

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

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

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: CA-606 - Long Beach CoC

1A-2. Collaborative Applicant Name: City of Long Beach

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: City of Long Beach

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veteran Service Providers	Yes	Yes	Yes
Business Improvement Districts (Downtown)	Yes	Yes	Yes
Faith Based Agencies	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and 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. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC General Membership is comprised of organizations including private, public, faith based, stakeholders & currently/previously homeless persons. The body provides feedback/information to guide the priorities of the CoC. The Board, nominated by the general membership, approves recommendations for changes/improvements to the system of care. Subcommittees are comprised of stakeholders to design, implement & coordinate the system of care based on priorities & identified needs. Subcommittees, including Veterans services, chronic/street homeless, family/youth services & HMIS/Performance, meet regularly. Two organizations informing local priorities are: LBPHA & VA. Both entities participate in the Villages at Cabrillo & Coordinated Entry System Advisory Boards, which include non-profit, housing developers & faith based groups working together to coordinate & improve accessibility, prioritization & utilization of resources to prevent & end homelessness.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Mental Health America of Los Angeles	No	Yes	Yes
United Friends of the Children	No	No	No
1736 Family Crisis Center	Yes	Yes	No

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

or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Interval House	Yes	Yes
1736 Family Crisis Center	Yes	No
WomenShelter of Long Beach	No	No
US Vets	Yes	No
Long Beach Rescue Mission	Yes	Yes

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

Through its annual RFP process, CoC solicits applications for renewal & new projects, including reallocations created through projects that are voluntarily returned and/or recaptured by the CoC. The RFP announcement is printed in a local newspaper, posted on CoC's webpage, and sent to CoC's email distribution list, which includes agencies that are not currently funded by the CoC. This year, existing and new agencies submitted proposal for a new project. For the FY16 RFP process, HSAC & the CoC Board considered the applicants' experience working with the target population, capacity to successfully implement the project, & ability to administer Federal funds. In addition, to be included in the CoC Application, projects must meet HUD's project eligibility & threshold requirements as well as HUD & local priorities. This year, the primary factors in the decision making process included the target population and proposed project's impact on community needs.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Semi-Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The CoC collaborated with the sole Consolidated Plan jurisdiction in the CoC's geographic area, the City of Long Beach (City). The LB Health Dept, Homeless Services Division (HSD), works in partnership with the LB Development Services Dept to administer the following components of the City's Consolidated Plan: Emergency Solutions Grant (ESG), CDBG funding for the CES, and HOME Move-in Deposit Program. In total, the CoC dedicates an average of 12 hours per quarter participating in meetings, emails, phone calls, and community forums with the City related to the development of the Consolidated Plan, annual Action Plan, and CAPER. This includes participating in community forums/public comment opportunities, developing ESG performance standards, as well as providing PIT, HMIS and performance data.

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

Through an MOU with DS, HSD administers the ESG program for the City. In this partnership, the CoC participates in public forums designed to gather feedback regarding community needs & proposed ESG funding allocations. Through a fair & equitable RFP process, HSD administers funding to ESG subrecipients. Subrecipients are required to participate in the LB HMIS or comparable database. The data from these systems, along with PIT count data, are used to help create & update the Consolidated Plan, refine performance standards, contribute to the overall data analysis of service delivery, complete CAPER reports & evaluate overall performance across the CoC. In 2014, the HSD created ESG performance standards. Since then, outcome data from ESG & CoC projects have been analyzed to evaluate performance & refine performance standards. The CoC strives to continuously raise performance through ongoing monitoring & technical assistance.

