

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.
 - Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: TX-500 - San Antonio/Bexar County CoC

1A-2. Collaborative Applicant Name: South Alamo Regional Alliance for the Homeless

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Haven for Hope

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

Veterans Affairs	Yes	Yes
Chamber of Commerce	Yes	Yes
San Antonio Area Foundation	Yes	Yes

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

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

SARAH’s Membership Council solicits opinions from agencies with an interest in preventing and ending homelessness. The Council consists of over 40 agencies, meeting bi-monthly, to discuss issues and vote on best practices for the homeless community. Membership Council Workgroups engage people with lived experience to plan for particularly challenging issues, such as Domestic Violence, Youth and Chronic Homelessness. The Workgroups identify gaps in services and develop plans and policies to overcome these gaps. The workgroups use community input to develop outreach services, CES and processes of the CoC. The Council application was revised this year to better define agency type (ex. hospitals, human trafficking, etc.) to ensure full coverage of our CoC for decision-making. SARAH actively recruits agencies and skill sets to fill gaps in representation. SARAH also coordinates community trainings; most recently a landlord strategy session with the San Antonio Apartment Association.

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

SARAH uses multiple channels to solicit new members, ensure full coverage of our geographic area and ensure inclusion of special populations and key homelessness issues, such as domestic violence safety. The CoC’s website advertises subscription to the CoC’s Monthly newsletter and the Membership Council Application for potential members. The application includes broad categories of stakeholders to promote diversity on the council and inclusion of key partners. The CoC has co-hosted several community events and invited previously homeless individuals to attend. SARAH utilized Texas Public Radio, press conferences, and USAA’s volunteer services to solicit new members. The CoC conducted special outreach with direct service providers to invite homeless youth to join the Youth Advisory Council; a group that provides advice on youth homelessness for the CoC. SARAH actively solicited service providers and attended community events to select a Consumer of Homeless Services CoC Board member.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must

**include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

SARAH notified the public of the funding opportunity through e-mail newsletters, social media posts, and by advertising the RFP with detailed submission instructions on the CoC website starting 07/19/2017. Prior to the posting, the CoC hosted a NOFA Overview session to the public on 05/05/2017 to learn about the process. SARAH sponsored a New Project Bidder's Conference on 08/28/2017 and seven agencies new to the CoC funding process attended. SARAH also advertised a technical assistance session in a computer lab to ensure new applicants could complete competitive project submissions on 08/11/2017. SARAH received nine new project applications, with five new projects included in the 2017 Priority Listing. An Independent Review Team with backgrounds in government, grant writing, corporate giving, and homelessness reviewed new and renewal applications using a publicized scoring tool, and created a ranking policy for CoC Board approval.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

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

The local Consolidated Plan Jurisdictions and ESG recipients are the City of San Antonio (COSA) and Bexar County. Both have leaders on the CoC Board and regularly meet with SARAH to align local priorities with funding. This year,

the CoC, Bexar County and CSH, hosted a three-day strategic planning session with hundreds of stakeholders. A local strategic plan and housing gaps analysis was presented to the CoC Board, Bexar County, and COSA to outline the housing needs to end homelessness, and inform the Consolidated Plan. Bexar County and COSA also invite SARAH to have input and review the Consolidated Plan before completion. In addition to providing PIT/HIC Data for the Con plan, a custom dashboard on homelessness is also available to better understand local needs using data. SARAH, COSA, Bexar County, and HUD TA are currently working closely to write updated ESG Written Standards, host a two-day ESG training, and to create a Performance Monitoring Plan used by all ESG recipients.

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

Survivors of Domestic Violence (DV) receive a lethality risk assessment as part of the Coordinated Entry (CE) process to ensure that their unique circumstances and safety concerns are considered. The unique aspects of serving this group are incorporated into every step of the CE process through input from local DV Providers (VOCA-funded agencies). The remaining Transitional Housing resources have been prioritized for DV to ensure there is always safe placement. All housing providers using CE are trained in safety and many have DV clinical staff. DV survivor clients can choose between a DV-specific service provider, other housing, or mainstream services during the CE process. The CoC also hosts regular community case conferencing sessions for housing providers to coordinate with DV provider staff to ensure that any clients that do not consent to have their information shared in HMIS are still able to access all housing resources.

