HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
Finance & Data Committee Agenda

June 28, 2022, 10am

Members and the public may participate by Zoom video call:
https://us06web.zoom.us/j/83875982582?
pwd=ZEJlR21zNWVxc0hvZysvV2hub2dRUT09

Or dial in:
+1 346 248 7799
Meeting ID: 838 7598 2582
Passcode: 664630

1. Call to Order and Introductions

2. Public Comment

3. Consent: Approval of Minutes

4. Action/Information/Discussion

    4.1. Discussion Item: Strategic Plan Update

    4.2. Discussion Item: Data Maturity Assessment Tool

    4.3. Discussion Item: Homeless Management Information System (HMIS)

        4.3.1. Discussion Item: HMIS Street Outreach Auto Exit

        4.3.2. Discussion Item: Data Quality Issues

        4.3.3. Discussion Item: System Administrators Monthly Call

    4.4. Discussion Item: US Department of Housing and Urban Development
          (HUD) Continuum of Care (CoC) Program Competition

        4.4.1. Discussion Item: Fiscal Year 2021 (FY2021) HUD CoC Program
                Competition Debrief

        4.4.2. Discussion Item: HUD CoC Monitoring

4.5. California Housing Partnership: San Luis Obispo County Housing Need Report 2022

5. Future Discussion/Report Items

6. Next Regular Meeting: July 26 at 10am

7. Adjournment

The full agenda packet for this meeting is available on the SLO County HSOC web page:
https://www.slocounty.ca.gov/Departments/Social-Services/Homeless-Services/Homeless-Services-Oversight-Council-(HSOC).aspx

HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
FINANCE AND DATA COMMITTEE MEETING MINUTES

Date

May 24, 2022

Time

10am-11:30am

Location

Zoom

Members Present

Brandy Graham

Bill Crewe

Carrie Collins

Janna Nichols

Jessica Thomas

Kelly Underwood

Mark Lamore

Shay Stewart

Sstoz Tes

Members Absent

Kate Swarthout

Mimi Rodriguez

Riley Smith

Staff and Guests

Abby Lassen

Aurora William

Brenda Mack

Dawn Ortiz-Legg

Elaine Archer

Elizabeth Pauchek

Garret Olson

George Solis
Jessica Lorance
Kelsey Nocket
Krista Jeffries
Laurel Weir
Lauryn Searles
Leon Shordon
Mia Trevelyan
Nicole Bennett
Russ Francis
Sarah Reinhart
Steve Martin
Susan Funk

1. Call to Order and Introductions
Mark called the meeting to order at 10am. Lauryn from CAPSLO (Community Action Partnership of San Luis Obispo) and Sarah from the County of San Luis Obispo Public Health Department introduced themselves.

2. Public Comment
Brandy shared that California Housing Partnership has published its San Luis Obispo County Housing Need Report 2022, showing the average rent increased in SLO County by 8.2% from 2020-2021.

3. Consent: Approval of Minutes
Russ clarified that two sets of minutes were being approved, as minutes could not be taken in the last meeting due to lack of quorum. Russ also noted there was a mistake in the second set of minutes, with the year given as 2002 rather than 2022. This will be corrected.
Shay made a motion to approve the minutes as amended, seconded by Bill. The motion passed with all in favor, none opposed and no abstentions.

4. Action/Information/Discussion
4.1 Action Item: Approve HMIS Release of Information Forms
Jessica Lorance shared that the new HMIS (Homeless Management Information System) Release of Information forms will enhance data sharing and data quality,

improve communication between partners, and improve Coordinated Entry implementation. The new form allows for verbal consent for release of information, and changes the expiration date for consent from seven to two years.

Brandy made a motion to approve the new HMIS Release of Information forms, seconded by Kelly. The motion passed with all in favor, none opposed and no abstentions.

4.2 Action Item: Approval of Homeless Housing, Assistance and Prevention Program (HHAP) Round 3 Application Outcome Goals and Strategies

Laurel presented on Round 3 of the HHAP Homeless Housing, Assistance and Prevention (HHAP) Program. $4 million total is available to the County and CoC (Continuum of Care), for eligible activities including Permanent Housing, Emergency Shelter, Rapid Rehousing, Landlord Incentives, Outreach, Systems Support, Prevention and Diversion. The funding can be used to support existing services as well as new projects. Per the State, 10% of total funding is set aside for youth services, and $1 million is prioritized for systems support. Bonus funding of 18% is available if applicants meet their goals for the program within two years.

The State has established seven outcome goals, based on HUD's (US Department of Housing and Urban Development) System Performance Measures. Outcome goals will be measured using data from HMIS or the 2024 PIT (Point in Time) Count. The State's own reports do not match with the County's HMIS data, as they use different data universes and adjustments. Also, the State has chosen CY (Calendar Year) 2020 as the year for baseline data. This will make it more challenging to meet outcome goals as 2020 was an anomalous year due to shelters reducing capacity, some reduction in services, an eviction moratorium being in place, unusual labor market disruption, and rapid increases in housing costs.

Laurel shared that County staff are due to meet with the State to discuss the data and baseline measures. The Committee advocated that County staff express to the State that using 2020 data as a baseline is a bad idea as this data is not representative.

Laurel presented County staff's recommendations on the seven outcome measures (included in the agenda packet). The Committee discussed the baseline data against which real world steps to change the measures will be assessed. Following a recommendation to move forward with the current baseline numbers, County staff will take the HHAP 3 outcome goals to public input sessions and meet with the State, then move forward to the full HSOC with final proposed goals.

Janna made a motion to approve the Homeless Housing, Assistance and Prevention Program (HHAP) Round 3 application outcome goals and strategies, seconded by Jessica Thomas. The motion passed with all in favor, none opposed and no abstentions.

4.3 Discussion Item: Strategic Plan
Laurel presented the third Line of Effort (Data) from the draft Strategic Plan (included in the agenda packet). Work on the draft plan is ongoing and will be presented in full to the HSOC in July.

4.4 Discussion Item: US Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program Competition
4.4.1. Discussion Item: Fiscal Year 2021 (FY2021) HUD CoC Program Competition Debrief
Tabled.

4.4.2. Discussion Item: HUD CoC Monitoring
Tabled.

5. Future Discussion/Report Items
- California Housing Partnership: San Luis Obispo County Housing Need Report 2022 (see item 2 above).

6. Next Regular Meeting: July 26 at 10am

7. Adjournment
Mark adjourned the meeting at 12 noon.

Comparison of Southern California CoCs
FY 2021 Continuum of Care Program Competition Debriefings

The debriefing document that HUD provides each CoC is divided into three sections.

The focus of this report concerns the first section, which is **High Priority CoC Application Questions** and consists of five (5) subsections and detailed below.

The second section provided by HUD is the **CoC Scoring Summary**, which consists of seven scoring categories that were assigned the maximum number of points a CoC could score which was a total of 173 points. This section also included the number of points a CoC scored for each section. The summary of points for each SoCal CoC is provided at the top of the Excel document sent to all SoCal CoCs along with this summary document.

The third section provided by HUD is the **Overall Scores for all CoCs**, which consists of

- Highest Score for any CoC   168.25
- Lowest Score for any CoC   60.25
- Median Score for all CoCs   143
- Weighted Mean Score for all CoCs   155.5

High Priority CoC Application Questions

Sub-Section 1. 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organizations

HUD provided a scoring summary for just five questions/requests for information within this Sub-Section: **1C-9. Housing First–Lowering Barriers to Entry; 1C-9a. Housing First–Project Evaluation; 1C-10. Street Outreach–Scope; 1C-12. Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC)**; and **1C-15. Promoting Racial Equity in Homelessness– Assessing Racial Disparities**.