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

Provisions are in place for households fleeing from DV related incidents. Participants can bypass the CES entry point. All DV locations are confidential & accessed using an established hotline for safety & security of placements. Placement is not contingent upon intake & providers use a comparable

database instead of the HMIS. Participant choice is evaluated at intake, & where necessary DV programs can effect safety transfers. Three providers in the LB CoC provide services for victims of DV, sexual trauma & human trafficking; 1736 Family Crisis Center, Interval House, & US Vets Inc. The CoC also coordinates with non-funded partners such as the WomenShelter of Long Beach & the Rescue Mission. All programs provide confidential, safe TH & comprehensive services to support households through trauma recovery & meet household's needs. US Vets Advance Women's program is a national model for female victims of military sexual trauma.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
City of Long Beach PHA	22.00%	Yes-HCV

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

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

The dissolution of the State Redevelopment Funds removed a critical source for providing PH. The CoC supports tax credit financing & restricted housing development funds from State & local sources. CVC is using tax credit financing & restricted housing development funds for rehabilitation & new development of a former BRAC property. The CoC utilizes Section 202 housing for the elderly, VA Long Beach healthcare system housing, County DHS beds targeted to vulnerable populations and HOME deposits funds for homeless households. Shared Housing provides low income units for persons who are homeless with all the rights and responsibilities of the Fair Housing Act including a lease. The CoC has a systematic approach to engaging and coordinating these housing resources. The CoC participates in local & regional meetings where housing resources are identified. The CoC provides TA to providers on making access

to these resources low barrier, using EBPs and how to link to mainstream resources.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
Municipal Interdept Collaborative Meetings held monthly to ensure that maintenance of public parks, flood control channels, freeway right of ways etc is coupled with street outreach, PD quality of life unit officers to ensure homeless persons are able to connect to the service system. This group is also very beneficial in educating regional entities about the complex needs of homeless persons.	<input checked="" type="checkbox"/>
LB Police Quality of Life Unit was implemented in 2004. This unit works directly with the MSC access center, the street outreach network, these specially trained officers build the capacity of the CoC by connecting high utilizers to the service system.	<input checked="" type="checkbox"/>
City Prosecutors office works with the CoC to mitigate outstanding citations for homeless persons. Qualifying participants are enrolled in programs with a treatment plan & remain in permanent supportive housing. Removing legal barriers is an incentive to progress to full self-sufficiency.	<input checked="" type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

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

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

Not Applicable

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

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

The CoC has a coordinated system of multi-disciplinary outreach teams, interdepartmental partnerships (e.g., Con Plan, LBPD, LBFD, PW & PRM), business improvement districts, non-profit & community partners. Street outreach proactively canvasses the jurisdiction targeting hot spots & new locations. A resource guide is distributed by PD, Health, libraries, nonprofits, & in the community ensuring connections to CES. The Multi-Service Center & Mental Health America are the primary sites for CES & 12 non-profits assess & refer for housing/service intervention. The VI-SPDAT, a universal assessment tool, screens for eligible PSH participants who are prioritized by scores & placed on a list using HUD Order of Priority guidelines. Participants are offered low barrier housing without pre-conditions for entry/ongoing stay. Housing includes ES, TH, & PH for immediate & long term needs. Linkages to mainstream benefits/income, medical care & education are offered.

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

the screen, and then select the applicable checkboxes.

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

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	20
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	18
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>

Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

In an effort to consider that participants' severity of needs & vulnerabilities varies between component types, performance scoring was calibrated separately for each component type, utilizing a performance goal & the average past performance. In the ranking process the CoC prioritized PSH projects whose target population included those with vulnerability and high service needs (e.g., substance abuse, mental health, high utilizers & chronicity with vulnerability to illness or death). Next were the RRH projects for families & youth, followed by HMIS & CES. Finally the TH projects that provide clinical/trauma informed care for vulnerable populations (e.g., survivors of domestic violence/human trafficking). Each component type was ranked by standardized performance scores.

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

The 2016 RFP announcement was posted on HSD website & emailed to CoC & community partners on 7/14/16; additionally it was published in a local newspaper on 7/16/16. The RFP, released 7/18/16, outlines the HUD & local priorities, scoring methodology, appeals & selection processes. At the CoC Board meeting on 8/31/16, the Board finalized the ranking process. Applicants & other stakeholders attending the meeting & provided public comment. The CoC Board approved the final Priority Listing for the 2016 CoC on 9/8/16. The final Priority Listing were distributed via email to the CoC partners & posted on the City website on 9/12/16.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/31/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