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

The CoC requires annual training for all Coordinated Entry (CE) assessors on Domestic Violence (DV), trauma-informed care, and principles of a recovery-oriented system of care. The CoC uses data from CE assessments and the DV comparable database to make policy changes and improve CE protocols. For example, of the 9,597 CE assessments conducted since June of 2016, approximately one third reported a history of DV. Seeing a need to prioritize the severity of circumstances, SARAH worked with a DV provider to incorporate a lethality assessment into CE so it would be a factor in prioritizing the waitlist. CE also incorporates an option for diversion to a DV provider if the client identifies an immediate safety risk. If the client elects to receive DV services, a transfer is

conducted and no further information is collected from the client, ensuring confidentiality. Mainstream residential services are offered to DV clients even if they decline diversion to a DV-specific provider for housing.

1C-4. Using the chart provided, for each of the Public Housing Agency’s (PHA) in the CoC’s geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA’s that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
San Antonio Housing Authority	34.00%	Yes-HCV
Housing Authority of Bexar County	64.00%	No

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

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

The San Antonio Housing Authority (SAHA) has a homeless preference and is an active member of our Continuum of Care (CoC). In fact, SAHA is one of the largest grant recipients in the CoC funding process. In addition to the preference for HCV, SAHA agreed to establish a preference in public housing in the future. The CoC is still working with them on how that preference will work for Coordinated Entry and identifying target populations, such as chronically homeless and youth. The Housing Authority of Bexar County (HABC) has experienced significant staff turnover in the past 24 months, however, SARAH has a meeting scheduled for October 2017 to discuss adding a homeless preference to their administrative plan. HABC has shown a lot of interest in further engaging with Coordinated Entry and the CoC.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing

in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

SARAH partnered with CSH to provide a community-wide training on Equal Access Policies, and included the policies as a scoring factor in the 2017 NOFA competition. The CoC funds THRIVE and the San Antonio AIDS Foundation, agencies that specialize in LGBT services. These organizations, along with other partners, create policy through the Youth Workgroup. The CoC Youth Advisory Board, a group of homeless LGBT youth ages 18-24, inform policy on housing, employment, and safety for this vulnerable population. SARAH developed a youth prioritization tool for CE with input from homeless youth, and is developing a youth CE hub where youth report feeling safe. SARAH has a monthly call for service providers to discuss new regulations from HUD, including the nondiscrimination/equal access clause. The CoC has a published anti-discrimination policy and hired consultants to assist with updating CoC Written Standards to make the Equal Access Final Rule language more explicit for providers.

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
ID Recovery for Homeless with Same-Day Access	<input checked="" type="checkbox"/>
Specialized Mental Health Unit in Police Force	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

N/A

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

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

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

Instructions

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

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

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

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

1E-2. Severity of Needs and Vulnerabilities

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

The CoC considers the severity of needs and vulnerabilities of participants as part of the scoring and ranking of CoC-funded project applications. The 2017 community PIT count showed an increase in chronic homelessness that became a funding priority for the 2017 CoC NOFA. The scoring for bonus and reallocation projects gave additional points to projects with 100% Dedicated or DedicatedPlus units to meet that need. A new project scored higher than two renewals and was placed in tier one because it met this community need. The CoC needs more housing first units to meet the needs of those with housing barriers, including chronic homelessness, criminal histories, current or past substance use, and low or no income. New and renewal applications received incentive points for providing housing first units. All applicants must participate in coordinated entry and accept, on a priority basis, persons scoring the highest on the VI-SPDAT indicating severity of service need and vulnerability.

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

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

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>

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

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

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

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between FY 2013 and FY 2017 CoC Program Competitions.

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

Reallocation: Option 2

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

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/01/2017

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

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/01/2017

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. HMIS Procedures: Pg. 6-7, MOU: Pg. 1-2

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

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

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

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

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,487	139	1,348	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	765	75	672	97.39%
Rapid Re-Housing (RRH) beds	569	26	543	100.00%
Permanent Supportive Housing (PSH) beds	2,168	0	2,168	100.00%
Other Permanent Housing (OPH) beds	1,451	0	1,451	100.00%

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

(limit 1000 characters)

N/A - all bed coverage rates exceed 85% benchmark

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 05/02/2017
(mm/dd/yyyy)

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

Instructions:

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

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/26/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 05/02/2017

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

Instructions:

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

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

N/A

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

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

Beds Added:	54
Beds Removed:	30
Total:	24

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from Yes

2016 to 2017?

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

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

There were no changes in methodology for the 2017 Point-in-Time Count. However, there were data quality changes to improve the implementation of the count, including an enhanced online training process and a significant number of volunteers. A direct census count was used in 2016 and 2017, but 2017 was the first year incorporating smart phone technology. The “Counting Us” application from SimTech Solutions allowed our CoC to capture data digitally and create a geospatial map of encampments and hotspots. The input masks on these digital forms increased data collection accuracy, since there was no risk of illegible writing or incomplete answers. The new mobile application brought a lot of additional media attention to the count, and resulted in a record number of volunteers participating. Even with the additional technology, volunteer, and staff support, there was a decline in street homelessness from 2016 to 2017.

