

## 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:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
  - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
    - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
    - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
  - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1A-1. CoC Name and Number:** CA-513 - Visalia/Kings, Tulare Counties CoC

**1A-2. Collaborative Applicant Name:** Kings/Tulare Continuum of Care on Homelessness

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Kings United Way

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	No
Faith Based Organization	Yes	Yes	No
Veterans Affairs	Yes	Yes	No
		Not Applicable	Not Applicable

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.  
(limit 1000 characters)**

The K/T Homeless Alliance (Alliance) has an open invitation process and invites participation from a variety of entities knowledgeable about ending homelessness, including formerly homeless individuals. The Alliance sends out e-invitations, conducts outreach through service clubs, engages partners through PHC, and participates in local forums. The Alliance conducts outreach to engage agencies that serve high risk populations. For example, Victim Service Providers such as Family Services, who also serve survivors of human trafficking, serve on the Alliance Board and PHC committee. The Alliance also has mental health representatives on the Board, engaged with special committees and as members of the Project Homeless Connect planning/implementation team. The Alliance reaches out to homeless youth providers quarterly and they participate with PHC and HMIS.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
EMQ Families First	No	Yes	No
Aspiranet	No	Yes	No
Family Services	No	Yes	Yes
Turning Point	No	Yes	Yes

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Family Services	Yes	Yes
Central CA Family Crisis Center	Yes	Yes
Kings Community Action Organization	Yes	No

**1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?**

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors? (limit 1000 characters)**

The K/T Homeless Alliance Board of Directors has the primary responsibility for implementing the goals of Opening Doors. The Board oversees the establishment of funding priorities, which ensure that funding is directed to meet the goals of Opening Doors. The Board educates the community on housing first and effective strategies for combating CH and general strategies for ending family and Veteran homelessness. The Board engages specific representatives to focus on each goal. For example, the Mayor of Visalia declared a goal to end Veteran homelessness, and the Alliance partnered with the VA for services and the housing authority for VASH vouchers. Focus on ending family homelessness is coordinated through the school homeless liaisons and rapid re-housing providers. The coordinated entry system was adopted by the Board and Kings UW employs a Housing Navigator, which will ensure Kings/Tulare Counties end CH homelessness.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)**

The Kings/Tulare Homeless Alliance (“Alliance”), formerly the Kings/Tulare Continuum of Care, actively solicits applications from entities that have not previously received funds. The Alliance sends announcements through the distribution list and partner agencies, makes announcements at Alliance and other community meetings, and posts materials on the website. The Alliance starts outreach for the grants competition months in advance of the NOFA, so potential applicants can begin program design and ask questions. Preparation also includes educating on the performance objectives, HUD documentation requirements, and expectations for participation with the Alliance and HMIS. The Alliance also provides technical assistance and ongoing training to any new organizations interested in applying for funds, and presents information on HUD funding to community groups serving the homeless. The Alliance conducts active outreach throughout the year to non-CoC funded programs.

**1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?** Monthly

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.**

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.**

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	5	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	5	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	5	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

The K/T Homeless Alliance (“Alliance”) participates with the Consolidated Plan process of 5 jurisdictions including the State. The Alliance is involved through the Con Plan preparation, during CAPER reporting, and throughout the year as consultation is needed. The Alliance provides PIT level data specific to the geography covered in the Con Plan, and assists the entity in understanding trends regarding homelessness. The Alliance also works to identify impediments that may exist with addressing homelessness, and works to recommend solutions to end homelessness. For example, in the 2015 Con Plan for Visalia, the Alliance recommended that HOME funds be utilized for TBRA. The Alliance is coordinating with the City to draft the program guidelines, which include utilization of the coordinated entry tool VI-SPDAT. The Alliance is consulting the State on the ESG allocation plan and performance plan, and uses HMIS to evaluate ESG performance.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)**

Kings/Tulare counties do not have any ESG entitlement communities, so we have no local control over use of ESG funds. The Alliance ranks the applications from K/T counties for State ESG. Programs in K/T counties have had an extremely challenging time accessing ESG funding. ESG for non-entitlement communities is highly oversubscribed and the application is difficult. Based on feedback from the K/T Alliance, the State is proposing a Substantial Amendment to its HUD Consolidated Plan to distribute 2015/2016 ESG funds with the redesigned ESG program. The redesigned ESG program would allow all CoCs to receive funding based on a formula allocation. The State ESG funding will be distributed into two main pools: 1) CoC Allocation (CoCs w/ESG entitlement) 2: Balance of State(CoC w/out ESG entitlement). This is one example of how the State responded to feedback from the Alliance. HMIS is utilized to evaluate ESG performance and provide feedback on how to improve performance of ESG projects.



