

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: CA-607 - Pasadena CoC

1A-2 Collaborative Applicant Name: City of Pasadena

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Quarterly

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Advisor, Volunteer, Community Advocate
Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

| | |
|---|-----|
| 1B-5.1 Written agendas of CoC meetings? | Yes |
| 1B-5.2 Centralized or Coordinated Assessment System? | Yes |
| 1B-5.3 Process for Monitoring Outcomes of ESG Recipients? | Yes |
| 1B-5.4 CoC policies and procedures? | Yes |
| 1B-5.5 Written process for board selection? | Yes |
| 1B-5.6 Code of conduct for board members that includes a recusal process? | Yes |
| 1B-5.7 Written standards for administering assistance? | Yes |

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

| | Name of Group | Role of Group (limit 750 characters) | Meeting Frequency | Names of Individuals and/or Organizations Represented |
|--------|--------------------------------------|---|-------------------|---|
| 1C-1.1 | Housing Committee | The committee a) implements strategies that remove barriers & increase rehab & production of affordable housing, including permanent supportive housing, for homeless & at-risk households; b) addresses gaps analysis in housing services; c) ensures homeless program compliance with fair housing including the needs of the LGBT population d) puts into practice strategies that promote housing first, homeless prevention, and rapid rehousing; and e) tracks local, state, and national policies that influence and promote the activities noted above and makes recommendations to the CoC to support such policies. | Monthly | social service providers; housing developers; formerly homeless persons; advocates; local government; PHA representative; mental health agencies; university, faith-based community; |
| 1C-1.2 | Continuum of Care Committee | The committee a) improves CoC-wide participation in mainstream resources and programs; b) assists the City with the implementation of discharge planning; c) develops the COC's centralized/coordinated assessment system d) implements strategies that provide a wide-range of social services; and e) plans and improves CoC-wide participation in disaster planning. | Monthly | social service providers; health care providers; housing developers; formerly homeless persons; advocates; local government; PHA representative; mental health agencies; university, faith-based community; |
| 1C-1.3 | HMIS and Homeless Research Committee | The Committee a) gathers data and provides analysis of research projects including homeless service and housing inventories, counts, and surveys; and b) ensures the implementation of HMIS, including HMIS integration with homeless counts and surveys. | Monthly | social service providers; housing developers; formerly homeless persons; advocates; local government; PHA representative; mental health agencies; university, faith-based community; law enforcement |

| | | | | |
|--------|---|---|-----------|--|
| 1C-1.4 | 10-Year Strategy Implementation Committee | The Committee implements and evaluates the action steps outlined in the 10-Year Strategy to End Homelessness including the integration of the plan with other guiding elements such as the Consolidated Plan, Analysis of Impediments to Fair Housing Choice, and the Housing Element of the General Plan. | Quarterly | social service providers; housing developers; formerly homeless persons; advocates; local government; PHA representative; mental health agencies; university, faith-based community; law enforcement; businesses |
| 1C-1.5 | Grants Evaluation Committee | The Committee coordinates year-round efforts to complete activities related to project review, ranking, and selection process of new & renewal applications. Such efforts include a) rating and performance measures, including APR performance and threshold performance review; b) open solicitation methods; and c) voting and decision-making methods. The committee also reviews and responds to written complaints received by the CoC. | Monthly | social-service providers; health care providers; formerly homeless person |

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)

The CoC has established a range of committees that meet on an on-going basis. Each committee addresses specific issues. Thus, a person interested in businesses related matters will likely attend a meeting that addresses such matters and not social service delivery. The CoC publishes the agenda for all of its meetings in advance and circulates them via e-mail and at various community meetings. These meetings are open to the public. Minutes to meetings are also made available to the public via various e-mail lists. Any persons who are not regular members of a committee are encouraged to attend on a regular basis. Additional efforts are made to invite representatives likely to be interested in a given matter such as businesses, faith communities, government, neighborhood groups, nonprofits, and homeless and formerly homeless persons.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

The Grants Evaluation Committee was convened to rank and select project applications. Prior to meeting, the committee reviewed Letters of Intent submitted by agencies interested in applying for CoC funding. These LOIs included HMIS-generated data, including all HUD performance measures. Each committee member is unbiased and understood that decisions should be arrived at by majority consensus based on objective criteria as submitted in the LOI. Projects were ranked according to performance outcomes, with those with the highest number of positive outcomes ranked higher.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

The specific data elements and metrics that were used to review and rank projects include 1) entry date and exit date and length of time homeless; 2) data sources-HMIS system, APRS; 3) specific performance measures, including maintenance of or exit to permanent housing, earned income, non-cash benefits, & mainstream resources at follow-up and exit. An analysis of HMIS data allowed the CoC to gauge rapid return to permanent housing. This was accomplished by review of entry and exit dates and calculating length of time homeless. Barriers were determined by reviewing HMIS data elements, including income at entry, number and severity of disability, family status, and length of time homeless. For example, a newly homeless household with income from a part time job and TANF would potentially be lower barrier than a household with multiple disabilities, income from GR, and multiple episodes of homelessness.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

The CoC is in the process of revamping the CoC application process to ensure that entities that have not previously received funds in prior Homeless Assistance Grants competitions are aware of funding opportunities through the CoC NOFA. In the current application, focus was placed on working with existing grantees to strengthen programs that are up and running and currently serving eligible homeless persons. As part of our ongoing evaluation of the effectiveness of the CoC in rapidly re-housing eligible homeless persons, next year's application process will include extensive outreach and solicitation of new proposals that best meet the needs of the CoC.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 02/03/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)**

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

Pasadena, in collaboration with the LA/OC Collaborative has designated an HMIS that is in compliance with the 2010 HUD HMIS Data Standards and has successfully executed an implementation plan that has increased HMIS participation from CoC and ESG recipients and subrecipients. Pasadena has ensured and maintained record of all participating agencies that have attended basic user training, including training on privacy policies, HUD required data elements, system navigation, and signed required agreements from each participating agency and end users, such as but not limited to HMIS Agency Agreements, HMIS User Agreements, and HMIS Policies and Procedures. To maintain participation and high data quality, Pasadena has designated a HMIS adminstator to generate monthly reports to ensure all HUD-required data is complete, accurate, and entered into system in a timely manner. City of Pasadena has also met reporting requirements and submitted reliable data for AHAR, APR, HIC, and other HUD-mandated reports. Pasadena continues to improve HMIS and update policies and procedures from input and recommendations from HMIS User.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes
If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

Privacy Plan: The HMIS Policies and Procedures in place for the LAHSA, Orange County, Glendale and Pasadena Collaborative includes a Privacy Plan which addresses user access levels, client informed consent and confidentiality, data sharing, client record access, client grievance and HMIS data quality. One of the attachments is the agency agreement which contains confidentiality and informed consent, data use, and violation.

