra.org>, Michele <mwatts@sacstepsforward.org>, Stacey <sfong@sacstepsforward.org>, Peter Bell USE THIS ONE <pbell@sacstepsforward.org>, SSF Contracts Department <contracts@sacstepsforward.org>, John Foley <jfoley@sacselfhelp.org>, Elizabeth Hudson <ehudson@sacselfhelp.org>, Annie Hooper <Ahooper@sacselfhelp.org>, Koren Lamar <klamar@sacselfhelp.org>, Carolyn Thomas <cthomas@sacselfhelp.org>, Latika Alqarwani <lalqarwani@tlcssac.org>, Erin Johansen <ejohansen@tlcssac.org>, Fatima Hessabi <fhessabi@hopecoop.org>, Desirae Stermer <dsterner@hopecoop.org>, Karina Riley <kriley@hopecoop.org>, Latesha Pierce <lpierce@hopecoop.org>, Debi <Dmiller@hopecoop.org>, Jill Fox <jfox@voa-ncnn.org>, Teresa Sundstrom <tsundstrom@voa-ncnn.org>, Josh <jarnold@voa-ncnn.org>, Emily Zelaya <emily@openingdoorsinc.org>, Analee Villalpando <analee@openingdoorsinc.org>, Jessie Tientchev <jessie@openingdoorsinc.org>, Jennifer Valencia <jennifervmsh@gmail.com>, nilda valmores <nildamsh@gmail.com>, Patricia <patriciaguerramsh@gmail.com>, Mai Quach <mquach@lfd.org>, Brad Meyer <bmeyer@lfd.org>, Erin Johansen <ejohansen@hopecoop.org>, rmacfarlane@stepup.org, Ivan Garcia <lgarcia@stepup.org>, Shelley Sedenquist <ssedenquist@hopecoop.org>, Tove Beatty <tove.beatty@shelterinc.org>, FEED SACRAMENTO HOMELESS <feedsacramentohomeless@gmail.com>, Gina Roberson <groberon@weaveinc.org>, Casie Pauley <cpauley@weaveinc.org>, Larry.Carmichael@usw.salvationarmy.org, ragan.kontes@usw.salvationarmy.org, jmjones@lifestepsusa.org, robyne.rose-haymer@saccenter.org, melissa.muganzomurphy@saccenter.org, Josiah Kitonga <jkitonga@ymcasuperiorcal.org>, Sharna Braucks <SBraucks@ymcasuperiorcal.org>, Joe Bodnar <bodnar@sbcglobal.net>, Judi Alexander <judialexander496@gmail.com>, lpazdral@agencyonaging4.org, ahoughton@agencyonaging4.org, Ken Bennett <kbennett@sacselfhelp.org>, nicholuspetererson@gmail.com

Dear Sacramento CoC NOFO Applicants:

At their meeting earlier today (10/29), the **Sacramento Continuum of Care (CoC) Board approved the 2021 CoC NOFO Priority Listing as recommended by the Review and Rank Panel** (no changes). Please find the final approved Priority Listing on the [CoC's website](#) and attached here.

If you have any questions or concerns, please reach out to sacramento@homebaseccc.org. Thank you to everyone for all of your hard work this competition season!

Best,
Maddie

Homebase | Maddie Nation | Policy Analyst

p: 415-788-7961 ext. 325 w: www.homebaseccc.org

a: 870 Market Street, Suite 1228, San Francisco, CA 94102

Advancing Solutions to Homelessness

Legal and Technical Assistance | Policy | Advocacy | Planning

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2021 Sacramento CoC Final Priority Listing (10.29).pdf
56K

Apple PreviewFile Edit View Go Tools Window Help

2021 Continuum of Care (CoC) x +

← → ↻ sacramentostepsforward.org/2021-continuum-of-care-coc-program-competition/

Friday, October 29, 2021

View as Analog

✓ View as Digital

Open Date & Time Preferences...

2021 Continuum of Care (CoC) Program Competition

The U.S. Department of Housing and Urban Development (HUD) has released a Notice of Funding Opportunity (NOFO), signifying the beginning of a funding competition among approximately 450 Continuums of Care (CoC), the community stakeholder groups that guide local responses to homelessness. The 2021 CoC NOFO was released on August 18, 2021, opening the competition making available approximately \$2.7 billion nationally to serve people experiencing homelessness. The information in the NOFO sets forth the competition rules and processes for 2021.