**1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)**

The K/T 10-year plan acknowledges that the needs of a household who is fleeing domestic violence, dating violence, or sexual assault may be different than the needs of non-victims. Providers are trained on sensitivity in regards to victims' assistance, and referrals are only made to qualified DV providers. The HMIS data of victims is treated with the highest level of confidentiality, and victims' data is not shared with other Providers. Assessing DV is a component of the coordinated entry system and any applicants with DV are immediately referred to a qualified provider. Safe house locations are kept confidential to protect the victims. Persons fleeing DV are connected with CoC, ESG, DOJ and HHS funded programs. The Alliance has a Board member from a local non-profit who provides a confidential domestic violence shelter and services. This relationship ensures the Alliance is aware of the needs of victim service providers.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Kings County	0.00%	Yes-HCV
Housing Authority of Tulare County	0.37%	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-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)**

The Kings/Tulare Homeless Alliance (“Alliance”), formerly the Kings/Tulare Continuum of Care, seeks other opportunities to secure affordable housing opportunities for individuals and families that are currently homeless or have previously experienced homelessness. One example of this is with a member agency, Self-Help Enterprises (SHE). SHE develops traditional affordable rental housing through the HOME and low-income housing tax credit (LIHTC) programs. The Alliance has partnered with SHE to seek additional opportunities to offer affordable rental units to PSH participants and program graduates. SHE developed the Strawberry Street apartments and provides preference for formerly homeless households. Through this partnership, the Alliance is seeking additional opportunities to leverage HOME, LIHTC, VOWA and other affordable housing funding to better serve homeless and at-risk populations. The Alliance also works with K/T counties to leverage Mental Health Services Act funding to generate new PSH units and RRH in conjunction with CalWorks.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Develop Alternate Programs to Balance Enforcement, such as a storage program to offset shopping cart ban	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.  
(limit 1000 characters)**

Not applicable; the Kings/Tulare Homeless Alliance (“Alliance”), formerly the Kings/Tulare Continuum of Care, coordinates with each of the institutions listed in 1D-2 on either the local, regional or State level to ensure persons discharged are not discharged directly to the streets, emergency shelters, or other McKinney-Vento Homeless Assistance programs.

## **1E. Centralized or Coordinated Assessment (Coordinated Entry)**

### **Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.**

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.  
(limit 1000 characters)**

In conjunction with the coordinated entry/assessment strategy, Every Door Open (EDO), the Alliance is utilizing the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to assess households experiencing homelessness. EDO covers the entire geographic area of Kings/Tulare. To assist w/enrollment through EDO, the Alliance worked with the Kings UW to establish and fund a Housing Navigator. The Navigator works to ensure the entry process engages and assists individuals in accessing housing through EDO and targets homeless persons with the highest barriers. The Navigator conducts street outreach and has regular visits to the largest shelter providers in the bi-county region. The VI-SPDAT is also administered by housing/service providers who serve as an entry point into EDO. Referrals are made to a housing provider or the Navigator for enrollment in the coordinated entry process. EDO ensures participants are directed to the appropriate level of services based on need.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	14
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	5
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	9
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

### 1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>



<b>Monitoring criteria</b>	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
<b>Need for specialized population services</b>	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)**

The Kings/Tulare Homeless Alliance (“Alliance”), formerly the Kings/Tulare Continuum of Care, includes a section called "client needs" in the Rating & Ranking process. In this section, up to 10 points are awarded for projects that address the severity of needs and vulnerabilities of clients which include, but are not limited to: low or no income, current or past substance abuse, criminal record, etc. The Alliance evaluates the type of clients being served in addition to the project type, and weighs those program elements against the national priorities, local funding priorities and annual point-in-time data.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)  
(limit 750 characters)**

The NOFA and invitation to submit an application was announced at the 9/24/15 membership meeting. The Kings/Tulare Homeless Alliance publishes Rating & Ranking (R&R) process guidance. The R&R tool is posted on the Alliance website, social media portals such as Facebook and Twitter, and distributed through e-mail to the listserv. The R&R is posted for at least 5 business days to allow for public comment prior to the final publication. The funding recommendations were also posted on the website, social media portals, and e-mailed to the listserv. Evidence of the public postings are attached.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)** 10/30/2015