Security Plan: The HMIS Policies and Procedures in place for the LAHSA, Orange County, Glendale and Pasadena Collaborative includes a Security Plan which addresses user authentication, passwords, extracted data, encryption management, hardware security measures, backup and recovery procedures, security review, security violations and sanctions.

Data Quality Plan: Data Quality benchmarks are outlined in the HMIS Policies and Procedures and covered during the HMIS basic user training.

The HMIS Policies and Procedures are reviewed annually by the LAHSA, Orange County, Glendale and Pasadena collaborative (or more frequently if a specific need arises).

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? AESenginuity
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5 What is the name of the HMIS vendor? Adsystem, INC
Applicant will enter the name of the vendor (e.g., ESG Systems).

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

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

2B-1 Select the HMIS implementation coverage area: Regional (multiple CoCs)

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) CA-600 - Los Angeles City & County CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

| Funding Source | Funding |
|-------------------------------------|------------------|
| CoC | \$140,378 |
| ESG | \$9,179 |
| CDBG | \$0 |
| HOME | \$0 |
| HOPWA | \$0 |
| Federal - HUD - Total Amount | \$149,557 |

2B-3.2 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 | \$0 |
| Other Federal | \$0 |
| Other Federal - Total Amount | \$0 |

2B-3.3 Funding Type: State and Local

| Funding Source | Funding |
|---------------------------------------|-----------------|
| City | \$35,095 |
| County | \$0 |
| State | \$0 |
| State and Local - Total Amount | \$35,095 |

2B-3.4 Funding Type: Private

| Funding Source | Funding |
|-------------------------------|------------|
| Individual | \$0 |
| Organization | \$0 |
| Private - Total Amount | \$0 |

2B-3.5 Funding Type: Other

| Funding Source | Funding |
|-----------------------------|------------|
| Participation Fees | \$0 |
| Other - Total Amount | \$0 |

| | |
|---|------------------|
| 2B-3.6 Total Budget for Operating Year | \$184,652 |
|---|------------------|

2B-4 How was the HMIS Lead selected by the CoC? Agency Volunteered

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

| | |
|---|------------------------------------|
| * Emergency shelter | 86%+ |
| * Safe Haven (SH) beds | Housing type does not exist in CoC |
| * Transitional Housing (TH) beds | 86%+ |
| * Rapid Re-Housing (RRH) beds | 86%+ |
| * Permanent Supportive Housing (PSH) beds | 86%+ |

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

**2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

**2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage.
(limit 750 characters)**

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

| Type of Housing | Average Length of Time in Housing |
|------------------------------|-----------------------------------|
| Emergency Shelter | 67 |
| Transitional Housing | 7 |
| Safe Haven | 0 |
| Permanent Supportive Housing | 38 |
| Rapid Re-housing | 5 |

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

| Universal Data Element | Percentage |
|------------------------------------|------------|
| Name | 0% |
| Social security number | 0% |
| Date of birth | 0% |
| Ethnicity | 0% |
| Race | 0% |
| Gender | 0% |
| Veteran status | 0% |
| Disabling condition | 0% |
| Residence prior to program entry | 0% |
| Zip Code of last permanent address | 0% |
| Housing status | 0% |
| Head of household | 0% |

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

All APRs submitted to HUD for CoC funded programs are completed using HMIS generated data. HMIS data is also utilized for ESG reports that are included in the CAPER.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

To improve data quality for participating agencies, the HMIS administrator, who is employed by the CoC lead, runs discrepancy reports to identify CoC agencies with poor data quality. The HMIS Administrator works with those agencies to identify the causes of poor data, whether delayed data entry, lack of training, or data entry issues. Technical assistance and one-on-one training is provided to resolve those issues. Additionally, the HMIS APR Report is used to improve our data quality. All HUD funded participating agencies are expected to run an HMIS APR on a quarterly basis. If discrepancies in the numbers appear, agencies go back into the system and fix problem areas. We also contact agencies and remind them to enter client data for reports that are due. We offer email, phone, in-class or onsite training, and remote assistance. This year, particular emphasis will be given to training the street outreach team on data gathering techniques including from chronically homeless persons.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

| | |
|--|---------|
| * Measuring the performance of participating housing and service providers | Monthly |
| * Using data for program management | Monthly |
| * Integration of HMIS data with data from mainstream resources | Never |
| * Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.) | Never |

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

HMIS policy and procedures addresses the entry and exit criteria beginning on page 14 and throughout the policy document.

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

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/23/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

| Housing Type | Observation | Provider Shelter | Client Interview | HMIS |
|----------------------|-------------|------------------|------------------|------|
| Emergency Shelters | 0% | 13% | 0% | 87% |
| Transitional Housing | 0% | 28% | 0% | 72% |
| Safe Havens | 0% | 0% | 0% | 0% |

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

There were 379 sheltered persons in 2013 and 467 in 2012 which represents a decrease of 88 persons or 19%. This is due to a lower number of homeless persons served by the seasonal Bad Weather Shelter in 2013 as compared to 2012.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

| | |
|-------------------|-------------------------------------|
| Survey providers: | <input checked="" type="checkbox"/> |
| HMIS: | <input checked="" type="checkbox"/> |
| Extrapolation: | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> |

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Three steps were completed to collect and produce accurate data: 1) the HIC submitted to HUD in April, 2013 was updated to include any new ES, TH, and SH programs. Overflow beds were also updated; 2) HMIS was used to determine how many total beds were occupied for each ES, TH, and programs that provide overflow beds that participate in HMIS and listed in HIC; and 3) survey providers that represented HIC listed ES, TH, and SH programs and any overflow beds that were not participating in HMIS were asked to complete a provider survey form that included all of the information contained in the HIC including the number of total beds that were occupied. These three steps allowed the CoC to capture the necessary data to complete a sheltered count for HUD funded and non-HUD funded ES, TH, and any overflow beds known by the CoC.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

| | | |
|--|---------------------------------|-------------------------------------|
| | HMIS: | <input checked="" type="checkbox"/> |
| | HMIS plus extrapolation: | <input type="checkbox"/> |
| Sample of PIT interviews plus extrapolation: | | <input type="checkbox"/> |
| Sample strategy: | | |
| (if Sample of PIT interviews plus extrapolation is selected) | | |
| | Provider expertise: | <input type="checkbox"/> |
| | Interviews: | <input checked="" type="checkbox"/> |
| Non-HMIS client level information: | | <input type="checkbox"/> |
| | Other: | <input type="checkbox"/> |

2I-2 If other, provide a detailed description. (limit 750 characters)