The CoC received UFA status for the 2016 CoC Application. The HSD, lead agent & sole recipient for the CoC, is responsible for monitoring performance. Using a series of tools that includes occupancy reports, performance matrix, report cards, monthly data quality reviews, project reviews, APR reviews, monitoring visits & desk audits, performance is monitored in the following areas: utilization rates, housing stability, participant eligibility, length of time homeless, exit destination, participant income, & connection to mainstream benefits. These tools, deployed at different stages, identify the applicable criteria, help to measure compliance, & allow technical assistance &/or corrective action. HSD & the CoC also assess the capacity of projects to implement CoC Program requirements through ongoing reviews of factors such as utilization rates, deobligated funds, timely submission of invoices & APRs, & monitoring/audit outcomes.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

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

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

2A-4. What is the name of the HMIS software ServicePoint

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems L.L.C

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$326,810
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$326,810

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$9,501
Other Federal	\$0
Other Federal - Total Amount	\$9,501

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$83,008
County	\$0
State	\$0
State and Local - Total Amount	\$83,008

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$2,005
Other - Total Amount	\$2,005

2B-2.6 Total Budget for Operating Year	\$421,324
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 04/28/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	257	22	115	48.94%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	385	87	256	85.91%
Rapid Re-Housing (RRH) beds	234	0	197	84.19%
Permanent Supportive Housing (PSH) beds	1,452	0	1,274	87.74%
Other Permanent Housing (OPH) beds	120	0	0	0.00%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

The Emergency Shelter (ES) beds are 45% ESG-funded, 47% faith based & 9% DV. ES bed coverage rate was 48.9% because the Long Beach Rescue Mission (LBRM) projects were not participating in HMIS. After the 2016 HIC count, LBRM began participating in HMIS & ES bed coverage is now 100%. RRH bed coverage rate appears to be below 85%, however, the actual bed coverage is 100%; the HMIS HH w/o Children reflects an inaccurate number of beds due to a data entry error. That information will be corrected in the 2017 HIC. The bed coverage for OPH is 0% because the agency is not currently entering data for the project. The CoC coordinates w/ the project for the PIT & HIC (collected through HMIS) & continues to encourage the agency to utilize the HMIS. Expansion of HMIS bed coverage for non-HUD funded projects is an ongoing objective; as the system matures, the CoC hopes to demonstrate the benefits of sharing data through the HMIS & investigate other potential incentives for HMIS participation.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input checked="" type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

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

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

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

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 10

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

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

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

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

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

The CoC does not have a Runaway and Homeless Youth funded project operating within its geographic jurisdiction. However, several agencies operate Runaway and Homeless Youth (RHY) projects in the surrounding area. Two

providers with connections to Long Beach, 1736 Family Crisis Center (Co-funded) & Salvation Army (whose local HQ is located in Long Beach), operate RHY projects in the broader LA County region. Casa Youth Shelter operates RHY funding in Orange County.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/28/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 04/28/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

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

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

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

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

The CoC has been conducting citywide PIT counts using the complete census count methodology since 2003. For 2016, the CoC used the HMIS to collect & store the PIT count data. Agencies participating in HMIS review the data for

accuracy & consistency. On the day of the count, the CoC completes a final review of the HMIS data & confirms with agency to ensure accuracy of count information. For agencies not participating in HMIS, on the day of the count, they complete count tally sheets & submit the sheets to the CoC for data entry. The PIT count data is kept separate from the live data that is used to coordinate services in the CoC. The raw data is reviewed & de-duplicated across all projects. The CoC runs aggregate reports & submits the unduplicated data for reporting requirements. The CoC does not use extrapolation methods, but actual resident demographic information. The CoC selected its methodology to ensure the count resulted in greater accuracy.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

The CoC updated the count methodology by utilizing the HMIS for the 2016 PIT count to streamline the data collection process. In previous counts, the CoC used HMIS as a reference for the count tally sheet. In 2016, agencies participating in HMIS only completed count tally sheets for participants who refused to be in HMIS; HMIS was used to capture the data for the other participants. (Agencies not in HMIS still completed count tally sheets.) Additionally, the CoC is using HMIS as the database for the PIT count data. The PIT count data is visible only to the HMIS lead. These updates allow the CoC to better coordinate the data collection, analysis & reporting processes.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