**1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** Yes

**1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 10/30/2015

**1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?** Yes

# 1G. Continuum of Care (CoC) Addressing Project Capacity

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The K/T Homeless Alliance tracks and monitors all of the HUD-required system and program level performance measures. On a quarterly basis, the Alliance prepares a System and Program Level Indicator Report with data extracted from HMIS. The report includes Housing Stability, Increased Income/connectivity to mainstream benefits, Earned Income, and Bed Utilization domains. The domains/outcome calculations are identical to HUD defined performance measures. The report contains Standard Performance Measures, general demographics, and year over year comparisons on the number of clients served, average length of stay and average nightly occupancy. Each HMIS participating agency is provided with a report which reports the performance measures on their respective program(s). Systems and/or programs that do not meet the outcome targets are reported to the Board as a system/program of concern. The Alliance also reviews APRs and LOCCS draws to ensure grantees are meeting CoC requirements.

**1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?** Yes

**1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** Yes

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.** Yes

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.** GC, Pages 57-58

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** Yes

**2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?** Yes

**2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?** Client Track  
**Applicant will enter the HMIS software name (e.g., ABC Software).**

**2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?** Client Track  
**Applicant will enter the name of the vendor (e.g., ABC Systems).**

## 2B. Homeless Management Information System (HMIS) Funding Sources

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2B-1. Select the HMIS implementation coverage area:** Single CoC

**\* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$157,533
ESG	\$1,460
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$158,993</b>

### 2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$2,107
Other Federal	\$0
<b>Other Federal - Total Amount</b>	<b>\$2,107</b>

**2B-2.3 Funding Type: State and Local**

<b>Funding Source</b>	<b>Funding</b>
City	\$0
County	\$49,389
State	\$0
<b>State and Local - Total Amount</b>	<b>\$49,389</b>

**2B-2.4 Funding Type: Private**

<b>Funding Source</b>	<b>Funding</b>
Individual	\$0
Organization	\$0
<b>Private - Total Amount</b>	<b>\$0</b>

**2B-2.5 Funding Type: Other**

<b>Funding Source</b>	<b>Funding</b>
Participation Fees	\$5,760
<b>Other - Total Amount</b>	<b>\$5,760</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$216,249</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 05/14/2015

**2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.**

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	237	38	165	82.91%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	322	53	240	89.22%
Rapid Re-Housing (RRH) beds	63	0	63	100.00%
Permanent Supportive Housing (PSH) beds	229	0	229	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)**

For the Emergency Shelter bed coverage rate of 82.91%, the only beds that are not participating are those from a single faith-based project that is not funded through CoC or ESG programs. Since they have a large percentage of beds it is challenging to get above 86%. Numerous outreach attempts have been made to encourage participation by this project, but they are not interested in participating. Unfortunately, our CoC cannot require participation since they are not funded through the CoC or ESG programs or other local, State or Federal sources. Our CoC will continue its outreach efforts to encourage this project to participate by sharing the many benefits of HMIS.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.  
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

**2C-4. How often does the CoC review or assess its HMIS bed coverage?** Quarterly

## 2D. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	1%
3.2 Social Security Number	0%	9%
3.3 Date of birth	0%	6%
3.4 Race	0%	2%
3.5 Ethnicity	0%	1%
3.6 Gender	0%	0%
3.7 Veteran status	0%	5%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	9%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	6%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	9%

**2D-2. Identify which of the following reports your HMIS generates. Select all that apply:**

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 12

**2D-4. How frequently does the CoC review data quality in the HMIS?** Quarterly

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?** Both Project and CoC

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)**

N/A; Our local CoC does not have VA Grant and Per Diem (GPD) or Runaway and Homeless Youth (RHY) projects within our bi-county region. Currently, SSVF and PATH are participating in HMIS so all existing federally funded programs in this question enter data in to HMIS.

## 2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.**

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/14/2015

## 2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:**

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input checked="" type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)**

The CoC used a complete census count coupled with HMIS plus extrapolation protocol for projects that were missing 20% or more subpopulation data in any one domain. This methodology was selected because it provides a complete count of all sheltered persons in the bi-county region while accounting for subpopulation data that may have a higher than normal missing value rate.

Data are collected at both the individual and household level by utilizing two methods: the questionnaire and the HMIS database. For participating agencies, the database administrator extracted the necessary data fields from the system to provide reliable, comparable data for the PIT. Non-participating programs were mailed information packets and questionnaires two weeks prior to the survey date to capture PIT information on their clients. Follow up calls and visits were made to programs to collect surveys, verify data and discuss variances.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)**

For the 2015 PIT, the CoC utilized HUD's PIT Extrapolation Tool to extrapolate gender, ethnicity, and race information within household categories for sheltered homeless persons for whom the CoC was not able to collect this information.