Key NOFO Details:

- [Notice of Funding Opportunity](#)
- [Funding Opportunity Number: FR-6500-N-25](#)
- [Sacramento CoC NOFO Summary](#)

Technical Assistance (TA) & Office Hours Materials:

- [9/2/21 TA Workshop Materials](#)
- 9/9/21 Office Hours Recording – to be provided
 - [Coordinated Entry 101 Presentation](#)
 - [Being a Sacramento Steps Forward Subrecipient Presentation](#)
 - [Financial Documentation Requirements Timelines for SRs 2.8.2021](#)

Project Competition:

- [2021 CoC Final Priority Listing](#) – Approved by the CoC Board on Friday, October 29, 2021

Community Application Timeline:

Posted more than 15 days before HUD submission deadline

Apple Safari

Google Chrome

Microsoft Word

Microsoft Excel

Microsoft PowerPoint

Zoom

Calendar

Clock

Photos

Mail

Messages

Maps

Books

Spreadsheets

Copy of Priority Listing Sent Via Email and Posted Online

Sacramento County Continuum of Care 2021 Continuum of Care Final Priority Listing Approved by the CoC Board on October 29, 2021

Annual Renewal Demand \$26,381,539
CoC Bonus Funding Available \$1,319,077
DV Bonus Funding Available \$1,498,148
Total Ranked Funding Available \$29,198,764

CoC Planning (Not Ranked) \$791,446
Total Funding Available (includes planning) \$29,990,210

Accepted Projects

Tier 1 Available \$ 26,381,539
Tier 2 Available \$ 1,319,077
Tier 1 + Tier 2 Total \$ 27,700,616

Tier 1 Recommended List									
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Population	Grant Amount
1	No	100.8	Home At Last	Next Move	PH	22	22	Singles 55+	\$ 427,687
2	No	100	Achieving Change Together (ACT)	LSS	PH	33	33	Singles	\$ 491,435
3	No	99.9	Mather Veterans Village	Mercy Housing	PH	12	12	Adult Singles	\$ 175,780
4	No	97.95	Quinn Cottages	Cottage Housing	PH	70	60	Adult Singles/Families	\$ 318,083
5	No	97.4	Mutual Housing at the Highlands	LSS	PH	21	21	Adult Singles	\$ 431,709
6	No	97.1	Step Up Sacramento	Next Move	PH	196	130	Adults, TAY Singles, Families	\$ 3,204,405
7	No	97	Building Bridges Program	LSS	PH	212	124	Adults, TAY Singles, Families	\$ 373,275
8	No	95.6	Connections	LSS	PH	19	16	TAY Singles and Families	\$ 542,634
9	No	95.6	Omega Permanent Supportive Housing Project	Next Move	PH	80	37	Adults, Singles, Families	\$ 452,641
10	No	95.6	Boulevard Court (Budget Inn)	SHRA	PH	14	14	Adult Singles	\$ 196,418
11	No	94.1	Lavender Court (new)	LSS	PH	24	24	Singles 62+, LGBTQ or ally	\$ 310,450
12	No	93.6	Friendship Housing Expansion II	SSHH	PH	144	30	Adult Singles	\$ 1,813,639
13	No	93.6	New Community	SSHH	PH	64	13	Adult Singles	\$ 910,509
14	No	91.7	TPCP Pathways Alternative Housing Program (new)	Turning Point	PH	60	25	Adult Singles/Families	\$ 539,377
15	No	90.6	TPCP Fairview Programs (new)	Turning Point	PH	42	12	Adult Singles/Families	\$ 200,336
16	No	88.7	Saybrook Permanent Supportive Housing Project	LSS	PH	184	55	Adults, TAY Singles, Families	\$ 570,536
17	No	88.4	Shelter Plus Care TRA	SHRA	PH	699	349	Adults, TAY Singles, Families	\$ 6,120,687
18	No	79.7	ReSTART Permanent Supportive Housing	VOA	PH	176	132	Adult Singles/Families	\$ 3,372,233
19	No	77.5	HOPE RA	TLCS	PH	235	180	Adult Singles/Families	\$ 2,716,957
20	No	Auto	Senior Connect*	LSS	PH	35	25	Senior Adult Singles	\$ 579,844
21	No	Auto	Youth Connect*	LSS	PH	20	15	TAY Singles and Families	\$ 402,238
22	No	Auto	MSH Rehousing Project*	MSH	PH	17	10	DV, Adult Singles/Families	\$ 286,085
23	No	Auto	Survivors of Human Trafficking*	Opening Doors	PH	46	28	DV, Adult Singles/Families	\$ 687,368
24	No	Auto	Shared Community*	SSHH	PH	50	13	Adult Singles	\$ 910,245
25	No	Auto	Sacramento HMIS*	SSF	Other	N/A	N/A	N/A	\$ 273,194
26	No	72.4	Shasta Hotel	SHRA	PH	18	18	Adult Singles	\$ 73,774
Tier 2 Recommended List									
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Population	Grant Amount
26	Yes	72.4	Shasta Hotel	SHRA	PH	See above	See above	See above	\$118,301
27	No	80.5	Sacramento CES** (new)	SSF	Other	N/A	N/A	N/A	\$300,000
28	No	79.9	Northview Point** (new)	TLCS	PH	66	66	Adult Singles	\$300,000
29	Yes	64.5	Possibilities (TH-RRH)***	TLCS	PH	33	22	Adult Singles	\$600,776
DV Bonus Funds									
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Population	Grant Amount
30	Yes	84.8	Sacramento DV CES**** (new)	SSF	Other	N/A	N/A	N/A	\$ 325,658
31	Yes	74.7	Joy of Living (new)	LFCD	PH	60	15	DV, Adult Singles/Families	\$ 446,833
32	Yes	72.7	DV Rapid Re-Housing**** (new)	SHELTER, Inc.	PH	24	9	DV, Adult Singles/Families	\$ 725,658
Not Ranked Per NOFA Guidelines									
			Project	Applicant	Type	Number of Beds	Number of Units	Population	Grant Amount
			2019 Planning Grant	SSF	Planning	N/A	N/A	N/A	\$ 791,446
Rejected									
	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Population	Grant Amount
	Yes	63.9	Affinity Community	SSHH	PH	30	7	Adult Singles	\$ 625,004
	Yes	54.1	Mini Home Villages Between W & X	YMCA	Other	430	200	Families and Youth	\$ 2,710,732