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

The methods used to collect data for the sheltered population included: 1) the HIC that was submitted to HUD in April 2013 was updated to include any new ES, TH, and overflow beds including vouchers or delete any that were no longer in existence; 2) HMIS was used to verify the total number of beds of participating programs and occupied beds during the night of the PIT which was used to collect subpopulation data; 3) a program survey was completed by each non-HMIS participating program that included questions that gathered the same information which was gathered through HMIS (these surveys were completed by staff and not self-administered by residents); and 4) data collected through HMIS and the program survey was combined which provided the number of sheltered persons and the breakdown of the number of persons within each subpopulation.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

| | |
|---------------------------|-------------------------------------|
| Training: | <input type="checkbox"/> |
| Follow-up | <input type="checkbox"/> |
| HMIS: | <input checked="" type="checkbox"/> |
| Non-HMIS de-duplication : | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> |

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

**2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

HMIS: HMIS administer contacted the HMIS participating providers that did not turn in accurate data and those that didn't return the data by the due date after the count and worked with them to correct and/or submit their data.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/23/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

There were 393 unsheltered persons counted in 2013 and 437 in 2012 which represents a decrease of 44 persons or 10%. The CoC attributes this decrease to its actions in more effectively implementing Housing First and Rapid Rehousing programs. Project HOUSED, Pasadena's housing first initiative, includes targeted outreach to the most vulnerable homeless persons and frequent users of systems of care. The Rapid rehousing program was expanded with additional funding received from the United Way.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

| | |
|--|-------------------------------------|
| Public places count: | <input type="checkbox"/> |
| Public places count with interviews on the night of the count: | <input checked="" type="checkbox"/> |
| Public places count with interviews at a later date: | <input type="checkbox"/> |
| Service-based count: | <input checked="" type="checkbox"/> |
| HMIS: | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> |

2L-2 If other, provide a detailed description. (limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Counters asked: Are you homeless today; first initials of your first and last name; year born; and state born. Counters recorded the gender and ethnicity or asked if in doubt. This info created an identifier that prevented a person from being counted more than once. Questions concerning subpopulations were also asked to ensure all HUD required subpopulations were identified. Counters asked "is your spouse or partner living homeless with you today" and "how many children are living homeless with you today" to ensure such persons were included. Same information as noted above was collected to create an identifier. Counters interviewed people using non-shelter services such as a food program. Each person was asked if they were homeless today and only those persons who answered "yes" were included in the count.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

| | |
|-------------------------|---|
| Training: | X |
| "Blitz" count: | |
| Unique identifier: | X |
| Survey question: | X |
| Enumerator observation: | |
| Other: | |

2N-2 If other, provide a detailed description. (limit 750 characters)

2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here. (limit 750 characters)

Trainings were conducted prior to the PIT count. A Guide for the Unsheltered Count was compiled, distributed to each counter, and reviewed during the trainings. Counters recorded the initials, gender, ethnicity, year of birth, and state born of each person. If the same person was encountered again counters established the same code. However, the person was counted once in the final tally. The information for every person every time was loaded into a data base. The information was used to code each person. For example, a homeless person may have the following code of "WTMW1957CA. This meant that this person's first name began with "W", last name began with "T", he was male "M", White "W", born in 1957, and born in California. If this code appeared more than once, the person was counted once in the final tally.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

| | Proposed in 2012 CoC Application | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|--|---|---|---|
| 3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy. | | 91 | 80 | 69 |
| 3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless. | 103 | 100 | 111 | 122 |
| 3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover. | | 5 | 1 | 1 |
| 3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year. | | 7% | 85% | 90% |
| 3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation? | | 46 | 0 | 10 |

**3A-1.2 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.
(limit 1000 characters)**

The CoC has begun to implement a two year plan that will increase the number of PSH beds for CH persons. The plan consists of increasing the number of PSH for CH persons by 1) encouraging PSH programs that do not serve 100% CH to serve 100% CH; 2) requiring PSH programs to fill vacant beds with CH; 3) reallocating other CoC funded TH beds to PSH for CH; 4) reallocating CoC funded SSO projects to PSH for CH; 5) supporting the creation of PSH for CH persons through non-CoC sources of funding. Such funds include state, county, and city funding sources. Support will include funding for the acquisition, rehabilitation, and new construction of units and beds for CH persons; and 6) supporting private investments such as social impact bonds or financing and private foundation grants to support the operations of a PSH for CH. CoC will offer training workshops as well as on-site technical consultation to provide assistance to PSH staff and board members. CoC will monitor the action steps noted above throughout the year through the CoC ranking and review process.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)**

The Housing Committee, which is made-up of representatives from local government, faith-based organizations, and non-profit agencies will be responsible for implementing the goals of increasing PSH beds. The Housing Committee meets monthly and reports back to the CoC at its monthly meeting.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

| | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|--|-----------------------------------|-----------------------------------|
| 3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: | 155 | 158 | 158 |
| 3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. | 154 | 150 | 150 |
| 3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year. | 99% | 95% | 95% |

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

Ten of the 11 PSH projects were at 100%. One PSH was at 92%. In order to maintain this level of housing stability, the CoC will help them identify and minimize any programmatic barriers to long term housing success. The CoC will also continue to identify best practices and present its findings to PSH providers in order to help them adopt new, or modify existing, protocols and services in order to maintain their retention outcomes. The CoC is also working with PSH providers to continue to obtain mainstream resources for residents. This includes TANF funds to be used for employment services and a range of supportive services and ACA which expands services that can be funded by Medicaid/Medi-cal.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The Continuum of Care Committee, which is made up of representatives from local government, law enforcement, faith-based organizations, and non-profit organizations, will be responsible for increasing the rate of housing stability. The committee meets monthly and reports back to the CoC during its monthly meeting.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 1956

3A-3.2 Objective 3: Increase project participants income

| | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|--|-----------------------------------|-----------------------------------|
| 3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit? | 7% | 8% | 10% |
| 3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit? | 60% | 65% | 70% |

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

| Cash Income Sources | Number of Participating Adults | Percentage of Total in 3A-3.1 |
|------------------------|--------------------------------|-------------------------------|
| Earned Income | 130 | 6.65 % |
| Unemployment Insurance | 39 | 1.99 % |
| SSI | 295 | 15.08 % |

| | | | |
|------------------------------|-----|-------|---|
| SSDI | 138 | 7.06 | % |
| Veteran's disability | 2 | 0.10 | % |
| Private disability insurance | 0 | | % |
| Worker's compensation | 3 | 0.15 | % |
| TANF or equivalent | 53 | 2.71 | % |
| General Assistance | 447 | 22.85 | % |
| Retirement (Social Security) | 18 | 0.92 | % |
| Veteran's pension | 1 | 0.05 | % |
| Pension from former job | 6 | 0.31 | % |
| Child support | 27 | 1.38 | % |
| Alimony (Spousal support) | 1 | 0.05 | % |
| Other Source | 125 | 6.39 | % |
| No sources | 790 | 40.39 | % |