**2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes**

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)**

The Kings County HPRP project, which provided rapid re-housing assistance, was reported in the 2014 PIT but was not included in the 2015 PIT because it ceased operations. All other projects remained the same from 2014 to 2015.



## 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:**

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

N/A. There were no changes to the way the CoC implemented its sheltered PIT count from 2014 to 2015.

## 2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.**

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/28/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/14/2015

## 2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:**

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

**2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)**

For the 2015 PIT, the CoC utilized a complete census count which included canvassing known locations where individuals and families experiencing homelessness tend to be and canvass teams included formerly homeless individuals. The census approach also included PIT data collection at high frequency service locations that serve individuals experiencing homelessness. All volunteers conducting the unsheltered street canvassing are trained and the CoC utilizes non-duplication techniques to ensure the quality of the data.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)**

For the 2015 PIT, the CoC utilized HUD's PIT Extrapolation Tool to extrapolate gender, ethnicity, and race information within household categories for unsheltered homeless persons for whom the CoC was not able to collect this information. The PIT Extrapolation Tool was not utilized in 2014.

**2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016?** Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

## 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

N/A. There were no changes to the way the CoC implemented its unsheltered PIT count from 2014 to 2015.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

#### \* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
<b>Universe: Total PIT Count of sheltered and unsheltered persons</b>	763	862	99
<b>Emergency Shelter Total</b>	161	161	0
<b>Safe Haven Total</b>	0	0	0
<b>Transitional Housing Total</b>	225	256	31
<b>Total Sheltered Count</b>	386	417	31
<b>Total Unsheltered Count</b>	377	445	68

### 3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
<b>Universe: Unduplicated Total sheltered homeless persons</b>	2,150
<b>Emergency Shelter Total</b>	1,467
<b>Safe Haven Total</b>	0
<b>Transitional Housing Total</b>	683

**3A-2. Performance Measure: First Time Homeless.**

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.  
(limit 1000 characters)**

The CoC coordinates implementation of the 10-Year Plan which includes a focus on prevention, diversion and rapid re-housing, and acknowledges that ending homelessness relies on a successful prevention strategy. The CoC conducts outreach to landlords on how to connect residents at-risk of eviction to prevention services. Services include credit counseling, short term rental assistance and budget management skills. The Housing Authority (HA) trains staff on identifying risk factors such as multiple episodes of late rental payments, loss of employment or substantial reduction in income. The HA intervenes when these risk factors are identified, through supportive services, to prevent an episode of homelessness. The school homeless liaisons also look for risk factors, such as overcrowding or staying with family, to identify at-risk families. The HA, other housing providers, and school liaisons make referrals to service providers to reduce first-time homelessness.

**3A-3. Performance Measure: Length of Time Homeless.**

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.  
(limit 1000 characters)**

The CoC is implementing Every Door Open (EDO), the bi-county coordinated entry and assessment strategy. EDO includes a goal to evaluate every Housing Assistance Application received within 72 hours. The policy is structured to evaluate all applicants quickly, conduct a responsible assessment, and either enroll or refer the applicant to the appropriate service. This policy was further expanded upon implementation of the VI-SPDAT, which considers housing barriers such as length of homelessness. CoC and ESG funded programs take referrals from EDO, which is based partially on length of homelessness. The CoC trains members on Housing First and low-barrier housing as strategies to reduce the length of homelessness. Finally, the CoC seeks rapid re-housing funds to quickly and effectively re-house homeless families.

**\* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

**In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.**

**3A-4a. Exits to Permanent Housing Destinations:**

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	177
Of the persons in the Universe above, how many of those exited to permanent destinations?	144
% Successful Exits	81.36%

**3A-4b. Exit To or Retention Of Permanent Housing:**

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	103
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	86
% Successful Retentions/Exits	83.50%

**3A-5. Performance Measure: Returns to Homelessness:**

**Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)**



The main strategy for reducing returns to homelessness is educating providers on effective case management. The Kings/Tulare Homeless Alliance, formerly the CoC, continues to host ongoing case management trainings to improve the delivery of supportive services. Case Management resources include connecting clients with mainstream benefits and income supports, in conjunction with financial planning and budgeting, the better ensure stability at the end of assistance. The Alliance encourages programs to incorporate after care case management as a component of program design, to assist clients with ongoing stability upon exit from a program. The Alliance is able to monitor and record returns to homelessness by program participants who exit rapid re-housing, transitional housing, and permanent supportive housing in HMIS, and monitor data quarterly to identify returns to homelessness and areas of concern. The Alliance can then conduct focused TA to address the program or area of concern.