*Projects automatically placed in Tier 1 because they have less than 18 months of operations data, or are HMIS, per the R&R policies.

**Panel use of discretion to rank new projects directly below eligible renewal projects per the R&R policies.

Sacramento County Continuum of Care
2021 Continuum of Care Final Priority Listing
Approved by the CoC Board on October 29, 2021

Annual Renewal Demand	\$26,381,539		
CoC Bonus Funding Available	\$1,319,077		
DV Bonus Funding Available	\$1,498,148		
Total <i>Ranked</i> Funding Available	\$29,198,764		
CoC Planning (Not Ranked)	\$791,446		
Total Funding Available (includes planning)	\$29,990,210		
		Tier 1 Available	\$ 26,381,539
		Tier 2 Available	\$ 1,319,077
		Tier 1 + Tier 2 Total	\$ 27,700,616
***Renewal grant amount reduced by \$288,318 in order to remain within the remaining amount of Tier 2 funding available. The units/beds currently listed in the chart do not yet take into account the reallocation/reduction in funding.			
Updates/reductions to beds/units will be finalized after NOFO awards are announced.			
****DV CES and DV Rapid Re-Housing grant amounts reduced by \$72,490.50 in order to remain within the amount of DV Bonus funding available.			

HOUSING LEVERAGING COMMITMENTS

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Formal written agreement between Sacramento Housing & Redevelopment Agency and Excelerate Housing Group regarding the new permanent supportive housing project: Northview Pointe	1
Formal written agreement between Mercy Housing and Lutheran Social Services regarding the new permanent supportive housing project: Lavender Court	2



June 18, 2021

Excelerate Housing Group
Attn: Dana Trujillo
3910 Cover Street
Long Beach, CA 90808

VIA email: dana@ehghousing.com

**Re: Project-Based Vouchers for Homeless Families / Individuals – RFP #2113-DS
Award of Project Based Vouchers for Northview Pointe**

**The 66 PBVs for Northview Pointe
include 100% of the units covered in
this project.**

Dana Trujillo:

Thank you for submitting an application in response to the Request for Proposals (RFP) issued by the Sacramento Housing and Redevelopment Agency (SHRA) to provide affordable housing to homeless families / individuals. SHRA is pleased to inform you that based on your proposal and an inspection of the site; we are awarding Sixty - Six (66) project-based vouchers to Northview Pointe.

**Project Name & Number of
Subsidies Committed**

Because these vouchers are under the purview of HUD, your award is contingent on meeting project-based voucher (PBV) regulations related to (but not limited to) environmental clearance, oversight, review and subsidy layering requirements (see Title 24 Part 983 of the Code of Federal Regulations).