In the 2016 sheltered count, there was changes in the TH, SH and PH-PSH category. In the TH category the Christian Outreach in Action – Women with Children is no longer in operation. In the SH category the Mental Health America of Los Angeles – Safe Haven project changed the project component to PH-PSH. In the PH category there’s two new project, Alliance For Housing and Healing – CH Healthy Homes and Century Villages at Cabrillo – Gateway Cabrillo.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

For 2016, the CoC implemented several changes to improve data quality. This includes revising instructions for shelter providers, updating the count tally sheets, & providing additional training/support for providers to accurately capture CH status in accordance with the updated definition. Additionally, the CoC developed a PIT/HIC manual that documents its processes for collecting high-quality data. The CoC also used the HMIS to gather & store the PIT count data, including the count survey. Using HMIS for the PIT count allowed the CoC to streamline its data entry process, encourage providers to maintain data quality & improve accuracy of PIT count results.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/29/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/13/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

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

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

The CoC has been conducting PIT counts covering its entire jurisdiction since 2003. The agencies within the jurisdiction are familiar with the forms & the process. Long Beach is 52 square miles of mostly level terrain. The GIS dept provides maps that divide the city into 47 map segments. Teams of 3-5 people canvass each map segment, collecting information & recording to count forms. The MSC is the deployment center, offering transportation, food, supplies, & homeless resources for count teams. The Outreach Network covers known encampment areas & program participants assist in all aspects while also maintaining a post at locations of high frequency homeless traffic patterns. The service based count (including faith based organizations, food programs & drop in centers) occurs simultaneously, agencies/volunteers return completed count sheets on the day of the count. The CoC selected its methodology to ensure the count resulted in greater accuracy.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

There were no significant changes to the methodology for the unsheltered PIT, as the CoC values consistency in process for comparability/trending. The Count Tally Sheet was upgraded to meet HUD and local objectives. Two clarifying questions were enhanced for the 2015 County Tally Sheets 1) Relationship to Head of Household and 2) How many times have you been homeless since 2012.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

Not applicable

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

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

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

In the 2015 PIT Count, the CoC incorporated HMIS for the first time with its Unsheltered PIT count by expanding the number of letters collected from a person name for the unique identifier. Implementing the 2015 PIT count in HMIS provided CoC the ability to have one centralize data collection tool for compiling Count result in both Sheltered and Unsheltered categories. In an effort to improve data collection, the Unsheltered PIT Count surveyor teams were provided with an additional tool that provided guidance via supplemental questions to assist the surveyor during engagement with homeless persons.

The supplemental questions provided the surveyor with instructions to collect the Count Tally Sheet info and also how best to collect/assess the responses provided by the persons counted.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2,711	2,250	-461
Emergency Shelter Total	391	405	14
Safe Haven Total	25	0	-25
Transitional Housing Total	416	332	-84
Total Sheltered Count	832	737	-95
Total Unsheltered Count	1,879	1,513	-366

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,560
Emergency Shelter Total	773
Safe Haven Total	49
Transitional Housing Total	792

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

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

The CoC works with public & private providers to identify gaps in the system or trends that contribute to first time homelessness. Legislative issues, criminal sentencing, economic & housing trends are monitored for potential impacts. Information is gathered from the PHA, VA, apartment associations, workforce development, legal aid & benefits advocates. As a strategy the CoC coordinates with non-profits, law & code enforcement, legal services, the school district, PH providers & hospitals to prevent homelessness. Households are triaged & existing support systems & capacity are identified to avoid shelter entry. Housing liaisons engage landlords to stabilize/relocate families & provide linkages to mainstream resources like childcare, employment services & food resources. ESG written standards identify risk factors which guides the priorities for homeless prevention. HOME deposit funds are used to divert households from the shelter system & stabilize in PH.