SoCal CoC answers to **1C-9. Housing First–Lowering Barriers to Entry** are detailed in the following table.

The table shows that 100% of all new and renewal projects for all SoCal CoCs have adopted the Housing First approach. HUD stated that a CoC must demonstrate at least 75 percent of all project applications adopted a Housing First approach. However, not all SoCal CoCs received the maximum number of 10 points for the following questions/requests for information **1C-9. Housing First–Lowering Barriers to Entry** and **1C-9a. Housing First–Project Evaluation.**

The quantitative comparison for **1C-9. Housing First–Lowering Barriers to Entry** shows that eight of 13 SoCal CoCs received the maximum number of 10 points. However, the other five CoCs did not. The loss of one or two points is likely related to their qualitative answer to **1C-9a.**

Housing First–Project Evaluation. A comparison to 1C-9a was not made because the answers to this question were qualitative.

The question for 1C-9a was

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.

Apparently, eight CoCs did not lose any points regarding their answer to the question above and five CoCs did lose one or two points because of their answer to this question.

1C-9. Housing First–Lowering Barriers to Entry

CoC	Max Pts	Pts	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.	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.	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.
Glendale	10	10	9	9	100%
Imperial	10	8	2	2	100%
Kern	10	10	15	15	100%
Long Beach	10	10	27	27	100%
Los Angeles	10	10	151	151	100%
Orange	10	9	27	27	100%
Pasadena	10	10	11	11	100%
Riverside	10	10	23	23	100%
San Bernardino	10	10	20	20	100%
San Diego	10	10	48	48	100%
San Luis Obispo	10	9	7	7	100%
Santa Barbara	10	9	10	10	100%
Ventura	10	9	16	16	100%

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The third question/request for information that HUD included in **Sub-Section 1. 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organizations** and provided a scoring summary was **1C-10 Street Outreach**.

HUD asked CoCs to describe the following concerning **1C-10 Street Outreach**:

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

The following four tables provide the answers that each SoCal CoC for the four requests for information noted above.

The maximum number of points for all four requests was three.

However, nine of 13 SoCal CoCs received the three maximum number of points and four did not as noted in the tables below. CoCs that did not receive three points can compare their answers to those CoCs that did receive three points.

1C-10 Street Outreach. Whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area

	Max Pts	Pts	Whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area
Glendale	3	3	Glendale CoC has a robust Outreach Team that covers 100% of the CoC's geographic area with the primary goal of engaging all unsheltered homeless persons in the Community.
Imperial	3	3	Outreach covers 100 percent of our area. Through various organizations that are either sub recipients of our grants, members of our CoC or service providers, population in each incorporated and non-incorporated area is reached through various methods.
Kern	3	3	In order to reach 100% of the CoC geographic area, there are two regions for outreach. They are: metro Bakersfield and rural Kern County. Two agencies work together to provide rural outreach on a daily basis, splitting their efforts between west and east Kern County. Both agencies communicate their contacts on a daily basis. One agency within the CoC targets daily outreach in metro Bakersfield, where 90% of our unsheltered homeless have been identified. Outreach efforts are then discussed during monthly meetings, identifying the types

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			of services our homeless persons request. Populations discussed are primarily individuals, couples and veterans.
Long Beach	3	3	The CoC covers 100% of the Long Beach jurisdiction, in addition to overlapping properties with the County of Los Angeles, railroads, and riverbeds.
Los Angeles	3	3	Outreach covers 100% of CoC's geography which is divided into zones.
Orange	3	0	The CoC Street Outreach works seven days a week and covers 100 percent of the CoC's geographic area through regional street outreach providers and increased coordination with Homeless Liaison Officers in both the Sheriff's Department and municipal Police Departments.
Pasadena	3	3	All of the CoC's SO teams collectively cover 100% of the CoC's geographic area.
Riverside	3	3	The CoC improved system performance across street outreach efforts by strengthening coordination among teams, increasing coverage to 100% of geographic areas, targeting marginalized populations such as LGBTQ persons and other disproportionately served race and minority groups, and implementing strategies to reduce the risk and spread of COVID-19.
San Bernardino	3	3	Outreach teams cover 100% of the CoC and go to these areas on an on-going basis.
San Diego	3	0	The CoC covers all of San Diego County and there are outreach teams in all regions but areas that are unincorporated and expansive do not have full outreach coverage.
San Luis Obispo	3	3	The CoC's street outreach covers 100% of the CoC's geographic area. The five service providers coordinate efforts based on geography to reduce a duplication of efforts.
Santa Barbara	3	0	No clear answer provided
Ventura	3	1.5	The VC CoC has expanded street outreach capacity in Ventura County, funding additional outreach services to ensure 100% of the countywide CoC geography.

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1C-10 Street Outreach. How often your CoC conducts street outreach

	Max Pts	Pts	How often your CoC conducts street outreach
Glendale	3	3	The 5-person team consists of 3 outreach and engagement workers through Ascencia/CES Lead Agency. In addition, this year with the use of ESG-Cares Act funding, the Glendale Police Foundation is also conducting robust outreach with 4 full time officers that are available to respond to calls for services involving homeless persons in the evening and on the weekend.
Imperial	3	3	Through our grant sub recipients, street outreach is performed every day of the week. Additionally, local law enforcement agencies are active participants in our CoC membership, allowing for the knowledge of available resources to spread to those that are active in the community around the clock.
Kern	3	3	Street Outreach is conducted Monday – Friday and at least one team providing outreach on every Saturday and Sunday ensuring outreach is provided seven days a week.
Long Beach	3	3	Outreach is conducted 7 days a week in a coordinated & consistent approach focusing on those least likely to request assistance. Outreach hours will change depending on focused efforts or areas of need.
Los Angeles	3	3	Each zone is assigned at least 2 teams for full weekday coverage, with separate teams for the weekends, ensuring consistent, repeat coverage across each zone. Special teams are assigned to key transit routes, beaches, libraries & other public spaces. This level of coverage ensures quick identification of new encampments & unsheltered persons.
Orange	3	0	This group meets monthly to coordinate outreach efforts and target outreach to those experiencing unsheltered homelessness who are least likely to request assistance. The CoC Street Outreach has expanded hours of operation from 6 am to 8 pm, noting that ongoing engagement is needed in early morning and evening hours.
Pasadena	3	3	At least 3 SO teams have dedicated, 40 hour full-time schedules & the remaining have standing weekly scheduled days/times of operation to ensure SO is conducted on a regular basis. Early morning, nighttime & weekend coverage can be arranged. SO groups meet monthly to discuss opportunities for continued coordination & service delivery improvement. SO teams continued

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			operating during the pandemic & distributed information on COVID-19 prevention + showers & handwashing stations. Hygiene kits were also provided.
Riverside	3	3	Based on 2020 unsheltered PIT (2,155), there is one FTE outreach staff for every 35 unsheltered persons, providing 7-days a week bilingual coverage across 100% of the geographic area. A CES 24/7 hotline ensures residents seeking assistance directly are linked to designated teams in their areas.
San Bernardino	3	3	They are trained to identify cognitive and behavioral problems and when there are problems that they cannot handle, they contact other professionals such as mental health workers who often come the same day. San Bernardino 2-1-1 call center is contacted by phone by outreach workers who connect homeless households to trained community resource advisors. Call Center is open 7 days a week and 24 hours a day
San Diego	3	0	Outreach is conducted daily and includes dedicated teams of outreach in our Central, Southern, East and North Regions. Outreach staff shall ensure their service area receives outreach in its entirety at least once every two weeks.
San Luis Obispo	3	3	Outreach efforts are conducted daily. Hot spots are frequented weekly, other encampments at least monthly.
Santa Barbara	3	0	CoC increased field outreach teams & leveraged one-time infusions of State CVD19 relief funding to sustain outreach to ensure strong coordination among teams & ample time for engagement.
Ventura	3	1.5	Engagement consists of multiple contacts to develop rapport and trust.

