Before Starting the CoC Application

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

 The Collaborative Applicant is responsible for:

 1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.

 2. Ensuring all questions are answered completely.

 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.

4. Ensuring all imported responses in the application are fully reviewed and updated as needed.

 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.

 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

 - Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: CA-525 - El Dorado County CoC

1A-2. Collaborative Applicant Name: The Center for Violence-Free Relationships

1A-3. CoC Designation: CA

1A-4. HMIS Lead: The Center for Violence-Free Relationships

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

Realtor/Business Owner	Yes	Yes
Veterans Representative/Volunteers of America	Yes	Yes
Senior Service Organizations	Yes	No

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

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

We have established a broad spectrum of board members to encourage participation from various groups across the region. Currently, we have 17 board seats with 13 seats filled by the following agencies: Homeless service & SSI advocacy; Domestic Violence; Faith Based; Health & Human Services/PHA/Emergency Medical Services; City of Placerville Mayor; McKinney-Vento Liaison; Barton Hospital; City of Placerville Police; Veterans; Formerly Homeless Individual, Community Member at Large; Youth & Family homeless & runaway youth provider; Realtor/business owner. This diverse board reaches out through their unique networks to solicit further growth of CoC membership, and CoC meetings allow for opinion gathering through designating regular time for roundtable conversations. For example, a recent meeting allowed veteran agency to discuss available beds through VA programs, leading to conversations with the Coordinated Entry Planning Group on how to best integrate VA referrals into C.E.

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

El Dorado Opportunity Knocks (EDOK)CoC has a website to solicit interest for new members. The Community Foundation assists with advertising the website to donors & community members who may support. EDOK board members assist with CoC open invitations by advertising the EDOK website & monthly meetings through their individual networks. For example, the Chair of the EDOK Board is the Deputy Director of Health & Human Services. As he presents to the County Board of Supervisor or City Councils, he solicits interested community stake holders & government staff to participate in the CoC. The CoC often sends out community updates & information through a CoC ListServ, asking members to also blast out info to their individual networks. The EDOK Board conducts special outreach to formerly homeless individuals to ensure that we solicit feedback from these individuals. This year, we added a board member who is formerly homeless, & we are thrilled for that accomplishment.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to

proposals.
(limit 1000 characters)

The EDOK Board notified the public that the NOFA launched through an email blast on July 17th. The email included a summary of the 2017 NOFA, including: Key 2017 NOFA themes; important dates; Available funding for EDOK; 2017 HUD Policy Priorities; description of application structure; Review & Rank changes & reminders; New Review & Rank 2017 policy updates; Important CoC strategy reminders;& descriptions of new projects. A 3-hr training was held on Aug. 11th to provide a NOFA summary & training to the CoC, as well as education on Coordinated Entry & Housing First Programs for new agencies. Wide advertising occurred through emails, presentations, posting on websites (craigslist, HHSA, Public Health, Community Foundation, The Center for Violence Free Relationships) & phone calls, bringing in a total of 48 individuals to the NOFA/Housing First & Coordinated Entry training, & 1 application for a new projects from organizations do not receive CoC funding.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Not Applicable
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	No
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
No Place Like Home (PSH for chronically homeless)	Yes
LGBTQ	Yes

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

We have one ESG funded entity in this region, the Center for Violence Free Relationships (The Center). As the Center is the collaborative applicant, they are intimately involved in the planning of ESG funding and integrating programs

into annual plans for EDOK, including subcontracting to Only Kindness, a local homeless provider. Both agencies supported the CA State Dept. of Housing & Community Development (HCD) by giving input during the state's planning process for ESG. The Center provided data requested by the state and attended state trainings/allocation discussions to provide input into the state's planning processes while also ensuring that the CoC was ready to pursue these dollars.

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

There are 2 CoC member agencies that provide victim services. Both agencies maintain confidential shelter programs that assist victims with a variety of different services including peer counseling, therapy and rapid rehousing services. The Center has an ESG funded DV shelter, which creates safe access to immediate shelter. While there, Rapid Rehousing programs are made available to these individuals, and permanent housing is sought that would keep the survivors safe, first & foremost. All client information is kept confidential, being tracked in a separate HMIS system in the Efforts to Outcomes Program (ETO). The CoC has a board seat for DV agencies that is filled, therefore they are a voting member. They provide semi-regular trainings to the CoC to ensure that Coordinated Entry incorporates best practices and safety planning protocols while serving DV victims, & updates on available statistics from ETO is made available to the CoC to assess the scope of community needs.