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

The CoC did exceed (60%) the HUD goal of 54%. The CoC will work towards increasing the percentage of participants by providing workshops and technical assistance that will help CoC funded projects provide training on how to 1) identify eligibility and program changes for mainstream programs to provider staff; 2) identify, enroll, and follow-up with homeless persons on participation in mainstream programs; 3) identify and overcome barriers to access mainstream resources; 4) provide transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs; and 5) staff systematically follow-up to ensure mainstream benefits are received. The CoC will also review the APR outcomes on a quarterly basis. The CoC will meet with low performing agencies in order to identify causes for low rates. The CoC will also meet with high-performing agencies in order to identify reasons for higher rates. The CoC will share high-performing agency findings with lower performing agencies in order to help them improve outcomes for clients.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC's current percentage of persons who increased their incomes is 7%. The CoC has reviewed APR data and has identified those projects that are lower performers in employment at exit. The CoC intends to educate participants and program operators on the value and benefits of employment for disabled persons. Social Security will be involved to assure that employment will not jeopardize current benefits, and will be available to educate program providers, participants and the CoC community on employment in conjunction with benefits receipt. The CoC has identified the PH and disabled population as the lowest percentage of persons employed at exit. The CoC will work with employers to educate them on the employability of the disabled population. In addition the CoC providers will work with the project participants to coordinate employment with current entitlement regulations, thereby increasing the percentage of persons exiting from PH projects with employment.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The HMIS & Homeless Research Committee will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. The committee meets monthly and reports back to the CoC during its monthly meeting.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 1956

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

| | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|--|-----------------------------------|-----------------------------------|
| 3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit. | 41% | 56% | 57% |

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

| Non-Cash Income Sources | Number of Participating Adults | Percentage of Total in 3A-4.1 |
|---|--------------------------------|-------------------------------|
| Supplemental nutritional assistance program | 765 | 39.11 % |
| MEDICAID health insurance | 36 | 1.84 % |
| MEDICARE health insurance | 18 | 0.92 % |
| State children's health insurance | 0 | % |
| WIC | 14 | 0.72 % |

| | | | |
|--|------|-------|---|
| VA medical services | 10 | 0.51 | % |
| TANF child care services | 1 | 0.05 | % |
| TANF transportation services | 2 | 0.10 | % |
| Other TANF-funded services | 0 | | % |
| Temporary rental assistance | 0 | | % |
| Section 8, public housing, rental assistance | 11 | 0.56 | % |
| Other Source | 654 | 33.44 | % |
| No sources | 1154 | 59.00 | % |

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC did not exceeded (41%) the HUD goal of 56%. The CoC will work towards increasing the percentage of participants by providing workshops and technical assistance. Workshops and technical assistance will include using TANF to address the housing-related needs of families including child care and transportation services and other TANF funded services, navigating the ACA which gives California the ability to extend Medicaid (Medi-Cal) to all persons living under 133 percent of the Federal Poverty Level, and area SSVF programs to obtain VA medical services. The CoC will also review the APR outcomes on a quarterly basis. The CoC will meet with low-performing agencies in order to identify causes for low rates. The CoC will also meet with high-performing agencies in order to identify reasons for higher rates. The CoC will share high performing agency findings with lower performing agencies in order to help them improve outcomes for clients.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

The HMIS & Homeless Research Committee will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. The committee meets monthly and reports back to the CoC during its monthly meeting.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

| | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|--|--|-----------------------------------|-----------------------------------|
| 3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects. | 0 | 0 | 0 |
| 3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects. | 50 | 65 | 65 |
| 3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding. | 0 | 0 | 0 |

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC plans to increase the number of homeless households with children through RRH through reallocation of TH programs to RRH programs and by allocating at least 40% of ESG funds to RRH activities. The CoC is considering reallocating a TH and SSO project to RRH during the next two years. The CoC is prioritizing homeless families as the primary focus of RRH in shelters.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The Continuum of Care Committee, which is made up of representatives from local government, law enforcement, faith-based organizations, and non-profit organizations, will be responsible for increasing the rate of housing stability. The committee meets monthly and reports back to the CoC during its monthly meeting.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

The CoC prioritizes families with children for its RRH program. Households are assessed for level of need prior to referral to RRH. Families with the highest level of need would be linked with PSH intervention rather than RRH. Those families with moderate barriers to self-sufficiency are determined the best fit for RRH. Participants in the CoC's RRH program receive targeted rental assistance, initially paying no more than 30% of their adjusted income toward rent.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

An individualized case management plan is developed that involves gathering information, prioritizing needs, and identifying barriers and includes the involvement of all household members. RRH case managers normally provide case management at least every other week during the time that a household is receiving a direct subsidy from ESG programs. CMs are also on call to meet households during this period of time as well. Immediate linkages are made to cash, non-cash, and mainstream resources. During the period of short-term support, the case manager also meets with both the tenant and landlord to resolve any issues that might arise. The case manager also discusses with the client how to pursue ongoing goals once housing stability is achieved and the assistance ends. Also, the household's situation is reassessed and a determination is made whether or not RRH cash assistance should end or continue. Continued linkages to legal services, credit repair, employment training and support, mainstream resources, etc. are made if needed.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

RRH case managers follow up with clients once per quarter after financial assistance is completed. Follow up meeting is conducted by telephone, if we cannot get in contact with the client by telephone then we send a follow-up post card, and if that attempt is not successful we follow up with landlords in order to assess ongoing housing stability and provide services and supports to that end. If a follow-up assessment indicates that a client is at risk of homelessness the agency representative works with the client to identify and address the issues that could lead to another episode of homelessness. If there is such a threat, a strong advocacy role by the case manager may be needed to resolve an issue(s) that stemmed from a sudden illness, loss of employment, etc. Advocacy may include interaction with a system of care such as child care, health, mental health, substance abuse, or corrections.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-1.1a If other, please explain.
(limit 750 characters)**

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

California Welfare & Institutions Code § 303 provides the reasons for discharge from the Foster Care/Child Welfare System which ensures that youth are not discharged into homelessness. At the time of a youth's emancipation, a county welfare department social worker assists in completing a transitional plan which includes securing housing, so that emancipation occurs properly pursuant to the Code. Also, California recently passed AB 12, which extends foster care from age 18 to 21. This new law allows California to establish relative guardianship programs with federal funding, which should decrease the likelihood of homelessness. Youth are reunified with families/guardians, placed with family & friends or in group homes. Youth emancipated and capable of living on their own are connected with Foster Care services such as education, financial services, mental health and substance abuse services to assist them in remaining housed.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