1C-10 Street Outreach. Your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged

	Max Pts	Pts	Your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged
Glendale	3	3	The goal of the program is the engage at a minimum 90 homeless persons within this fiscal year and of the 90, the officers will place 30% in some type of permanent supportive housing program including EHV. The officers are collaborating with Ascencia and providing intake which involves the use of the HMIS system. This effort has been proven to be very effective. Within 3 months,

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			the officers were able to engage over 35 chronically homeless individuals and provide them with various services and referrals to EHV and HUD-VASH. In addition to the outreach provided to chronically homeless individuals, Family Promise of the Verdugos, the CES lead agency for families, is conducting outreach for homeless families in Glendale.
Imperial	3	3	The IVCCC's street outreach includes programs operated by the Department of Social Services, Department of Behavioral Health Services, non-profits, churches and various civic groups. The regional plan for coordinated street outreach calls for organizations to conduct assessments of homeless individuals and families and for submission of assessment data to the CES database. Outreach coordinators & volunteers provide transportation and linkages to medical and mental health care, mainstream benefits, interim housing and other services. HMIS use and case conferencing allow for verification of referral services to ensure no service available is left on the table and that adequate referral takes place.
Kern	3	3	The CoC developed a "Street Outreach Written Standards" document which provides guidance to all agencies within the CoC when interacting with people experiencing unsheltered homelessness and to establish professional standards of conduct for those interactions. A Street Outreach Committee was established to provide monthly communication on each agency's outreach efforts, ensuring the agencies that conduct outreach cover the CoC area. Outreach agencies are encouraged to include at least one bi-lingual person on each team in the rural areas where the population is overwhelmingly Hispanic.
Long Beach	3	3	The Street Outreach Network (SON) is comprised of City staff, CBO's and specialized teams of police, fire & clinicians who are trained in outreach & engagement. Activities are person-centered and include assessment, linkage to housing, case management, benefits assistance, linkage to healthcare, mental health, substance use treatment, ES, TH, and PH, & vital documentation needed for housing applications. The SON has bilingual staff and translation services available to reduce engagement barriers. Street outreach is staffed to a level to ensure that outreach workers can take time to develop rapport and relationships and provide services

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			to assist unsheltered individuals with housing navigation for those not currently in a shelter. Staff coordinate with hospitals and substance use treatment centers to refer, and provide care coordination for people who have co-morbid and tri-morbid conditions. The City ensures outreach is conducted in all areas of the CoC throughout the week. Over 2,000 contacts are made annually and on average over 100 unduplicated locations are visited monthly.
Los Angeles	3	3	CoC's outreach consists of a network of 166 teams operated by LAHSA, County Depts & CES Agencies and coordinated through 1-2 Coordinators assigned to each of the 8 SPAs. All teams provide transportation & linkages to medical & mental health care, benefits, shelter & other services, and track services in HMIS. Multidisciplinary teams (MDTs) are staffed by medical, mental health & substance use specialists, & peer specialists. All services are voluntary & embrace progressive engagement & stages of change models. By assigning teams geographically, with repeating routes, CoC ensures that all persons are identified and engaged through repeated contact. CoC also uses an internetbased portal where any stakeholder (e.g., business owner) can request outreach services (10,600+ referrals in 2021), which further supports identification of all persons in need.
Orange	3	0	The Orange County Continuum of Care (CoC) has a multidisciplinary group of street outreach teams that help ensure all persons experiencing unsheltered homelessness are reached in the jurisdiction, including the most vulnerable with pre-existing conditions. This group includes veteran and Transitional Aged Youth service providers, public health nurses, behavioral health clinicians, law enforcement, community and faith-based organizations. The CoC Street Outreach serve as the first line of engagement in addressing unsheltered homelessness and encampments to facilitate connections to other services. The CoC coordinates street outreach efforts by Service Planning Area and facilitates placement into regional emergency shelters and permanent housing solutions. The CoC Collaborative Applicant developed a multi-disciplinary team in partnership with other County Departments called the County Homeless Assistance Response Team (CHART) to

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			best address local homeless issues and connect individuals to appropriate program placements.
Pasadena	3	3	Street Outreach (SO) teams target known hotspots such as parks, libraries, churches, train stations, the ER, & encampments to connect people experiencing homelessness (PEH) to services & housing resources. Outreach is conducted more frequently to "hidden" areas (i.e. freeway embankments) to ensure that all PEH who may not feel comfortable leaving their areas are identified & engaged. SO teams are also integrated w/ a publicly available online portal enabling them to respond to outreach requests from the community. The CoC continues to engage our systems partners to enhance our coordination efforts. During the pandemic, SO teams partnered w/ healthcare agencies to provide COVID testing/vaccines & worked with law enforcement to allow people living in encampments to remain where they are to reduce the spread of disease.
Riverside	3	3	The CoC utilized data from its Homeless Point-in-Time Count, By-Name List, and funding distribution reports to enhance investments. Both the CoC & CES Lead Agencies in alignment with the CES P&P's, coordinate outreach services and work alongside CBOs, public safety teams such as law enforcement, code enforcement, and probation, in addition to emergency management services, public health, medical/health and other specialized mobile teams (e.g. vets, youth, BH, foster youth, and others). There are 30 multi-agency outreach teams, made of 60 FTE staff countywide.
San Bernardino	3	3	Outreach teams have bi-lingual members that speak Spanish. When a Spanish speaking outreach worker is needed and not available, San Bernardino 2-1-1 call center is contacted by phone by outreach workers who connect homeless households to trained community resource advisors some are able to communicate in 21 languages. Outreach teams also have working relationships with a wide-range of providers that provide services to help overcome other barriers often encountered that include transportation, which is provided by Inland Housing Solutions, Department of Behavioral Health, Department of Public Health, Inland Empire Health Plan, US Department of Veterans Affairs, Inland Valley Hope Partners, LightHouse Social Service Centers, Step Up on Second Street, US Vets, and KEYs.

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San Diego	3	0	The CoC consulted with OrgCode Inc. and developed region-wide outreach standards. RTFH provides a system coordinator for all outreach activities for the San Diego CoC. The RTFH works with the County of San Diego to identify a regional coordinator for North, East and South parts of the San Diego CoC. The City of San Diego will provide a regional coordinator for the central part of the San Diego CoC. In areas served by multiple street outreach, teams shall reasonably coordinate to provide outreach coverage each day and across multiple days of the week including weekends. If overlap or lack of coordination occur, the supervisor of the outreach staff will report these challenges to the regional coordinator so that the funders can coordinate to address and resolve challenges.
San Luis Obispo	3	3	The CoC currently has five (5) service providers that conduct street outreach in the CoC geographic area. Homeless encampments are mapped and identified by location, including residents and conditions. As new locations are identified they are added to a regional mapping system. Outreach tools include on-site coordinated entry, as appropriate for connection to services, and engagement tools (including food, water, wound care).
Santa Barbara	3	0	Consistent outreach & engagement includes individual case management & housing navigation while following CDC guidance. Trust is developed over time between the outreach worker & the potential client. Teams conduct intensive outreach & assessment with people remaining unsheltered to educate about CVD19, assess needs, determine potential interventions, & organize the system to meet those needs to people could remain safe. These teams organized field support srvces: provision of phones/solar chargers, delivery of food & water, personal hygiene kits including h& sanitizer/masks/gloves, trash/debris pick-up including safe needle drops, regular visits from street medicine & public health for wound care/medicine/medical appointment coordination, behavioral wellness to assess & treat substance use disorder & mental health needs, public defender to navigate the justice system, & progressive engagement partnerships between homeless service providers & others to document consistent needs & assess for case management/housing navigation/referral to non-congregate shelter.