The Housing Authority and Excelerate Housing Group, must enter into an Agreement to Enter into a Housing Assistance Payment (AHAP). **Under no circumstances** will any construction work begin prior to signing the AHAP. Per HUD regulations, construction begins with excavation or site preparation (including the clearing of land).

The initial contract term for this Project-Based Voucher assistance will be twenty (20) years and under no circumstances will work commence on the project site until the AHAP is signed.

Please contact Laila Darby, Housing Choice Voucher Director at (916) 440-1384 or ldarby@shra.org if you have any questions or comments regarding this commitment.

**Timeframe for the
Availability of the
Resources**

Respectfully,

Darrin Samford
Compliance/Procurement Analyst





Kate Hutchinson
Deputy Director, Lutheran Social Services
4390 47th Ave
Sacramento, CA 95821

The 24 PBVs for Lavender Court include 100% of the units covered in the CoC components of this project.

Dear Ms. Hutchinson,

Project Name

Mutual Housing California is the sponsor and developer of **Lavender Courtyard** by Mutual Housing, a 53-unit affordable senior community presently under construction at 16th and F Streets in Sacramento. As owner and developer, we have applied for and been **awarded a 20-year contract for 24 project-based HUD rental assistance vouchers** from the Housing Authority of the City of Sacramento. Mutual Housing California has executed an agreement with Lutheran Social Services (LSS) whereby LSS will provide supportive services for residents in these 24 units. The rental assistance vouchers and associated payments are not funded through the Continuum of Care.

Please contact project manager Danny Kolosta with any questions or requests for additional documentation.

Sincerely,

Holly Wunder Stiles
Director of Housing Development
Mutual Housing California

**Number of
Subsidies
Committed &
Timeframe for
the Availability
of the
Resources**

HEALTHCARE FORMAL AGREEMENTS

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Formal written agreement between Sacramento County Department of Behavioral Health Services and Turning Point Community Programs regarding one new permanent supportive housing project that meets the thresholds: <ul style="list-style-type: none">• Pathways Fairview & Bravado Project	1-2

County Executive Department of
Kothari, Director

Deputy County Executive Divisions
Services
Social Services Primary Health



Health Services Ann Edwards Chevron

Bruce Wagstaff Behavioral Health

Public Health

Departmental Administration

County of Sacramento

November 4, 2021

Re: Letter of Support

Turning Point Community Programs Department of Housing and Urban
Development (HUD) Continuum of Care Local Competition

To Whom It May Concern:

Please accept this Letter of Support for the Turning Point HUD Continuum of Care Local Competition. The Sacramento County Department of Health Services currently contracts with Turning Point Community Services for the provision of a full array of mental health services to eligible individuals, which includes access to Permanent Supportive Housing and Rapid Rehousing services. If awarded, grant funds will be utilized for eligible clients experiencing homelessness who are also enrolled in the Sacramento County contracted Turning Point Pathways and Turning Point Regional Support Team mental health programs to quickly and effectively get persons rehoused. The grant will allow Sacramento County Turning Point clients' access to two program types that include:

1. The Turning Point Community Programs of Pathways Alternative Housing Project - To be utilized for master leasing and operating expenses for 25 apartment units ranging from 1 to 4 bedrooms. **Project Name**
2. The Turning Point Pathways **Fairview & Bravado Projects** – To be utilized for rental assistance for 12 units of 1 or 2 bedroom apartments.

Through the existing contracts between Sacramento County Department of Health Services, Division of Behavioral Health and Turning Point Pathways Program and Regional Support Teams Program, we are able to offer in kind match for clients enrolled in the behavioral health programs who will be housed through this grant. Through these existing contracts, the in-kind match is worth up to \$19,556 for the

7001A East Parkway, Suite 1000, Sacramento, California 95823
(916) 875-2002 | www.DHS.SacCounty.gov

Page 2

Turning Point Community Programs
November 4, 2021

**Value of the Match -
Pathways Fairview &
Bravado Project**

**In-kind healthcare match for
Fairview & Bravado exceeds
25% of the total CoC funding
request for this project.**

to \$61,937 for the Pathways Fairview & Bravado Project. The total in kind match is worth up to \$81,493 for the anticipated client grant capacity of at least 37 over the over the course of the Department of Housing and Urban Development 18 month grant term or should the Programs' contract(s) with Behavioral Health Services terminate, whichever is first. In-kind resources for this project are valued at a rate consistent with the amount paid for services not supported by grant funds.

Sincerely,

Ryan Quist 11/4/21

Ryan Quist, PhD
Behavioral Health Director

**Specific Dates the
Healthcare
Resources will be
Provided**