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

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

The CoC aims to reduce the length of time homeless on a consistent basis. For 2013-2014 the average LOS for TH was 7 months; in 2014-2015 it was reduced to 6 months. HMIS regularly tracks project performance (e.g., LOS, PH placements, cost effectiveness & outcomes) to inform renewal scoring. CES targets referrals to ES & TH for shorter lengths of stays paired with a housing plan at entry & coordinated case management. Bi-weekly meetings with ES & TH focus on client's permanent housing progress. CoC has Vet & CH registries using the VI-SPDAT as a universal assessment. VI-SPDAT scores and client level information is captured in HMIS to target resources. Registries prioritize households with long term homelessness & high service needs to service intensive PH. RRH & Section 8 are targeted for less impacted populations. CoC & ESG projects are required to utilize HMIS to track client data & report on outcomes.

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

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

**3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the**

retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	1,318
Of the persons in the Universe above, how many of those exited to permanent destinations?	623
% Successful Exits	47.27%

3A-4b. Exit To or Retention Of Permanent Housing:
 In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	1,102
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	1,039
% Successful Retentions/Exits	94.28%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Returns to homelessness in the CoC are meant to be rare & brief; 8% returns in the last two years. The CoC uses prevention, prioritization for PH & housing retention strategies to avoid repeat homelessness. Targeting for PSH, RRH & VASH/HCV PH resources improves retention rates across the CoC. Market rate, low income housing, deposits & rental assistance are used & support services are evaluated using the VI-SPDAT & is client centered. Follow up is based on program type & housing plans. CTI is utilized to guide retention services for participants based on need. Street outreach, case managers & housing coordinators actively work as a team to ensure placements succeed. HMIS is shared across all agencies/users in the system, allowing returns to homelessness to be tracked by the CoC. CES & HMIS effectively evaluate this measure & work to identify households at risk of returning to homelessness & target them for enhanced services.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-

**employment non-cash sources.
(limit 1000 characters)**

The CoC has developed comprehensive income/benefits resource linkages by collocating key partners at the MSC CES. Dept of Public Social Services provides TANF, General Relief & CalWORKS initiation & reinstatement of public benefits & an SSI Advocate. The CoC is also SOAR certified, with DHHS, Help Me Help You & MHA staff trained to navigate the SSA disability application process successfully. Help Me Help You & The Children's Clinic conduct enrollment for ACA health insurance coverage at the MSC. TCC provides medical clinic on site & can link MSC clients to medical home & work with providers to obtain medical records for disability status. Goodwill provides employment life skills, access to vocational training through Goodwill Works & conducts employer recruitment events at the MSC once per month to promote employment income strategies. Goodwill's regional center is located in LB, providing greater access to all employment/vocational opportunities.

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

Goodwill, a CoC partner that is also a member of the Pacific Gateway Workforce Investment Network, provides program participants with supports including lifeskills, employment preparation & job placement services. Goodwill offers multiple work training programs targeted towards families & individuals that receive mainstream income/benefits. Training includes medical billing, LVN/CNA, & loss prevention. Goodwill provides linkages to regional resources for employment, through the Center for Working Families, Youth Opportunities Center & other Workforce Development Initiatives. DPSS return to work programs are also leveraged to ensure that individuals have the tools they need to return to work, such as work boots, uniforms & transportation resources. Because this component is part of the MSC intake triage, most CoC projects have clients that have utilized these programs.

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

The CoC covered the entire 52 square miles of its jurisdiction. Outreach was proactive with multi-disciplinary coordination comprised of City & non-profit staff with expertise in mental health, veterans, chronically homeless & substance addiction. Outreach took place in river beds, beaches, parks, businesses & public spaces. Faith based organizations, food programs & drop in centers were included as part of the strategy to reach all unsheltered people. Data collected was entered into a Street Registry & includes: VI-SPDAT scores, names, locations, service needs & hot spots. Data was used to prioritize services & housing resources. Motivational Interviewing, Housing 1st & Harm Reduction were used along with a client centered approach & low barrier services. Co-located services at the Multi-Service Center offered: showers, transportation, linkages to onsite mainstream providers & access to short term, transitional &/or permanent housing.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)**

Not Applicable

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 08/12/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)**

Not Applicable

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	1,163	838	-325
Sheltered Count of chronically homeless persons	204	89	-115
Unsheltered Count of chronically homeless persons	959	749	-210

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015. (limit 1000 characters)

Not Applicable

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	217	260	43

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

The CoC increased the total number of dedicated chronically homeless PSH beds to 43 beds. The increase in beds is the result of the new Alliance for Housing and Healing - CH Healthy Homes project (18 beds) and the conversion of Mental Health America of Los Angeles - Safe Haven project from SH to PSH (25 beds).