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

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

SARAH held a mapping meeting to identify youth hotspots prior to the 2017 PIT Count. SARAH brought together several youth agencies, youth outreach teams, San Antonio Police, and homeless youth to ensure input was received from those with direct experience with youth on the street. This data was used to create a color coded digital map to identify hotspots on volunteer maps for the PIT Count. The Youth Advisory Board recommended best practices for locating, identifying, and interacting with homeless youth for volunteers and staff. The Youth PIT Count teams consisted of CoC and non-CoC homeless service providers as well as homeless youth. Teams were deployed to preidentified hotspots to conduct surveys, including the San Antonio Public Library and bridges known for attracting youth. Youth agencies that conducted services in the field were also part of the PIT Count, and that established rapport was used to conduct more accurate surveys.

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

The CoC convenes a monthly Point-in-Time Count meeting of service providers and stakeholders to ensure a thorough count focused on target populations including chronically homeless, families with children, and veterans experiencing homelessness. The knowledge of local stakeholders, such as law enforcement and outreach workers are used to plan the street count. This year, Wal-Mart parking lots were identified as a hotspot for families by outreach workers due to overnight lighting, security, and bathroom access. This type of intelligence helps our CoC target volunteers within their assigned grids. Encampments are marked, and a team of experienced outreach workers, including HUD-VASH, Healthcare for Homeless Veterans, and crisis response teams conduct surveys to ensure data on chronically homeless and veterans are captured. In general, street data quality is very strong due to tracking in HMIS through an outdoor sleeping area accessed by the unsheltered homeless population.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

The number of people becoming homeless for the first time in ES, TH, and PH decreased by 281 people. SARAH is working to reduce this further by practicing diversion techniques, such as family mediation and connection to mainstream resources. Our CoC paid for diversion training from the Cleveland Mediation Center last year, and is working on flexible funding for additional diversion options and mediation services. SARAH developed a local Community Dashboard on Homelessness which is reviewed monthly by the CoC Board and Membership Council to keep an eye on developing trends. Our staff studies consolidated plans to look at how many households in Bexar County might have risk factors for homelessness (ex. poverty and disability). Over 50,335 households in San Antonio have 2 or more factors present, establishing a rate of just over 10% who suffer a co-occurrence of risk factors to becoming homeless. A goal in SARAH's strategic plan is to use data to build political will for this issue.

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

The average length of time (LOT) an individual or family experiences homelessness has decreased by 56 days since the prior fiscal year measured (29 days based on median LOT). The CoC implemented Coordinated Entry in 2016, and LOT homeless is used to prioritize people for housing on our

centralized waitlist and quickly assigns individuals to a housing agency's open bed; decreasing LOT homeless. The CoC identifies people with the longest LOT homeless by tracking homeless history in HMIS, training intake staff regularly on the CE assessment, and coordinating outreach and building rapport with clients on the street and in high-volume locations (ex. downtown library). Our outreach workers are trained on coordinated assessment and connect people living on the street or in emergency shelters directly to permanent housing resources. SARAH has created a community dashboard on homelessness used by stakeholders in the community that includes LOT homeless as a core system performance measure.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

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

The CoC experienced a slight decrease (-2%) in the rate at which individuals and families moved to permanent housing destinations compared to reports in FY15. This decrease may be due to an increase in the accuracy of reporting (the HMIS vendor had coding issues present in the FY15 report). The CoC implemented CES in 2016, and prioritizes people who have experienced homelessness the longest. By strategically targeting the hardest to serve over the past twelve months, the CoC partners are still adjusting to serving a more difficult population. The CoC's plan to improve the placement rate into PH will continue to expand the number of PH units available in the community, and finalize written standards for providing assistance to ensure projects are attaching appropriate service levels and case management for client's needs. SARAH also recently held a Landlord Panel & Strategy Session with service providers and property owners to identify systemic solutions to common issues in housing.

3A-4. Performance Measure: Returns to Homelessness.

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

Last FY the recidivism rate was 22% after 2 years (including non-HUD programs), but this is trending downward because of our CES and Program Monitoring. The CoC is working to minimize returns to homelessness. Before discharging a client in CES, agencies must discuss options at a case conferencing session. CES case conferencing sessions and specific population focused working groups identify trends in homelessness patterns for chronic, veterans, and families. The CoC works on developing strategies such as increasing community investment and affordable housing units, and finding new

community collaboration opportunities to tackle this issue. The CoC is also working on a Landlord Recruitment and Engagement/Maintenance strategy to avoid future evictions. CES is built in HMIS, so the CoC can monitor all program exits by reviewing housing disposition data. Points are deducted from agencies in the CoC Competition if their clients exit to homelessness after being permanently housed.