County of Los Angeles Department of Children and Family Services provides discharge planning and placement assistance to youth leaving foster care in accordance with the state code. Planning and assistance is provided through a Transitional Independent Living Plan that is developed when youth turn 15 ½ years of age. The plan focuses on housing options, employment options, and development of live skills such as budgeting, shopping, meal planning, conflict management, etc. A Transitional Housing Program is available for youth ages 16 to 18 to prepare them to be self-sufficient. Requirements include completing high school, obtaining a part-time job, attend support meetings, and follow rules of the program.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-2.1a If other, please explain.
(limit 750 characters)**

**3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

California hospital discharge planning requirements are established by California Health and Safety Code Sections 1262.5 & 1262.6. Requirements include 1) Developing and implementing a discharge plan; 2) using professional staff to deliver discharge planning services; 3) ensuring that necessary care and services are delivered upon discharge; 4) preparing for discharge through education and counseling; and 5) transferring or referring persons, along with necessary medical information, to appropriate facilities, agencies or outpatient services, as needed, for follow-up care. Upon discharge, these persons find housing with family & friends, group homes, sober living homes, and board and care facilities.

**3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

In fulfillment of California law, persons who are admitted to Huntington Hospital (Pasadena's only hospital) and are identified as homeless, unfunded, or chemically dependent, are assigned immediately to a social worker. The social worker is also provided with a current list of service provider agencies. These lists are updated on a regular basis. Prior to the patients release social workers coordinate with non-profit service providers to locate a safe environment and the appropriate services for their patient.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-3.1a If other, please explain.
(limit 750 characters)**

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

California Health And Safety Code Section 1262 prohibits a mental health patient to be discharged from facilities including psychiatric, skilled nursing, and hospitals from being discharged without a written aftercare plan that includes 1) the nature of the illness and follow-up required; 2) medications including side effects and dosage schedules; 3) referrals to providers of medical and mental health services; 4) financial needs; 5) educational/vocational needs; 6) social needs; and 7) housing needs. Upon discharge, these persons find housing with family & friends, group homes, sober living homes, and board and care facilities. Social Workers contact Passageways' street outreach team prior to the release of any patient identified as homeless and for whom housing has not been identified prior to release.

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

Della Martin is the psychiatric wing of Huntington Hospital which is funded in part by the County Department of Mental Health. Los Angeles County-funded facilities adhere to the Discharge Planning Protocol adopted by the Los Angeles County Board of Supervisors which is consistent with the state code.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-4.1a If other, please explain.
(limit 750 characters)**

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The California Department of Corrections (CDC), Parole and Community Services Division (P&CSD) implements the Mental Health Services Continuum Program (MHSCP) which provides discharge planning for parolees who were receiving mental health treatment with a written release plan which includes any community treatment and transitional resources, and facilitation of the actual transition to the community including appropriate housing by MHSCP psychiatric social workers. Upon release, these persons find housing with family & friends, group homes, sober living homes, and board and care facilities. During winter months, persons for whom housing has not been identified are referred to the Winter Shelter Program.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The Pasadena Police Department contacts the HOPE Team when someone is identified as homeless to help provide a transition to housing. The HOPE Team works closely with the identified person to identify and provide appropriate residential and non-residential services for homeless persons.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC’s geography include the CoC’s strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The latest Consolidated Plan was completed after the 10-year plan was adopted by the City Council and goals are the same which include the following: 1. increase the number of permanent supportive housing beds for the chronically homeless; 2. implement a homeless prevention program that would focus on providing resources to households at risk of becoming homeless in order to maintain their housing; 3. increase the participation of non-Hud funded residential programs in HMIS; and 4. provide homeless prevention resources.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The CoC provides consultation and guidance to the City of Pasadena which receives a direct ESG allocation. The Housing & Homeless Network serves as one of 2 principal planning entities for ESG funds, and provides guidance to the Human Services Commission in allocating ESG dollars for Council approval. Consultation includes: feedback on local need and funding priorities; review and comment on proposed funding allocations prior to funding award; direct input in performance and evaluation measures; direct input in the establishment of a universal intake and assessment tool; and guidance on best practices nationwide for utilizing ESG funds to prevent and end homelessness.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

CoC received \$178,059 in ESG funds in 2012 & 14% was used for RRH & 14% for homeless prevention. The CoC received \$127,931 in ESG funds in 2013 & 30% was used for RRH & 15% for homeless prevention. This is an increase of 16% ESG funds used for RRH and 1% of ESG funds for HP in 2013. The rationale for the decisions were made by CoC, in consultation with ESG recipient(s). It was agreed that exiting individuals and families from prolonged homelessness through RRH reduced the negative impacts of extended homelessness. The CoC wanted to reduce the length of stay in ES and TH so the same number of beds could serve more households. Past experience and data analysis has revealed that short-term assistance is sufficient to help most individuals and families secure PH quickly and successfully. The rationale to dedicate ESG funds to homeless prevention stemmed from the idea of targeting cash assistance to those households at-risk of becoming homeless who are most likely to become homeless. Such households often have a history of homelessness and have a household income 30% or less of the AMI.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

A homeless prevention strategy has been implemented with ESG recipients that provide rental and utility cash assistance to households with the highest likelihood of becoming homeless. These households are distinguished from other households who are at risk of becoming homeless but not likely to become homeless. Distinguishing criteria includes household income at or below 30% of area median household income and whether or not a household has a history of homelessness or not. This type of cash assistance is a short-term subsidy of one to three months so that as many households as possible can be assisted. Providing "just enough" helps more people in crisis. Providing more than enough may cost someone else their housing. ESG recipients work with all households at risk of becoming homeless to obtain other types of cash, non-cash assistance, and mainstream resources. ESG recipients receive funding to rapidly re-house any households that loss their housing and become homeless. Temporary shelter may be provided until housing is obtained. There are no barriers regarding homeless prevention in the CoC's Analysis of Impediments.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

Collaborative Applicant and CoC sub-recipients coordinate services and assistance funded through multiple federal, state, county, and city sources to fulfill a HF, RRH, targeted street outreach, and homeless prevention strategy as outlined in its 10-year plan to end homelessness. The plan lists the following resources and matches these resources to the activities noted above. Resources include mainstream benefits that consist of food stamps, MediCal, TANF, CalWorks, General Relief, assistance with Child Care, etc. Some of the federal resources are CDBG; ESG; HOPWA; VASH; SSVF; EFSP; HOME; and SAMSHA. There are 7 local Head Start programs. State funding includes Emergency Housing Assistance Program; EHAP-CD; and Mental Health Services Act. City funds include ESG, CDBG, and HOME funds. The Pasadena Community Foundation has provided multiple grants to local homeless providers as well as several other foundations. Through the United Way RFP process, the CoC doubled the amount of RRH funds for 2 years. LA Community Development Commission and CoC collaborated with the LA County CDC to rehabilitate and convert to PSH a 144-unit SRO building.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