**3A-6. Performance Measure: Job and Income Growth.**

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)**

To ensure providers are aware of mainstream benefits, the Alliance hosts trainings at monthly meetings. Tulare County presented about online mainstream benefits and the uniform application utilized for 4 programs. The Alliance is facilitating utilization of the SOAR model to assist clients in accessing benefits. Both examples assist providers in connecting participants with non-employment sources of income. The Alliance will continue to develop partnerships with the local workforce development programs, including the Workforce Investment Board (WIB) and CSET, which provide job training/placement and attend PHC as an employment provider. The Alliance will continue to educate housing providers on the importance of integrating employment/education goals in individual service plans as a mechanism to increase earned income. In the period from 10/1/13 to 9/30/14 the CoC funded programs increased income from all sources by 33% so these strategies have been successful.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)**

The Kings/Tulare Homeless Alliance partners with the Workforce Investment Board (WIB) and CSET; both agencies provide job training and placement services to individuals in transitional and PSH programs. The WIB provides oversight to the County's network of One-Stop Centers that offer employment and training services to job seekers and laid off workers. CSET Operates Employment Connection Centers in Visalia, Tulare and Porterville to assist local job seekers. These centers offer job training, job leads, online classes and workshops to help individuals find a job or improve job skills. New RRH programs will utilize CSET and WIB services to assist their clients in increasing earned income. Providers also utilize the SOAR model to connect participants with mainstream benefits.

**3A-7. Performance Measure: Thoroughness of Outreach.**

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?  
(limit 1000 characters)**

The K/T Homeless Alliance ("Alliance"), formerly the K/T CoC, is the lead in implementing Every Door Open (EDO), the regions coordinated entry/assessment program. EDO utilizes VI-SPDAT to ensure that individuals are prioritized based on need and connected with the appropriate level of services. As a component of EDO, the United Way employs a Housing Navigator. The Housing Navigator was instrumental in collecting the initial EDO surveys, and conducts street outreach and provider engagement daily. Service/housing providers also administer the EDO survey to ensure direct entry into the services/housing continuum. The Alliance has established relationships with law/code enforcement, and frequently conducts outreach to homeless encampments in advance of law enforcement activities. The Alliance also utilizes the knowledge of service/faith based groups providing meals and formerly homeless individuals in understanding where homeless individuals sleep, seek services, and can be located.

**3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?** Yes

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?  
(limit 1000 characters)**

The K/T Homeless Alliance (“Alliance”), formerly the K/T CoC, utilizes three criteria during the decision-making process used to identify and exclude specific geographic areas from the Alliance’s unsheltered PIT count. First, the Alliance determines if there have historically been homeless individuals in the community being considered. Much of the geography covered by the Alliance is rural or mountain communities, and have presented low/no homeless individuals. Next, the Alliance determines if there are social services, local government or other volunteers to canvass the area. Finally, the Alliance determines if individuals experiencing homelessness can be engaged through street outreach for Project Homeless Connect (PHC) and transported to PHC for PIT assessment. Depending on these three criteria, the Alliance will make a decision regarding inclusion in the annual PIT count. The goal is to be as comprehensive as possible while maximizing the resources that are available.

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

### Objective 1: Ending Chronic Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.**

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	205	237	32
Sheltered Count of chronically homeless persons	28	23	-5
Unsheltered Count of chronically homeless persons	177	214	37

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)**

There was a slight increase in the total number of CH persons from 2014 to 2015 (32), which is due to the fact that all of the community's PSH beds are full and a significant lack of resources exists to add new beds. The unsheltered homeless CH population rose by 37 from 2014 to 2015 (177 vs. 214). This was the only category that had an increase in the CH subpopulation for the 2015 PIT count. The Alliance believes the increase is due to enhanced outreach efforts by programs such as PATH. Additionally, achieving the housing stabilization goal limits turnover and K/T Counties need additional resources to combat CH. All new beds created in 2015 will house CH households and the 100% of beds at turnover are prioritized for CH. Through use of the VI-SPDAT with the coordinated assessment program, CH will be assessed correctly and given priority for housing first. Note: The Alliance over reported CH in HDX and will work with HUD on the correction.

**3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)**

The CoCs ability to create new PSH beds for CH will be achieved through implementation of the 10-year plan Connecting the Dots (CTD), which was adopted by all of the jurisdictions in 2011. The CoC is working with non-profits to expand capacity to develop and operate PSH for CH, including Turning Point, KCAO and CSET. PSH is a relatively new model in our region, and we are seeking to not only expand the number of beds, but to increase the organizational capacity to properly operate programs. The CoC received two grants for capacity building in 2010, one of which was a 3-year grant. They were used to provide training to local agencies on how to effectively implement PSH for CH. The CoC will continue to give funding priority for PSH projects serving CH. The CoC will continue to encourage providers to make PSH beds available for CH applicants as they become available through turnover. The CoC is also working with the two HUD-funded TH providers to transition some of their beds to PSH for CH in 2014.