3A-5. Performance Measures: Job and Income Growth

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

The CoC has ensured client access to one-stop centers such as the Texas Workforce Commission (TWC) ensuring local non-profit agencies are implementing referral procedures. Veteran specific non-profit agencies have incorporated employment into their case management services and have included employment specific services and referrals to Compensated Work Therapy (CWT), Disability and Rehabilitative Services (DARS), and the Alamo Area Council of Governments (AACOG). The CoC advocates the use of SOAR training for all agencies to streamline the benefits application process. As part of the strategic approach, the CoC pledges assistance for those unable to secure employment based on disability ensuring referrals to the Veterans Administration, the Social Security Administration, and the SOAR Program. The CoC is responsible for monitoring income growth at the agency and system level and developing strategies for the community.

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

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

N/A

3A-7. Enter the date the CoC submitted the 06/01/2017

**System Performance Measures data in HDX,
which included the data quality section for FY
2016.
(mm/dd/yyyy)**

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

Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	260	638	378

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

Total number of beds dedicated as Dedicated Plus	248
Total number of beds dedicated to individuals and families experiencing chronic homelessness	207
Total	455

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

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

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

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

A top priority of the CoC is to rapidly rehouse families with children. SARAH assigns points in the CoC competition based on how quickly rapid rehousing projects are able to permanently house clients. Additionally, all projects participating in Coordinated Entry must locate and enroll referrals from the prioritized waitlist within 30 days. The CoC uses the Family VI-SPDAT version 2.0 to assess the severity of needs and to determine a range of housing interventions for each family. Families eligible for RRH are prioritized according to the VI-SPDAT score and length of time homeless. The CoC incentivized reallocating from Transitional Housing to Permanent Housing in the 2016 and 2017 CoC NOFA. SARAH recently hosted a Landlord Strategy Session, and has identified objectives to systemically align appropriate units for families experiencing homelessness to expedite the housing process. SARAH oversees the implementation of the 30-day rapid rehousing goal.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	61	143	82

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

SARAH actively works to ensure that people experiencing homelessness in our geographic area have fair and equal access to an inclusive coordinated entry (CE) process, regardless of where or how they present for services. Policies and procedures are in place to protect privacy, health, and safety/security. They are established/amended and administered in a nondiscriminatory manner to

ensure that equal access to all CoC-funded programs is provided while respecting gender identity, family composition type, and Domestic Violence (DV) clients. CE questions have been updated to ensure that individuals are not subjected to intrusive questioning beyond what is necessary for prioritization and appropriate referrals. Protocols are in place for clients to alert the CoC when there is an instance of discrimination or involuntary family separation. Trainings for service providers have been held on how to better serve DV clients, LGBT subpopulations, and on strategies to keep families together.

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

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

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

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

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

SARAH hired a Business Analyst to coordinate efforts for ending youth homelessness. The CoC Program funds two youth service providers as of 2016-2017. The Salvation Army's Transitional Housing program is now focused on youth, and THRIVE RRH was created with bonus money to house homeless youth in the 2016 competition. The CoC is requesting an expansion grant for THRIVE in our 2017 priority listing. SARAH runs a Youth Homelessness

Workgroup which brings together 25 diverse youth agencies to coordinate services and share community resources for youth. To track performance and determine effectiveness of our community coordination strategy, the CoC created a Local Community Dashboard on homelessness that tracks newly homeless youth and their program outcomes to identify problems in the response system. The community struggles with engaging youth in services out of fear, so SARAH is working closely with Roy Maas Youth Alternatives, a key local partner, to establish a Coordinated Entry hub focused on youth, since homeless youth cited feeling comfortable at their facility. Areas of focus for the Workgroup and future hub include human trafficking, career readiness, mental health services, housing services, LGBT services, services for youth aging out of foster care, pregnant and parenting youth, and others. The group recently created a Youth-specific CE referral tool that will include our system response for all homeless youth.