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| Ventura | 3 | 1.5 | Target areas include encampments to serve persons with the longest history of homelessness and most severe service needs. Teams immediately connect and link them to resources that assist with obtaining temporary placement and permanent housing. Connecting them means entering information into HMIS for the CES by-name master list to measure progress and to help make housing related decisions. CES has protocols in place to ensure that persons have immediate access to assistance and assist with obtaining permanent housing. Resources include housing navigation to help with housing search and overcoming barriers to obtain housing. |

1C-10 Street Outreach. How your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

	Max Pts	Pts	How your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
Glendale	3	3	All outreach teams have access to the HMIS system, conduct the VI-SPDAT and VI-FSPDAT and coordinated with one another to place homeless persons of all populations and sub-populations as quickly as possible. Outreach steams have bilingual staff and provide transportation vehicles that are wheelchair accessible vans to accommodate people with disabilities.
Imperial	3	3	Outreach workers are trained and versed in working with all vulnerable populations and utilize repeated outreach to build trust with those likely to request services. This year, our Executive Board added a lived-experience member who has assisted in identifying methods that can be implemented to existing processes to influence those that might otherwise not be interested in assistance.
Kern	3	3	Shelter resistant persons are still engaged through informal introductions with the street outreach team, discusses needs the individual may have, and provide items such as food, water, hygiene, clothing and blankets. Outreach reengages weekly, continuing to offer support in order to build trust. The CoC has partnered with Kern County Behavioral Health and Recovery Services (BHRS) so that individuals can be referred to the ROEM (Relational Outreach and Engagement Model) Team. Community resource guides are available in multiple languages.

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Long Beach	3	3	Outreach is provided to riverbeds, alleys, libraries, empty buildings, parks, bridges, and hidden encampments where people are not likely to engage in traditional service. The Street Outreach Network is an interdisciplinary team comprised of people with lived experience, in recovery, & veterans as peer engagement support. The team includes clinical staff (public health nurse/mental health clinician) which addresses needs in the field. Staff uses evidenced-based practices including Housing First, Harm Reduction, & Motivational Interviewing to engage hard-to-reach populations.
Los Angeles	3	3	Outreach staff, of which approx. 50% have lived experience, are trained to work with populations least likely to request assistance. MDTs provide specialized services (e.g. street medicine) which can address immediate needs (e.g., wound care) and support engagement. Teams go to remote areas (e.g. riverbeds, desert) and practice repeated outreach to build trust. Via case conferencing, staff develop engagement strategies & do service planning for the most vulnerable. CoC maintains a roster of staff proficient in various languages who can assist clients with limited English proficiency. Outreach teams have access to Language Translation Services, TTY, Braille & tactile materials, & sign language supports.
Orange	3	0	This group meets monthly to coordinate outreach efforts and target outreach to those experiencing unsheltered homelessness who are least likely to request assistance. Additionally, this group coordinates to respond to large encampments and/or clean up efforts across the jurisdiction. CHART includes clinical staff to conduct screenings and assessments for physical and mental health, substance use disorders and housing needs. CHART also works to address cultural and disability barriers associated with communicating COVID-19 information.
Pasadena	3	3	SO teams administer the VI-SPDAT on the street to ensure all PEH are entered into CES. Housing & supportive services are advertised in accordance w/ Fair Housing/Equal Opportunity regulations. Teams have bilingual staff, translation/ASL services available to enhance communication & reduce language barriers to engagement. Transportation vehicles (i.e.wheelchair accessible vans) are also accessible to accommodate people w/ disabilities.

Riverside	3	3	Areas with higher concentrations of unsheltered residents and impacted by emergency incidents related to natural disasters and evacuations such as encampments are also targeted. The CoC prioritizes housing, such as PSH (75%) for persons coming from the streets and are most vulnerable with the highest severity of needs. As part of its COVID-19 response the CoC implemented new strategies targeting unsheltered residents: 1) Staging handwashing stations, 2) Testing and vaccination events, 3) Modifying COVID-19 educational materials, and 4) Targeting outreach and housing services for most vulnerable with preconditions, seniors, and expecting mothers.
San Bernardino	3	3	HMIS data shows that those persons least likely to request assistance are those who are chronically homeless and often with mental health and physical health needs. Outreach workers report that these persons are the least visible of all homeless persons and often live in hidden or remote areas. During the COVID-19 pandemic, outreach workers had to adjust street outreach activities to target individuals over 65 and those with health conditions who traditionally do not request assistance. These individuals were considered high risk and outreach teams worked to connect these high risk individuals with congregate shelter services and/or medical assistance. At times, health care workers join outreach workers to visit persons living in hidden or remote areas.
San Diego	3	0	In the event an unsheltered person does not wish to engage with outreach staff, this will be respected during the encounter. Outreach workers make repeated offers of service to that same person who previously declined service offers. The outreach provider do not employ any punitive measures to individuals who either refuse offers of services or decide at a later date they would like to receive services.
San Luis Obispo	3	3	Due to the Coronavirus response, some outreach efforts coordinated with medical outreach to provide medical services to homeless residents who would not otherwise be accessing medical care, screening for COVID-19, vaccination efforts, and providing care for acute and chronic illnesses. Street outreach staff also engage with community partners, including hospitals, jails, Chamber of Commerce (business requests), City Parks and recreation agencies, school districts, and other law

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			enforcement agencies. There are bilingual outreach staff members to engage with non-English speaking persons.
Santa Barbara	3	0	These steps increase the likelihood that the person who was less likely to request assistance will accept the housing or shelter opportunity. CoC Street Outreach System Performance as increased to 57% having positive exits, while increasing the number of persons exiting SO programs by 66%.
Ventura	3	1.5	Street Outreach has been tailored to expand to more rural/remote areas and teams also partner with local law enforcement to reach persons that do not seek services on their own. In the last few years, the CoC has seen expansion with outreach and participation in CES through behavioral health and healthcare partners. A robust backpack medicine program is engaging persons with some of the most serious healthcare needs and behavioral health is partnering with law enforcement on improved engagement and linkages to services and housing. The Whole Person Care has partnered with Healthcare for the Homeless conducting outreach efforts through offering showers and healthcare services targeting known high utilizers of healthcare services with a history of poor health outcomes. Several outreach teams have hired persons with lived experience to leverage their specific expertise and ability to develop rapport with unsheltered persons.

SoCal CoC answers to **1C-12. Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC)** are detailed in the following table.

HUD stated in the application to *Demonstrate an increase, if needed, in the number of rapid rehousing beds available as recorded on the 2021 HIC data submitted to HUD*.

HUD also stated to *Demonstrate an increase in the number of rapid rehousing beds in the CoC geographic area as reported in HDX.* **OR** *Clearly demonstrate the number of rapid rehousing beds in the CoC's geographic area sufficiently meets the need for this type of housing, which will be verified against information in the 2021 PIT and HIC data reported in HDX.*
HUD also stated to "*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."*

The following table notes that eight (8) SoCal CoCs received 10 out of 10 points. Each of the eight (8) CoCs had an increase in RRH beds when the 2021 number of RRH beds were compared to the 2020 number of RRH beds. The other five (5) CoCs received 0 out of 10 points. Each of the CoCs had a decrease.