Pasadena Housing Authority (PHA) is an active member of the CoC and attends monthly and quarterly committee meetings including 10-year plan. It also provides CoC with space for, and helps facilitate, meetings. PHA has provided Section 8 HCV for households experiencing homelessness but has not established homeless preferences. It has modified its tenant screening criteria and procedures to help reduce barriers to housing for homeless households. PHA actively seeks referrals from CoC agencies particularly for S+C and VASH programs and other PSH programs that it administers: FSS; PBRA; TBRA. PHA partners with agencies to ensure that vulnerable households have access to supportive services to help with housing stability. It has also initiated a "moving-up initiative. PHA has attached up to 20% of its voucher assistance to specific housing units after owners agreed to either rehab or set-aside a portion of units for HCV. It has also begun to establish partnerships with faith-based and community groups to provide move-in assistance to people exiting homelessness.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The CoC is aware of some TH and PSH projects require more stringent eligibility requirements for entry into a program than what HUD requires. As a result, the CoC will take the following steps to remove such requirements by helping TH and PSH providers implement housing first and rapid rehousing approaches through workshops and seminars and providing them with the necessary tools to implement what they learn. These steps include: 1) returning households to PH as quickly as possible instead of supporting lengthy stays in ES and TH; and 2) provide home-based case management instead of shelter-based case management. Issues that prevent households from obtaining and maintaining housing will be addressed once they are housed. As a result, providers will not focus on income eligibility, lengthy period of "clean" time, background checks, and credit checks, etc. as criteria for obtaining TH and PSH housing. Households in TH will be rapidly re-housed into PSH or PH. Participation in services or program compliance will not be a condition of PSH tenancy. Rapid re-housing programs may require case management as condition of receiving rental assistance.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

CoC has adopted a housing first approach across the entire geographic area of the CoC. As a result, 100% of PSH programs follow a housing first model. The core elements of the CoC's HF approach include: 1) Admission/tenant screening and selection practices promote the acceptance of applicants regardless of sobriety or use of substances, completion of treatment, and participation in services; 2) Applicants are seldom rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of "housing readiness;" 3) Housing accepts referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response system frequented by vulnerable people experiencing homelessness; and 4) Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of PSH tenancy.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

CoC is participating in the United Way pilot CES program. The entire CoC is covered by this CES, which utilizes a Vulnerability Index/Service Prioritization Decision Assistance Tool to determine the most appropriate intervention for persons experiencing homelessness: affordable housing, rapid re-housing, or permanent supportive housing. The tool helps triage clients and ensure connection to the best intervention. Access to CES assessment occurs through street outreach; presenting as homeless at Passageways, the CoC's traditional entry-point; through 211, the LA County human services access line; or by presenting at a program that may serve homeless persons, for example an FHQ; a McKinney-funded school program; or a hospital emergency room. A homeless person who presents at any of these programs will either be administered the VI/SPDAT and connected with a housing navigator, or will be told of the availability of this tool and provided assistance to get to a place where they can be assessed. The CES is also advertised at public counters and on CoC website.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

The CoC works to ensure equal opportunity and affirmatively further fair housing by undertaking affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex familial status, and disability. Measures include: 1) assisting housing industry groups in the County with education and dissemination of information concerning fair housing; 2) providing individuals with fair housing education, counseling and outreach pertaining to homeownership; 3) working with housing industry groups and other associated professionals to establish business practices that ensure an individual's rights to fair housing opportunities; 4) providing a comprehensive fair housing program of education, outreach and mediation to affirmatively further fair housing working with participating jurisdictions to develop and distribute public education and information materials on tolerance, focusing on sexual orientation, race/ethnic relations and religion.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

Established policies in place include: 1) training for all clerical staff for each Pasadena Unified School District site on the requirement for enrollment as well as the definition of homeless and the resources available through the Families In Transition (FIT) office; 2) a registration information form which includes a required field that identifies students living arrangements; 3) families are provided informational materials about their rights in transitional housing situations; 4) PUSD works closely with all transitional shelters that are within the school boundaries and FIT works with the families to place them at schools that are most accessible and/or that support the unique needs of the family; and 5) FIT adheres to all applicable laws and guidelines within McKinney-Vento when placing students in schools and services available to our families including help with school supplies, uniforms, transportation tokens/vouchers, and assistance with food and household items.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

CoC's efforts to collaborate with local education agencies is primarily through the Pasadena Unified School District which provides a homeless liaison to remove enrollment barriers, increase school attendance, and improve the academic success of homeless children and youth under the McKinney-Vento Homeless Education Assistance Act. The CoC and School District are exploring additional ways to assist in the identification of homeless families which includes keeping an updated list of low-cost motels so that school registrars can recognize addresses that may indicate homelessness; examining transportation logs to find doubled-up families; helping teachers to learn to listen for statements that may indicate that a child is living in a homeless situation. School district staff also look for changes in behavior associated with homelessness. The CoC and School District are exploring additional ways to inform homeless families of eligibility for McKinney-Vento education services which includes making sure that families are aware of their educational rights as part of regular school mailings and/or handouts at the beginning of the school year.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

Agencies applying for funding within the CoC will be required to attend a workshop that will explain the restrictions and exceptions of involuntary family separation. Agencies awarded funding will be required to sign an MOU which will help ensure that this provision of the HEARTH Interim Rule is adhered to. This requirement will be reviewed during monitoring site visits by interviewing staff and clients to ensure that families with children under the age of 18 are not denied admission or separated when entering shelter or housing. The CoC will also require that agency's awarded CoC funding will post this policy at appropriate places within their programs.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

CoC will use HMIS to record episodes of homelessness by program participants who exit RRH, TH, and PSH projects. The current method uses APRs to monitor participants' Destination at Program Exit. This report includes the ability to drill into detailed destination data with client name to provide full audit and monitoring capabilities as well as Data export to Excel to extract the data and perform additional analysis and an Outcome report. HMIS will be used to generate the percentage of each destination data element to ensure how many participants exit to Permanent destination, and which agency is performing positive in housing stability. CoC actively supports a program with positive outcomes to track progress in reducing number of additional episodes to homelessness once the participants exit a housing program in addition to examining whether participants were provided with services effectively and to improve collaborative efforts to serve homeless persons. CoC will work to expand RRH programs to stabilize persons faster to reduce the number of families that experience an episode of homelessness, the length of time they remain homeless, and number returning to homelessness.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, 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 1000 characters)

3C-16 Has the project been impacted 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 2013 CoC Program Competition? No

3C-16.1 If 'Yes', 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)