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

The CoC collaborates with McKinney-Vento Representatives and San Antonio School Districts. The CoC Youth Homelessness Working Group’s chair is the Director of Family Support Services at Northside ISD. This group’s members include four school districts and the TEA Regional Manager. All are involved in youth homelessness planning efforts for our community and are voting members of the CoC Membership Council. The San Antonio ISD (SAISD) Homeless liaison is a CoC Board of Directors member and is involved in all CoC strategic activities. The CoC has an MOU with our community’s largest school district, SAISD, signed by the Superintendent. It is CoC policy that all children, youth and families eligible for educational services who are entering CoC and/or ESG funded programs must contact and collaborate with McKinney-Vento liaison. All ESG/ CoC providers are required to provide written materials to families with children regarding their rights to educational services.

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

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	No	Yes
Early Head Start	No	No
Child Care and Development Fund	No	Yes
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	Yes
Birth to 3	No	Yes
Tribal Home Visiting Program	No	No

Other: (limit 50 characters)		
Child Protective Services	Yes	No

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

The CoC passed the USICH review and effectively ended veteran homelessness in May of 2016. This was achieved by creating a system to identify, assess, and refer homeless veterans to HUD-VASH, GPD, SSVF, as well as privately funded veteran housing, and by coordinating outreach. The CoC, in partnership with the City of San Antonio, runs a bi-weekly veteran workgroup where veterans are identified by-name and a custom case management and housing plan is developed. The workgroup includes all major homeless service providers as well as Veteran’s Affairs, HMIS staff, and housing authorities. By utilizing information from coordinated entry using a standard assessment tool, veterans are matched to the correct housing intervention. Once a match is made, providers draw down veterans based on prioritization, such as length of homelessness, and the efficacy of the referrals is tracked and discussed during the workgroup.

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

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

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

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

Instructions:

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

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

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

4A-1a. Mainstream Benefits

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

SARAH's Coordinated Outreach Specialist maintains a Community Resource Guide that is shared on the CoC website and at all intake locations for CE in the community. Resources on the guide include housing, food, healthcare, transportation, substance use treatment, veteran services, and job training. The guide includes United Way's 2-1-1 hotline to connect individuals to TANF/ Medicaid and highlights resources for people with special needs, including those with disabilities or people with HIV/AIDS. Haven for Hope, the site of the largest CE hub, has co-located partners offering mainstream services such as medical, legal, and food stamps that are available to anyone. Clients presenting as homeless at intake hubs are often diverted from the shelter and housing system using other resources. SARAH and the CoC keep program staff up-to-date on mainstream resources by having staff participate in

webinars, community events, trainings, and by sharing resource information at CoC Meetings.

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

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	22.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	22.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

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

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	22.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	22.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

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

SARAH hired a Coordinated Outreach Specialist in 2016. Targeted street and encampment outreach is coordinated with partner agencies, in a monthly committee, to optimize utilization of outreach assets. Daily outreach is conducted by individual agencies and group encampment outreach events are conducted monthly. To ensure 100% geographic coverage, the CoC area is divided into grid squares and areas are prioritized by homeless population density. Outreach teams offer; clothing, food, water, same-day ID recovery, and housing assessment services. Outreach teams use active engagement and motivational interviewing techniques to reach those least likely to request assistance. Every outreach team in the CoC contains at least one bilingual outreach worker. Teams communicate with hearing impaired individuals using a mobile speech-to-text application. Outreach teams are available to secure transportation to appointments for outreach contacts, by van or with bus passes, if necessary.

**4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as**

detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

Local CoC policies and procedures do not permit recipients or subrecipients of federal funding to refuse services based on race, color, national origin, religion, sex, age, familial status, or disability. Coordinated street outreach ensures that people with disabilities, and those that would not otherwise seek assistance, are targeted for regular engagement. Street outreach teams conduct coordinated entry assessments for unsheltered individuals who wish to be housed without entering traditional shelter-based services. ID recovery and municipal warrant resolution services are available to unsheltered individuals seeking housing. The CoC coordinates with local fair housing advocates in cases where clients have grievances with service providers or private/public landlords. CE hubs employ Spanish speaking assessors to accommodate Spanish speaking clients. Braille, TTY, Deaflink ASL interpretive services, and Spanish language materials are available during the intake and assessment process.

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

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	349	569	220

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

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

Submission Summary

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

Page	Last Updated
1A. Identification	08/28/2017
1B. Engagement	09/21/2017
1C. Coordination	09/21/2017
1D. Discharge Planning	09/21/2017
1E. Project Review	09/21/2017
2A. HMIS Implementation	09/21/2017
2B. PIT Count	09/21/2017
2C. Sheltered Data - Methods	09/21/2017
3A. System Performance	09/21/2017
3B. Performance and Strategic Planning	09/21/2017
4A. Mainstream Benefits and Additional Policies	09/21/2017
Submission Summary	No Input Required