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

(1)We are improving Coordinated Entry (CE) by January 2018. EDOK is receiving technical assistance (TA) from ICF to support the planning and administrative policies related to a compliant C.E. system. By receiving this TA, coupled with engaging the Domestic Violence(DV) Agencies involved in the CoC, we are establishing regular trainings & processes for referral when C.E. entry points may be accessed by DV victims.(2)The Center utilizes statistics from ETO HMIS data base to show the need for DV shelter & rapid rehousing beds, while comparing to the HIC/PIT counts to establish bed availability & need. Through this, the Center pursues ESG funds & other services to enhance EDOK.(3) EDOK is developing C.E. policies & processes related to DV victims as they enter the system, ensuring quick referral and linkage to appropriate services & Rapid Rehousing beds with strong consideration of client choice. Policies reflect protocols which ensure safety & confidentiality.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.
Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
El Dorado County Public Housing Authority	1.00%	Yes-HCV

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

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 1000 characters)

Our CoC has one PHA. As of May 2017, The Chair of the CoC Board is also the Deputy Director in HHSA, which oversees the PHA. He is making significant efforts to coordinate the CoC with the PHA. Once the PHA wait list is exhausted, the PHA will utilize HMIS data to establish a homeless preference that reflects local priorities based upon vulnerability of those in HMIS. This will help link PHA with CoC, coordinating resources to maximize exits from homelessness, utilizing HMIS to improve efficiencies in the PHA, reducing system costs by targeting the most vulnerable first for vouchers, and coupling the PHA's ability to provide housing to the highest needs homeless in this region.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effecctively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Idenity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.
(limit 1000 characters)

(1)County Mental Health, PHA, and all CoC non-profits are key CoC partners

who serve the LGBTQ community. Through their guidance and individual LGBTQ policies, they ensure the unique needs of the LGBTQ community are met in practice & in policy through a CoC-wide anti-discrimination policy.(2)The CoC & County coordinate trainings to accommodate each other, thereby offering a range of LGBTQ resources, E.G. HHSA holds Adverse Childhood Experiences & Training (ACES)for community partners, including CoC member agencies. Trainings covered the unique cultural & service needs of the LGBTQ population. The CoC has offered Housing First Program training, which includes ensuring equal access to housing/programs. A consultant will provide a series of 4, 3 hr. trainings over the next year, one of which will focus upon effectively implementing Housing First Programs & offering equal access to housing regardless of any protected class, including sexual orientation & gender.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders	X
Implemented communitywide plans:	
No strategies have been implemented	
Other:(limit 50 characters)	
Create CoC Website & advertise Updated Data	X
Partnership w/ Sheriff Homeless Outreach Team	X
Partnership w/ Libraries for outreach services	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs.
(limit 1000 characters)

(1)The CoC is building much stronger connections with law enforcement & corrections. Through the Sheriff's Office (S.O) emphasis on supporting the homeless with their Homeless Outreach Team, EDOK will engage the S.O into discharge planning by linking Coordinated Entry processes (C.E.)into correctional facilities. The CoC does not have a robust discharge plan in place, however this is changing as the County increases its engagement within the CoC. Volunteers of America (VOA) has a discharge plan for veterans that is utilized regionally, & this plan is likely to be utilized to frame greater CoC discharge planning.(2)The EDOK C.E. Planning Group is receiving T.A. from ICF regarding improving C.E. by January 2018. The Planning Group will engage the S.O., Child Welfare, and Behavioral Health to ensure appropriate discharge planning includes Coordinated Entry access to ensure housing and services are made available upon exit for these populations.

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

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

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

Instructions

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

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

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

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

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

EDOK scored projects on how they served specialized populations, ranking higher when focusing on chronically homeless, youth, LGBTQ, DV victims, trafficking victims, families with children, and/or veterans. Additionally, By scoring 15% of points for meeting Housing First criteria and implementing no or low barrier projects, EDOK sought to reduce barriers in order to accomodate the severity of needs and vulnerabilities of these subpopulations. Described emphasis for vulnerabilities included: substance abuse, mental illness, chronic disease, disabilities, sexual orientation or gender, no income, history of abuse or neglect, and criminal records.