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status? Yes

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. Attached

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

**3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017?
(limit 1000 characters)**

The CoC has forged strategic partnerships to develop a comprehensive system of care. To improve outcomes to end chronic homelessness, the CoC has adopted HUD’s Order of Priority, increased street outreach & engagement efforts, implemented a CH Registry, regularly convenes a CH subcommittee that oversees prioritization protocols, applied for PSH Bonus projects, & reallocated funding to CH-dedicated PSH projects. The CoC has also proactively increased CH-prioritized turnover beds. Additional PSH resources & housing retention supports for CH placements that do not have built-in long-term supportive services could aid efforts to end chronic homelessness. HUD guidance regarding methods for targeting within a CoC, best practices from other jurisdictions, & for measuring its performance within a broader regional context will be beneficial. Additional TA on regional response to CH is also needed.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

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

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

The Homeless Family Solutions System (HFSS) is a regionally-based & community driven system primarily funded by County DPSS. The HFSS utilizes an integrated network of providers to provide a coordinated housing & services plan to streamline service delivery, minimize barriers to obtaining & maintaining PH & ultimately reduce the length of homelessness experienced by families. HFSS staff located at the MSC screen families into this system & quickly stabilize their housing crisis. Staff triage & use a standardized assessment process at system entry to link families to supportive services & housing in the CoC including ES, TH, RRH, & PH based on evidence-based practices (e.g., housing first, harm reduction & progressive engagement strategies). Additional linkages include child care, mental health & substance abuse treatment, educational/vocational services, medical services & mainstream benefits. The CoC & ESG RRH has been critical to quickly stabilizing literally homeless families.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	9	27	18

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

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

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	165	106	-59
Sheltered Count of homeless households with children:	82	62	-20
Unsheltered Count of homeless households with children:	83	44	-39

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Not Applicable

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

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

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

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

N/A:	<input type="checkbox"/>
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3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

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

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	30	20	-10

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

The LB CoC is part of a broader network of youth service providers that operate regionally, with Countywide funding for TAY programs that cover four LA County CoC jurisdictions. There has been a decline in the number of unaccompanied youth in the CoC. There are two residential projects within the CoC that serve youth specifically between the ages of 18-24: Transition in Place, a rapid rehousing CoC program for 12 youth, & the non CoC funded

Palace, a 22 unit project based Section 8 housing for youth exiting the Foster Care system, operated by United Friends of the Children. There is one youth shelter, just outside the CoC boundaries, called Casa Youth Shelter that serves the area as well.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$2,056,737.00	\$2,079,232.00	\$22,495.00
CoC Program funding for youth homelessness dedicated projects:	\$202,160.00	\$207,632.00	\$5,472.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,854,577.00	\$1,871,600.00	\$17,023.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	12
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	6
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	6

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

The CoC collaborates w/ LB Unified School District (LBUSD) & early education providers to coordinate educational services for homeless youth/children. Homeless youth & families w/ children identified through outreach & HFSS/MSD CES are provided referrals to child care or LBUSD's liaison through the Bethune Transitional Center, a LBUSD program that serves homeless students. LBUSD & education providers are active participants in CoC meetings, including a monthly collaborative at the Villages at Cabrillo (VAC), a body made up of CoC & VAC service providers, CoC General Membership meetings, & MSD CES meetings. LBUSD & early education providers conduct trainings w/ CoC agencies to increase awareness of the educational resources available to homeless families/youth. CoC staff has conducted trainings w/ school liaisons to ensure their familiarity w/ the CES referral process, availability of services & housing for eligible families/youth within LBUSD.