**3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)**

The K/T Homeless Alliance (“Alliance”) continues to work to create new PSH beds for CH through implementation of the 10-year plan. The Alliance worked with non-profits to expand capacity to develop and operate PSH for CH, including Turning Point, KCAO and CSET. The Alliance completed two grants for capacity building in 2013/14. They were used to provide training to local agencies on how to effectively implement PSH for CH. The Alliance has given funding priority for PSH projects serving CH and encourages providers to make PSH beds available for CH applicants as they become available through turnover. The Alliance has worked with the two HUD-funded TH providers to transition some of their beds to PSH for CH in 2015 and/or create RRH. Both TH programs chose reallocation in 2015. The Alliance completed all of the actions/strategies listed in the FY2013/14 application.

**3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.**

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	49	60	11

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)**

In 2014, the CoC had 49 PSH beds allocated for Chronically Homeless. In 2015, the number rose to 60 beds. The increase was due to the CoC’s efforts in working with PSH providers to allocate additional beds for CH clients.

**3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?** Yes

**3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.** 113

**3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.**

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	4
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	4
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	4
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

**3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?** Yes

This question will not be scored.

**3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)**

The Kings/Tulare Homeless Alliance (“Alliance”), formerly the Kings/Tulare Continuum of Care, is working to end chronic homelessness by 2017. The Alliance has two main strategies: 1) working with providers to reallocate existing PSH beds as priority beds for CH, and 2) implementation of the coordinated entry and assessment system Every Door Open (EDO). In 2015, all available PSH beds have been prioritized for CH at turnover. To make sure that CH are connected with these beds, the VI-SPDAT tool is being utilized to evaluate clients and place them in the appropriate level of housing and services. Providers will no longer select the clients they serve. They have agreed to accept clients through EDO, which will be CH and clients with high levels of barriers. Through the combination of making beds available and having a strategy for connecting CH with those beds, the Alliance is working towards ending CH by 2017.



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

### Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)**

The Alliance is utilizing RRH to ensure every family is housed within 30 days of becoming homeless. In FY13-14 there were very few RRH resources in the region. The Alliance has been working to make ESG funds accessible for RRH. Since there are no ESG entitlement communities in K/T counties, Providers apply directly to the State and have not been competitive for funds. The Alliance has provided TA and application reviews, and the Salvation Army was funded for RRH. In 2016, the State is changing ESG to allow for formula allocations to CoCs allocate at a local level. This will provide the opportunity to use ESG in conjunction with the Housing Navigator to better serve homeless families. The Alliance is also applying for two new RRH programs in 2015—one through reallocation and one through the bonus, which will allow providers to rehouse families in 30 days. Through the coordinated assessment strategy, the Alliance has an adopted goal to assess every household within 72 hours.

**3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve families in the HIC:	15	63	48

**3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)**

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
MOU with K/T Homeless Alliance	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

**PIT Count of Homelessness Among Households With Children**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	51	47	-4
Sheltered Count of homeless households with children:	42	46	4
Unsheltered Count of homeless households with children:	9	1	-8

**3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

The total number of sheltered and unsheltered homeless households with children decreased from 2014 to 2015, which is evidence that the Alliance and member agencies have focused on providing housing solutions for households with children. The number of sheltered households with children has increased slightly while the number of unsheltered households with children has decreased. The K/T Homeless Alliance credits the decrease in unsheltered households with children to the creation of new RRH programs that are starting to re-house families in our bi-county region. The increase in sheltered households with children is a result of more effective outreach and engagement. The next step is to more fully utilize housing first opportunities such as RRH.

**3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:**

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

**3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.**

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).**

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	18	46	28

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)**

The number of unaccompanied youth and children served in FY2014 was higher than FY2013. This is mostly due to the special youth campaign hosted by the K/T Homeless Alliance to more effectively count and serve homeless youth. The Alliance received a grant to conduct the youth outreach, which included focus groups with homeless youth to determine how they identify, which services they need and common places they congregate. This effort resulted in higher number of youth in the 2015 PIT, and also provided the opportunity to better serve homeless youth.