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

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

Public Posting	
CoC or other Website	X
Email	X
Mail	
Advertising in Local Newspaper(s)	
Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	

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

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

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.
No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation:

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

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

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

09/01/2017

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Yes

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

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

pg 4 - governance, pg 4 - Appendix A delegation of authority, and HMIS MOU

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

Yes

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

Bell Data

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

Single CoC

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	86	31	46	83.64%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	115	4	111	100.00%
Rapid Re-Housing (RRH) beds	40	12	28	100.00%
Permanent Supportive Housing (PSH) beds	0	0	0	
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
(limit 1000 characters)

To increase bed coverage across project types, a consultant will be providing a range of trainings to the CoC, including topics such as: Lowering barriers; HMIS data quality; Coordinated Entry/increased linkages; maximizing entry into programs and housing retention of clients. These trainings provide a range of tools that have been proven to increase bed coverage. Additionally, CoC meetings will have a subpopulation theme each month, e.g. veterans, LGBTQ, Chronically homeless. Each month's meetings will encourage open dialogue from CoC members regarding how to improve our system response to these subpopulations, what works, what isn't working, and then the CoC can identify solutions to increase access to programs and projects for the subpopulations, thereby increasing bed utilization over the coming year.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 8

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/26/2017

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

Instructions:

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

2B-1. Indicate the date of the CoC's 2017 PIT 01/27/2017
count (mm/dd/yyyy). If the PIT count was
conducted outside the last 10 days of
January 2017, HUD will verify the CoC
received a HUD-approved exception.

2B-2. Enter the date the CoC submitted the 04/26/2017
PIT count data in HDX.
(mm/dd/yyyy)

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

Instructions:

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

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

Changes in methodology between 2015 and 2017 PIT were: 2017 utilized Blitz count of persons in shelters, and comparison of unique client identifiers (not PII), whereas in 2015 those methods were not utilized to de-duplicate. In 2015, comparison of PII was utilized as a means to de-duplicate, where that methodology was not utilized in 2017. With the methodology changes, and better CoC coordination, The sheltered counts changed a bit, where in 2017 the Emergency Shelter numbers were up by 22% percent from 2015.

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

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

Beds Added:	15
Beds Removed:	4
Total:	11

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

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

Beds Added:	0
Beds Removed:	0

Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

Yes

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

The CoC compared 2015 and 2017 methodolgies, as a 2016 unsheltered count was not conducted. In 2015, the CoC only utilized interview/survey questions with screening questions to de-duplicate. In 2017, the CoC utilized that same method and also utilized a blitz count of persons in shelters and comparisons of unique client identifiers to de-duplicate. In 2017, PIT count training was improved, and the number of volunteers supporting the effort was 60, significantly higher than prior counts. Consistency and awareness in conducting the PIT and better understanding locations of unsheltered homeless improved the accuracy of the 2017 Count when compared to the 2015.

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

Yes

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

Tahoe Youth & Family (TYFS) & New Morning, two youth providers, partnered with the McKinney-Vento Liaison (MVL) to identify homeless youth. The MVL utilized observational surveys & TYFS used face-to-face surveys in schools to more accurately identify homeless youth. In South Lake Tahoe, one of two incorporated cities in EDC, TYFS has a drop in center where homeless youth come in for services & resources. TYFS conducted a FaceBook outreach to advertise the PIT count, informing homeless youth that if they came in to the drop in center to participate, they would receive free gift cards and certificates. TYFS also partnered with South Lake Tahoe's seasonal shelter to identify youth that did not attend the drop-in center. New Morning worked with youth clients, law enforcement, & the MVL to identify youth "hot spots," identifying several

throughout the City of Placerville (the other incorporated city). Outreach & counts were conducted at those locations by the named agencies.