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Page 65 in NOFO states the following but there was not a field in the application to respond to the following: Clearly demonstrate the number of rapid rehousing beds in the CoC's geographic area sufficiently meets the need for this type of housing, which will be verified against information in the 2021 PIT and HIC data reported in HDX.

1C – 12 Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).

CoC	Max Pts	Pts	2020	2021	Difference
Glendale	10	10	15	60	+45
Imperial	10	0	125	86	-39
Kern	10	0	602	489	-113
Long Beach	10	0	378	247	-131
Los Angeles	10	10	6,045	7,191	+1,146
Orange	10	10	663	820	+157
Pasadena	10	0	25	19	-6
Riverside	10	10	318	467	+149
San Bernardino	10	10	2,101	2,260	+159
San Diego	10	10	1,846	2,116	+270
San Luis Obispo	10	10	404	429	+25
Santa Barbara	10	10	186	280	+94
Ventura	10	0	683	595	-88

HUD assigned a total of seven (7) points to the following:

- 1C-15. Promoting Racial Equity in Homelessness–Assessing Racial Disparities
- 1C-15a. Racial Disparities Assessment Results
- 1C-15b. Strategies to Address Racial Disparities
- 1C-15c. Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment

HUD did not assign points to each of the questions/requests for information noted above.

For **1C-15. Promoting Racial Equity in Homelessness–Assessing Racial Disparities**, all 13 SoCal CoCs answered "yes."

SoCal CoC answers to **1C-15a. Racial Disparities Assessment Results** are noted in the following table.

Ten (10) CoCs received seven (7) out of seven (7) points. Three (3) CoCs received 5.5 points out of seven (7) points. How many of the seven (7) total points for the entire subsection were assigned to 1C-15a is unknown.

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Q. 1C-15a Racial Disparities Assessment Results

Continuum of Care	Max Points	Points	People of different races or ethnicities are more likely to receive homeless assistance	People of different races or ethnicities are less likely to receive homeless assistance	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance	There are no racial or ethnic disparities in the provision or outcome of homeless assistance	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance
Glendale	7	5.5	**No**	Yes	Yes	**No**	**No**	Yes
Imperial	7	5.5	Yes	**No**	Yes	**No**	Yes	Yes
Kern	7	7	Yes	**No**	**No**	Yes	**No**	Yes
Long Beach	7	7	**No**	**No**	Yes	Yes	**No**	**No**
Los Angeles	7	7	Yes	Yes	Yes	Yes	**No**	**No**
Orange	7	7	Yes	Yes	Yes	Yes	**No**	**No**
Pasadena	7	7	Yes	Yes	Yes	Yes	**No**	**No**
Riverside	7	7	Yes	Yes	Yes	Yes	Yes	**No**
San Bernardino	7	7	Yes	Yes	Yes	Yes	**No**	**No**
San Diego	7	7	**No**	Yes	**No**	**No**	**No**	**No**
San Luis Obispo	7	7	**No**	**No**	**No**	**No**	**No**	Yes
Santa Barbara	7	7	Yes	Yes	**No**	Yes	**No**	**No**
Ventura	7	5.5	Yes	Yes	Yes	Yes	**No**	**No**

SoCal CoC answers to **1C-15b. Strategies to Address Racial Disparities** are noted in the following table.

Ten (10) CoCs received seven (7) out of seven (7) points. Three (3) CoCs received 5.5 points out of seven (7) points. How many of the seven (7) total points for the entire subsection were assigned to 1C-15a is unknown.

The three (3) CoCs that lost points could have lost points because of their qualitative answer to **1C-15c. Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment**, which was based on the following request for information:

- *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.*

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1C-15b.

CoC	Max Pts	Pts	CoC's board and decisionmaking bodies are representative of the population served in the CoC	CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in CoC.	CoC is expanding outreach in geographic areas with higher concentrations of underrepresented Groups	CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness	CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector	CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	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	CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness	CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system	CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness
Glendale	7	5.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Imperial	7	5.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kern	7	7	Yes	Yes	Yes	Yes	Yes	**No**	Yes	Yes	Yes	Yes	Yes
Long Beach	7	7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Los Angeles	7	7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Orange	7	7	**No**	Yes	Yes	Yes	Yes	**No**	Yes	Yes	Yes	Yes	Yes
Pasadena	7	7	Yes	Yes	Yes	Yes	Yes	**No**	Yes	Yes	Yes	Yes	Yes
Riverside	7	7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
San Bernardino	7	7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
San Diego	7	7	**No**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
San Luis Obispo	7	7	**No**	**No**	Yes	Yes	Yes	**No**	Yes	Yes	**No**	Yes	Yes
Santa Barbara	7	7	**No**	Yes	Yes	Yes	Yes	**No**	Yes	Yes	Yes	Yes	Yes
Ventura	7	5.5	Yes	Yes	Yes	Yes	Yes	**No**	Yes	Yes	Yes	Yes	Yes

High Priority CoC Application Questions (Con't)

The next Sub-Section is **Sub-Section 1. 1D. Addressing COVID-19 in the CoC's Geographic Area**.

HUD noted that the maximum number of points for this subsection was 21.5. HUD provided the total number of points that each CoC received in the debriefing summary sent to each CoC.

HUD did list the following questions/requests for information under this subsection in each CoCs debriefing summary. However, HUD did not provide the number of points that each CoC received for each of these questions/requests for information.

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- 1D-1. Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.
- 1D-2. Improving Readiness for Future Public Health Emergencies.
- 1D-3. CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.
- 1D-4. CoC Coordination with Mainstream Health.
- 1D-5. Communicating Information to Homeless Service Providers.
- 1D-6. Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.
- 1D-7. Addressing Possible Increases in Domestic Violence.
- 1D-8. Adjusting Centralized or Coordinated Entry System.

HUD did provide the maximum points available for this subsection and the total points the CoC received in the debriefing summary sent to each CoC. See following table for a summary.

CoC	Maximum Points	Points Received
Glendale	21.5	11
Imperial	21.5	16.5
Kern	21.5	20
Long Beach	21.5	20.5
Los Angeles	21.5	21
Orange	21.5	16
Pasadena	21.5	18
Riverside	21.5	17
San Bernardino	21.5	21.5
San Diego	21.5	20.5
San Luis Obispo	21.5	21
Santa Barbara	21.5	16
Ventura	21.5	18

High Priority CoC Application Questions (Con't)

The next Sub-Section is **Sub-Section 1. 1E. Project Review, Ranking, and Selection**

This Sub-Section includes **1E-2. Project Review and Ranking Process Your CoC Used in Its Local Competition** and **1E-2a. Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities**.

HUD noted that the maximum number of points for this subsection was 22. HUD provided the total number of points that each CoC received in the debriefing summary sent to each CoC.

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HUD did list questions/requests for information under **1E-2. Project Review and Ranking Process Your CoC Used in Its Local Competition** in each CoCs debriefing summary. However, HUD did not provide the number of points that each CoC received for each of the questions/requests for information, which are noted in the table below. The table does note "yes" and "no" answers by each CoC.

1E-2a. Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities included the following two questions/requests for information. However, HUD required qualitative, not quantitative, answers unlike 1E-2 as noted in the table below.

- Specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects
- 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

Five of 13 SoCal CoCs received 22 out of 22 points and did not lose any points because of their answers to 1E-2 and 1E-2a. Eight CoCs did lose points either because of their answers to 1E-2 and/or 1E-2a.