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.**

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$503,561.00	\$523,561.00	\$20,000.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$503,561.00	\$523,561.00	\$20,000.00

**3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	11
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	20
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	11

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)**

The K/T Homeless Alliance partnered with Lindsey Unified in a pilot project to include homeless/at-risk youth in outlying areas (e.g. Lindsey, Toniville) for the 2015 PIT. The Tulare School District Liaison takes a leadership role in PHC and several school district staff participate at the PHC event. The Visalia Unified Liaisons attend Alliance meetings and are interested in participating in the 2016 PIT/PHC events. Member agencies also coordinate with their local liaisons in coordinating efforts to serve youth. For example, CCFCC coordinated an annual youth summit to better serve area youth, including youth in the transitional housing program. KCAO also works with the Kings County Office of Education's homeless liaison to serve youth through a variety of family programs at the community action agency and through the RRH program. The Alliance executes an MOU with all HUD/ESG programs to ensure children are enrolled in services.

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)**

The Kings/Tulare Homeless Alliance, formerly the CoC, requires each HUD/ESG agency to sign an MOU requiring that children are connected to the appropriate School Homeless Liaison. This requirement ensures that housing providers connect with and work with the schools, along with informing homeless parents and children of their right to obtain services through the school homeless liaisons. The Alliance is also writing a grant through the San Joaquin Valley Health Fund that will provide staff time to go out into the community to cross-train on the VI-SPDAT and coordinated assessment system (e.g. McKinney Vento Liaisons; code enforcement; police). This will ensure the homeless liaisons are aware of the coordinated entry program, work with the Housing Navigator, and can either make a referral or conduct the VI-SPDAT on-site.

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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	36	51	15
Sheltered count of homeless veterans:	9	11	2
Unsheltered count of homeless veterans:	27	40	13

**3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

There was a slight increase in the number of homeless Veterans, which was mostly associated with enhanced outreach at PIT in conjunction with PHC and a desire to end homelessness among veterans by 2016. In coordination with the launch of the coordinated entry and assessment program, Every Door Open, the Alliance established a goal of identification and enrollment of every Veteran through the VI-SPDAT tool. The launch was conducted in collaboration with the City of Visalia, and the Mayor declared a goal of ending homelessness among Veterans. The Alliance has made an effort to fill every VASH voucher and do a better job of connecting Veterans with housing and services. With a small number of homeless Veterans, the Alliance is optimistic that each homeless Veteran can be housed by 2016.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)**

Through the launch of the coordinated entry program, Every Door Open, the Alliance established a goal of enrollment of every Veteran. The Alliance has a strong relationship with the VA VASH and SSVF programs. The Alliance conducts extensive outreach to Veterans through the ongoing outreach efforts by the Housing Navigator, the PATH program and the annual Project Homeless Connect (PHC) events. PHC is hosted annually in four cities and is the venue for PIT. Once a Veteran is identified through outreach efforts, they are immediately referred to the VA team for an in-depth assessment. Based on the results of the assessment, the Veteran is offered housing options based on their eligibility such as a VASH voucher, SSVF rental assistance, or placement in a Grant Per Diem program if they need additional time to locate a unit. On a monthly basis, the Alliance facilitates a case management roundtable that reviews the status of all Veterans and their referral/placement status.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)**

Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs are enrolled in the coordinated entry and assessment program Every Door Open, and are assessed using the VI-SPDAT tool. Individuals with the most acute needs are given priority for placement into a housing first PSH program with low barriers to entry. The Alliance will provide every opportunity for Veterans who are not eligible for homeless assistance through the VA to access services and housing first through the Kings/Tulare continuum.

**3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	58	51	-12.07%
Unsheltered count of homeless veterans:	46	40	-13.04%



**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** No

This question will not be scored.

**3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)**

The Kings/Tulare Homeless Alliance (“Alliance”), formerly the Kings/Tulare Continuum of Care, has formed a taskforce that is focused on ending Veteran homelessness by mid-2016. With the support of the Vets@Home technical assistance initiative through HUD, the taskforce has regular conference calls that assess the progress of adopted national best practices such as: 1) a by-name list of all Veterans in the bi-county region; 2) a partnership with an adjacent CoC to accept VASH-eligible Veterans in their housing programs; and 3) use of the Coordinated Assessment System which uses the VI-SPDAT tool to prioritize Veterans for the most appropriate housing intervention.