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

This count was improved due to better understanding of methodology and de-duplication. We had much larger numbers of volunteer teams and involved law enforcement to account for rural encampments, locating chronic homeless and veterans that weren't reachable in years past. Veterans volunteer teams were included to help to identify "hot spots," utilizing Victory Village and Volunteers of America staff. The McKinney-Vento liaison was instrumental in identifying homeless youth and families, utilizing observational surveys in schools to support improved numbers. This was by-far the most thorough count, with local experts, that has ever been conducted in this region.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

We saw an increase in first-time homeless from 122 to 178 in FY 2016. This is due to a significant housing shortage in EDC, as well as a more thorough PIT count through greater number of volunteers & better understanding of local hot-spots & methodology of PIT count. In working with McKinney-Vento Liaisons & Health & Human Services, New Morning & Tahoe Youth & Family implement strategies to ensure youth & families reduce risk of first time homeless. Victory Village & Volunteers of America support Veterans, ensuring that the CoC encompasses a Veteran strategy to reduce first-time homeless. Only Kindness (OK) is our Coordinated Entry referral. To combat first time homelessness for all subpopulations, OK incorporates diversion strategies to divert households from entering the system by offering available rental assistance, Home Energy Assistance Programs to help with utilities payments, referral to TANF & food stamp programs, & linkage to other financial support.

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

We saw an increase in median bed nights for ES and SH projects, from 4 to 17, as well as in nights for ES, SH, and TH projects, from 23 to 195. The increase in median days is due to a significant lack of PH stock in this county as well as improved methodology & thorough PIT Count. The CoC spends significant efforts linking C.E. providers to the ES, SH, and TH projects to ensure that the

most vulnerable, including the longest time homeless, receive the available PH beds. Through HMIS data, the C.E. provider can assess which ES, SH, or TH project has the longest length-of-time homeless staying there and can specifically target those folks to enter into the PH that meets their needs. To help improve this area, PHA has been able to set aside HCVs through a special preference, accomodating the State of CA No Place Like Home program. This is a great step toward increasing PSH beds for the chronically homeless & reducing length of time homeless by integrating PHA into CoC.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention
Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing.
(limit 1000 characters)

We saw an increase in permanent housing placement from street outreach, from 4 to 22, as well as permanent housing placement from ES, SH, and TH, from 28 to 38. The primary goal for the CoC is to increase RRH and PSH beds, thereby having more available housing programs to exit to. EDOK only has one RRH project, thereby creating challenges for exiting to PH. To improve housing retention, the CoC has implemented the VISPDAT over the past year, ensuring a universal way of matching the best programs for clients. A second strategy was the PHA creating a special admittance for HCVs to be set aside for the No Place Like Home Program, housing Chronically homeless. Future steps will be to increase voucher preferences for chronically homeless as soon as the wait list opens up. The EDOK Board and PHA are collectively responsible for implementing a strategy to increase RRH and PSH funding.

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

The CoC experienced no returns to homelessness of the 20 individuals placed in a PH destination within the 2 years prior. To assist in identifying potential returns to homelessness, CoC partners meet often. With such a small, rural county, the network of local agencies are able to support eachother by communicating in an attempt to anticipate any potential returns to homelessnes. HMIS data is utilized to assess & track anyone who may re-enter the system, & the C.E. provider will coordinate diversion tactics or rapid placement into any available PH. Each agency with expertise with specific subpopulations is responsible for ensuring ongoing dialogue & opinions on shared as to how C.E. can facilitate quick linkage to available resources to reduce additional spells of homeless. The EDOK Board & Only Kindness, as the Coordinated Entry provider, are collectively responsible for overseeing the CoC's efforts to reduce

returns to homelessness.

3A-5. Performance Measures: Job and Income Growth
Describe: (1) the strategies that have been implemented to increase
access to employment and mainstream benefits; (2) how the CoC
program-funded projects have been assisted to implement the strategies;
(3) how the CoC is working with mainstream employment organizations to
help individuals and families increase their cash income; and (4) the
organization or position that is responsible for overseeing the CoC's
strategy to increase job and income growth from employment, non-
employment including mainstream benefits.
(limit 1000 characters)

The numbers were 0 in both 2015 & 2017. Having only a single ESG funded PH
project is a challenge. Our only other historically funded program is for HMIS
licenses, thereby creating few PH beds & ability to increase income. That said,
a focused strategy on income growth has become a large focus by pairing the
Volunteers of America (VOA)programs, El Dorado's Workforce Innovation &
Opportunities Act (WIOA) program, the Connections-One Stop, & Welfare to
Work (WTW) programs into the CoC. The One Stop & VOA programs help
people find jobs & improve job skills while also supporting business owners to
find employees and enhance business. Services include: access to internet &
job listings, resume drafting, job readiness workshops, employer forums/hiring
events, disability info, & programs for youth, dislocated workers & mature job
seekers. The EDOK CoC is collectively responsible for developing this strategy
& will focus on further integrating strategies into Coordinated Entry.

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

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

According to the US Census Bureau and County of El Dorado, El Dorado
County's total land area is 1,710.8 square miles. As of 2010, the population
density in the county was 106 residents per square mile, putting it well below
the statewide average population density of 248 people per square mile.
Agricultural land, forests, and mountains make up a large percentage of of the
county, with 46% in public ownership and 54% being privately owned. 53% of
the county is forestland. Of the 1,145,383 acres that encompass the entire
county, 196,355 is developed while 913,748 is undeveloped. Most of the
undeveloped land was not utilized for the PIT due to being privately owned or

uninhabitable and/or unreachable due to snow, rocky terrain, and mountainous region.

https://edcgov.us/government/longrangeplanning/landuse/supportingdocuments /feirjuly2015/documents/TGPA-ZOU-FEIR-July-2015-Appendix-F-Part-8.pdf https://www.eldoradocounty.org/pdf/ElDoradoProfile10_11.pdf

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. **(mm/dd/yyyy)**	05/22/2017

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

Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	0	0	0

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

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

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

Yes

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

History of or Vulnerability to Victimization	X
Number of previous homeless episodes	X

Unsheltered homelessness	X
Criminal History	
Bad credit or rental history (including not having been a leaseholder)	
Head of Household with Mental/Physical Disability	

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

There are 3 Rapid Rehousing programs in this region: 1 is CoC funded, 1 State of CA, & 1 is Veteran (VA) funded. Only 2 provide housing for homeless families: CalWORKS HSP is the state funded RRH program, implemented by HHSA, and Volunteers of America (VOA) implements Supportive Services for Veteran Families (SSVF) programs. The CoC is collectively responsible for overseeing the CoC's strategy to rapidly rehouse families with children. Due to a lack of housing stock in El Dorado County, it is a significant challenge to house families within 30 days. The 30 day mark, however, remains a goal for the CoC. When families are connected to a CoC provider, they immediately reach out to HHSA or VOA to go through intake and assess eligibility for housing. Once eligible, case workers seek to locate a permanent unit. Should a unit not be available, bridge housing is sought through motel vouchers or transitional housing throughout the region, until a permanent unit is located for the family.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	32	20	-12

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

The CoC has policies & procedures to ensure openness, accountability, collection limitations, & security of info. All CoC agencies (including ES, TH, PH) entering in HMIS must perform annual HMIS trainings & policies review, to ensure that client rights are upheld, no barriers prevent anyone access to

housing regardless of age, sex, gender, LGBTQ status, marital status, or disability. Consistent with CoC Interim Rule 24 CFR§578.23, all programs that assist families with children or youth take educational needs of children into account when placing in housing. Consistent with HUD Interim Rule 24 CFR §578.93, no projects involuntarily separate families. The age & gender of a child under age 18 is never used as a basis for denying any family's admission to a project. All agencies comply with federal, state and local laws and regulations pertaining to Fair Housing laws, and comply with policies & procedures as identified with the CoC governance, HMIS policies, & end user agreements.

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

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

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

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	
Bad Credit or Rental History	

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

New Morning (Youth Provider) recently pursued & successfully received a State of CA grant worth $2.5 million, called the Homeless Youth Emergency Services Pilot Program. The TH program offers support for up to 36 months, offering food & shelter, counseling, outreach services, basic health screenings, linkage to community services, & long-term stabilization planning so youth may return

home under circumstances favoring reunification with family or so youth can suitably be placed in a situation outside of the family when reunification is not possible. To measures effectiveness, the CoC is capturing data in HMIS to monitor returns to homelessness, & to ensure that youth served in the program are linked to all available resources. The program is new and therefore has little data to share, however the CoC believes that HUD system performance measures will be able to appropriately determine effectiveness of the CoC's efforts related to this program because reducing returns to homelessness, average length of time homeless, & housing retention rates will provide a baseline as to how the program is performing. The CoC can then assess what pieces of the continuum to explore in order to reduce returns, length of time homeless, and increase permanent housing retention following the program.