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The CoC has incorporated each of the following goals of Opening Doors into its 10-year plan to end homelessness. "Finishing the job of ending chronic homelessness by 2015" is being accomplished through targeted street outreach, executing discharge planning protocols and procedures, implementation of a housing first approach, and an increase in permanent supportive housing units. "Preventing and ending homelessness among Veterans by 2015" is occurring through a recent increase in PSH beds, access to HUD VASH vouchers, and SSVP. "Preventing and ending homelessness for families, youth, and children by 2020" is being accomplished through a successful rapid re-housing program. The CoC has also "set a path to ending all types of homelessness" in its 10-year plan. This path includes the implementation of a coordinated assessment system, determining that TH is an appropriate intervention for only victims of DV and youth ages 18-24, and providing priority HC vouchers for families. As a result, the number of CH, Vets, families, etc has significantly decreased as noted in section 2K-4.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

The actions to help unsheltered households with children obtain and maintain permanent housing include: 1) targeted street outreach by the Homeless Outreach Team; 2) a coordinated intake and assessment completed; 3) short-term rapid re-housing assistance; 4) appropriate level of case management and referrals are provided during period of assistance; and 5) appropriate level of follow-up within the first 12 months after assistance ends. Actions to help sheltered households with children obtain and maintain permanent housing include: 1) placement in shelters only occurs when a family's homelessness cannot be immediately prevented; and 2) rapidly re-housing families to reduce their length of stay in shelters. The CoC has determined TH is not an appropriate intervention for families except those who are recent victims of domestic violence.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

Haven House provides a wide-range of services throughout the region that includes a 24 hour hotline, emergency shelter, legal advocacy, counseling and support groups, and community education. It has developed and promoted a safety Plan for Victims of Domestic Violence which provides instructions about becoming safe and staying safe. Policies in place to ensure safety and privacy include: 1) risk assessments are used to help identify and prioritize survivors in the greatest danger for DV resources; 2) hotel or motel vouchers are used to temporarily place a survivor in a safe location; 3) victims of DV have the right to not disclose personally identifying information including in HMIS to receive services and housing; and 4) assessment and case management staff are trained to ensure safety and privacy. It has also developed and promoted a safety Plan for Victims of Domestic Violence which provides instructions about becoming safe and staying safe.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

The unaccompanied homeless youth population under age 18 in the 2013 PIT Count was 2 persons. Homeless youth are and have historically been a miniscule percentage of the CoC's homeless population. The Housing Works mobile team provides outreach services and any homeless youth they identify is engaged and rapidly re-housed. What about ages 18 – 24?

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

The deployment of the two-person street outreach team is crucial in connecting homeless persons living on the street to CoC. Two approaches are used: 1) mobile outreach by van and foot; and 2) program-based outreach at service sites. Outreach components include 1) locating people on streets or in facilities; 2) establishing rapport; 3) assessing their needs; and 4) linking them to services and housing. These efforts are augmented by Housing Works mobile service team which is the lead agency for the CoC's 100K Homes campaign. Housing Works outreaches to, engages, and quickly houses the most vulnerable homeless persons. The Pasadena Police and Los Angeles County Department of Mental Health's Homeless Outreach-Psychiatric Evaluation team provides emergency responses to homeless persons in need of mental health, housing, and social services.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

The Pasadena Housing Department was allocated 25 VASH Vouchers directly and has access to an 25 VASH vouchers through the Housing Authority of the County of Los Angeles which include a wide-range of case management and services to ensure that veterans remain in housing. Other CoC permanent supportive housing providers serve veterans among other subpopulations with a similar level of services. The strategic plan also emphasizes employment and CoC members including TH and SSO providers are committed to increasing the percentage of veterans that are employed at program exit and coordinate with the local Workforce Development Department for training and employment opportunities. In addition to the services noted above, the CoC will refer 20 more homeless veterans for VASH certificates and coordinate ESG and HPRP assistance to veterans and their family members.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

| Amount Available for New Project: (Sum of All Eliminated Projects) | | | | |
|---|-------------------------|----------------|-----------------------|----------------------|
| | | | | |
| Eliminated Project Name | Grant Number Eliminated | Component Type | Annual Renewal Amount | Type of Reallocation |
| This list contains no items | | | | |

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

| Amount Available for New Project (Sum of All Reduced Projects) | | | | | |
|---|----------------------|-----------------------|-----------------|----------------------------------|-------------------|
| Reduced Project Name | Reduced Grant Number | Annual Renewal Amount | Amount Retained | Amount available for new project | Reallocation Type |
| This list contains no items | | | | | |

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

| Current Priority # | New Project Name | Component Type | Transferred Amount | Reallocation Type |
|-----------------------------|------------------|----------------|--------------------|-------------------|
| This list contains no items | | | | |

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

| | |
|---|-----|
| Reallocated funds available for new project(s): | \$0 |
| Amount requested for new project(s): | |
| Remaining Reallocation Balance: | \$0 |

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The CoC monitors recipients performance through pulling HMIS reports monthly including bed utilization reports, entry and exit date reports, and required data element reports. Additionally, the COC conducts on-site monitoring annually of all CoC recipient projects.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The CoC provides ongoing technical assistance to all providers to assist project applicants to reach HUD-established performance goals, and provides targeted assistance to those providers who are experiencing challenges in meeting goals. This TA can take the form of program review, assistance in better understanding HMIS data utilization, performance goal training sessions, and dissemination of information and training around best practices and homeless research and trends nationwide.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The CoC assists poor performers to increase capacity by providing targeted TA through an initial intensive session and monthly or bi-monthly follow-up. This TA starts with a comprehensive program review, incorporating review of the program's management plan, target population, service referral network and service integration. Additionally, poor performers are required to attend scheduled training sessions and attend best practice discussions at the Housing & Homeless Network meetings.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless? (limit 1000 characters)

The CoC has taken the following steps to reduce length of time homeless (LOTH): 1) adopted and implemented a CoC wide Housing First approach; and 2) adopted and implemented a CoC wide Rapid Re-housing approach. The CoC has recently increased the number of public and private partners for these approaches. The CoC has also 3) begun revising intake processes to ensure homeless households are given the right intervention through program admission; 4) adjusted case management procedures in order to train CoC and ESG case managers to move away from a housing-ready approach to a home-based case management approach; 5) improved data collection through HMIS by training participants to enter related data correctly and timely; and 6) generating monthly reports for outcome measurement. The CoC is in the process of adopting the HEARTH goal of no more than 30 days homeless and the high-performing communities goal of reducing LOTH at least 10% from preceding years. In 2012, ES LOTH was 60 days and 67 in 2013 and 13 months for TH in 2012 and 7 months in 2013. The CoC will target non-HUD funded projects such as those who receive EFSP, CDBG, and HOME funding.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC’s geography?
(limit 1000 characters)**