1E-2: Project Review and Ranking Process Your CoC Used in Its Local Competition

Continuums of Care	Max Pts	Pts	Established total points available for each project application type	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	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)	Used data from a comparable database to score projects submitted by victim service providers	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing
Glendale	22	22	Yes	Yes	Yes	Yes	Yes	Yes
Imperial	22	20	Yes	Yes	Yes	Yes	Yes	Yes
Kern	22	22	Yes	Yes	Yes	Yes	Yes	Yes
Long Beach	22	16	Yes	Yes	Yes	Yes	Yes	Yes
Los Angeles	22	21.5	Yes	Yes	Yes	Yes	Yes	**No**
Orange	22	22	Yes	Yes	Yes	Yes	Yes	Yes
Pasadena	22	20	Yes	Yes	Yes	Yes	Yes	Yes
Riverside	22	20	Yes	Yes	Yes	**No**	Yes	Yes

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San Bernardino	22	20	Yes	Yes	Yes	No	Yes	Yes
San Diego	22	22	Yes	Yes	Yes	Yes	Yes	Yes
San Luis Obispo	22	21	Yes	Yes	Yes	Yes	Yes	Yes
Santa Barbara	22	22	Yes	Yes	Yes	Yes	Yes	Yes
Ventura	22	21	Yes	Yes	Yes	Yes	Yes	Yes

High Priority CoC Application Questions (Con't)

The next Sub-Section is **Sub-Section 2A. Homeless Management Information System (HMIS) Bed Coverage**

This Sub-Section includes **2A-5. Bed Coverage Rate–Using HIC, HMIS Data** and **2A-5b. Bed Coverage Rate in Comparable Databases**.

This Sub-Section also includes **2A-6 Longitudinal System Analysis (LSA) Submission in HDX 2.0**. CoCs were asked *Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?*.

The maximum points for 2A-6 were two (2) points. **Note**: **All 13 SoCal CoCs received two (2) points.**

The maximum number of points for 2A-5 and 2A-5b were six (6) points. HUD did not provide separate points for 2A-5 and 2A-5b.

Regarding **2A-5. Bed Coverage Rate–Using HIC, HMIS Data**. CoCs were asked to enter their Total Beds in 2021 HIC, Total Beds in HIC Dedicated for DV, and Total Beds in HMIS for ES, SH, TH, RRH, PSH, and OPH and the percentage of HMIS Bed Coverage Rate for each bed type was automatically generated.

The percentage of HMIS Bed Coverage Rate that was automatically generated for each bed type is noted in the table below.

The total bed coverage rate minus DV beds for ES, SH, TH, RRH, PSH, and OPH for each CoC was added to the table below. HUD did not calculate this total bed coverage rate minus DV beds.

HUD awarded points, as noted on p. 73 of NOFO, if "At least 85 percent of the beds in the CoC's geographic area are covered in HMIS."

HUD also stated "To receive partial credit, if the bed coverage rate is below 85 percent, the CoC must provide clear steps on how it intends to increase this percentage over the next 12 months."

The following table provides the percentage of HMIS Bed Coverage Rate automatically calculated by HUD for each bed type. Percentages less than 85% are noted in red.

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2A-5:

CoC	Max Pts	Pts	% of HMIS Bed Coverage Rate					
			ES %	SH %	TH %	RRH %	PSH %	OPH %
Glendale	6	6	104	No beds	0	100	100	No beds
Total Bed Coverage Rate minus DV beds: 294 non-DV beds in HIC/297 non-DV beds in HMIS = 99.0%								
Imperial	6	4	100	No beds	100	100	0.0	No beds
Total Bed Coverage Rate minus DV beds: 474 non-DV beds in HIC/229 non-DV beds in HMIS = 48.3%								
Kern	6	5	104	No beds	118	93	90	110
Total Bed Coverage Rate minus DV beds: 3,838 non-DV beds in HIC/3,592 non-DV beds in HMIS = 93.6%								
Long Beach	6	6	100	100	100	100	100	100
Total Bed Coverage Rate minus DV beds: 3,034 non-DV beds in HIC/2,756 non-DV beds in HMIS = 90.8%								
Los Angeles	6	4	77	85	54	99	60	74
Total Bed Coverage Rate minus DV beds: 56,757 non-DV beds in HIC/40,426 non-DV beds in HMIS = 71.2%								
Orange	6	1.5	86	No beds	63	100	94	100
Total Bed Coverage Rate minus DV beds: 6,448 non-DV beds in HIC/5,702 non-DV beds in HMIS = 88.4%								
Pasadena	6	6	100	No beds	100	100	96	No beds
Total Bed Coverage Rate minus DV beds: 587 non-DV beds in HIC/571 non-DV beds in HMIS = 97.2%								
Riverside	6	6	107	No beds	145	100	100	No beds
Total Bed Coverage Rate minus DV beds: 2,617 non-DV beds in HIC/2,694 non-DV beds in HMIS = 102.9%								
San Bernardino	6	6	94	100	69	100	100	No beds
Total Bed Coverage Rate minus DV beds: 4,602 non-DV beds in HIC/4,493 non-DV beds in HMIS = 97.6%								
San Diego	6	6	99	100	92	98	100	90
Total Bed Coverage Rate minus DV beds: 14,527 non-DV beds in HIC/14,264 non-DV beds in HMIS = 98.2%								
San Luis Obispo	6	6	100	N/A	0	96	98	100
Total Bed Coverage Rate minus DV beds: 970 non-DV beds in HIC/938 non-DV beds in HMIS = 96.7%								
Santa Barbara	6	1.5	67	N/A	83	84	54	59
Total Bed Coverage Rate minus DV beds: 2,122 non-DV beds in HIC/1,352 non-DV beds in HMIS = 63.7%								
Ventura	6	4.5	71	100	57	100	57	No beds
Total Bed Coverage Rate minus DV beds: 1,575 non-DV beds in HIC/2,147 non-DV beds in HMIS = 73.3%								

HUD awarded points, as noted on p. 73 of NOFO, if "At least 85 percent of the beds in the CoC's geographic area are covered in HMIS and comparable databases."

The next table notes that nine (9) of 13 SoCal CoCs had a percent greater than 85%. Percentages less than 85% are noted in red.

The loss of points could be for a % of HMIS Bed Coverage Rate that is less than 85% noted in the table above and/or for a percentage of less than 85% noted in the table below.

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2A-5b. Bed Coverage Rate in Comparable Databases

CoC	Max Pts	Pts	Enter the percentage of beds covered in comparable databases in your CoC's geographic area
Glendale	6	6	100%
Imperial	6	4	100%
Kern	6	5	0%
Long Beach	6	6	100%
Los Angeles	6	4	51%
Orange	6	1.5	27%
Pasadena	6	6	100%
Riverside	6	6	100%
San Bernardino	6	6	100%
San Diego	6	6	92%
San Luis Obispo	6	6	100%
Santa Barbara	6	1.5	100%
Ventura	6	4.5	0%

High Priority CoC Application Questions (Con't)

The last of the six Sub-Sections is **Sub-Section 2C. System Performance**

This Sub-Section focuses on the following System Performance Measures

- 2C-1. Reduction in the Number of First Time Homeless
- 2C-2. Length of Time Homeless
- 2C-3. Exits to Permanent Housing Destinations/Retention of Permanent Housing
- 2C-4. Returns to Homelessness
- 2C-5. Increasing Employment Cash Income
- 2C-5a. Increasing Employment Cash Income–Workforce Development–Education–Training
- 2C-5b. Increasing Non-employment Cash Income

There are no comparative tables for this last Sub-Section because the questions/responses for information was qualitative and not quantitative.

A comparison of the maximum number of points to the awarded number of points for each CoC is included in the Excel spreadsheet that was included along with this Word document in an email sent to SoCal CoC leaders.