**3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)**

The CoC coordinates with LBUSD, funded agencies & partners to inform & connect homeless families/youth to educational services. Posters (provided by LBUSD) are posted at funded facilities to educate participants of educational rights & provide LEA & SEA contacts. Homeless children/youth receive an educational assessment upon entry into the system. Children/youth are assessed for placement into shelter/housing programs, barriers to school enrollment (e.g., access to transportation, personal & school supplies, immunizations). The CoC works with LBUSD's Bethune Transitional Center, which provides educational services, mental health assessment & support, health screenings & social development activities. LBUSD coordinates via Bethune for K-12 educational assessments & placements. Also, to ensure partners are informed of the eligibility criteria, the MSC hosts CoC wide in-services, including trainings pertaining to educational supports. CoC partners also participate in the Youth Services Network Collaborative, comprised of homeless & non-homeless service providers throughout the city. This body identifies barriers to opportunities as well as youth development opportunities used to streamline services & identify eligibility criteria for programs. The CoC implemented an Educational Assurances Policy to ensure educational rights & protections for children/youth entering CoC & ESG projects. CoC & ESG funded projects serving families/youth: 1. Designate a staff person responsible for ensuring that children/youth are enrolled in school & connected to the appropriate services within the community. 2. Provide homeless families/youth with documentation of homelessness so they're able to receive the services allotted them under the Act. 3. Ensure that education is a component in housing & service plans on an ongoing basis. 4. Include education as part of the exit planning & assist families/youth in transition to make choices that are in the best interest of the children/youth.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

The CoC has a written agreement with Children Today, an early childhood education provider serving children of homeless families between the ages of 6 weeks to 6 years. Additionally, both Children Today and The Children's Clinic are members of the Long Beach Early Childhood Education Committee, a broad-based partnership comprised of educators, advocates, and caregivers of children up to age five who work together to promote high quality early care and education in Long Beach. ECE committee members represent local nonprofit organizations, child development centers, preschools, family childcare providers, education community (including LBUSD & Long Beach City College), Long Beach Public Library, philanthropic organizations, & faith-based organizations. The Villages at Cabrillo also maintains a collaborative agreement between LBUSD & CCD (early childhood education provider) to provide

educational services on site for homeless youth/families residing on the campus.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	378	289	-89
Sheltered count of homeless veterans:	214	195	-19
Unsheltered count of homeless veterans:	164	94	-70

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Not Applicable

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

The CoC Street Outreach Network maintains a Vet Registry of all sheltered & unsheltered Vets. This Vet Registry is maintained by the CLB in collaboration with Vet service providers. Vets identified through outreach are added to the Vet

Registry with the housing status update every 2 weeks. VA has an outreach worker and case manager collocated at the MSC, who verifies Vet status for CoC partners via the HINCS system for VASH and HOMES system for GPD eligibility. There are monthly meetings, hosted by each: the VA, PHA and the CoC to review and coordinate VASH, SSVF, GPD and CoC referrals for veteran specific projects funded by HUD. Additionally, some vets elect to enter regular HCV through the CoC set aside with the PHA. The Vet Registry tracks all of the unsheltered veterans known to the Street Outreach teams and lists which resource they are proceeding with, or whether they are declining resource engagement at this time.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	846	289	-65.84%
Unsheltered Count of homeless veterans:	228	94	-58.77%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. Yes

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

The CoC has submitted the certification with the accompanying benchmark documentation to the USICH partners that it has ended Veteran homelessness using the following strategies: well developed system of care that include veterans regardless of discharge status; a by name registry in active use; collocation of Vets service providers including VA; dual enrollment for VASH & SSVF; VASH 1 day voucher events; regular process reviews and evaluations and regular TA from contracted provider. The CoC and PHA are actively coordinating linkages to VA for VASH, US Vets/MHA for SSVF and the MSC for placement into broader CoC resources that are non Vet specific. Current challenges include locating housing units to accept VASH, VA accepting referrals outside of the CoC Vet Registry and the intensive supports required for vets to secure and retain housing.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	18
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	18
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