CoC is in the process of adopting the following goal promoted in HEARTH Act—less than 5% recidivism in coming year. CoC is a member of the LA/OC HMIS Collaborative and has access to an HMIS recidivism report created by LA CoC and made available to the entire collaborative that includes local CoC data. This report includes the total recidivism occurrences for each person and the days for which they were able to maintain PH prior to experiencing additional incidents of homelessness. Each occurrence counted includes persons who have re-entered the HMIS with a “literally homeless” status at program entry within two years from their placement date as long as this occurs within the reporting start and end dates. This report tracks recidivism of clients in HMIS by program type and program. This report accompanies the Recidivism Summary Report which provides extensive information about the occurrences of recidivisms for each person during two phases: PH Placement and Recidivism Entry and not only tracks recidivism of clients in HMIS by program type and program but provides details about client’s information including region, agency, start and end date, and funding source.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

The CoC has developed a Street-to-Home campaign called Project HOUSED to identify, house and provide services to chronically homeless adults and families in Pasadena. The campaign was implemented over a year ago and consists of a community vulnerability index that was used to identify participants in order to engage them in a housing first approach. Engagement also includes a) participating in an assessment for a service plan; and b) working with a case manager to meet goals of their plan to obtain and maintain permanent housing. Outreach workers include mental health and substance abuse case managers and Spanish-speaking staff.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?
(limit 1000 characters)**

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

| | |
|--|------|
| * Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs. | 100% |
| * Homeless assistance providers use a single application form for four or more mainstream programs. | 100% |
| * Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. | 100% |

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 08/07/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

The CoC is preparing for the implementation of the ACA in several ways including: 1) by partnering with state and local enrollment aides to host enrollment events at CoC sites; 2) including enrollment resources in various communications such as flyers and brochures to residents of CoC programs; 3) hosting presentations that educate CoC program staff about rules and resources so they can accurately answer resident's questions; 4) hosting trainings for providers on how the Affordable Care Act is being implemented in California and how to apply for health insurance through the marketplaces; 5) and partnering with Health Care for the Homeless, community health centers, or other health care organizations to determine how they can help with Medicaid enrollment and deliver primary and behavioral health services to people experiencing homelessness.

Just recently a presentation on the Affordable Care Act was given to CoC providers at the October 3, 2013 Pasadena Housing & Homeless Network Meeting, including information about how and where to enroll clients in services, where to get training on enrollment, and who is conducting outreach.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

The CoC has initiated a series of trainings and workshops that provide information to CoC program recipients and sub-recipients about other sources of funding for supportive services that includes: 1) using TANF more effectively to end family homelessness; 2) supporting access to educational, health care, substance abuse, and mental health resources for youth ages 18 – 24 including LGBTQ; 3) removing or mitigating high and low barriers that prevent veterans from receiving veteran benefits and other mainstream resources such as SSI, GA, and Food Stamps for all homeless subpopulations. The CoC is participating in the United Way Funder's Collaborative, and has been instrumental in advocating for funds available through United Way RFPs to be made available for services related to Coordinated Entry and obtaining and retaining housing. This CoC has been successful in obtaining funds for housing services through the United Way, and CoC agencies will be applying for CES funds. The CoC was also awarded SOAR TA and is participating in the SOAR program. CoC members will attend train-the-training sessions in February and will be providing training to CoC agency staff.

Attachments

| Document Type | Required? | Document Description | Date Attached |
|--|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan | Yes | | |
| CoC Governance Agreement | No | | |
| CoC-HMIS Governance Agreement | No | | |
| CoC Rating and Review Document | No | Rating & Review | 01/29/2014 |
| CoCs Process for Making Cuts | No | | |
| FY2013 Chronic Homeless Project Prioritization List | No | CH Prioritization | 01/29/2014 |
| FY2013 HUD-approved Grant Inventory Worksheet | Yes | GIW | 01/29/2014 |
| FY2013 Rank (from Project Listing) | No | | |
| Other | No | | |
| Other | No | | |
| Other | No | | |
| Projects to Serve Persons Defined as Homeless under Category 3 | No | | |
| Public Solicitation | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

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Document Description:

Attachment Details

Document Description: Rating & Review

Attachment Details

Document Description:

Attachment Details

Document Description: CH Prioritization

Attachment Details

Document Description: GIW

Attachment Details

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Submission Summary

| Page | Last Updated |
|--|-------------------|
| 1A. Identification | No Input Required |
| 1B. CoC Operations | 01/22/2014 |
| 1C. Committees | 01/22/2014 |
| 1D. Project Review | 01/30/2014 |
| 1E. Housing Inventory | 01/22/2014 |
| 2A. HMIS Implementation | 01/28/2014 |
| 2B. HMIS Funding Sources | 01/30/2014 |
| 2C. HMIS Beds | 01/22/2014 |
| 2D. HMIS Data Quality | 01/29/2014 |
| 2E. HMIS Data Usage | 01/28/2014 |
| 2F. HMIS Policies and Procedures | 01/30/2014 |
| 2G. Sheltered PIT | 01/28/2014 |
| 2H. Sheltered Data - Methods | 01/22/2014 |
| 2I. Sheltered Data - Collection | 01/22/2014 |
| 2J. Sheltered Data - Quality | 01/22/2014 |
| 2K. Unsheltered PIT | 01/22/2014 |
| 2L. Unsheltered Data - Methods | 01/22/2014 |
| 2M. Unsheltered Data - Coverage | 01/22/2014 |
| 2N. Unsheltered Data - Quality | 01/22/2014 |
| Objective 1 | 01/29/2014 |
| Objective 2 | 01/28/2014 |
| Objective 3 | 01/28/2014 |
| Objective 4 | 01/28/2014 |
| Objective 5 | 01/30/2014 |
| 3B. CoC Discharge Planning: Foster Care | 01/22/2014 |
| 3B. CoC Discharge Planning: Health Care | 01/22/2014 |

| | |
|--|-------------------|
| 3B. CoC Discharge Planning: Mental Health | 01/22/2014 |
| 3B. CoC Discharge Planning: Corrections | 01/22/2014 |
| 3C. CoC Coordination | 01/29/2014 |
| 3D. Strategic Plan Goals | 01/29/2014 |
| 3E. Reallocation | 01/29/2014 |
| 3F. Grant(s) Eliminated | No Input Required |
| 3G. Grant(s) Reduced | No Input Required |
| 3H. New Project(s) | Please Complete |
| 3I. Balance Summary | No Input Required |
| 4A. Project Performance | 01/29/2014 |
| 4B. Employment Policy | 01/22/2014 |
| 4C. Resources | 01/22/2014 |
| Attachments | Please Complete |
| Submission Summary | No Input Required |

Notes:

3H. New Project(s) list must include at least 1 item(s).