## 4A. Accessing Mainstream Benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	17
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	17
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)**

Member agencies within the K/T Homeless Alliance are trained to provide and/or make referrals under Covered California (ACA). Family Services has several staff who are certified to work with clients on applying for ACA or Medicaid. Case Managers assist with the application process and refer as needed. Partner agencies also make referrals to the Family Healthcare Network (FHCN), County Mental Health/AOD, and other certified entities such as Parenting Network. FHCN is a Federally Qualified Health Center and they have 15 clinics that serve low-income and underinsured individuals in Kings/Tulare Counties. Enrollment in ACA and Medicaid is one main service FHCN offers. Case Managers work with enrollment staff to ensure that participants achieve the outcome of obtaining medical coverage. Enrollment is one of the Alliance's strategies for preventing frequent users of the ER, and is an integral piece to the continuum of providing adequate health services to program participants.

**4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?**

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

## 4B. Additional Policies

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.**

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	17
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	17
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	17
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	17
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

**4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?**

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Project Homeless Connect	<input checked="" type="checkbox"/>
Housing Navigator-Street Canvassing	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve any population in the HIC:	15	63	48

**4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?  
 (limit 1000 characters)**

Not applicable; there are not any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction

**4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** No

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)**

Not applicable; the CoC is not requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes.

**4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?** No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

Not applicable; the project(s) have not been affected by a major disaster.

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.** Yes

**4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.**

This response does not affect the scoring of this application.

	<b>CoC Governance:</b>	<input type="checkbox"/>
	<b>CoC Systems Performance Measurement:</b>	<input type="checkbox"/>
	<b>Coordinated Entry:</b>	<input checked="" type="checkbox"/>
	<b>Data reporting and data analysis:</b>	<input type="checkbox"/>
	<b>HMIS:</b>	<input type="checkbox"/>
	<b>Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:</b>	<input checked="" type="checkbox"/>
	<b>Maximizing the use of mainstream resources:</b>	<input type="checkbox"/>
	<b>Retooling transitional housing:</b>	<input type="checkbox"/>
	<b>Rapid re-housing:</b>	<input type="checkbox"/>
	<b>Under-performing program recipient, subrecipient or project:</b>	<input type="checkbox"/>
Housing Support Center		<input checked="" type="checkbox"/>
	<b>Not applicable:</b>	<input type="checkbox"/>

**4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Vets@Home	10/23/2015	4

## **Attachment Details**

**Document Description:** N/A Rejected Project Notification

## **Attachment Details**

**Document Description:** Notification of Funding Recommendations

## **Attachment Details**

**Document Description:** Rating & Ranking Process

## **Attachment Details**

**Document Description:** Public Posing Evidence: R&R

## **Attachment Details**

**Document Description:** Process for Reallocating (included in R&R)

## **Attachment Details**

**Document Description:** COC POLICIES & PROCEDURES

## **Attachment Details**



**Document Description:** CoC P&P (Includes HMIS Policies)

## **Attachment Details**

**Document Description:** N/A Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes

## **Attachment Details**

**Document Description:** PHA HCV Set-Aside Commitment

## **Attachment Details**

**Document Description:** Pg 57-60 HMIS MOU

## **Attachment Details**

**Document Description:** CoC GC, Order of Priority, Pages 112-113

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** HUD 2991 Cert Consistency Con Plan

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Submission Summary

Page	Last Updated
<b>1A. Identification</b>	11/13/2015
<b>1B. CoC Engagement</b>	11/15/2015
<b>1C. Coordination</b>	11/15/2015
<b>1D. CoC Discharge Planning</b>	11/13/2015
<b>1E. Coordinated Assessment</b>	11/16/2015
<b>1F. Project Review</b>	11/17/2015
<b>1G. Addressing Project Capacity</b>	11/17/2015
<b>2A. HMIS Implementation</b>	11/18/2015
<b>2B. HMIS Funding Sources</b>	11/17/2015
<b>2C. HMIS Beds</b>	11/17/2015
<b>2D. HMIS Data Quality</b>	11/18/2015
<b>2E. Sheltered PIT</b>	11/15/2015
<b>2F. Sheltered Data - Methods</b>	11/13/2015
<b>2G. Sheltered Data - Quality</b>	11/13/2015
<b>2H. Unsheltered PIT</b>	11/13/2015
<b>2I. Unsheltered Data - Methods</b>	11/13/2015
<b>2J. Unsheltered Data - Quality</b>	11/13/2015
<b>3A. System Performance</b>	11/15/2015
<b>3B. Objective 1</b>	11/17/2015
<b>3B. Objective 2</b>	11/17/2015
<b>3B. Objective 3</b>	11/17/2015
<b>4A. Benefits</b>	11/13/2015
<b>4B. Additional Policies</b>	11/18/2015
<b>4C. Attachments</b>	Please Complete
<b>Submission Summary</b>	No Input Required