The CoC lead agency is the Long Beach Department of Health and Human Services, facilitating ACA enrollment through its citywide Medi-Cal outreach program. The MSC CES is host for Help Me Help You, an organization that is facilitating both SOAR and ACA enrollment services for program participants entering the MSC; in 2015-2016, Help Me Help You assisted participants with completing 312 ACA applications. The Children's Clinic (TCC) operates medical clinics at the MSC and the Villages at Cabrillo, providing both ACA enrollment and linkage to primary care providers; in 2015-2016, TCC assisted program

participants with completing 152 Medi-Cal applications & 54 Covered California applications. The ACA enrollment efforts are strategically aligned to provide a stronger safety net for homeless persons accessing the healthcare system, promoting linkage to primary care over emergency room visits.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Medical clinic on site at the MSC CES	<input checked="" type="checkbox"/>
Several Medi-Cal and ACA Enrollment Serving entities	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	18
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	18
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	18
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	18
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

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

Direct outreach and marketing:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
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Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Pocket Guide Resource Directory distribution	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	98	175	77

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

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

Not Applicable

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

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not Applicable

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

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

Not Applicable

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Homeless Subpopulations Veterans	12/18/2015	4
Homeless Subpopulations Veterans	02/22/2016	4
Homeless Subpopulations Veterans	04/02/2016	3

4C. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	CA-606_2016 CoC C...	09/13/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	CA-606_2016 CoC C...	09/13/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CA-606_CoC Rating...	09/13/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CA-606_CoC's Rati...	09/13/2016
05. CoCs Process for Reallocating	Yes	CA-606_CoC's Proc...	09/13/2016
06. CoC's Governance Charter	Yes	CA-606_CoC's Gove...	09/13/2016
07. HMIS Policy and Procedures Manual	Yes	CA-606_HMIS Polic...	09/13/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	CA-606_PHA Admini...	09/13/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	CA-606_CoC Writte...	09/10/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	CA-606_HDX-system...	09/10/2016
14. Other	No		
15. Other	No		

Attachment Details

Document Description: CA-606_2016 CoC Consolidated
Application_Evidence of the CoC's
Communication to Rejected Projects

Attachment Details

Document Description: CA-606_2016 CoC Consolidated
Application_Public Posting Evidence

Attachment Details

Document Description: CA-606_CoC Rating and Review Procedure

Attachment Details

Document Description: CA-606_CoC's Rating and Review
Procedure_Public Posting Evidence

Attachment Details

Document Description: CA-606_CoC's Process for Reallocating

Attachment Details

Document Description: CA-606_CoC's Governance Charter

Attachment Details

Document Description: CA-606_HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: CA-606_PHA Administration Plan (Applicable Section(s) Only)

Attachment Details

Document Description:

Attachment Details

Document Description: CA-606_CoC Written Standards for Order of Priority

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Attachment Details

Document Description:

Attachment Details

Document Description: CA-606_HDX-system Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/01/2016
1B. CoC Engagement	09/06/2016
1C. Coordination	09/13/2016
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1D. CoC Discharge Planning	09/01/2016
1E. Coordinated Assessment	09/06/2016
1F. Project Review	09/11/2016
1G. Addressing Project Capacity	09/06/2016
2A. HMIS Implementation	09/01/2016
2B. HMIS Funding Sources	09/09/2016
2C. HMIS Beds	09/13/2016
2D. HMIS Data Quality	09/12/2016
2E. Sheltered PIT	09/01/2016
2F. Sheltered Data - Methods	09/13/2016
2G. Sheltered Data - Quality	09/13/2016
2H. Unsheltered PIT	09/06/2016
2I. Unsheltered Data - Methods	09/13/2016
2J. Unsheltered Data - Quality	09/01/2016
3A. System Performance	09/13/2016
3B. Objective 1	09/08/2016
3B. Objective 2	09/13/2016
3B. Objective 3	09/09/2016
4A. Benefits	09/13/2016
4B. Additional Policies	09/12/2016
4C. Attachments	09/13/2016
Submission Summary	No Input Required