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Max Score	Glen-dale	Imperial County	Kern County	Long Beach	Los Angeles	Orange County	Pasa-dena	Riverside County	San Ber-nardino	San Diego County	San Luis Obispo	Santa Barbara	Ventura County
2	**Scoring Category**														
3	1B. and 1C. CoC Coordination and Engagement	74.5	65.5	45	58.5	56	73	67.5	58.5	71.5	71.5	68.5	64.5	61	57
4	1D. Addressing COVID-19 in the CoC's Geographic Area	21.5	11	16.5	20	20.5	21	19.5	18	17	21.5	20.5	21	16	18
5	1E. Project Capacity, Review, and Ranking	30	28.5	26.5	30	23	29	19.5	28	27	27	30	29	29.5	28
6	2A. Homeless Management Information System	11	11	9	9	11	7	9	10	11	11	10	10	5.5	7.5
7	2B. Point-in-Time Count	3	3	3	3	3	3	3	3	3	3	3	3	3	3
8	2C. System Performance	23	15.5	12.5	20	20.25	21	20.75	20.5	18.75	19.75	15.75	19.5	16.25	18
9	3A. Coordination with Housing and Healthcare Bonus Points	10	0	0	10	5	10	10	10	10	10	7	5	0	10
10	**Total CoC Application Score***	**173**	**134.5**	**112.5**	**150.5**	**138.75**	**164**	**149.25**	**148**	**158.25**	**163.75**	**154.75**	**152**	**131.25**	**141.5**
11	*The total does not include bonus scores.														
12															
13	**1B. and 1C. CoC Coordination and Engagement**	74.5													
14															
15	**1B-1**. Inclusive Structure and Participation–Participation in	1													
16	Coordinated Entry														
17	**1B-2**. Open Invitation for New Members	1													
18	**1B-3**. CoC's Strategy to Solicit/Consider Opinions on Preventing														
19	and Ending Homelessness														
20	**1B-4**. Public Notification for Proposals from Organizations Not														
21	Previously Funded														
22															
23	**1C-1**. Coordination with Federal, State, Local, Private, and	2													
24	Other Organizations														
25	**1C-2**. CoC Consultation with ESG Program Recipients														
26	**1C-3**. Ensuring Families are not Separated	2													
27	**1C-4**. CoC Collaboration Related to Children and Youth–	3													
28	SEAs, LEAs, Local Liaisons & State Coordinators														
29	**1C-4a**. CoC Collaboration Related to Children and Youth–														
30	Educational Services–Informing Individuals and Families														
31	Experiencing Homelessness about Eligibility														
32	**1C-4b**. CoC Collaboration Related to Children and Youth–														
33	Educational Services–Written/Formal Agreements or														
34	Partnerships with Early Childhood Services Providers														
35	**1C-5**. Addressing Needs of Domestic Violence, Dating Violence,	5													
36	Sexual Assault, and Stalking Survivors–Annual Training–														
37	Safety and Best Practices														
38	**1C-5a**. Addressing Needs of Domestic Violence, Dating Violence,														
39	Sexual Assault, and Stalking Survivors–Using														
40	De-identified Aggregate Data														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Max Score	Glen-dale	Imperial County	Kern County	Long Beach	Los Angeles	Orange County	Pasa-dena	Riverside County	San Ber-nardino	San Diego County	San Luis Obispo	Santa Barbara	Ventura County
41	**1C-5b**. Addressing Needs of Domestic Violence, Dating Violence,														
42	Sexual Assault, and Stalking Survivors–Coordinated Assessment–														
43	Safety, Planning, and Confidentiality Protocols.														
44	**1C-6**. Addressing the Needs of Lesbian, Gay, Bisexual,	5													
45	Transgender–Anti-Discrimination Policy and Training.														
46	**1C-7**. Public Housing Agencies within Your CoC's Geographic Area–	10													
47	New Admissions–General/Limited Preference–														
48	Moving On Strategy. You Must Upload an														
49	Attachment(s) to the 4B. Attachments Screen														
50	**1C-7a.** Written Policies on Homeless Admission Preferences with PHAs														
51	**1C-7b**. Moving On Strategy with Affordable Housing Providers														
52	**1C-7c**. Including PHA-Funded Units in CoC's Coordinated Entry System														
53	**1C-7c.1**. Method for Including PHA-Funded Units in														
54	Your CoC's Coordinated Entry System														
55	**1C-7d**. Submitting CoC and PHA Joint Applications for														
56	Funding for People Experiencing Homelessness														
57	1C-7d.1. CoC and PHA Joint Application–Experience–Benefits														
58	**1C-7e**. Coordinating with PHA(s) to Apply for or Implement HCV														
59	Dedicated to Homelessness Including American Rescue Plan Vouchers														
60	**1C-7e.1**. Coordinating with PHA(s) to Administer Emergency Housing														
61	Voucher (EHV) Program––List of PHAs with MOUs														
62	**1C-8**. Discharge Planning Coordination	3													
63	**1C-9**. Housing First–Lowering Barriers to Entry	10	10	8	10	10	10	9	10	10	10	10	9	9	9
64	**1C-9a**. Housing First–Project Evaluation														
65	**1C-9b**. Housing First–Veterans. Not Scored–For Information Only														
66	**1C-10**. Street Outreach–Scope	3	3	3	3	3	3	0	3	3	3	0	3	0	1.5
67	**1C-11**. Criminalization of Homelessness	2													
68	**1C-12**. Rapid Rehousing–RRH Beds as Reported in the	10	10	0	0	0	10	10	0	10	10	10	10	10	0
69	Housing Inventory Count (HIC)														
70	**1C-13**. Mainstream Benefits and Other Assistance–	4													
71	Healthcare–Enrollment/Effective Utilization														
72	**1C-13a**. Mainstream Benefits & Other Assistance–Information & Training														
73	**1C-14**. Centralized or Coordinated Entry System–Assessment Tool.	3													
74	You Must Upload an Attachment to the 4B. Attachments Screen														
75	**1C-15**. Promoting Racial Equity in Homelessness–	7	5.5	5.5	7	7	7	7	7	7	7	7	7	7	5.5
76	Assessing Racial Disparities														
77	**1C-15a**. Racial Disparities Assessment Results														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Max Score	Glen-dale	Imperial County	Kern County	Long Beach	Los Angeles	Orange County	Pasa-dena	Riverside County	San Ber-nardino	San Diego County	San Luis Obispo	Santa Barbara	Ventura County
78	**1C-15b**. Strategies to Address Racial Disparities														
79	**1C-15c**. Promoting Racial Equity in Homelessness Beyond														
80	Areas Identified in Racial Disparity Assessment.														
81	**1C-16**. Persons with Lived Experience–Active CoC Participation	1													
82	**1C-17**. Promoting Volunteerism and Community Service	2													
83															
84	**1D. Addressing COVID-19 in the CoC's Geographic Area**	**21.5**	11	16.5	20	20.5	21	16	18	17	21.5	20.5	21	16	18
85															
86	**How CoCs addressed challenges resulting from the outbreak of COVID-19**														
87	**affecting individuals and families experiencing homelessness.**														
88															
89	**1D-1**. Safety Protocols Implemented to Address Immediate Needs														
90	of People Experiencing Unsheltered, Congregate Emergency														
91	Shelter, Transitional Housing Homelessness.														
92	**1D-2**. Improving Readiness for Future Public Health Emergencies														
93	**1D-3**. CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds														
94	**1D-4**. CoC Coordination with Mainstream Health														
95	**1D-5**. Communicating Information to Homeless Service Providers														
96	**1D-6**. Identifying Eligible Persons Experiencing Homelessness														
97	for COVID-19 Vaccination														
98	**1D-7**. Addressing Possible Increases in Domestic Violence														
99	**1D-8**. Adjusting Centralized or Coordinated Entry System														
100															
101	**1E. Project Capacity, Review, and Ranking**														
102															
103	**1E-2. and 1E-2a. Project Review and Ranking Process Your**	22	22	20	22	16	21.5	22	20	20	20	22	21	22	21
104	**CoC Used in Its Local Competition**														
105															
106	**These questions assessed whether your CoC used objective**														
107	**criteria and past performance to review and rank projects based**														
108	**on required attachments.**														
109															
110	**1E-2**:														
111	1. Established total points available for each project application type.		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
112															
113	2. At least 33 percent of the total points were based on objective criteria		Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
114	for the project application (e.g., cost effectiveness, timely draws, utilization														
115	rate, match, leverage), performance data, type of population served														