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

The County's McKinney-Vento (M.V.)Liaison is the Vice Chair of the EDOK Board. By integrating M.V. & schools into the CoC, the systems are working together to assess how to optimally link coordinated entry (CE) to homeless families & students. The M.V. Liaison is a member of the CE Planning Group, & supports integration of policies & procedures for CE to ensure access for homeless families & youth to available educational services & opportunities. By law, M.V. liaison has to post posters that state the rights & eligibility for M.V. eligible households at every school site & locations that parents/youth frequent who may experience homelessness. (laundromats, motels, social services, libraries, etc) When CoC is determining eligibility for services, the M.V. Liaison makes cards & posters available to ensure clients understand their rights. M.V. Liaison gives training to CoC agencies that serve homeless family so that agencies are educated on eligibility for programs.

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

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

McKinney-Vento (PIT count, C.E. in schools)	No	Yes
Mckinney Vento (education & homeless meetings	No	Yes

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

El Dorado County does not have any VASH vouchers, however the PHA will be actively seeking VASH vouchers due to the increase in homeless veterans accounted for in the 2017 PIT/HIC count. EDOK CoC partners closely with Volunteers of America (VOA) who is the SSVF provider for this region. The Director of Veteran Services for the VOA is an EDOK Board Member, and currently she ensures ongoing communication during CoC general membership meetings and EDOK Board meetings. Outreach agencies and the Sheriff's HOT team identify veterans while out in the field, and link to CE provider to ensure linkage to the CoC and VOA for available Veteran services. Lastly, the Director of Veteran Services participates in meetings with the CE Work Group to ensure continued resources are linked to eligible veterans as they enter the system.

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

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

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?   No

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

Instructions:

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

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

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

4A-1a. Mainstream Benefits

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

The Health and Human Services Agency is responsible for overseeing the CoCs strategy for linkage of mainstream benefits to CoC Clients. The Deputy Director of HHSA is currently the Chair of the EDOK Board and actively engages with the board and general membership to ensure that outreach agencies, homeless service providers, and other stakeholders have direct contacts in Social Services to ensure streamlined access to resources such as Food Stamps, SSI, TANF, CalWORKS, and other available assistance. By having the Deputy Director as Chair of the EDOK Board, and by having other Social Services management participate in the CoC as general members, the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants.

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

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

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

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

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

Street outreach is conducted by many organizations, including but not limited to: Only Kindness, Jobs Shelters of the Sierra, Placerville Police Department, & the Sheriff's H.O.T. team. Due to the rural terrain in this region, outreach can't cover 100% of the CoC's geographic area. While many people in encampments moved further away due to only high barrier programs being offered, EDOK CoC has been pursuing Housing First Programs & integration into its methodology, ensuring that no-barrier programs can be brought to these encampments, ensuring the most chronically homeless are reached & supported. Behavioral Health supports with outreach by streamlining access for those with cognitive or co-occurring disorders, designating staff and providing quick access to outreach teams for help.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.
Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2)

what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

According to the U.S. Census, approximately 88% of El Dorado residents are white/caucasion and 12% are Hispanic/Latino. Therefore, HHSA has created homeless services brochures in both Spanish and English, ensuring that Spanish speaking individuals can easily understand what is available through the County & CoC. This allows the CoC to further fair housing by ensuring access to those with limited english. EDOK CoC has been steadily increasing Housing First Programs and program integration into its evolution & methodology, ensuring that no-barrier programs are available while meeting criteria outlined in 24 CFR 578.93(c). The CoC is seeking to ensure that information with larger print can become available through the CoC website and printed materials. Additionally, through the County's Language Line, sign-language interpreters can be reached through video-conference to assist with CoC service provision.

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

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	160	105	-55

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

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

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes		
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes	EDOK CoC Governan...	09/12/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	09/12/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	MOU Between HMIS ...	09/12/2017
11. CoC Written Standards for Order of Priority	No	CoC & ESG Written...	09/12/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes		
14. Other	No		
15. Other	No		