116	(e.g., DV, youth, Veterans, chronic homelessness), or type of housing														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Max Score	Glen-dale	Imperial County	Kern County	Long Beach	Los Angeles	Orange County	Pasa-dena	Riverside County	San Ber-nardino	San Diego County	San Luis Obispo	Santa Barbara	Ventura County
117	proposed (e.g., PSH, RRH)														
118															
119	3. At least 20 percent of the total points were based on system performance		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
120	criteria for the project application (e.g., exits to permanent housing														
121	destinations retention of permanent housing, length of time homeless,														
122	returns to homelessness)														
123															
124	4. Used data from a comparable database to score projects submitted														
125	by victim service providers		Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
126															
127	5. Used objective criteria to evaluate how projects submitted by														
128	victim service providers improved safety for the population they serve		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
129															
130	6. Used a specific method for evaluating projects based on the														
131	CoC's analysis of rapid returns to permanent housing		Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
132															
133	**1E-2a**:														
134	1. Specific severity of needs and vulnerabilities your CoC														
135	considered when ranking and selecting projects														
136	2. Considerations your CoC gave to projects that provide housing and														
137	services to the hardest to serve populations that could result in lower														
138	performance levels but are projects your CoC needs in its geographic area														
139															
140	**2A. Homeless Management Information System (HMIS) Bed Coverage**														
141															
142	**2A-5**. Bed Coverage Rate–Using HIC, HMIS Data	6	6	4	5	6	4	1.5	6	6	6	6	6	1.5	4.5
143	**2A-5b**. Bed Coverage Rate in Comparable Databases														
144	**2A-6**. Longitudinal System Analysis (LSA) Submission in HDX 2.0	2	2	2	2	2	2	2	2	2	2	2	2	2	2
145	Did your CoC submit LSA data to HUD in HDX 2.0 by														
146	January 15, 2021, 8 p.m. EST?														
147															
148	**2C. System Performance**														
149															
150	**2C-1**. Reduction in the Number of First Time Homeless	3	1	2	3	2	3	2	3	2	2	3	2.5	2	1
151	We scored this question based on data your CoC submitted in HDX														
152	and your narrative response														
153	Describe in the field below:														
154	1. how your CoC determined which risk factors your CoC uses to														
155	identify persons becoming homeless for the first time														
156	2. how your CoC addresses individuals and families														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Max Score	Glen-dale	Imperial County	Kern County	Long Beach	Los Angeles	Orange County	Pasa-dena	Riverside County	San Ber-nardino	San Diego County	San Luis Obispo	Santa Barbara	Ventura County
157	at risk of becoming homeless;														
158	3. provide the name of the organization or position title that is														
159	responsible for overseeing your CoC's strategy to reduce the														
160	number of individuals and families														
161	experiencing homelessness for the first time														
162	or to end homelessness for individuals and families.														
163															
164	**2C-2. Length of Time Homeless.**	6	3.5	0	5	5	6	5	5	5	5	5.5	5	5	5
165	We scored this question based on data your CoC submitted														
166	in HDX and your narrative response														
167	Describe in the field below:														
168	1. your CoC's strategy to reduce the length of time individuals														
169	and persons in families remain homeless;														
170	2. how your CoC identifies and houses individuals and persons														
171	in families with the longest lengths of time homeless														
172	3. provide the name of the organization or position title that is														
173	responsible for overseeing your CoC's strategy to reduce the														
174	length of time individuals and families remain homeless.														
175															
176	**2C-3. Exits to Permanent Housing Destinations/**	5	4.5	4.5	5	5	4.5	5	5	5	5	2.5	4.5	5	5
177	**Retention of Permanent Housing.**														
178	We scored this question based on data your CoC submitted														
179	in HDX and your narrative response														
180	Describe in the field below how your CoC will increase the rate that														
181	individuals and persons in families residing in:														
182	1. emergency shelter, safe havens, transitional housing, and														
183	rapid rehousing exit to permanent housing destinations														
184	2. permanent housing projects retain their permanent housing														
185	or exit to permanent housing destinations.														
186															
187	**2C-4. Returns to Homelessness**	4	3	3	3	4	3.5	1	4	3	4	1	3	1	3.5
188	We scored this question based on data your CoC submitted in HDX														
189	and your narrative response														
190	Describe in the field below:														
191	1. how your CoC identifies individuals and families who return														
192	to homelessness;														
193	2. your CoC's strategy to reduce the rate of														
194	additional returns to homelessness;														
195	3. provide the name of the organization or position title that is														
196	responsible for overseeing your CoC's strategy to reduce the														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Max Score	Glen-dale	Imperial County	Kern County	Long Beach	Los Angeles	Orange County	Pasa-dena	Riverside County	San Ber-nardino	San Diego County	San Luis Obispo	Santa Barbara	Ventura County
197	rate individuals and persons in families return to homelessness.														
198															
199	**2C-5. Increasing Employment Cash Income**	4	2.5	2	4	3.75	4	2.25	2.5	3.75	3.75	3.75	4	2.25	3.5
200	We scored this question based on data your CoC submitted in HDX														
201	and your narrative response.														
202	**2C-5a**. Increasing Employment Cash Income–Workforce														
203	Development–Education–Training.														
204	**2C-5b**. Increasing Non-employment Cash Income.														
205															
206	**3A. Coordination with Housing and Healthcare Bonus Points**	10	0	0	10	5	10	10	10	10	10	7	5	0	10
207															
208	**3A-1**. Is your CoC applying for a new PSH or RRH project(s) that uses														
209	housing subsidies or subsidized housing units which are not funded														
210	through the CoC or ESG Programs to help individuals and families														
211	experiencing homelessness?		No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
212															
213	**3A-1a**. New PH-PSH/PH-RRH Project–Leveraging Housing Commitment:														
214	Private organizations		No	No	No	No	No	Yes	No	No	Yes	Yes	No	No	No
215	State or local government		No	No	No	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No
216	Public Housing Agencies including use of a set aside or limited		No	No	Tes	No	No	Yes	Yes	No	No	Yes	No	No	No
217	preference Faith-based organizations		No	No	No	No	No	No	No	No	No	No	No	No	Yes
218	Federal programs other than the CoC or ESG Programs		No	No	No	No	No	No	Yes	No	Yes	No	No	No	No
219															
220	**3A-2**. New PSH/RRH Project–Leveraging Healthcare Resources.														
221	Is your CoC applying for a new PSH or RRH project that uses healthcare														
222	resources to help individuals and families experiencing homelessness?		No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
223															
224	**3A-2a**. Written Agreements–Value of Commitment–Project Restrictions														
225	Did your CoC obtain a formal written agreement?		No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
226	Is project eligibility for program participants in the new PH-PSH or														
227	PH-RRH project based on CoC Program fair housing requirements														
228	by the health care service provider?		No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
229															
230	**3A-3**. Leveraging Housing Resources–Leveraging Healthcare Resources–														
231	List of Projects.														
232	Enter information on each project		No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes